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Contemporary nursing graduates' transition to practice: A critical review of transition models

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AIM

This paper provides a narrative critical literature review of four main theories that attempt to explain newly qualified graduate nurses' transition to practice. The aim of the review was to provide a critical analysis of the current state of knowledge regarding nursing transition to practice frameworks. The discourse will include Kramer's Reality Shock Theory, Benner's Novice-to-Expert Theory, Bridges Transition Theory and Duchscher's Stages of Transition Theory.

BACKGROUND

Internationally, nursing education has rapidly evolved since the 1980's. In many developed countries, there has been a transition from hospital-based training to university-based training (Wardrop, Coyne, & Needham, 2019). However, this has resulted in reduced clinical instruction and exposure, reduced workplace readiness and a lack of confidence among newly graduated nurses (Jamieson, Sims, Basu, & Pugh, 2019). Nursing students are expected to develop the skills required to practice as a registered nurse (RN) during their undergraduate degree, with knowledge and skills in the practice of nursing science and theory (Jacob et al., 2014). High patient acuity and high staff turnover rates add to the challenges new graduate's experience in their first year of practice (Kavanagh & Szveda, 2017). Graduates may struggle to adapt to the role of a registered nurse as they feel unprepared for working as a part of the clinical team (Hezaveh, Rafii, & Seyedfatemi, 2014). Graduates are required to learn or consolidate both psychomotor and critical thinking skills quickly (Theisen & Sandau, 2013). The longer-term impact of this includes high attrition rates of up to 60% in the first year (Odland, Sneltvedt, & Sorlie, 2014) for which a range of support programs have been developed to counteract this, including orientation, supernumerary time,

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preceptorship and theory-based training lasting anywhere from six weeks to 12 months

(Rush, Adamack, Gordon, Lily, & Janke, 2013).

Graduate programs for newly qualified graduate registered nurses were introduced into most hospitals following the transition of nurse education into the university setting in order to help graduate nurses assimilate into the clinical environment (El Haddad, Moxham, & Broadbent, 2017). Worldwide, newly qualified nurses are offered a number of different programs, all aimed to support their transition to practice. For example, transition programs may be termed graduate program, transition to practice program, residency program, internship, or an extended orientation program (Edwards, Hawker, Carrier, & Rees, 2015). The aim of transition programs is to provide support to graduate nurses to ease their transition into the role of the registered nurse in order to decrease the attrition rate of new graduates. The high attrition rate of new graduates is thought to be due to lack of confidence and limited available support within the first few months of practice (Edwards et al., 2015). The introduction of graduate programs were based on the understanding that new graduates require time to develop clinical skills, build confidence and feel like they are effective team members within the new environment and aim to reduce the initial shock often experienced when a graduate is new to an environment and has limited experience (Kramer, Brewer, & Maguire, 2013).

Reducing the notably high attrition rates both nationally and internationally during the graduate programs are important considerations especially in view of the cost of training nurses and the estimated worldwide future nursing shortage (Walton, Lindsay, Hales, & Rook, 2018). Graduate programs consist of a range of models which may include preceptorship, supernumerary time, face-to-face study days, formal assessments, online course work, self-directed learning packages and performance appraisals (Spector, Ulrich, &

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Barnsteiner, 2017). The nursing graduate program has become an essential part of the new graduates' transition year.

Multiple theories have been developed to help gain an understanding of the experience of graduate nurses within their first year of transition to a clinical environment. Less is known about which transition theory is applied when developing the most effective transition to practice program. Transition programs are vital to reduce the effects of transition shock and decrease attrition rates.

DESIGN

Considering the range of graduate programs across the world, the high levels of attrition of newly qualified nurses, the challenges of transition to practice and various levels of support provided to newly qualified nurses, we set out to provide a narrative critical literature review of a number of theories related to transition to practice applicable for contemporary new graduate nurses.

Table 1: Summary of Transition theories

Duchscher's Theoretical Framework (2007) Stages of Transition Theory • Transition shock model; Consists of sociocultural, emotional and physical and intellectual elements.	Kramer's reality shock (1974)	Culture shock (1960) 4 stages within the cycle Honeymoon, rejection/regression, adjustment and recovery phase	Cyclic process
		Honeymoon – rejection/regression phase – Recovery and resolution phase	Social, emotional and physical responses. Cyclic process
		Dreyfus skills acquisition model (1980)	5 stages Progression is linear

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<ul style="list-style-type: none"> • Transition stage model; Doing, being and knowing stages. • Non-linear 	Benner's Novice to expert (1984)	5 stages Novice – advanced beginner – competent – proficient - expert	5 stages Progression is linear
	Bridges transition theory (1991)	3 step process Letting go- Neutral – New beginnings. Taking time to adjust to change is important	3 step progression Linear progression

METHOD

The aim of the review was to provide a critical analysis of the current state of knowledge regarding nursing transition to practice frameworks. A narrative literature review selects to review published articles that describe and discuss the current state of a specific topic from both a theoretical and contextual view point (Rother, 2007). Four main theories were chosen for the review as they are the main theories cited in literature as the basis for nursing graduate programs as they provide perspectives on the experiences of today's graduate nurses' transition to clinical practice. The theories selected for the narrative critical review were Kramer's Reality Shock Theory, Benner's Novice-to-Expert Theory, Bridges Transition Theory and Duchscher's Stages of Transition Theory. The four theories were selected because they provide perspectives on the experiences of a graduate nurses' transition to clinical practice. A clear theoretical framework can provide a comprehensive understanding of the various stages and processes of transition and enable development of successful programs to aid in the transition of nursing graduates.

