and conclusions.

Chapter 7

Data Analysis and Conclusions

It requires a very unusual mind to undertake the analysis of the obvious.

Alfred North Whitehead

It is evident from the literature that the worldwide nurse shortage shows little si improving. The 'training' of nurses past, has been replaced by simulated, cl demonstrations in university classrooms. This type of learning environment promote acquisition of theory, but offers fewer opportunities to experience 'hands on' clinical pr (McNeese-Smith et al 2000). Nursing is a science, which is both academic and practica *theory* of nursing can be learned in the classroom. The *practise* of nursing can not, as th clinical environment', is poorly replicated in the classroom. The literature (House Benner 1984 pp. 36-46; Luker 1984; Seed 1994; White 1996; McNeese-Smith et al confirms practical skills are best witnessed, emulated and mastered by 'hands on' applic over time, with support and mentorship by more senior nurses. Lee (1996) stated cl

practice is a significant part of nursing education and has been accepted as *central* to nu education.

New graduate nurses seem have become casualties of the very profession that see recruit and retain them. Neophyte registered nurses are recruited into clinical environm with sometimes fallacious mentorship promises; with the result that new graduates frequ find themselves working in unsupported clinical situations, that are well beyond knowledge and experience. Neophytes entering the clinical environment use patient opportunities to relate theory to practice; recognising these two variables to be inextri linked. It is known from the literature, individuals require approximately one (1) year to m job skills (Tradewell 1996). In reality experienced nurses frequently seem to appoint bla the tertiary education of nurses and unrealistically expect new graduates to *hit the gi running*; with all the knowledge and skill necessary to assume an *acceptable* patient wor (acceptable - being defined by senior nurses) without providing any extra burden to already busy shift.

Charnely (1999) stated it is the gaining of confidence and experience for new graduate n that is the process of doing in practice. Benner (1984, pp. 38-41) described the ability t theory into practice at the preliminary level as 'that uncomfortable process of ga experiential learning, that cannot be conveyed by former models, theories or forecasts what a situation will be like.' There seems to be a dichotomy of expectation between the graduate's *perception* of being a registered nurse, and the demanding actuality of *be* registered nurse. Retention of new graduates beyond their first year of practice appears

influenced by the inherent differences between university preparation and the demands clinical workplace.

The literature exemplifies issues relating to preferred area of work, preferred hours of self esteem, self confidence and socialisation into the wider nursing group as significant transitional experiences of new graduate nurses. This information is consistent wit experiences of the participants of this research project.

The literature review suggests the world wide nursing shortage has placed new gra nurses in the unenviable position of becoming a significant part of the solution to ease nu recruitment and nursing workforce shortages. Not surprisingly, new graduate nurse attri estimated to range from 55% - 61% in the first year of clinical practice and that once a graduate is hired, it is economically imperative that he or she is retained. Birkinstock (stated it may cost as much as $30,000 to replace each new graduate. Nursing, wi ageing population and workforce shortages, does not provide a realistic environment in to release fledgling graduate nurses, who like their predecessors, are legitimately entit learn and develop clinical skills, supported by more senior, experienced staff (Wilso Startup 1991). The participants of this study encountered issues, which impacted upor transitional experience and their futures in nursing. Those issues are offered discussio analysis within this chapter.

Nurse education

Two decades ago, nurse education was transferred from hospital based

training programs to tertiary institutions. The transfer to universities was designed to elevate the registered nurse qualification (and other health professionals) to degree standing and to improve the status of nursing in the healthcare industry (Mascord 1992 pp. 281-298). Student nurses were removed from the 'on the job apprentice discourse' (Kotecha 2002) to university classrooms for a more academic, theoretical approach to nursing education.

The transfer of nurse education to universities offered new and significant implications for nursing as a profession. Student nurses enrolled in hospital based training programs, made up a considerable proportion of a very hierarchal nursing workforce. Students were allocated responsibility for patient care and procedures, according to the level of progression through their training: i.e. a first year nurse would be supervised by a more senior student, and would attend patient care appropriate to that level of experience. Likewise, a third year student would undertake a much more complex patient load while learning their role of a soon to be qualified registered nurse.

