

## Month 1 – Sharing Our Stories

This first month is all about getting to know each other and sharing your stories!

### Discussion Questions:

- Share with each other your backgrounds, including:
  - What led you to become a Nurse
  - Where have you worked previously?
  - What does life outside work look like for you?
- What led each of you to want to transfer into this department and make this change?
- What have the first few weeks in your new position been like?
- As someone who's been in this department for a while, did you ever doubt this decision? What kept you motivated during the transition?
- Do you have any specific goals for our time together, in addition to getting settled and through orientation? How can we best support you?

### Check-in:

- How is orientation going?
- Can I support you with anything or help communicate any needs/concerns/requests with you?

### Resources:

*Experienced Nurses Transition to Practice* by M. Windey and T. McGuire

# Experienced Nurses Transition to Practice

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When I think about transition to practice, I immediately think about the new graduate nurse. The novice nurse who spent countless hours learning from a textbook, practicing skills in a laboratory setting, and rotating through many clinical experiences. I conjure up a pleasant image of the new nurse who is excited about their inaugural nursing job as they don their sparkling clean uniform and pristine nursing shoes. I see the nurse who is ready to apply what was learned in a controlled setting taking the good from all their mentors while weeding out the bad to define a personal nursing identity of their own. But there are other new nurses out there—the experienced nurse who is transitioning to a new specialty. For the purposes of this article, we will call them the transitioning experienced nurse.

The nursing shortage continues to loom on the horizon. Although there are several reasons the nursing shortage persists, a primary reason is that nurses do not feel supported when transitioning to a new role, and they struggle to acclimate to the work environment. This lack of perceived support is compounded by the concept that nurses experience reality shock where they are faced with confusion, feelings of inadequacy, emotional turmoil, and second guessing their career choice. This is the same for both new graduate nurses and transitioning experienced nurse.

Marlene Kramer's (1974) theory of reality shock helps nursing professional development (NPD) practitioners understand why newly licensed nurses (NLN) struggle in acclimating to the nursing profession. Essentially, when the

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ideal practices taught in nursing school are misaligned to how nurses really practice in the work environment, NLNs become disillusioned. This disillusionment leads to reality shock. Kramer's theory explains that when nurses experience this reality shock, they are more likely to seek a new job or leave the nursing profession altogether. The same holds true for the transitioning experienced nurse. Building on Kramer's theory of reality shock, Dr. Judy Duchscher (2008) conducted nursing research to understand how Kramer's theory withstood the test of time as nursing practice has evolved since the 1960s. The purpose of this column is to build on what we know about the transition for NLNs and discuss the transition to practice for experienced nurses using Duchscher's theory as a framework. This column will highlight how transition shock may negatively impact the transition for experienced nurses to a new clinical setting, much like it does for a NLNs.

## ROLE TRANSITION

Duchscher's research focused on how NLNs were prepared, transitioned, integrated, and stabilized during their foray into the workplace (Duchscher, 2008; Duchscher & Windey, 2018). No matter what the reason is, the transitioning experienced nurse may need to transition to a new practice. It is important to explore Duchscher's theory of transition shock and see how it applies to the experienced nurse transitioning to a new role. This theory can be applied to help nurses transitioning in many different setting and for many different reasons for transfer.

## Examples of Experienced Nurses Transitioning to a New Practice Setting

The examples of experienced nurses transitioning to a new practice setting are as follows:

- the newly hired experienced, board-certified, critical care nurse transitioning to a new organization's intensive care unit;
- the incumbent medical-surgical RN transferring within the same organization to the emergency department;

- the experienced clinical nurse transitioning to a leadership position;
- the experienced NPD practitioner transitioning to a Magnet Program Director role.

### Why Experienced Nurses Seek New Jobs

There are countless reasons why experienced nurses leave one job for another. The cause may be attributed to one of these following reasons grounded in practice-based evidence:

- The knowledge, skills, attitudes, and competencies (KSAC) required for the previous job were not demonstrated or acquired, which resulted in a new setting. This is commonly seen when an NLN starts in the intensive care unit or emergency department and needs more time to develop the requisite KSAC.
- The clinical nurse progressed through Benner's stages of novice to expert and is seeking new opportunities to grow and develop. This is commonly seen with nurses who arrive at the "competent" stage and need to be challenged, and they meet this need by seeking a new job (Benner, 1984).
- The nurse attended a professional development activity or returned to school and learned new KSAC and want to apply this new learning in a new role or a new setting.
- The nurse experienced a life change and is seeking a new work environment and practice setting that meets the new demands of these life changes.
- The nurse is taking advantage of the dynamics of the nursing profession and wants to explore new nursing specialties.