RESULTS

Kramer's Reality Shock Theory

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Kramer's Reality Shock Theory (1974) was one of the first theories developed to describe a nurse's transition to practice. Included in this theory is the concept of 'culture shock', first described by Oberg (1960), an American anthropologist. Culture shock is defined as a set of confused or uncertain emotions experienced by an individual in an unfamiliar environment (Lina & Setiawan, 2017). Culture shock is thought to occur in four different stages: the honeymoon phase, shock and rejection phase, adjustment phase and recovery phase (Eckermann et al., 2010).

Kramer's (1974) work in graduate nurse transitions argues that similar to Oberg's culture shock, graduate nurses undergo a reality shock cycle on commencement in the workforce. Kramer describes 'reality shock' as the emotions a graduate nurse experiences when starting work in a new environment and proposes that when sociocultural norms are different to what is expected, reality shock occurs (Kramer, 1974). Shock is seen to consist of sociocultural, physical and emotional response an individual exhibit when experiencing unexpected or negative events while in an unfamiliar environment (Kramer, 1974). Kramer argues that reality shock, similar to Oberg's culture shock, progress through four phases; the honeymoon, rejection/regression, recovery and resolution phase.

Kramer's 'reality shock' theory recognises that graduates experience sociocultural, physical and emotional responses to the new experience of practice as a registered nurse (Wakefield, 2018). This theory commences with a honeymoon phase, full of enthusiasm and excitement which graduates experience for a brief period. Not all new graduated registered nurses are expected to experience a honeymoon phase. Instead, some skip the first stage and commence with the rejection or shock phase (Al Awaisi et al., 2015).

The rejection phase occurs as graduates feel unprepared for the realities of clinical practice. Graduates, lacking confidence and experience, often feel a sense of rejection within the clinical setting (Freeling & Parker, 2015). Immature conflict resolution often emerges,

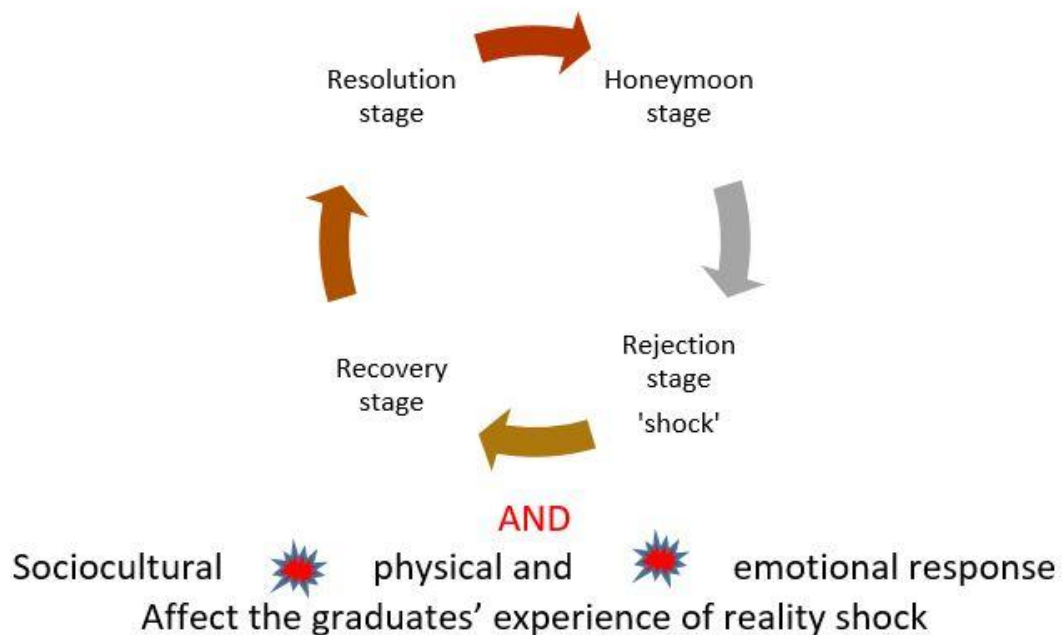
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reflected through feelings of anger and frustration towards the new culture. During the rejection phase, an individual may experience periods of heightened self-doubt and conflicting values as they reject the reality of the role they are required to fulfil. Not all graduates enter this stage, however those who do, feel some form of rejection due to conflict with their previous belief system (Kramer, 1974). The rejection phase is often accompanied with ethnocentrism, where a person idolises where they have come from, for example, their former student life. Kramer (1974) suggests that not all graduates reminisce fondly of their student days and some graduates may actually blame the education system for feeling underprepared for the role of a registered nurse.

The recovery phase is the third step within the reality shock cycle, when the new graduate develops to feel a sense of belonging within the new environment and an acceptance of their role. The final phase is referred to as the resolution phase (Wakefield, 2018). During this phase, graduates determine their future pathway regarding nursing. The new graduate's resolution phase can consist of the nurses staying within the profession, moving hospitals or areas or leaving the nursing profession altogether (Martin & Wilson, 2011). This resolution may happen earlier in the process with the graduate leaving the nursing profession without finishing their graduate program. Kramer's reality shock theory is seen to be a cyclic process with graduates moving from resolution back to shock as new experiences are encountered. For example, a graduate nurse may experience the 'shock' phase and move through to the resolution, only to find that when something new is presented they return to the shock phase and the cycle starts again.