Nurse academics have been critical of the certificate based 'hospital training' of registered nurses; citing the non theoretical approach to nurse education as '... service for education ... not education for service' (Du Toit 1995). The implication seemed clear; hospitals were staffed by students who were

employed as 'slave labour' and who were academically disadvantaged, by insufficient exposure to scientific thinking and nursing theory. Nursing students were an inexpensive component of the Australian nurse workforce, who were expected to nurse without understanding many of the principles behind why the procedures and practices were being attended. Hospital based qualified RN's (despite years of service) were often regarded as unscientific and task oriented (Street 1992 pp.10-12) in their nursing practice. However the clinical skills of these nurses were not only the envy of university educated nurses, but also allowed and facilitated younger nurses to learn practical skills that would complement their academic/theoretical knowledge. It is generally conceded that hospital educated nurses from the beginning of Preliminary Training School (PTS) through to the third year of student practice became well seasoned to the clinical environment and emerged as competent, practical, registered nurses .

The clinical environment appears to be a double edged sword for theoretically empowered transitional new graduate nurses. Senior nurses it seems demonstrate little value for theory and demand clinical proficiency from the new arrivals. However according to Chang and Hancock (2003) proficiency of practice can only be achieved over time with the support and mentorship of more senior nurses. The dichotomy of expectation between senior and transitional nurses places new graduates in clinical situations that are often beyond their current level of knowledge and ability. By virtue of

their unpreparedness to do the practical work, new graduates are in conflict with the expectations of more senior nurses.

The current demands and systems of healthcare cannot support the hierarchical, individualistic and paternalistic processes that have historically characterised the profession of nursing (Offredy 2002; Hempstead 1992). The participants of this research project have individually cited the need for change to contemporary nurse education; with emphasis on clinical skill acquisition to prepare new graduates for the 'real world' of nursing. Alexis, Evette, Tenielle and Winonna have confirmed their university preparedness for the workplace was inadequate and their transitional experiences were made more difficult by university focus on theory when it is practical skills that are demanded by more senior nurses and the employing organisation.

The NSW New Graduate Nurse Recruitment Consortium

As the recruitment body for new graduate nurses, the NSW New Graduate Nurse Consortium offers employment within sixteen (16) of NSW's seventeen (17) health services. Each year, 1,500 - 2,000 nursing students from 21 nursing campuses will seek employment within the 100 public and private hospitals that offer new graduate programs. The NSW New Graduate Nurse Recruitment Consortium is an effective recruitment and dispersment mechanism for new graduate nurses, matching employment 'offers' with individual health service new graduate registered nurse vacant positions.

The participants of this research study were all recruited to the health service via the NSW New Graduate Recruitment Consortium. The offers of employment were based on the availability of new graduate positions by individual health services and the geographical preference of workplace of the new graduates. The Consortium appoints no importance or consideration to specific clinical preferences of the participants, or to previous undergraduate clinical experience or experiences gained in the role of enrolled nurse. It seems the 'one size fits all' approach of the Consortium appears to be in contrast with the literature regarding neophytes who expect to work in their preferred place of work, with hours of work that are acceptable to them. It seems the current method of blind recruitment of new graduates does not actively promote job satisfaction (Kleinfelter 1993; Mitchell 1994; Adams & Bond 1997; Tovey & Adams 1999), which is known to be pivotal to retention of neophytes to the profession of nursing beyond the first year of practice (Casey Fink Krugman & Propst 2004).

Reality Shock

This research affirms the continuance of reality shock in nursing. Kramer (1974, pp.80–102) described reality shock as the situation whereby new employees find themselves in a work environment that does not reflect their expectations, nor does it seem to relate to their training or preparedness to do the job. The realities of the workplace are often in stark contrast with what

the new graduate nurse expects, i.e. rushed task allocation of patient care with little time or opportunity to offer complete or holistic care. This phenomenon while not peculiar to nursing, is applicable to nursing, as the disparity between university and 'the real world' seems to fuel frustration, job dissatisfaction and attrition of new graduate nurses who arrive to the workplace with idealistic expectations. Reality shock is just as relevant today for it was 20 years ago. The difference today, is that *postgraduate* nurses are experiencing reality shock, where once it was student nurses who were most affected. The literature review confirms new graduates continue to be caught in a war between academics and the real world.

