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## Bridging the Gap between Nursing School and Professional Practice

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### Abstract

While it is a milestone well-worth celebrating, the period of transition from nursing school to professional practice has long been seen as a traumatic and stressful experience for new graduates. The end result has been an increase in registered nurse turn-over during the first year of professional practice which impacts the health care facility's ability to consistently deliver safe, quality care. Although there have been improvements in nursing education and enhancements to the onboarding process for new graduates to facilitate the transition, additional opportunities to prepare nurses for the "Hand Off" from education to practice, still exist. In 2015, the turnover rate of registered nurse graduates in the first year of practice was approximately 30%. This attrition rate represents a significant negative impact to health care facilities financially and in terms of the quality of patient care. This article will describe an academia-practice partnership that was created to address the stressful transition from nursing school into professional practice.

### Introduction

Professional socialization of nurses has been discussed in the literature for several years. This term refers to the process through which novice nurses merge into the practice environment to become professional nurses. Mooney [1] noted "That these processes are reflective of ritualistic practices, hierarchical attitudes and strict observance to the rules". Often the problems associated with this transition of nursing students to professional nursing practice have been acknowledged as traumatic and stressful, which still remains true today. Although there have been improvements in nursing education to bridge this gap, increased opportunities to prepare nurses for this transition, or the "Hand Off" from education to practice, still exists [1]. In this time of unprecedented change in healthcare, as reflected by Kavanagh and Szweda [2], "Delivering on the promise of safe, high quality patient care requires a highly engaged and competent team". Nurses play a critical role in the success of the patient experiences and positive patient outcomes. However, "The widening preparation-to-practice gap challenges the ability of health care systems to deliver consistent, safe, quality care" [2]. Baptist College of Health Sciences nursing faculty plan to partner with Baptist Hospital-Memphis in an effort to: 1) narrow that preparation-to-practice gap, and 2) improve the socialization of the graduate nurse by introducing the customs and daily rituals of professional practice earlier in the graduating senior's preparation. Introducing these customs and rituals early in the student's practice experience will reduce dissatisfaction and stress, and improve retention of the new graduate nurse during the onboarding process.

In 2017, the nursing faculty at Baptist College of Health Sciences in Memphis, Tennessee partnered with nurse leaders and staff nurse preceptors at Baptist Hospital-Memphis to enact a project that would: 1) narrow that preparation-to-practice gap, and 2) improve the socialization of the graduate nurse by introducing the customs and daily rituals of professional practice during the students' Senior Nursing Capstone course. The ultimate goals of the project were to reduce dissatisfaction and stress experienced by new graduates and to improve retention of the new graduate nurse during the onboarding process. The project that became known as TIPS (Transition into Practice Socialization) was funded through a 2017 Promise of Nursing grant that was administered by the Foundation of National Student Nurses' Association and the Tennessee Hospital Association.

The proposal addressed several of the goals and objectives of the 2017 Promise of Nursing Grant. The goals and objectives the proposal satisfies were mutually agreed upon by Baptist College and Baptist Hospital-Memphis.

Defining the Workforce of the Future to Include:

Identifying the required competencies for the changing health care environment and implementing those competencies within the nursing curriculum.

Aligning the competencies of graduates with the needs of the clinical facility through professionalism/accountability, effective Communication, leadership in ensuring Quality and Safety, and innovative teaching approaches.

Recruitment and retention by improving the onboarding process to help new graduates transition into practice.

Collaboration between Academia and Practice with strategies to prepare nursing workforce for the culture of the practice environment, agreement on competencies and priorities, change approach to maximize learning, new models of clinical education, and strengthen the onboarding processes.

Preparation of Future Preceptors

Embracing a value for continuous improvement, the insights and skills that underlie the Improvement KATA, the methodology used to lead the Toyota Industry, served as a creative, innovative approach to help the team of educators and nurse managers better understand the current condition new novice nurses experience, obstacles impacting graduates' satisfaction, nurse retention and preparation-to-practice gaps [3]. The Improvement KATA served as the process to strategize steps to overcome each obstacle. Training within Industry (TWI) standards were integrated in the nursing student's learning as well [4].

## **Methodology and Design**

### **Hypothesis**

Exposing the prospective graduate to the customs, practices and rituals of daily practice at Baptist Memphis as part of their senior capstone course experience will result in a smoother transition (i.e., reducing stress, improving the new graduate's satisfaction, improving nurse retention on the respective units, and impacting more positive patient experiences) and will also enhance the graduates' socialization into their professional practice role.

### **Clinical Model Design**

The 180 clinical learning hours in the Senior Nursing Capstone course were realigned with the practice rituals and customs of the practice environment, including but not limited to hourly rounding, AIDET®, TWI [4] practices for Foley and IV catheter and central line insertion, and the Improvement KATA process. As the students transitioned into their professional role, the students' preceptors during their Senior Capstone course experience, will continue to be the graduate's preceptor during their orientation/onboarding period.

