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Crossing the Threshold: Students' Experiences of the Transition from Student to Staff Nurse

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The Open University

Final report from the PBPL funded project:

Crossing the threshold: students' experiences of the transition to staff nurse

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Executive Summary

Current policy in the health services emphasises nursing students' fitness to practice at the point of registration. There has also been some suggestion that pre-registration education has not equipped them with the necessary knowledge and skills. Other research findings have indicated that students can find this transition stressful. Due to the massive investment in nurse education and the need to retain nurses in the workforce, we wanted to understand the factors that might better support this transition.

Using telephone interviews with former students of The Open University part-time, distance learning, pre-registration nursing programme, we explored nurses' experiences of their first 3-6 months of qualified practice. A number of recurring themes emerged which were then exposed to theoretical analysis using Van Gennep's theory of transition and Bridges' work on organisational change.

In at the deep end
Here students talked of their feelings associated with their increased accountability and of their anxiety in those early days following qualification.

Changing identities
As sponsored Health Care Assistants (HCAs), OU nursing students regularly juggle the transition from HCA to student but then make a further transition to staff nurse. Many talked about the impact of this on former HCA colleagues and the significance of the uniform as a symbol defining their new identity.

Coming together
In this theme, participants talked of how things started to come together, their growing confidence and their satisfaction of being able to apply their knowledge in practice.

Scaffolding
This was the name given to the formal and informal support structures participants described as useful during their transition. These included their educational preparation, organisational support and the individual support of mentors and family.

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

Introduction

The purpose of this project was to explore the experience of student nurses negotiating the transition from student to qualified nurse. The Open University (OU) Pre-registration Nursing Programme (PRNP) is a unique, part-time, work-based distance learning programme designed for Health Care Assistants (HCAs) and other healthcare support workers employed and sponsored by their organisation. Students remain employed as HCAs over the duration of the four year programme, pivoting between student and HCA for the duration of the programme. Their experience is therefore characterised by regular transitions between roles. In addition, for much of their student nurse experience most remain in the area where they are employed as HCAs. Of those interviewed only two had moved from their home base for their first role as a qualified nurse.

As students already have significant experience of working in health care before embarking on their OU pre-registration education, we were particularly interested to explore whether or not this prior experience influenced their experiences of the transition to staff nurse.

The objectives of the project were to:

- Examine students' experiences of the first 3-6 months post-qualification, as they adapted to the demands of qualified practice
- Theoretically analyse these transition experiences using Van Gennep's (1909 [1960]) theory of transition
- In light of these transition experiences, explore students' perceptions of the extent to which the PRNP prepared them for qualified practice
- Feedback the accounts of these students into end-of-programme supplementary course materials for the benefit of future students
- Examine the potential of developing a web-based resource to support student nurses at the point of qualification as they make their transition to qualified practitioner.

The project was divided into two phases. Phase one was a review of relevant literature and phase 2 was an exploratory study examining the transition experiences of a small sample of former OU students.

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

Literature review

Policy context

The transition from student to staff nurse 'is a common rite of passage that marks the end of initial educational preparation in the discipline and the beginning of the professional journey as a nurse' (Nash *et al.*, 2009, p.49). However, the extent to which newly qualified staff nurses are able to practise competently at the point of registration has been questioned over the last few years across a range of policy, professional and academic forums. At a policy level, recent reviews in England of both pre- and post-registration nursing (DH, 2007; NMC, 2007) have highlighted concerns regarding fitness to practise at the point of registration. It has been suggested for example, that nurses lack sufficient clinical skills and that pre-registration education has ill-prepared them for their staff nurse role. Indeed Clark and Holmes (2007, p.1217) write 'it cannot be assumed that the newly qualified are competent to practice independently and without supervision at the time of registration'. Furthermore, previous national and international research in this area indicates that students find this transition stressful and that there is a lack of support in practice to support this transition (for example, Drury *et al.*, 2008; Brennan and McSherry, 2007; Mooney, 2007; O'Shea, 2007; Gould *et al.*, 2006; Ross and Clifford, 2002; Gerrish, 2000; Maben and Macleod Clark, 1998). These concerns led to proposals for a mandatory preceptorship period for the first year post-qualification (NMC, 2007). The Department of Health has subsequently stressed this formal preceptorship should enhance 'the confidence and competence of nurses as autonomous professionals' (DH, 2009, p.9).