Figure 1: Kramer's reality shock theory

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Differences between Oberg's culture shock and Kramer's reality shock occur in the length of time during which the shock occurs, the expectations of people experiencing the new environment and belief in what is the optimal environment. In contrast to the sudden onset of culture shock, reality shock experienced by graduate nurses is thought to be a more gradual and prolonged process. Where culture shock is expected to improve with time as people assimilate with the culture after a short duration of time, in nursing the experienced situation may not improve (Kramer, 1974). The expected competence level of the person also differs between the two models. Kramer suggests that with reality shock new graduate nurses are expected to begin at a competent level, whereas when moving to a new country, expectations are far less with regards to being competent in understanding the culture and even the language. The third difference is the beliefs to what the optimal environment consists of. A person experiencing culture shock will often believe or feel that home is better, whereas new graduates do not always hold the belief that their expectations developed

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through nursing education were better than being in a clinical environment (Kramer, 1974).

These notable differences may intensify the rejection or 'shock' phase.

Following the transition of nurse education into the higher education sector there has been a plethora of research reflecting the rejection phase highlighted within Kramer's reality shock theory with regards to new graduate nurses (El Haddad, et al., 2012; Jamieson, et al., 2019; Kramer, 1974; Lea & Cruickshank, 2007; Martin & Wilson, 2011). Negative experiences were consistently reported within the first few months of a new graduate's transition (Rush, et al., 2013). An understanding of reality shock was seen as important, as when graduates are in a state of 'shock' they are unable to perform efficiently (Meleis et al., 2000). This work laid the foundation for the development of graduate programs that reflected the different stages of reality shock during the graduate year.

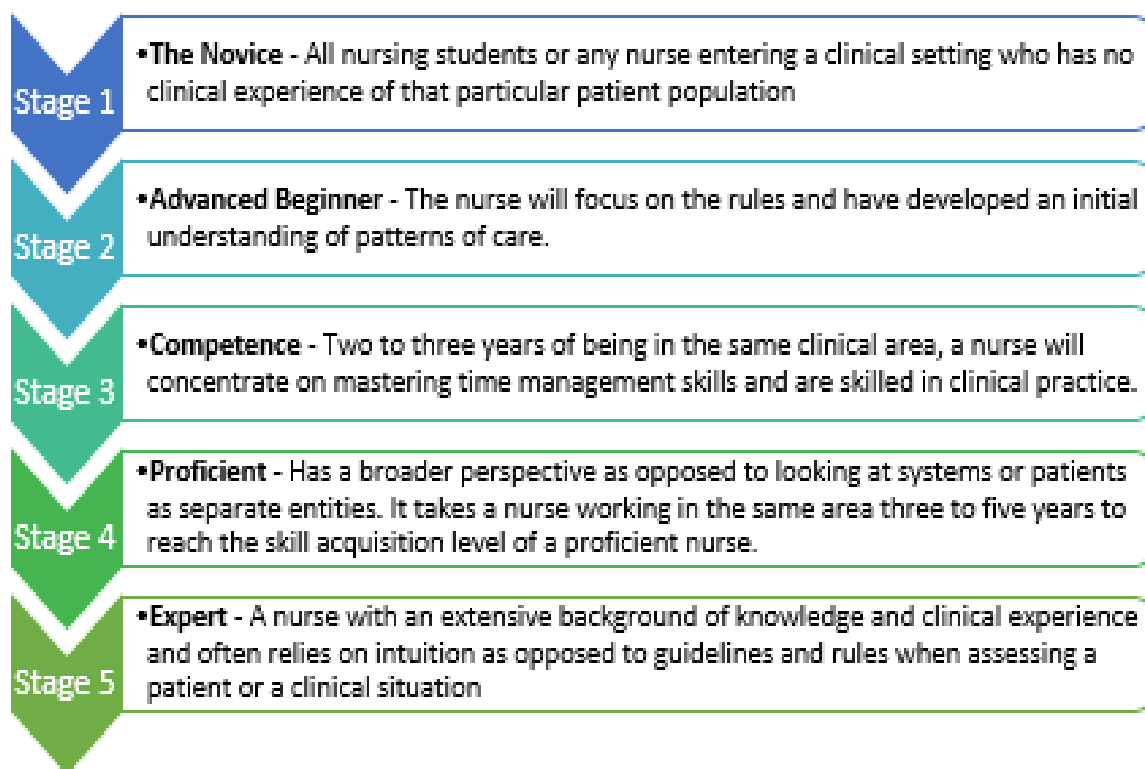
Benner's Novice to Expert theory

The second main transition theory explored was Benner's Novice-to-Expert theory. Benner's novice-to-expert theory explored the stages of development from nurses beginning as a student to becoming an expert. The principles of this theory were modelled from Dreyfus (1980) who developed a skill acquisition model following research involving chess players and pilots (Chang & Daly, 2012). The Dreyfus model was applied by Benner to a study that examined the knowledge and performance of nurses (Benner, 2001). Benner used the model to elicit knowledge concerning practical understanding and expert capabilities of nurses working at different levels within a clinical unit (Benner, 2004). The original Dreyfus skills acquisition model consisted of five progressive stages ranging from novice to mastery. Similar to the Dreyfus model, the Benner's novice to expert theory describes the progression of a novice nurse to a nurse expert through 5 stages. Differences in the models include the names and expectations of the first two stages (See Figure 2) (Benner, 2001; Duchscher,

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graduate nurse was considered to enter the workforce at stage two, as an advanced beginner (Benner, 2001).