The data from this research implies the current method of preparing new graduate nurses for the clinical environment is flawed, with classroom demonstrations and laboratory exercises failing to capture human nuances such as personality, fears, anatomical differences and individual patient idiosyncrasies (Dreyfus & Dreyfus 1980). Practical experience can not be replicated by role play or clinical experiments. It is incremental, mentored, appropriate exposure to clinical situations and responsibilities that empowers new graduate nurses with the self confidence and self esteem to survive the first year of the clinical practice.

Altruistic new graduate nurses arrive to the workplace according to Heslop, McIntyre and Ives (2001) with the expectation of being able to care holistically for the patient. Today's reality is that clinical areas are

understaffed, under resourced and overworked. New graduate nurses can soon become disenchanted and frustrated by delivering nursing care which is rushed, perceived as inadequate and not reflective of care of the physical, social, and spiritual needs of the patient (Luker 1984). It is imperative to new graduate retention that neophytes entering the workforce have been exposed to the 'big picture' and 'the real world of nursing' prior to being expected to actively participate in patient care. It seems reality shock needs to be minimised for new graduates by promotion of a good understanding of the role of a clinical nurse *before* seeking employment as a registered nurse (Crowley 1999).

Clinical placement

This research describes how the participants of this study as new graduate nurses demand to work in clinical areas of preference following employment within the Sydney metropolitan hospital. It seems their demands are consistent with the literature regarding new graduates and clinical placements. Heslop, McIntyre & Ives (2001) stated the most favoured clinical areas were critical care, surgical, paediatrics, emergency and medical; with care of the elderly (Australia's largest area of nursing practice) being the least popular career choice.

The participants of this study are examples of the effect of the 'context of work' (Benner Tanner & Chesla 1996 pp.63-67). Tenielle had previously experienced positive student clinical placements in Coronary Care, with the

result that she demanded a career in Coronary Care. Likewise Evette had also had previous positive experiences of Operating Theatres as an enrolled nurse. Those experiences by her own admission shaped her career aspirations as a registered nurse. Alternatively, Alexis was not placed in any of her designated clinically preferred areas during the new graduate program; a significant factor in her 'battle' to find her niche and 'identity' as a registered nurse. The experiences of the participants of this study are consistent with the reported relationship between preferred area of work, job satisfaction and new graduate attrition from nursing (Gorrell & Langbach 1994; Irvine & Evans 1995; Winter-Collins & McDaniel 2000)

Generation X

The generation born between 1961-1981 have been labelled 'Generation X' and are described as being very different from their 'Baby Boomer' predecessors (Mills & Baesing 2000). This research concurs with the literature findings that nursing has a multigenerational workforce which has conflicting views and attitudes and which are significant to the transitional workplace experiences of new graduate nurses. Generation X as the offspring of the Baby Boomers, are the product of the 'two working parents generation' who, perhaps through necessity, have become the ultra independent generation who rely on career security rather than job security with employment terms that are usually not negotiable.

New millennium registered nurses demand to work in preferred clinical areas until clinical practice, the ward and staff become familiar (Bircumshaw & Chapman 1988) after which they take control of their own nursing practice by making decisions about careers and a future in nursing (Sinclair 1987). Generation X nurses reflect the same values as their non nursing counterparts. They are motivated by flexible part time hours of work with job sharing opportunities with roles that are supportive of an active social life with family and friends. The literature confirms long assignments, inflexible work hours, shiftwork and shift length are all demotivating factors for Generation X. Williams, Chaboyer and Patterson (2000) in support of this statement said nursing employment stayed relatively stable until the early 1990's whereby nursing was considered to be a 'good job' supported by the fact that the demand for nurses is constant and is an source of employment for qualified nurses from qualification to retirement. They went on to conclude the last decade as seen the profession of nursing be less attractive as a career option as it lacks the appeal that it once had; with research indicating fewer people are seeking nursing as a career of choice. Workforce deficits, dwindling resources and increasing demands it seems are having the effect of career disillusionment and dissatisfaction for Generation Xer's.