The experience of transition

Much of the literature describes this transition as a stressful and traumatic process (Brennan and McSherry, 2007), what Kramer (1974) called 'the reality shock'. Whitehead's (2001) participants, for example, likened it to 'flying without a parachute'. The increase in responsibility and accountability, the fear of failure and litigation, a perceived lack of clinical skills and unrealistic expectations of other staff have been reported as the greatest sources of stress (O'Shea and Kelly, 2007; Whitehead, 2001; Biley and Smith, 1998; Kelly, 1998). Students making this transition have also articulated a significant difference between the *real* world of practice and the *ideal* world taught at university (Whitehead, 2001; Kelly, 1998).

Pre-registration education

Much of the research comments on the extent to which pre-registration education prepares students for both this real world of practice and the transition process itself. In her formative work on professional socialisation, Melia (1987) spoke of the 'fracturing' of

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

the academic and practice components of education. Similarly, Ross and Clifford (2002, p.546) described students being 'caught between the socialising forces of academia and the day-to-day reality of nursing' and, as noted above, deficits in managerial, organizational and clinical skills are also commonly reported (O'Shea and Kelly, 2007). Clark and Holmes (2007, p.1211) controversially suggest that pre-registration education has not equipped students 'with the knowledge, skills or confidence necessary for independent practice'.

Practice support

Good curricula are contingent on high quality support and effective practice learning environments. Much of the existing literature describes a lack of support during the 'nitty gritty' coal-face transition to the role of staff nurse. Because the clinical environment is so pressurized there is often limited resource to support colleagues as they make this transition. Preceptorship and induction are reported as being patchy at best and non-existent at worst and yet preceptorship has the potential to play a significant role at this time (DH, 2009). Hardyman and Hickey (2001) in their study investigating newly qualified nurses' expectations of preceptorship, found that preceptorship 'smoothed' the transition from student to staff nurse and preceptors' support of clinical skill development was cited by preceptees as the most important aspect of their role.

In light of the significant investment made in pre-registration education, the recognition that staff are our most precious resource and that lack of support can contribute to attrition from the profession (Hardyman and Hickey, 2001), it is imperative that there is understanding of the experience of this transition and the factors that support it.

Methods

Informed by this critical review of the relevant literature, the following research questions were identified:

- What are students' experiences of the first 3-6 months post-qualification, as they adapt to the demands of qualified practice?
- What are students' perceptions of the extent to which the programme of study prepared them to practise as qualified nurses?
- What are students' views on the usefulness of a web-based resource to support those making the transition from student to qualified practitioner?

We identified that Van Gennep's (1909) theory of transition used previously in a different context (see for example, Draper, 2003) might have utility. Whilst others have also used theoretical concepts of transition (see for example, Drury, *et al.*, 2008; Begley, 2007;

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

Gould, *et al.* 2006; Brennan and McSherry, 2001; Glen and Waddington, 1998), few have done so using it in its ritual sense. Those that have (see for example, Nash, *et al.* 2009 and Barton, 2007) suggest it has universal application.

Working in the early 20th century, Van Gennep was an anthropologist interested in the way people make and mark life course transitions. From his observations of traditional societies, he proposed that individuals move between fixed positions or events such as birth, childhood, marriage and death. Central to his analysis was not necessarily the nature of the position or status held by the person, but the passage or movement between positions. He suggested that irrespective of the status or position between which people were moving, a common pattern was discernible, which recurred irrespective of the event. He described this pattern in terms of three phases – separation, transition (or limen) and incorporation – which he called *Rites de Passage*. *Separation* was characterised by the removal of the individual from his or her 'normal' social life, *transition* or *limen* was a stage between social statuses where the individual no longer belonged to the previous status but had not yet completed the passage to the next. This transitional or liminal phase, in which the individual occupies a non-status, a kind of 'no-man's land', was regarded by Van Gennep as potentially threatening and harmful. *Incorporation* was associated with rituals marking the completion of the passage to the new identity. Through the phases of *Rites de Passage* therefore, the individual enters as one kind of person and emerges as another.

At the outset of the project we planned to use *Rites de Passage* to help us understand the ways in which students make sense of their transition to staff nurses.

Data collection

Working within an interpretive paradigm, the project used telephone interviews to explore those factors that at an individual and organisational level influenced students' experiences of transition. OU PRNP students are located across Scotland, Northern Ireland, the States of Jersey and the different regions of England and so telephone interviews were used in preference to individual face-to-face interviews in order to accommodate the dispersed geographical spread of participants.