Figure 2: Benner's Novice to Expert Theory



The novice to expert theory aligns closely with experiential learning, recognising that an individual develops by spending time in a situation to enable them to adjust to social situations and adapt skills before they can progress to the next stage (Benner, 2004). The theory focuses on a nurse's progression in both professional socialisation and clinical skills level. Wardrop et al, (2019) suggests Benner's novice to expert theory is neither 'linear nor predictable' (p1). However, the theory provides a platform for nurse managers to measure a graduate's progression within a transition program as they achieve confidence and competence. This transition theory assisted with recognising the different levels of nurses and the need for graduate nurses to consolidate skills before being expected to practice at a

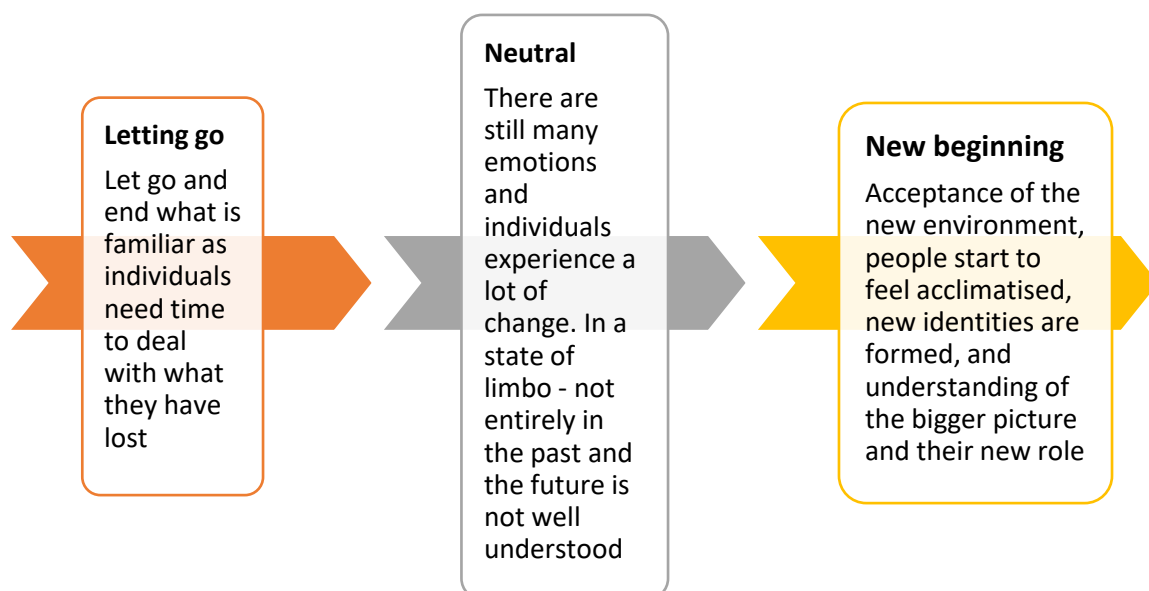
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competent level. This is pertinent to graduate programs as it explains why graduates require time to develop their level of competence before they are able to master the skills and expectations of a registered nurse.

Bridges Transition Theory

Similar to other transition theories, Bridges transition theory describes different stages involved in transition, suggesting there were three stages of transition: 'letting go', 'neutral', and 'new beginnings' (Figure 3) (Bridges, 2009). Bridges transition theory, progression between stages is linear, as opposed to cyclic, in that a person must complete one stage before being able to move to the next stage (Arrowsmith, Lau-Walker, Norman, & Maben, 2016). Bridges believes that transition needs to have a beginning and an end point and that it is important for an individual to recognise the need to change to be able to make sense of the process (Bridges, 2009).

Figure 3: Bridges Transition Theory



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Bridges (2009) suggests that many people focus on the change that is taking place rather than thinking about the first step of transition and letting go of the familiar to accept changes, which sets the process of transition up for failure. Taking the time to physically, emotionally and mentally let go of what once was, is an important first step in transition, according to Bridges (2009), and is similar to grieving any loss. This involves recognising the loss of what was and respecting the past (Bridges, 2009). Some people will transition more effectively if they take a piece of the past with them (Bridges, 2009). This enables a person to become creative and look for new opportunities (Ulrich, 2016). Bridges stipulates throughout this theory that "transition starts with an ending and ends with new beginnings" (2009. p. 5) and that if individuals are not supported through the three transition stages even the best programs may fail. Bridges transition theory influenced the structure of graduate programs, recognising that transition should be viewed in different stages and each stage needs to be completed before new graduates can move onto further stages. This enabled programs to be developed which assisted graduates to 'let go' and grieve familiar processes to enable them to move forward in their development as nurses.