The participants of this research study as Generation Xer's have demands of the workplace that are typical of their generation. They demand hours of work that will create a minimum of disruption to their lifestyle (Tenielle), are acceptable to them and do not compromise care of children (Evette) and

promote regular social contact with friends and family (Alexis). It seems all of the participants of this study have job change plans for the future which as described by Swearingen (2004) is a trait of Generation X who are sceptical of organisational guarantees of job security. These participants, like their generational counterparts promote their own career and security.

It seems clear from the literature review, if the nurse workforce planners are not reactive to the demands of new graduates, the current attrition rate of 55% - 61% in the first year of clinical practice will worsen; with Generation Xers migrating to alternate careers, where they are highly sought after because of the skills and abilities they have acquired as registered nurses. Generation Xer's are accepting of the concept of more than one career in a lifetime and view their nursing qualification as a foundation on which other careers can be forged.

Socialisation as a nurse

Preparatory socialisation of nursing students as registered nurses is inherently problematic, as the classroom does not emulate the realities of the clinical environment. Also, the rapid progression through brief, student clinical placements, where hands on experience is frequently replaced by the nurse being a perpetual observer of clinical practice. These clinical placements seem to provide little opportunity or time for exposure to nursing social rules and social norms. Nursing students on clinical placement are

supernummary to the clinical workforce and are overseen by university facilitators. The act of separating the students from the clinical workforce generates a separation from the nursing social group.

The participants in this research project acknowledge there is significant variation in each of the clinical placements in terms of the opportunity to participate in clinical activities. They seemed to be saying, if a nurse is enthusiastic and makes a concerted effort to get the most out of each clinical placement then that could happen. Alternatively, if a nurse chose to sit back and essentially participate in the role of an observer, that also could happen and without consequence. There is also the issue of the responsibility of senior nurses to mentor the nursing students. It would seem there is little incentive for senior nurses to take responsibility or show an interest in students on clinical placement. It is this fundamental lack of connection between senior nurses and students that seems to influence the lack of acceptance of nursing students into the nursing team. The rapid progression of clinical placements also seems to be a contributing factor in the lack of acceptance of student nurses into the nursing team. Student nurses seem to always be on the outside of nursing culture. The literature review and this research suggest senior nurses do not assume any responsibility for socialisation of student nurses who one day as a registered nurse, may be expected to function in their social group.

The place of work is known to be influential in the development of neophytes. According to Benner et al (1996 p.53) the workplace is where '... in a learning context, nurses share, learn and support each other when required.' It was similarly acknowledged, the work place as a potential source of departure from the new graduate socialisation process. The new graduates in this study acknowledged the pace of work and inadequate staffing are contributory to a lack of time for sharing and learning these experiences.

Windsor (1997) described socialisation of new graduates as the process of skill acquisition and adoption of role modelled behaviours as fundamental to the transitional process; compelling new graduates to *act and react* like other members of the nursing group. That is to say that new graduates seem to achieve acceptance and socialisation into the wider nursing social group, emulating the behaviours of that group by *going along* in order to *fit in*. Insidious cannibalism of new graduates by senior nurses has been described in the literature as directly attributable to the adaptation and adoption of behaviours typical of their nursing group. Senior nurses seem to exert deliberate demands upon new graduate nurses to *perform and conform*. It is only when new graduates acquiesce to the expectations associated with their imminent role identity, that they can progress from outside to inside the nursing social group.

The participants of this study were all affected by their respective workplace socialisation pressures. Tenielle worked in an area that was acceptable to her. She demonstrated a willingness to learn and acknowledged the need to 'fit in and not be gung ho'. She was rewarded for her observance of the rules of the wider social group when she was offered permanent employment within the Coronary Care Unit. It was only following exclusion from the 'seniors only meeting' that Tenielle recognised workplace hierarchy is not just about seniority, it is imposed by senior nurses; reinforcing to less experienced staff that they will not be considered to be a *senior* until endorsement is offered by the wider nursing social group. This is a strong message to new grads; know your place!

