

Clinical Practice Readiness of Nursing Graduates

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ABSTRACT

Nurses form the majority of the healthcare workers, despite that, nurses continue to face challenges in terms of availability, distribution, retention. In order to evade nurses' global shortage, the total number of nursing graduates needs to be increased by 8% per year on average. However, data showed that graduates are often unprepared to work in the complex field of clinical practice, where increased patient acuity and shorter hospital stays, combined with a lack of deep learning in our academic nursing programs, have exacerbated the competency crisis.

Furthermore, nursing graduates face challenges that impede nursing students' clinical practice readiness, such as a lack of clinical learning materials, a shortage of well-qualified and skilled nursing faculty in terms of both quality and quantity, and inadequately equipped nursing skill laboratories. Besides, lack of experience, poor nurse-physician interactions, inadequate communication, leadership, and management skills are all common stressors for new graduates. However, this problem is underappreciated and skewed demand and supply of nursing manpower necessitated it more than before; thus it has to be addressed at both national and international platforms, to rectify the problem for quality of care and patient safety.

Keywords: Clinical practice readiness; Nursing graduates; New nurses; Clinical practice; Graduates' retention challenges; Strategies

INTRODUCTION

A systematic search was conducted using seven electronic databases such as PubMed, Google Scholar, Embase, Medline, and Clinical Key, Scopus, and Ovid search. Grey literature and the reference lists of relevant articles were also reviewed, to ensure saturation of search results. Controlled vocabularies such as MeSH (Medical Subject Headings) terms were used wherever possible; otherwise, a combination of keywords and boolean operators were used for electronic literature search. The search terms used were "clinical practice readiness", "nursing graduates", "new nurses", "clinical practice", "graduates' retention" "challenges", "strategies". The research findings were limited to the period January 2000 to May 2020 in order to retrieve all applicable full-text articles with relevant and updated information regarding the current clinical practice readiness of the nursing graduates.

SEARCH STRATEGY

Today the health care industry is experiencing significant challenges with increased life expectancy, changing lifestyles, and disease patterns in the population. India, on the other hand, is behind in terms of healthcare investment, infrastructure, and a trained and competent workforce. Even nurses make up the majority of the healthcare workers. Nursing continues to face difficulties in India in terms of availability, distribution, and retention [1]. According to data reported by the World Health Organization (WHO) in collaboration with the International Council of Nurses (ICN) and Nursing Now, there are just under 28 million nurses in the world today.

The number of nurses rose by 4.7 million between 2013 and 2018. However, there is still a global deficit of 5.9 million nurses, with the largest disparities found in Africa, Southeast Asia, the WHO Eastern Mediterranean region, and parts of Latin America [2]. Besides, nursing shortages are most severe in low

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Received: April 12, 2021; **Accepted:** April 26, 2021; **Published:** May 03, 2021

Citation: Sharma SK, Kalal N, Rani R (2021) Clinical Practice Readiness of Nursing Graduates. Clinics Mother Child Health. 18:381

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and lower-middle-income nations, which account for 89% of the global shortage, resulting in a 5.3 million personnel shortage. As reported by the WHO “the countries accounting for the most shortages in 2018 were Bangladesh, India, Indonesia, Nigeria, and Pakistan”. Even though India produces the highest number of trained nurses in the world and is one of the top five exporters of nurses. India is facing a severe shortage of nurses. Currently, only 1.7 nurses are available per thousand people in India. In other words, 2.5 million nurses are still needed in the country [3].

Furthermore, nursing shortages lead to several other issues such as increased errors, morbidity, and mortality rates. With the high patient-to-nurse ratios, nurses experience burnout and frustrations while the patients experience high mortality, and failure to rescue rates [4]. In order to evade the global shortage, the data estimates that countries with shortages would need to increase the total number of nurse graduates by 8% per year on an average, as well as boost their ability to be employed and retained in the health care system. The cost per capita (population) per year would be around ten USD [2]. However, studies reported that the turnover for new graduates in their first year in practice is higher than for more experienced nurses. It has been found that new graduates leave between 35% to 60% in their year of clinical practice [5].

Besides, graduate nurses' transition from an educational program to clinical practice is a long-standing problem that is generally accepted as a time of stress, position change, and reality shock [6]. This role transition includes situational awareness which is vital for self-care, practice readiness which indicates new graduates' confidence in adopting the professional identity of nurses when enacting their position, and skilled appraisal as a means of clinical performance, which indicates thinking like a nurse [7]. Data were evident that for at least 12 to 18 months after graduation, new graduates do not feel confident and comfortable in the job as a nurse [8]. These transitional pressures lead to financial loss to acute care hospitals of \$40,000 per graduate nurse who leaves in their first year of service [6].