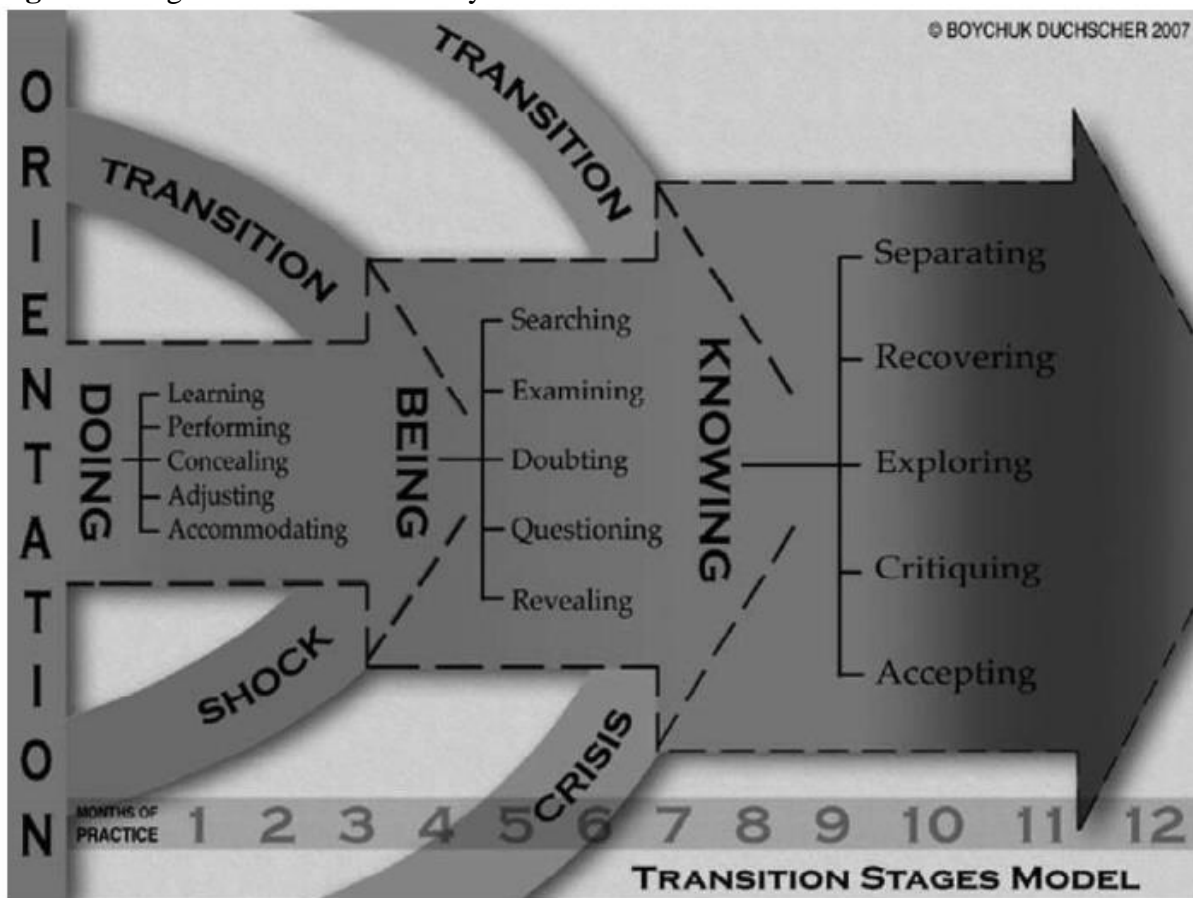
Duchscher's Theoretical framework

Duchscher's stage of transition theory evolved from Bridges transition theory and was influenced by both Kramer's reality shock theory and Benner's novice to expert theory. There are multiple components included within Duchscher's theoretical framework (see figure 4). The first component referred to as the Transition Stage Model is a three-step linear progression, termed the 'doing', being' and 'knowing' phases. The three phases reflect the process of change within a graduate's year. The first phase of the transition stage model generally takes three to four months of the graduate year and is known as the 'doing' phase. During the 'doing' phase the graduate nurse learns how to do everything (task/rule focused) and is often not able to look

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beyond this skill set (Duchscher, 2008). This process can leave the graduates thinking their current nursing ability is lacking resulting to a lack of confidence and self-doubt (Lea & Cruickshank, 2014). This was also the period in which a new graduate experienced culture or transition shock and is often the most vulnerable time within the graduate's first year (Duchscher, 2008).

Figure 4: Stages of Transition Theory



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The second phase of the transition stages model is the 'being' phase, which occurs within the fourth to eighth months of the new graduate's transition year. At the beginning of this stage, the graduate remains disenchanted with their current role, despite becoming familiar with the environment and letting go of the past. The graduate gradually begins to complete tasks with confidence and begins to accept responsibility for clinical decisions. In

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completing this stage, the graduate is more confident within the work environment, more engaged within their own sociocultural groups, and moving away from the crisis stage (Duchscher, 2008).

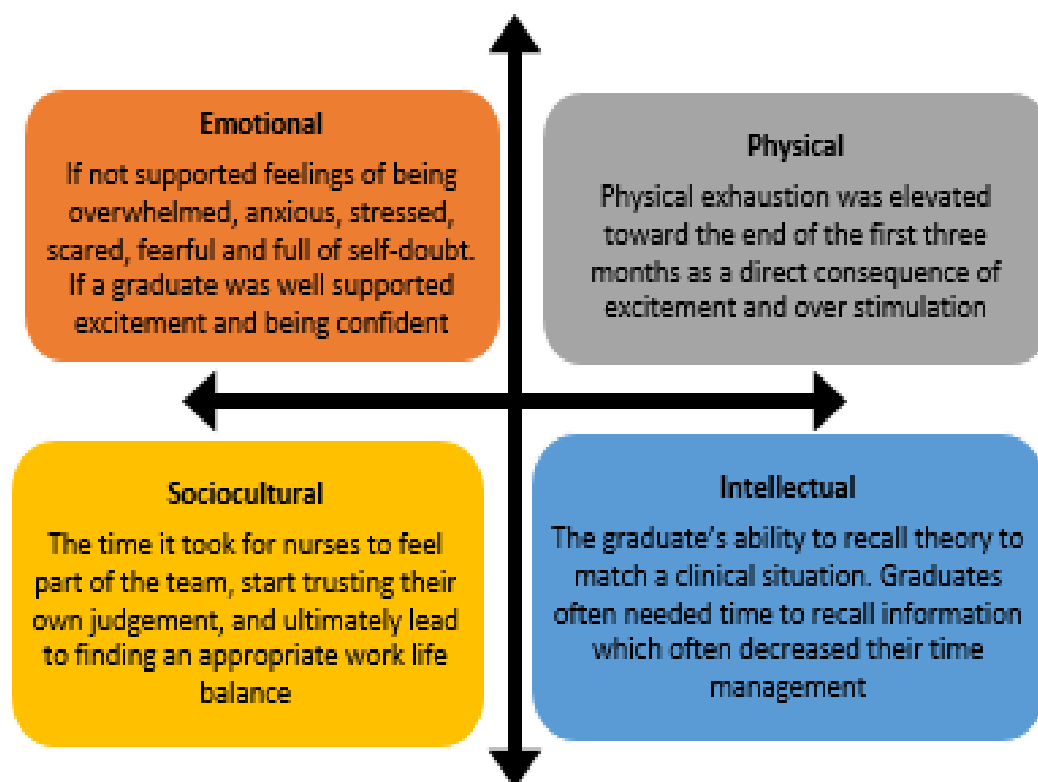
It is during the second stage; that new graduates develop the confidence to speak up for themselves. They may no longer require a preceptor however feel leadership roles are more advanced than graduates are ready to embrace. In this phase, graduates are now able to understand what is happening around them, gaining confidence in their own ability to judge, predict and plan appropriate clinical practice (Lea & Cruickshank, 2014). It is at this stage when new graduates start to have time to focus on personal issues, spend time with family and loved ones, as clinical events that happened at work no longer consume their life (Duchscher, 2008). Feeling independent and comfortable enough to ask questions, the graduate moves into the final stage of the transition model, the 'knowing phase' (Duchscher, 2007).