Evette reacted positively to her preferred work environment and willingly emulated the roles and functions of other registered nurses to be accepted as a member of their group. Alexis however, did not achieve workplace satisfaction; a factor she associated with failing to work in any of her preferred places of work. She exhibited extreme discontentment at work, evidenced by frequent crying, feeling marginalised and victimised by the perceived 'bitchy and catty' actions of more senior nurses. She confessed to suffering severe depression which required counselling. Alexis after 8 months of clinical exposure, was no closer to knowing what, if indeed any, type nursing was acceptable to her. Her failure to acquire an appointment in an area of clinical preference, seems to be central to her lack of job

satisfaction and failed socialisation to the wider nursing social group. This reinforced the impression that poor socialisation was pivotal to her negative experiences as a new graduate nurse.

Bullying and harassment

The literature reveals horizontal violence by more senior nurses towards new graduates (but not limited to new graduates) is common, distressing and a cause of high attrition rates of new graduates from nursing to other forms of employment. The data from this research implies new graduates nurses do encounter horizontal violence from senior nurses. The experience of these participants would suggest that senior nurses, because of the inherent supervision and mentorship requirements of new graduates have significantly increased workloads. This research also implies that senior nurses who use horizontally violent behaviours can exert power over new graduate nurses to ensure they comply with the established norms of the workplace. New grads learn very quickly to play the game according to the local game plan or do not expect to be part of the team. It can therefore be reasonably concluded that this expectation will continue to perpetuate the cycle of horizontal violence in the nursing workplace.

The nursing workforce is already short staffed, short skilled and faced with impossibly busy shifts. It is little wonder that these new graduate nurses wore the brunt of the frustration of overworked, harried clinical nurses. The literature acknowledges bullying of new graduate nurses as psychologically

damaging to the nurse's personal and professional sense of self worth and for these new grads is a factor in their retention to the nursing workforce. The experience of these 3 participants are consistent with the literature that horizontal violence and bullying are commonplace within the profession of nursing and that nurses do *eat their own young*. The participants all developed mechanisms to deal with the horizontal violence in each of their clinical areas. They acknowledged that for them, workplace violence is a normal aspect of nursing work.

Professional and gender oppression of senior nurses generates feelings of anger and frustration, who, in lieu of other targets, are vented on vulnerable groups such as these new graduates. Groups or cliques of 'like' nurses cluster together to form groups, which as a marginalizing instrument offers clear threat to new graduate nurses. The literature contends nursing uses horizontal violence as a hierarchy system to maintain their status.

The participants of this study all appeared to experienced some degree of workplace horizontal violence. Evette appears to have been the least affected, with the exception of experiencing anxiety when dealing with doctors who demand she make no mistakes. Although it could be contended that Evette's *need* to be accepted by her colleagues has prompted her to accept the behaviours of that group, reducing the likelihood of incurring the wrath of more senior nurses.

Tenielle had sailed a relatively smooth passage in her workplace until her junior status was reinforced to her and she was reminded of her place on the nursing hierarchical ladder. She learned that seniority within the wider nursing group is not a given and that access to progression up the hierarchical ladder is an instrument of power for more senior nurses. Alexis was bullied in the workplace by senior nurses, evidenced by being sworn at, being shouted at and being held accountable for clinical practice that was beyond her current level of knowledge and skill. The experience of the participants of this study is consistent with the literature regarding horizontal violence in the work place where bullying is a means of ensuring compliance with the wider nursing social group.

Conclusion

The research question 'How do the perceptions and expectations of individual, university prepared new graduate nurses compare with the reality of practising as registered nurse clinicians in the first year of practice?' has been explored, discussed and analysed within this study. Two (2) decades ago, nurse education transferred from hospital based training programs to universities. The transfer of student nurses from the hospital environment to university classrooms prompted two significant events for transitional nurses. Firstly the opportunity for practical instruction and 'hands on' experience was significantly reduced from direct patient interaction to classroom simulations

and secondly, undergraduate nursing students are often segregated from other registered nurse colleagues. Contemporary new graduate nurses during the three (3) qualifying years to attain their degrees seem to have not been socialised to practise as registered nurses, rather they have been socialised as university students. New graduates arrive to the workplace with inadequate knowledge of the social rules, expectations and norms of the wider nursing social group.