The Transition into Practice Socialization: Aligning Competencies of Graduates with the Practice Environment (TIPS) Program Schedule had three different phases. Phase I was the Senior Capstone course/clinical experience. Nursing 442 Senior Capstone focuses on the student's transition as a baccalaureate generalist graduate. Emphasis is on clinical/critical reasoning to address simple to complex situations across the lifespan and health-illness continuum from a holistic approach. This course provides experiential learning under the direction of nurse preceptors and nursing faculty in a variety of practice settings. The student engages in inquiry that is evidence-based and applies research principles in the clinical setting. Informatics and technology are integrated throughout the course. Synthesis of knowledge from prior nursing courses and general education studies is required for successful completion. Phase two is the Nurse Intern II role. Upon hiring and until successful completion of the NCLEX-RN (typically two-six weeks), the graduate will function in the Intern II role.

During this period, the Intern II will concentrate on becoming acclimated to the practice setting and preparing for the NCLEX-RN exam. Acclimation to the practice setting will be facilitated through simulation experiences, skills challenges, and didactic sessions. The academic faculty will meet with the Intern II every two weeks. Phase three involves orientation in the Registered Nurse role. Upon successful completion of the NCLEX-RN exam, the Intern II will transition into the registered nurse role and begin orientation. The foci of the orientation period are socialization into the culture of the practice setting and acclimation into the professional role.

These foci will be facilitated through Structured Transitional Experiences in Practice (STEP) using case study analysis, web-based instruction, simulation, group discussion, and role playing to explore topics such as communication styles, conflict resolution, interprofessional collaboration, response to a change in patient condition, and crisis intervention. The orientee will work the preceptor’s schedule as much as possible. The TIP team (academic faculty, unit educator, preceptor and orientee) will meet every 2 weeks during the orientation period. Once employed at Baptist-Memphis, Structured Transitional Experiences in Practice (STEP) for the graduates and their preceptors were scheduled. Baptist College faculty served as a mentor and resource to the preceptor, unit educator and graduate for the first-year following graduation. The faculty also supported the hospital educators with preceptor training as needed (Table 1).

| Time    | Structured Transitional Experiences in Practice (STEP)  |
|---------|---|
| Week 1  | Nursing Orientation and clinical practice with preceptor.   |
| Week 2  | TIPS team meeting, orientee in clinical practice with preceptor.  |
| Week 3  | STEP meeting with academic faculty and/or unit educator; orientee in clinical practice with preceptor.  |
| Week 4  | Unit educator and academic faculty review previous STEP outcome and plan for next STEP meeting using KATA continuous improvement model; orientee in clinical practice with preceptor. |
| Week 5  | TIPS team meeting, orientee in clinical practice with preceptor.  |
| Week 6  | STEP meeting with academic faculty and/or unit educator; orientee in clinical practice with preceptor.  |
| Week 7  | Unit educator and academic faculty review previous STEP outcome and plan for next STEP meeting using KATA continuous improvement model; orientee in clinical practice with preceptor. |
| Week 8  | TIPS team meeting, orientee in clinical practice with preceptor.  |
| Week 9  | STEP meeting with academic faculty and/or unit educator; orientee in clinical practice with preceptor.  |
| Week 10 | Unit educator and academic faculty review previous STEP outcome and plan for next STEP meeting using KATA continuous improvement model; orientee in clinical practice with preceptor. |
| Week 11 | TIPS team meeting, orientee in clinical practice with preceptor.  |
| Week 12 | STEP meeting with academic faculty and/or unit educator; orientee in clinical practice with preceptor.  |
| Week 13 | Wrap up and evaluation  |

**Table 1:** Depicts the STEP process for graduates, preceptors, and academia.

The project involved 3 cohorts of students from January of 2018 through April of 2019 for a total of 27 Senior Nursing Capstone students. The students were assigned to complete 180 direct patient care hours on medical-surgical inpatient units. Each student was partnered with a baccalaureate-prepared registered nurse preceptor. The preceptors were responsible for their student’s patient assignment and guided the student’s performance throughout each shift. Additionally, 3 nursing faculty members supported the preceptors and oversaw the students’ clinical performance for attainment of course outcomes (Table 2).

| Traditional   | TIPS Project   |
|---|--|
| Senior Nursing Capstone students were assigned to patient care units based on their hospital preference and the availability of staff nurse preceptors. | Senior Nursing Capstone students were assigned to the patient care unit they wanted to be hired to after graduation.   |
| Graduate nurses were hired on an unfamiliar patient care unit.  | Graduates remained on their Senior Nursing Capstone patient care unit.   |
| The graduates were assigned to an available preceptors.   | Graduates remained with their Senior Nursing Capstone preceptor.   |
| No formal plan for continued interaction among graduates, preceptors and faculty members.   | A formal 13-week plan for collaboration among graduates, preceptors, faculty, and unit educators was developed. The project participants met at least every 2 weeks. |

**Table 2:** Depicts the traditional student, graduate nurse, preceptor, and faculty experience compared to the experience of the TIPS project students, graduates, preceptors and faculty members.