The 'knowing' stage is when the graduate's concerns revolve around political aspects of nursing such as shift hours being decreased, lack of staff and having to care for more patients or being called into work on rostered days off (Duchscher, 2007). This is the time graduates start articulating a dislike for shift work, not being able to book recognised holidays such as Christmas off and often being the last staff member to be considered or asked when advice was being sought (Duchscher, 2007). During this stage, graduates may be assigned student nurses and they begin to realise how far they have progressed since commencing their graduate program (Duchscher, 2007). Within this stage, the graduates are no longer considered new to the area. Compared with newly qualified graduate nurses, the graduate nurse in this final stage feels confident (Lea & Cruickshank, 2014) and this marks the end of the process of 'becoming'. In this final stage of transition, the nurse no longer feels inadequate and has a better understanding of the work environment.

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Another component, of the Stages of Transition Theory (see figure 4) is the transition shock model, which is initially perceived throughout the 'doing' stage and followed by transition crisis. Transition crisis develops when the new graduate's fears are replaced with frustrations of having little influence to change operational systems (Duchscher, 2008). Transition shock is a reflection of the stress graduates' experience as they transitioned from being student to a registered nurse (Duchscher, 2008). Duchscher describes the graduate's experience of transition shock through four distinct elements: emotional, physical, sociocultural and intellectual elements (see figure 5).

Figure 5: The four psychosocial elements



Within the first four months, the emotional aspects of the transition stage vary depending on the supportive nature of the environment (Lea & Cruickshank, 2014).

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Graduates who are less supported are more likely to feel overwhelmed, scared, self-doubt and be fearful. Fear of being viewed as clinically inadequate and failing to provide appropriate care or failing to accept responsibility as a registered nurse (RN) were amplified within the first four months of the transition period (Wakefield, 2018).

Duchscher's research indicates that physical exhaustion was elevated toward the end of the first three months as a direct consequence of excitement and over stimulation. A number of participants stated that the constant doubting of their own clinical judgement or ability to perform clinical skills led to diminished rest, resulting in physical exhaustion (Duchscher, 2007).

Emphasis was placed on the sociocultural aspects of a new graduate's journey within the first few months. During this timeframe, graduates were often task orientated, concentrating on paperwork, medication rounds and administrative duties as opposed to patient care (Duchscher, 2007). This led to new graduates feeling that they had not fulfilled their role as patient advocate due to time constraints, and ultimately left them feeling confused between what they thought their role was and what it actually entailed.

New graduates often appeared to be coping but felt anxious, uncertain and stressed particularly when graduates found themselves caring for critically ill patients. They felt overwhelmed and out of their depth. Duchscher (2007) established that whilst the graduates seem to have the intellect to ask to be assigned to a less critical patient, this did not happen frequently. Intellectual support can be measured within a graduate program by reviewing the orientation process, how many supernumerary days were allocated, how many study days are assigned to the graduate program, and how supportive the program is towards theoretical knowledge (Chang & Daly, 2012).

If new graduates did not feel settled within the new environment, transition shock was prolonged. The rejection phase of transition shock was also prolonged in less supportive

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environments. Supportive measures influenced a graduate's experience when they transitioned from partial responsibility (during orientation) to full responsibility (full workload) within the first few weeks of the graduate program (Duchscher, 2008). The work of Duchscher assisted in preparing graduate programs that were aligned to the level of the nurse, prepared for the different stages a nursing graduate would experience and allowed for completion of each stage of the transition.

Whilst reviewing Benner's novice to expert theory Duchscher suggested the 'doing' stage coincided with Benner's novice stage, which describes nurses with no experience with a patient population or area they have entered (Benner, 2001). The 'being' stage aligns with Benner's 'advanced beginners' stage of skills acquisition. The advanced beginner stage suggests that while graduate nurses have marginal capabilities and need support, they do have experience within the context they are now employed (Benner, 2001). Duchscher argued the first four months of a new graduate's journey, were that of a novice nurse and indicated that graduates do not enter the advanced beginner's stage until five to seven months into their graduate year (Duchscher, 2009).