New graduate nurses are offered employment via the NSW New Graduate Recruitment Consortium. Offers of employment seem to be based on new graduate position vacancies rather than on individual clinical areas of preference. It seems the 'one size fits all' approach to new graduate recruitment is instrumental in failing to direct new graduate nurses to organisations which have vacancies in their nominated areas of clinical preference.

Today, four (4) generations of nurses are working side by side. Nursing has a multigenerational workforce with values and attitudes specific to their generation, but which are in conflict with colleagues from other generations. Tenielle, Evette and Alexis as Generation Xer's have expectations of the workplace that is consistent with the literature regarding their generation. They clearly expect to work in clinical areas of their choosing, with hours of work that are acceptable to them. The probability of job change is high as

the participants are willing to change jobs to achieve work that is satisfying to them personally, socially and professionally.

Alexis, Evette and Tenielle have experienced the theory/ practice gap; citing poor univ preparation for the demands of the workplace and poor clinical skills as contributory tc experience of reality shock. The passage of eight (8) months has seen the participar experience the 'rites of passage' associated with transition into their respective clinical a They have called for change to the current university curriculum to increase clinical pr opportunities in the student phase of their development in preparation for their clinica social roles as registered nurses.

The findings of this research project are consistent with the literature, that shiftwork pror fatigue and undermines the confidence and learning abilities of new graduate nu imposing significant difficulties upon existing roles and responsibilities. The participants c research associated shiftwork and fatigue with workplace reality shock. The Nighti imperative that a nurse must make a conscious decision to become a nurse and not tur by default is prophetic. Nursing must become accountable to and for new graduate nurs mandating strategies to actively minimise reality shock and promote healthy socialisat new graduates into the wider nursing culture. The theory/practice gap and subsequent r shock described in the literature continues to be problematic for new graduate nurse classroom demonstrations seem inadequate to prepare the novice for the rigors of the c environment. Similarly problematic, is the socialisation of undergraduate nurses as univ students without exposure to the nuances, social norms and morae's of the professi

nursing.

However, it seems it will be the *demands* of Generation X, that will provide the greatest challenge to nurse recruitment and retention in the future. This new generation of nurse has unprecedented demands of the place of work. New graduate nurses like those studied here are not the solution to the current workforce crisis, but they are the future of nursing. This generation of nurse expects to work in an area of clinical preference, with hours of work that promote balance between work and other social roles and responsibilities. The participants of this study have all confirmed willingness to leave the profession for alternate careers if nursing does not meet their social needs. If nursing is to recruit and retain new graduates beyond the first year of clinical practice, the profession will need to *listen* to its newest members and implement strategies that are reactive and reflective of their generational views, attitudes and expectations. The participants of this research would seem to suggest nursing needs to review the way it recruits, retains, nurtures and develops its newest members. Failure to heed the voice of the next generation is to promote further erosion of a profession that is already burdened by attrition.

Implications of this research

It seems clear; the future will provide significant challenges to the profession of nursing in terms of recruitment and retention. If the experiences of the

participants of this study are representative of the experiences of other new graduate nurses, the profession of nursing will need to review its recruitment and retention practices to ensure succession planing is appropriate and sustainable. Nurses from Generation X (but not limited to nurses) demonstrate unprecedented demands of the workplace. They demand to work in areas of clinical preference, with hours of work that are acceptable to them. They favour part-time rather than full-time work and are prepared to migrate across several careers during their lifetimes to achieve their demands.

Nursing recruitment, via the NSW New Graduate Nurse Recruitment Consortium is not reactive to the known generational idiosyncrasies of Generation X. The failure to respond to these demands creates the potential for mismatch of person, purpose, place and time. It seems the potential for dissatisfaction in the workplace is much higher now than for past generations of nurses, who were seemingly more accepting of the nature of nursing. Further research is required into how best to match the worker with the work to be done, if recruitment and retention of new graduates is to improve and promote longevity of careers in nursing.