### DUCHSCHER'S TRANSITION STAGES

Duchscher's (2008) theory of transition stages is a framework that demonstrates how the first year of nursing is an important one where nurses are growing and developing their professional nursing practice to find their nursing identity. On this journey, the nurse graduated from nursing school and were enculturated to believe what nursing should be like and they form an idea of the kind of nurse they want to be. During their first year of transition to practice, the new graduate nurse passes through the components of the transition shock model of loss, doubt, confusion, and disorientation (Duchscher, 2008). Duchscher identified three stages: (1) Doing, (2) Being, and (3) Knowing.

#### Stage 1: Doing

In the first stage, Doing, Duchscher (2008) asserts the nurse has successfully passed nursing orientation. The competency checklist is complete, and the nursing leadership team identified the nurse is safe to practice independently. In this first stage, the nurse provides care to patients and their families, interacts with members of the interprofessional care team, and is task-focused trying to balance multiple competing

priorities. The transitioning experienced nurse must acclimate to the new culture and find a rhythm associated with this new specialty. Not only does the nurse need to find a rhythm, but the tempo must also move in sync with the rhythm of the team. The transitioning experienced nurse has more depth and breadth from which to draw to manage the complexities of acclimating to the culture and new unit routines. Although the transitioning experienced nurse may not struggle as much with managing complex patients or internalizing difficult demands from patients and families, they may still experience transition shock as they learn the standards for the new nursing specialty and need to demonstrate new KSAC. As the nurse recognizes the stress they experienced in the past and how they were able to overcome those stressors, then feelings of resiliency resonate with them. Resiliency is an important attribute to have when transitioning to practice.

Unlike the new nurse who can claim being a novice when faced with a new situation, the experienced nurse may be more hesitant to admit they have a knowledge or skill deficit, which may lead the nurse to conceal their vulnerable self. By not sharing these vulnerabilities, the nurse is at risk for withdrawing, which negatively impacts their transition to practice. The experienced nurse may conceal their perceived insufficient grasp of the new KSAC and acquiesce to those around them for fear of slowing down the rhythm of team. These feelings of inadequacy may indicate the nurse is experiencing transition shock. Transitioning experienced nurses may tend to put even a higher pressure on themselves than a new graduate nurse might. Their thoughts are clouded with doubt, confusion, and dismay. This increased self-imposed pressure negatively impacts the nurse's ability to form new relationships and acquire new skills.

Each nursing specialty is unique, which lends itself to a different rhythm of the unit. Sometimes, these differences are dramatic, which can compound the learning curve, adding to the adjustment of the Doing phase. The transitioning experienced nurse has mostly likely endured and recovered from transition shock when they accepted their first nursing job. Therefore, it is likely transitioning experienced nurses may have a slight advantage over the NLN as they remember the first year of their professional nursing practice. These nurses have a better understanding of how to find their rhythm and be an integral member of the team. Although transitioning experienced nurses have a stronger base to work from, the change of daily, technical requirements can still be challenging and should not be overlooked. These transitioning experienced nurses feel they are expected to move from expert back to expert in a shortened time as opposed to progressing along Benner's (1984) model of novice to expert. A reality for the transitioning experienced nurse is a strong fear of feeling incompetent, which erodes confidence.

## Stage 2: Being

The transitioning experienced nurse has internal struggles and questions why they left a job where they knew what they were doing. They notice they have more questions than answers. The transitioning experience nurse may feel incompetent as they discover there is a lot more to learn than anticipated. The nurse is frustrated, disappointed they are not recognized for the knowledge and experience demonstrated in past roles, and felt sheer exhaustion from being new (Duchscher, 2008; Duchscher & Windey, 2018).

Experienced nurses should look for parallels between what they have done well in the past and what they are being called to do in this new role. Although Duchscher acknowledges academia has a “relentless cycle of preparing for and debriefing about clinical experiences” (Duchscher & Windey, 2018, p. 2), it is through these pedagogical approaches that experts say is where true learning takes place (Dickerson, 2017). Nurses benefit from debriefing as it helps to find the answers to the commonly asked questions often asked in this stage. It is reasoned the reflections and debriefs serve as a basis for moving forward with appropriate confidence. Failure to get to a state of Being is met with transition crisis, which negatively impacts the nurse’s confidence.