Furthermore, high turnover and an influx of new graduates have resulted in a higher proportion of novice nurses delivering direct patient care, which can be traumatic for new practicing nurses as well as a risk to patient safety [9]. In a recent survey, self-reported clinical practice readiness of nurses graduating from India was evaluated, and it was found that graduating nurses are well trained for clinical practice in basic nursing skills. However, it is woefully inadequate for advanced nursing skills [10]. In addition, a study from a large Midwestern academic medical center, U.S., also reported that we are losing ground in the race for entry-level competency. Their data revealed that graduates are often unprepared to work in the nuanced area of clinical practice, where increased patient acuity and shorter hospital stays, with a lack of deep learning in our academic nursing programs, have intensified the competency crisis.

Many nursing programs produce nurses who pass the state board licensing test but are unprepared to work in the complex area of clinical practice [11]. Given the growing complexity of acute care settings, high patient acuity, and challenging workloads, new graduate nurses continue to need more support

to manage rising patient clinical care needs [12]. However, this problem is underappreciated, while it has to be addressed at both national and international platforms, in order to rectify the problem of high turnover rates, nurses' shortage, quality of care and patient safety. As a result, this article aims to highlight the importance of nursing graduates' clinical readiness, as well as an overview of their practice and gaps, the factors that impede nursing graduates' clinical readiness, and the approaches that can be used to improve nursing graduates' clinical readiness.

ISSUES AND WAY FORWARD

Nursing education, like other professional education courses in the country, faces challenges that impede nursing students' clinical practice readiness, such as a lack of clinical learning materials, a shortage of well-qualified and skilled nursing faculty in terms of both quality and quantity, and inadequately equipped nursing skill laboratories. Furthermore, quality assurance in nursing schools and colleges is lacking [1,10]. Besides, lack of experience, poor nurse-physician interactions, inadequate communication, leadership, and management skills are all common stressors for new graduates. In the military, the rank structure, which entails leadership responsibilities, maybe a source of additional stress. [13] Acceptance into the senior nurses' group is a crucial element as well.

The expression "nurses eat their young" has been heard by many student nurses, and some have even experienced it first-hand [14]. Furthermore, data revealed that 50% of ICU nurses believed their orientation was insufficient in providing the skills needed to secure patient care treatment. An inadequate induction program, organizational stressors, and little or no time for the new naval nursing officer to secure housing and attend to other family matters all combined to have a significant effect on nurses' retention [13]. To produce clinically competent nurses, nursing regulatory bodies must regularly monitor and ensure that deficiencies are resolved, and nursing faculty remains clinically updated and active [10].

Upgraded curricula, outcome-based instruction, advanced training, standardized examinations, and licensing processes, and nationwide nursing education provision are all urgently needed [1]. In the last ten years, several organizations have recommended programs to help new nurses gain the knowledge and skills they need to provide safe, high-quality patient care [15]. However, new graduates complain that, despite significant academic achievements, they are unable to apply expertise in unstructured, unprompted circumstances are adrift in a sea of learning. Clearly, a content-rich curriculum does not fix the problem; rather, it exacerbates it. For academic achievement and practice preparation, transformational and forward-thinking education necessitates the careful selection of the most important teaching and learning resources and experiences. If modern pedagogy does not evolve, it will become obsolete. Perhaps it has already happened.

Nursing textbooks are unwieldy encyclopedic compendiums of information that have become pedagogically tone-deaf, concentrating mainly on knowledge acquisition while ignoring knowledge use or application [11]. Qualitative data reported the

five themes that lead to a positive graduate nurse transition experience. They were a positive work climate, a positive preceptor experience, a thorough orientation process, a sense of professionalism, and a clear understanding of job expectations [16].

It is important that hospital management not only pay attention to factors that influence patient outcomes and nurse turnover but also develop strategies and procedures to keep qualified staff nurses at the bedside. While most hospitals have policies in place to ensure that new nurses attend some kind of general nursing orientation; however, all programs are not created equally. In addition, the support from academic, government, and philanthropic organizations play a significant role in the future of nurse residency programs [15,16].

CONCLUSION

There are numerous literatures are available on clinical practice readiness in graduates, however, only a few are from India. The issue of high turnover and global nursing shortages must be addressed at the root stage, where nursing graduates are clinically trained effectively. For this, we must recognize the challenges that nursing graduates face during their transition from graduation to professional status. These issues need to be rectified in the best possible way with the help of the government. This will not only alleviate the financial burden on hospitals but will also improve the health care quality, patient safety with an improved nurse-to-patient ratio and the growth of satisfied nurses.

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