As three of us were conducting the interviews we wanted to ensure consistent approaches to interviewing. Following the exploration of the experience of others, (Gould and Fontenla, 2006; Wilson and Roe, 1998; Barriball *et al.*, 1996; Barriball and While, 1994; Groves, 1990) we therefore agreed to:

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

- reaffirm participants' agreement to record prior to turning the tape recorder on;
- concentrate upon what was being said, only making notes during the interview as a prompt for additional questions;
- make notes on interviews immediately after they had ended;
- use strategies, for example, recollecting our own experiences when we first qualified as nurses, to encourage discussion if necessary.

Ethical approval was granted from the NHS and OU and the ethical principles of confidentiality, anonymity and informed consent were upheld throughout the study. A letter of invitation was sent to two hundred and twenty three former OU PRNP students who had registered as nurses after April 2008. Nine replies were received with a further 5 participants recruited from a follow up email reminder. Whilst we were only seeking to involve a maximum of 30 participants we were surprised by the poor response. The reason for this lack of response is not clear but could be related to the time lapse between qualification and our letter of invitation. The length of time it took to gain ethical permission meant that almost a year had elapsed between students' registration and seeking participant involvement. It is possible that contact during the first three months following registration might have achieved a higher response rate. However this timeframe would then have precluded a longer term reflection on this transitional period.

Whilst not looking for representation from the sample, our intention was to include nurses from the different regions and nations and to have a mix of adult and mental health nurses as well as both men and women. The sample (n=14) had an age range of 27-62 years (mean 44). As the OU PRNP recruits people who have usually worked as HCAs this average age is probably representative of this group. The ratio of men to women was 3:11 and the ratio of mental health to adult nurses was 4:10. The self-selecting sample represented the different locations where the PRNP is delivered (see Table 1) as well as both branches of nursing, and men as well as women.

Table 1 Geographical location of participants

Number of participants	Location
2	Scotland
2	Northern Ireland
3	South West
1	East Midlands
2	Yorkshire
1	North West
1	South East
2	South

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

Signed consent was obtained and participants were reassured that they could withdraw from the study at any point.

Telephone interviews were recorded using digital recording equipment and the average length of an interview was 45 minutes. In one interview data were lost due to a problem with the recording device leaving us reliant upon post-interview notes rather than verbatim transcriptions. We encountered no problems developing and maintaining rapport during the interviews and all participants were keen to talk about their experiences.

Data analysis

Following transcription data were initially analysed using Nviv8 software which enabled breakdown of the data into initial categories. These categories were then scrutinised to identify similarities and differences leading eventually to the identification of four themes. Three of these themes *In at the deep end*, *Changing identities* and *Coming together* depict the process of transition whilst the fourth - *Scaffolding* - describes the support networks used or needed to assist the transition from anxious beginner to confident practitioner.

Each of the four themes is examined below, illustrated with quotations from the data. All potential identifying factors have been altered to preserve the anonymity of participants and therefore all are referred to as female.

In at the deep end

This theme captured the early stages of transition during which students talked about the feelings associated with accountability in their new role as a staff nurse. Participants recalled feeing very anxious during these early days of working as qualified nurses. They felt they had worked hard to obtain their registration and that they needed to act with care in order to preserve it. Registration with the NMC entails receiving a Personal Identification Number (PIN) and the receipt of this was regarded as highly significant. Most participants had been working as HCAs following the completion of their pre-registration course whilst awaiting their PIN locating them firmly in a liminal phase. During the interviews, many reflected on their four year journey and the end result of being registered with their very own PIN number.

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

Awareness of accountability

When their PIN number came through and they were able to start work as staff nurses, the participants often talked about their concerns regarding their new role and associated duties and a feeling of being overwhelmed.

> Suddenly that blue uniform gives you, you have got responsibility and there is actually 3 or 4 years where you have worked for that PIN number. You know you are guarding it with your life. It is very scary to be responsible for patients and I think you just stand there and think 'What do I do now?' I just felt as if I was put in the deep end and didn't know what to do.

> I think it is because you are suddenly responsible. Before it was, somebody was there to guide you. I know you have still got someone to guide you but before you were always working under somebody and now you are on your own and it is your PIN, nobody else's. It is yours and it is yours to lose I suppose.

Other participants talked about how this awareness of accountability made them committed to doing things carefully, even though this risked them being labelled as slow.