DISCUSSION

Decreased clinical practice in undergraduate programs and an increased number of nursing students in the clinical areas have affected a new graduate's workplace readiness (Bvumbwe & Mtshali, 2018). Murray, Sundin and Cope (2018) found that new graduates do not feel ready for practice when they start their graduate program. Clinical placement hours have generally decreased in undergraduates degrees however the impact of this change is often minimised by increasing time in one clinical setting. Graduates still need a minimum of 800 hours and therefore experience a depth of knowledge with a focus in fewer areas. If the graduate gained employment in the same clinical area, it could be argued the graduate is clinical ready. Brown (2017) suggests the new graduates are only advanced beginners if they

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had acquired many different clinical experiences as students. Perhaps it is not about many different experiences, instead a comprehensive experience is more effective in building attributes of an advanced beginner. Changes in the educational experience of a nursing student, since Benner's Novice to Expert theory was developed, may require a change to the description of a graduate nurse at that stage. These changes include decreased face-to-face teaching time at universities and the expectation of students to learn independently (Chen, Fei, Huang, Xu, & Wu, 2019).

Changes also include higher patient acuity and decreased clinical placement time, exposure to a variety of wards for short periods when on placement and high student numbers in the clinical area, limiting learning opportunities (Kavanagh & Szweda, 2017). These challenges with clinical placement, along with concerns for patient safety, increase a student's anxiety, decreasing their ability to gain experience and learn effectively in today's clinical area (Jenson & Forsyth, 2012). Changes in health services, such as decreased length of hospital stay resulting in a rapid pace of change, and advanced technology, result in decreased time for teaching of students whilst on placement, leading to nurses graduating with a decreased ability for clinical judgement and a lack of confidence (Kavanagh & Szweda, 2017). Simulation is an education technique that can assist student nurses to learn technology, gain confidence and improve clinical judgement skills This suggests a greater importance in supporting nurses to develop as they move through the different stages (Benner, 2004).

Whilst Benner's novice-to-expert theory provides an overview of suggested stages of development, it has been criticised for failing to discuss ways in which nurses acquired knowledge or how knowledge provision was facilitated to enable them to move between stages (Izumi, 2011). Kennedy, Kenny and O'Meara (2015) argued that 'implied' knowledge is not tacit but shared through critical debriefs and storytelling during social interactions and

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hence professional socialisation is critical to enable nurses to gain knowledge through experience, with clinical and socialisation skills shared between novice and senior staff (2015). Cook suggested that efficient education support from mentors or preceptors facilitate shared knowledge (2016). Similar to Benner's novice-to-expert theory, Duchscher's stages of transition theory did not focus on the facilitation of knowledge itself but the progression of graduates transitioning from a novice, requiring extra support, being task orientated to the role of an advanced beginner, gaining confidence and the development of clinical judgement (Boyer, Mann-Salinas, & Valdez-Delgado, 2018). The provision of support and knowledge adequately shared throughout a graduate's transition journey is crucial for a graduate program to be considered successful.

Bridges transition theory is similar to previous theories on organisational change. The terms 'change' and 'transition' are not interchangeable; a transition is the process individuals go through for change to occur (Kralik, Visentin, & Loon, 2006). If individuals are not supported through the three transition stages even the best programs may fail. If this is extrapolated into the context of nurse transition from university to the clinical setting, the provision of support throughout a graduate's transition journey is crucial for a graduate program to be considered successful.

Duchscher's stages of transition theory, 3-step process 'the doing' 'being' and 'knowing' aligns with Bridges transition step; 'doing' is letting go and transition shock is often evident. Bridges neutral stage aligns with Duchscher's second step of being and the effects of transition crisis prevail. The graduates' experience during the neutral stage or 'no-man's land' may be prolonged if the graduate is less prepared both emotional and intellectually to cope with the rapidly changing clinical setting. The final stage 'new beginnings' aligns with 'knowing'. Transition is progressive regardless of a graduate being portrayed as a novice or advanced beginner. Duchscher suggests the stages of transition is

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non-linear however a graduates' transition journey has a beginning, middle and end point

therefore linear in progression. The majority of graduates' transition into the workforce and progress in a developing pattern similar to the skills acquisition model.

Duchscher builds upon and expands the work of both Kramer and Benner to develop a transition to practice theory. Through Duchscher's research, the term 'transition shock' was developed and incorporated deeper elements than reality shock (2007). The four elements were identified and acknowledged to affect a graduate transition 'shock' experience. The elements include emotional, physical, sociocultural and intellectual elements; three of these elements were explored throughout 'Kramer's reality shock theory' in 1974 (see table 1). These elements are heightened when graduates enter a phase of transition shock. Seminal work by Kramer (1974) identified the importance of recognising and managing the negative emotions experienced by novice nurses during the new graduate year. Duchscher suggested there is more than one phase of 'reality shock' graduates experience within their graduate program (Wakefield, 2018). Wakefield (2018) proposed that transition crisis is a second phase of culture shock. It could be further argued this phase is an additional step and differs from culture shock. This is reflective of the new graduate's transition in modern nursing, changes to undergraduate training and increased student numbers has resulted in graduates being in turmoil for nine months. Transition crisis, according to Duchscher's stages of transition theory, occurs when graduates are no longer new to the hospital environment, however, they are still learning sociocultural aspects and start to question clinical practice (Duchscher, 2009).