## Stage 3: Knowing

Duchscher (2008) identifies Knowing as the final stage of transition. As nurses grow and develop their professional nursing practice, they create their own identity as a nurse. This identity is shaped by the experiences during the first two stages and from past nursing experiences. Transitioning experienced nurses could reshape their professional identity through the performance traits of exploring, critiquing, recovering, separating, and accepting (Duchscher, 2008; Duchscher & Windey, 2018). The practice-based evidence of NPD practitioners identifies there are common challenges for experienced nurses transitioning to a new practice.

## CHALLENGES FOR TRANSITIONING EXPERIENCED NURSES

- Although all the KSAC the nurse possesses are portable and transferrable, the nurse is starting over with a blank slate as they learn the new unit’s culture and rhythm.
- Many experienced clinical nurses may leave one work area for another thinking the “grass is greener” at the other bedside, but the issues in one work environment are the same in another.
- The nurse did not consider the gestalt of how the transition to a new practice was going to affect them intellectually, emotionally, socially, and physically.
- The nurse moved from a familiar setting to an unfamiliar work environment with a new culture and rhythm and did not consider how this new rhythm is something they would need to adjust to.

- The daily routine in one nursing specialty is vastly different from a different clinical setting, and the new routine comes with a steep learning curve.
- The nurse has a fear of being incompetent as they learn the new KSAC.
- The relationships they formed in one setting were developed over time, and they are having trouble making new work friends.
- The nurse has KSAC and may not feel appreciated by new colleagues who do not know or appreciate the gifts and talents this nurse demonstrated in previous roles.

## THE ROLE OF THE NPD PRACTITIONER

NPD practitioners understand that reality shock is common, natural, and expected, but above all else, it is manageable. The astute NPD practitioner is poised to help ease this reality shock by supporting the NLNs during this transition. One role NPD practitioners have is to plan, implement, and evaluate transition to practice programs aimed at meeting the needs of the NLNs (Dickerson, 2017). There tends to be a myriad of support and resources devoted to growing and developing this group of nurses.

Many NPD practitioners are familiar with the complexities when a new graduate nurse experiences a role transition from student nurse to practicing nurse, and literature abounds on how to support these vulnerable nurses. However, how often does one pause to consider how the transition to practice affects experienced nurses? Although NPD practitioners have created and tailored orientation plans for experienced nurses, it is likely the attention paid to transitioning experienced nurses was not commensurate with the attention and support new graduate nurses received.

## IMPLICATIONS FOR THE NPD PRACTITIONER

All nurses who change jobs may experience transition shock, and the NPD practitioner is well poised to influence the transition to practice for NLNs and transitioning experienced nurses. NPD practitioners have the KSAC to support these nurses as they grow and develop professionally and to instill confidence as they acquire new knowledge and skills. When NPD practitioners focus on creating a climate for learning and instilling resiliency, the nurse will thrive. The NPD practitioner can also influence the nurse practice environment by illustrating the parallels between what the nurse has accomplished in the past and what they are doing now as they acclimate to their new role. The NPD practitioner must understand that transition shock is common and natural, and as nurses grow and develop in their new role, they will progress through the transition stages.

## CONCLUSION

Duchscher's (2008) stages of Doing, Being, and Knowing may be the same for both a new graduate nurse and a transitioning experienced nurse. The stages start with basic competencies of nursing, finding their rhythm, and getting along with colleagues. The stage of Doing transitions to Being, which is critical for a strong and healthy foundation of nursing practice. The final stage is Knowing where the nurse demonstrates a rhythm that makes the fully functioning healthcare team stronger. Deservedly, there is a great deal of energy focused on transitioning NLNs to the profession. This makes sense as these vulnerable nurses have a difficult journey as they navigate physical, mental, and emotional challenges of transition shock. However, more attention needs to also be focused on transitioning experienced nurses. Duchsher's theory informs us that transition

shock is common, natural, and manageable. However, without the support of the NPD practitioner, many transitioning experienced nurses will report an intent to leave their job or leave the nursing professional altogether.

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