> I think when you realise you are more accountable, I think you do tend to take a lot more time over sorts of things like that really. Making sure entries are done properly in notes, and I suppose the other thing is that you do have responsibility for the other people you are working with as well. Even though you have worked with them before, in this certain situation but they were on a different level, and if you are actually in charge, more or less overseeing what they do as well as yourself.

Not only did the participants reflect their own anxieties regarding their new role and title but also highlighted the expectations of others. A number of them focussed on how they were perceived by patients and relatives as a person in a position of authority with specialist knowledge. This brought home to a number of participants the significance of being accountable for the care they provided.

> Not so much the members of staff but patients and relatives. They would come up to you. I remember one of the first few weeks I was there and a patient came up to me and said 'Staff Nurse, can I have a word?' and I just stood there and they went 'Excuse me' and I went 'Oh yeah, that's me!' You are a student for so long and then you are a staff nurse.

The buck stops here

For a number of participants the first day at work as a staff nurse was a significant and a 'scary' event. The external change signalled by the uniform reflected the internal change

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

felt by participants in terms of their role. Responsibility for their own actions and no longer having the supportive 'shield' of a mentor, was clearly recognised by participants.

> The actual day that you changed your uniform, you know, you changed from your grey to blue, it was just a sudden feeling that right, this is it. You know, you are doing it for real now. There wasn't somebody at your shoulder. OK, you can go and ask colleagues but it's scary. I think it's just a sudden realisation you know, the buck stops here.

This quotation hints at the internal turmoil marking the transition. One participant described the anxiety that remained with her following a shift, saying how she would play each event in her mind like a video, anxious to confirm that nothing had gone wrong. Others described their fear of doing things incorrectly.

> The thing that stands out was the constant fear when I actually left work. It wasn't a fear of going into work, happy going in. It was when I finished the shift, the complete worry 'Have I done everything?'

> And it was thinking 'Did I do this? Did I do that?' and literally replaying the whole shift in my head.

Others described the care with which they undertook each action, aware that mistakes could have major implications.

> I think initially when you are sort of doing something like medication it does make you extremely careful. It might even make you slow. I think one or two patients mentioned it but I thought, well you know, I would rather be slow and careful and safe.

There was also a realisation that life as a qualified nurse was more complex than they ever imagined.

> I think as a student you have tinted glasses on and you think 'Oh that staff nurse isn't doing anything, why hasn't this been done?' and then you come in in that blue and you have a responsibility then, to do five jobs at once. Paperwork, looking after patients, chasing doctors and it becomes very hard. You have got to be very organised and methodical in what you actually do. You have to have a system, that at first, because the sister did say to me 'You have got to speed up your drugs round and speed this up' and that was quite difficult because it was, well, I wanted to make sure but once you got used to knowing the drugs and everything else. I think it just takes time.

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

Whilst participants felt that their course had prepared them well for the role of staff nurse the reality still came as a shock, especially the demands placed upon them which kept them from the bedside.

> …for instance the other day, I came in at half past one and I was sat behind the desk until 4 'o' clock sorting paperwork out and answering the phone, speaking to relatives and it was like 'Where has the time gone'. I had not even done any patient care because I was taken up with all that paperwork. So that was a big shock.

Once qualified, eleven out of the fourteen participants remained in their home base, the area where they had formerly worked as a HCA and where they had been placed for the majority of their time as student nurses. One of the two who moved was finding it difficult to cope with a much more acute environment than she had been used to. She felt unsupported due to the shift pattern militating against her working alongside her mentor. The other participant had made a planned move into a specialist area and felt very well supported in her new role.

For those who had remained in their home base this decision was considered an advantage as they were familiar with the routine, the people and the infrastructure. They were also reassured by knowing who to go to if they needed reassurance. Having colleagues from whom to seek advice was seen as very important during this transitional stage. Participants expressed the reassurance this provided whilst also valuing the opportunity to work problems out for themselves. They also recognised the need to take great care and therefore said they would ask questions even at the risk of appearing 'stupid'. They were very aware of their accountability and the need to protect their registration:

> But it is very easy to say 'Oh, well maybe I will just try this.' You know it is people's lives you are working with.

This awareness of their accountability also encouraged them to question practice with which they were not happy or to ask questions if they needed help.