Suggested components of a structured transition program

Recommendations for Education

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Hayter (2017) suggests that to better prepare new graduates and decrease transition shock, undergraduate education should include a realistic view of daily stressors experienced in a clinical setting. Time and experience in appropriate clinical placements or simulated environments are required for nursing students to acquire clinical skills, develop critical thinking abilities to enable them to gain the confidence to practice at an advanced beginner level (Hayter, 2017). Recent studies on the use of extended, immersive simulation may assist in reducing transition shock, as simulation provides a realistic ward environment in which students are able to develop skills in communication, team work, decision making and time management prior to graduation (Rodgers, McConnell, de Rooy, Ellem, & Lombard, 2014). Nursing graduates are entering the workforce as novices as opposed to advanced beginners. Duchscher's solution was to introduce a prolonged orientation program from 12-24 weeks consisting of equivalent time spent between classroom theory and clinical practice to prepare the new graduate for the role of an advanced beginner (Duchscher, 2009). A reduction in transition shock requires new graduate to commence their transition program as advanced beginners. Due to the complexities of clinical areas and fast moving information and technology systems, the only way new graduates are going to begin their career as advanced beginners is to be introduced to ward like simulation training programs throughout their nursing degree (Brown, 2017; Kavangh & Szweda, 2017). Universities can adapt their current practice to align with the needs of new graduates to help better prepare and lessen the effects of transition shock.

Recommendations for Policy

Graduates equipped with the right support mechanisms can successfully navigate their way through the rejection phase (Sparacino, 2016). Support measures such as transition programs, have been shown to lessen the degree of reality shock experienced by graduate

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nurses (Rush, et al., 2013). Programs that include adequate supernumerary time and preceptorship support have been shown to decrease the negative effects of reality shock and time spent within the rejection phase (Gerrish, 2000).

Current literature suggests there is a lack of nationally recognised transition programs (Wardrop et al., 2019). Many programs are formulated and run by the facility and may lack uniform structure (Calleja, Adonteng-Kissi, & Romero, 2019). The use of a structured, theoretical framework is considered essential to develop graduate programs that meet the needs of nursing graduates and decrease the attrition rate in the first year of practice. The American Nurses Credentialing Centre (ANCC) launched the practice transition accreditation program reviewing nearly 40 evidenced based components offered within a graduate program (Church, Cosme, & O'Brien, 2019). Ensuring both the use of a theoretical framework followed by an accreditation process for all graduate nurse programs would guarantee standardisation and strengthen the support offered within all graduate programs.

Recommendations for Practice

Duchscher proposed that transition programs should have a set of components in order to successfully assist graduate nurses with transition (2007). The first component includes education, consisting of theory, and role play. Graduate nurses need education on effective communication, workload delegation and management, along with discussions centring on conflict resolution and understanding current lifestyle adjustment (Duchscher, 2009). Duchscher highlighted the inclusion of unit-specific skills, professional roles and responsibilities, and supernumerary time as important components of an effective transition program. Effective preceptorship within the first three months, delivered by experienced nurses, would help to guide new graduates from task orientated duties to holistic nursing care (Duchscher 2007). It is essential for senior nurses to be able to identify and understand the

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effects of transition shock to enable them to effectively identify problems and assist graduates with the transition.

CONCLUSION

This narrative critical review highlights four distinct theories that have been used to create a contemporary theoretical framework applicable for today's graduate nurses.

Kramer's theory was developed in 1974 and provides a basic understanding of the transition process, however the role of the new graduate has significantly changed. Benner's novice to expert and Bridges transition theory are concepts that also remain relevant although they are both limited by the changing level of graduating nurse, from advanced beginner, to novice level. Duchscher's conceptual framework aligned the three valid theories with the challenges contemporary registered graduates' experience.

New graduate nurses currently transition into the workforce with limited clinical hours, and decreasing face-to-face education which often leads to an increased gap between theory and practice. This heightens the possibility and duration of transition shock. Support through graduate transition programs is vital to decrease attrition rates through managing the transition shock which will occur. A clear theoretical framework can provide a deep understanding of the various stages and processes of transition and enable development of successful programs.

New graduates commencing as novices may be reflective of the changes in undergraduate degrees. Extended ward simulation appropriately resourced helps to advance the skills acquisition and bridge the theory practice gap present in some undergraduate degrees. Graduates need to complete their university degrees as advanced beginners, to decrease their current experience of transition shock. Duchscher's transition shock model provides a platform for researchers to base the understanding of a new graduates transition into the workforce.

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Relevance to Clinical Practice

Universities and clinical facilities need to work together and incorporate effective simulation activities to help bridge the gap between theory and practice and enable students to graduate at a higher functioning level. Current literature is calling for increased skills acquisition to be conducted in undergraduate degrees and for simulation activities to continue to evolve to increase critical thinking skills and produce advanced beginners not novice nurses. This may aid to easing the transition process for newly graduates nurses entering the workforce.

The rapid changes within the clinical environment and evolving education system are important issues to consider and with less clinical hours available in undergraduate courses leaves nursing graduates feeling unprepared for clinical practice. Nurse managers and senior nurses supporting new graduates need to understand the new graduates needs. Understanding the needs of new graduates start with being aware of transition shock and graduates needing to let go before being able to move forward.

Duchscher's theoretical framework, the stages of transition theory, adapted from Bridges three step linear process aligns with the current 12-month graduate program utilised in many countries (Rush et al., 2013). This coupled with the integration of the four elements affecting transition shock relevant to a graduate nurse's 12-month program strengthens the efficacy of this framework. Following a theoretical framework when developing a graduate program when prove beneficial for both the graduate nurse and team facilitating the program.

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