## Results and Outcomes

The nursing faculty and hospital leaders utilized varied indicators for outcomes data from the TIPS project. The following table depicts the indicators and the instruments used to gather the outcomes data (Table 3).

| Indicators                  | Instruments  |
|-----------------------------|--|
| Student Learning Experience | Preceptor Evaluations  |
| Patient Experience          | HCAHPS: Nurse Communication: Professionalism Behaviors               |
| Graduate Nurse Engagement   | Casey-Fink Graduate Nurse Experiences Survey-Socialization Questions |
| Nurse Retention             | Human Resources Report of Nurse Retention                            |

**Table 3:** Data Collection.

In terms of Student Learning Experience, the student stated in their preceptor evaluations that their preceptors: 1) served as positive role models, 2) provided help in developing skills, 3) gave appropriate and timely feedback, 4) facilitated a positive atmosphere for learning, 5) were available as resources and counselors, 6) allowed the students to function independently when appropriate and 7) were knowledgeable concerning policies and procedures.

Patient Experience outcomes were measured using the HCAHPS survey of discharged patients. 66.2-66.5% of the patients discharged from the TIPS project medical-surgical units (N=369) indicated on the HCAHPS survey that the nurses “Always” treated them with courtesy and respect, listened carefully to them and explained things in a way they could understand. The previous calendar year 59.2-72.9 of the discharged patients (N=266) responded “Always” to the behaviors related to nurse communication. The graduate nurses scored all questions related to socialization on the Casey-Fink survey as “Strongly Positive”. All graduates were retained within the hospital after graduation. 33% (N=9 out of 27) stayed on their TIPS unit. The remaining students took graduate positions on other units within the facility.

The participation by unit managers was critical to successful implementation of the project. They were able to facilitate a student experience by providing leadership support to the preceptors. One manager experienced both retention of students on her medical-surgical unit as well as the transfer of students to non-medical-surgical units after graduation. Regardless of the retention outcome, the manager identified both strengths and challenges in the project. She noted that she, the preceptors and students were supported through frequent communication with the college faculty. The students were well-prepared for clinical and eager to learn. The training and follow up provided to the preceptors by the college faculty was very thorough and greatly appreciated by the preceptors. However, turnover of preceptors became a problem as they sought different opportunities elsewhere. The overall staff nurse turnover on her particular medical-surgical unit during the project was quite high, and the availability of experienced staff to mentor students and new graduates was slim. She noted that manager turnover during this time was a challenge in the medical-surgical units as well.

Unit managers and partners in the transition process for the new graduates reported that during the first cycle, there were three Capstone students on the unit, one of which was a Nurse Intern in the department as well. Although, none of the three took positions in the department upon graduation, the three expressed a strong desire to work in areas other than Med/Surg and sought opportunities in those areas. The following semester had greater success, yielding two graduate nurses that took positions on the unit. Throughout the process, and after, there were some strengths and challenges noted. The communication with the college faculty was positive and frequent between management, preceptors and the students. This process ensured that everyone felt supported. The students were well-prepared for clinical and eager to learn. The training and follow up for the preceptors was very thorough and great feedback from them regarding the content and support was received. Turnover of preceptors became a problem as they sought different opportunities elsewhere. The overall turnover on the unit at the time was quite high, and availability of experienced staff was slim which may have played a role in the students choosing not to stay.

## Conclusion

Throughout the project process from planning to implementation and through outcome measurement it quickly became obvious that the issue of transition into professional practice for the graduate nurse is complicated and multi-factorial. The importance of building solid relationships between the academic faculty and the practice experts was reinforced as facilitating a positive learning experience/environment for students and a smoother transition for the graduates into professional practice. This relationship does not happen and is not sustained automatically and must be intentional on the part of all participants. New graduates make up a large percentage of the hospital staff at any given time. This represents a challenge to unit managers and educators as they seek to provide seasoned nurses to mentor the new graduates and still meet the needs of incumbent staff. Lastly, retention of experienced unit managers represents a stable work environment and is critical to successful transition of graduates into professional practice.

## References

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**Table 2:** 2007-2014 DNP studies.

The second document was from Vanderbilt [31] where they published their 2016 DNP project titles and there is a continuation of similar themes as in (Table 2). The Vanderbilt group of studies were evaluated and presented in (Table 3).