> I am not afraid to turn round and say now 'Well I don't think that is the right way to do this so is there another option.' Whereas before I wouldn't have, you know. But then again that is your own personal accountability as well, you know. If you see something maybe you think could be done better then it is up to you to speak out.

> And that is why you have got to be, I mean you have got to be able to walk before you can run here. You can't expect just to go out and solve all the problems that come your way.

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

> You have got to be able to say 'Hang on a minute. I'm not sure about this. I will take advice'. I think that is something is very important that people do going from student to staff nurse working in the community on their own. You know, they have got to be able to admit 'Well, I'm not sure about this, so I need to take advice.' Again, that was all part of your teaching. It is all part of your Code of Conduct.

In summary, whilst many participants felt unprepared for the initial shock of becoming a registered nurse, they developed strategies that would ensure they were acting in a safe manner. Those who remained in their home base, in contrast with other studies where students felt unsupported (O'Shea and Kelly, 2007; Whitehead, 2001; Biley and Smith, 1998; Kelly, 1998), valued the familiarity with the routine, personnel and procedures and it is possible that this familiarity eased their transition.

Changing identities

HCA/student/staff nurse

As the participants grew in confidence in their new role they appeared to become more aware of the broader significance of their change in status. As described above, all participants had worked as HCAs before commencing their nurse training and some had been in this role for many years. The flexibility of the OU PRNP had given them the opportunity to do something many thought they would never be able to do due to their age, lack of formal qualifications or their family commitments. The OU PRNP model means that students continue to work as HCAs for approximately one third of the time whilst a student. Therefore, unlike most student nurses attending other universities, students on the OU PRNP regularly experience a transition between being a student nurse and HCA over the four year period.

> I think you know, it was sometimes difficult to say 'Look, today I'm a student'. You know, they expected you to carry on with your HCA role, you know, your colleagues. I think it was difficult. You had to say 'Look, I am a student here', you know, and step back. But I think, you know, with respect of now being qualified, I don't think it was a difficult transition in that respect.

Repeatedly returning to their role as a HCA across the four years of the course, they had become accustomed to role transitions but throughout this time they continued to ally with their HCA colleagues. However, as newly registered nurses they became aware of the implications of their new identity and of how this might affect their relationships with others.

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

It is hard to, it is sort of hard to explain, to actually sort of put into words. I think it was just, I think it is the hierarchy. The hierarchy within the work place. I think that was maybe more difficult. Because I know when first I started I tried to do everything myself. I had to say 'Just look a minute, you know'. I think it is my development as well and I had to realise I have to learn how to delegate.

Some reflected a degree of tension inherent in the transition from HCA to staff nurse. They were not only leaving behind their role as an HCA but also changing the way they related to their former HCA colleagues. While they knew they had to 'let go' of their former role, they did not want to turn their backs on their origins and some spoke of their initial concerns about not loosing touch with their former status. For one participant, whilst acknowledging her change in status, it was extremely important to her to hold on to her roots.

Because the HCAs were my peers previously, I found it difficult to say to them 'Could you go and do this for me please?' because I was one of them, you know…I am a great believer of don't ask anybody anything that you won't do yourself. I mean I don't mind mucking in. Some people say, well you know 'that is not my job' but, you know, but I think…I remember when I first started working in health and the ward sister said one day 'I don't ever ask anyone to do anything I won't do myself', and that is something that has always stuck with me. I had a great admiration for that Sister. You know, she was a bit like a role model.

For another participant, continuing to 'muck in' was a key aspect of her new identity.

I don't want to be seen as someone who has forgotten where she came from.

Their former HCA colleagues also had to 'let go' of the relationships they had developed and recognise that there was a 'new beginning' associated with the change in identity of their colleague. Participants were therefore aware they had to negotiate changes in their relationships and that this often meant a significant adjustment for both parties.

Eventually they did come around to the idea that I actually was not 'one of the girls' any more because I had my own responsibility and they started to pay attention to the fact that I was there to care for the patients and I was accountable for that.

In terms of Gennep's theory of transition, this use of the words 'not one of the girls' signals the liminal nature of their status at this time and how they had to think about the implications of their changing status for themselves, their work and relationships. Some

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

participants clearly articulated the differences between the HCA and staff nurse roles and how they were able now to influence care more powerfully.

> I mean we had contact with patients as HCAs and spent quite a lot of time with them, but I think it's a different sort of contact now…as HCAs you talk to patients and you know what problems they have. But I think as a qualified nurse there's more point to sitting down with them, trying to find out what they want. And there is actually something you can do about it.