Horizontal violence remains endemic in nursing. New graduate nurses arrive to the workplace as ready targets for an already under-resourced nursing workforce. The principal source of horizontally violent behaviours from senior

nurses would appear to revolve around the fact that new graduates, on entry to the clinical environment, are clinically unprepared for their registered nurse role. It is their clinical unpreparedness and requirement for high level supervision that causes frustration and role overload for the senior nurses. Retaliation against new graduates it seems is grounded in frustration and anger.

Clearly, the transition process of new graduates during the first 12 months of clinical practice requires greater support, less responsibility and more opportunity to learn and develop professionally. It seems incongruous for unprepared nurses to be 'counted in the workforce numbers' often after brief, inadequate workforce integration programs. The way new graduates are integrated into the current nursing workforce is often highly inappropriate as poor staffing and skill mix ratios see these nurses working unsupervised long before they have developed the clinical skills and self-confidence to practice as registered nurses. Self-confidence and self-esteem are known to have a relationship with job satisfaction and the decision to remain working as a nurse. Erosion of self-confidence and self-esteem by the delegation of 'too much responsibility too soon' can have catastrophic effects upon evolving clinicians.

This research would suggest there is a significant need to review the current method of bridging tertiary learning and clinical experience acquisition in the

first postgraduate year. New graduate nurses arrive to the workplace after having been socialised at university as students. They are well prepared theoretically for their role as a registered nurse, however they do not posses the level of clinical knowledge and skill necessary to practise as a nurse. The dichotomy before new graduates is that there appears to be a readiness by senior nurses to appoint blame regarding new graduates and perceived skill deficits upon the tertiary education of nurses, while there is evidence of abdication of responsibility for mentorship and supervision for the neophytes. It seems the experiences of the first year of clinical practice are influential in decision making about continuance of careers in nursing. In recognition of the importance appointed to the first postgraduate year, the profession could benefit from viewing new graduates not as registered nurses, but as nurses who are *learning* to practise as nurses. This year is pivotal to learning sound, clinical practice, which would best be experienced as a *learner* not as an independent, accountable clinician. The disastrous consequences associated with doing the job before the skills are acquired can be applied to other professions. Would it be expected that a new graduate pilot fly a plane full of passengers before the knowledge and the skills were gained to fly the plane? The consequences of such an act could result in the loss of life. Why then, does the profession of nursing expect new graduate nurses to be responsible for clinical care, before they have acquired the skill and experience to do the job. Loss of life also potentially could result from this situation. New graduate nurses deserve the opportunity to learn

incrementally progressing from the uncomplicated to more clinically advanced procedures. The current method of 'throwing new graduates in at the deep end' is a highly unsafe practice, which the profession of nursing must address and improve for the future.

Education of new graduates continues to be problematic with the expectations of academics and clinicians being vastly different. Nursing is a clinical, 'hands on' profession, where practice is learned and is supported with theory and science. However, as a profession, these 2 critical facets of learning are philosophically separated by clear and separate boundaries; with theory being the domain of the universities and the responsibilities for practice devolved to the clinical environment. It seems the pendulum of change has swung too far for nursing. As a profession, the practice of learning to become a nurse has been deferred from the student phase of learning, until the professional qualification has been achieved. Nurse education today has a paradox. Attainment of a qualification equates to competence in a field of study, however, new graduate nurses like the participants in this study, are awarded their tertiary qualification, in full knowledge that they are not clinically prepared or competent to function independently as registered nurses in the clinical work environment. The challenge for nursing and the future will be to more closely marry the academic with the practical, to improve the clinical abilities of fledgling new graduate nurses, in preparation for their registered nurse role. It seems this

would most realistically be achieved if new graduates were employed not as fully functional registered nurses but as nurses who are learning to become nurses. It seems when new graduates learn what it is to be a nurse, then and only then will they learn to practise as a nurse.

> *In light of knowledge attained, the happy achievement seems almost a matter of course, and any intelligent can grasp it without too much trouble. But years of anxious searching in the dark, with their intense longin alterations of confidence and exhaustion and the final emergence into the light, only those who have experie can understand it.*
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> *Albert Einstein*

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