The following participant powerfully described how the way she regarded patients had changed, a new 'lens' created by four years of study and practice learning.

> You are seeing your practice through fresh eyes because you are newly trained. So what I would have seen as a HCA or nursing assistant was different to what I see now as a registered nurse.

These insights provide a useful first hand account of the differences in the care provided by HCAs and registered nurses. Whilst recognising the differing emphases in their care as registered practitioners, some of the participants remained aware of how valuable it was for them to continue to have insight into the role and contribution of HCAs. Sometimes this was in a punitive way.

> And it's sort of, kind of, kind of saying to someone I am keeping an eye on you so don't be thinking you can go into the toilet and start texting!

But more often, it was a recognition that HCAs were a valued member of the healthcare team.

> …on the ward that I am on now I do find that, you know, especially because they are working with patients more than I get a chance to, that I am listening to them and I am saying 'Well if you have observed that you need to be not only saying it to me but you need to be saying it to the doctors and they have got to listen to you'.

Uniform

Many of the participants working in adult nursing settings made reference to the significance of the change in uniform. It became clear that the uniform itself played a key part in defining the identity of the person during the transition process and was an external symbol marking an internal change felt by participants. Some spoke of suddenly appearing to become visible to people they had worked alongside for some significant time. Having been both HCAs and student nurses they were clearly aware of how the uniform can symbolise the hierarchy within a ward setting.

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

I didn't think just by the colour of the uniform how people react. As a student I think you tend to, people tend to think 'Oh well, you don't know anything, you are a student.' I am still the same person in that uniform and you put a different coloured uniform on and doctors are talking to me and I think 'Well, it's the colour of your uniform' it symbolises that you know something.

Doctors would say 'You look different. You have a different coloured uniform on' and it was really odd.

You wouldn't think that just the colour of the uniform would make such an impact but it does. It wasn't until I had gone through those transitions that I actually noticed that. It is very weird.

When I first put my uniform on all the people who never gave me the time of day, all of a sudden were stopping to ask me questions.

Those remaining in their home base for their first staff nurse role described how this change in uniform was sometimes also difficult for colleagues.

Going through the different colours of the uniform as well, that was very difficult. Going from HCA to being a student with the same members of staff, then going from a student to a staff nurse with the same members of staff was quite difficult, not only for me but for the staff members as well.

People had to try and realise that I was a staff nurse and not just a student anymore. That was quite difficult for other members of the team.

One participant who had worked on both mental health and acute wards reflected upon the significance of the uniform in different settings.

…one thing that actually occurred, happened to me when I was a mental health (HCA). One of the patients said to me 'Are you one of them or are you one of us?' I thought 'Oh' because you don't have name badges on or anything because you have got to fit in with their environment, so that was quite odd because you know, mental health (patients), they just look like you and me and anyone else. They don't look any different. They don't have two heads.

This lack of a visual symbol meant that those working within a mental health setting recalled different things when reflecting on the initial transition to qualified practitioner status.

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

It is sort of, some-one says 'It's the phone. They want to speak to the nurse in charge', and you think 'God, that's me' (*laughter*). I think that there is a sort of realisation that it is in you, that you are in charge of the shift.

Perceptions of others

Whilst it was starting work as a staff nurse that most obviously marked the transition from student to qualified practitioner, it was apparent however that the process of transition had begun much earlier. Colleagues were aware of changes in the knowledge and practice of the participants sometimes long before the participants were themselves. One participant who was working in a mental health outreach service commented on being surprised by the extent and complexity of her case load as she qualified. Through her reflections during the interview she became aware that for her manager the transition had already taken place, an experience also echoed by others.

> **Interviewee:** Because quite early on I was left to my own devices because the manager felt that I was able to sort of run the ward without supervision.
> **Interviewer:** How did you feel about that?
> **Interviewee:** Quite pleased with myself and pleased that my manager recognised that in me, but quite scared as well because all of a sudden I am there on my own, responsible for all these patients, with nobody to support me. But then I suddenly realised, actually I have got people to support me because I have got the team I am working with and also there is only a matron at the end of the phone.

Sometimes this confidence resulted in a perceived lack of support in areas where they felt they lacked practical experience.

> **Interviewee:** I think, I think probably the delegation and the leadership was at first an issue
> **Interviewer:** In what ways?
> **Interviewee:** I struggled with that and it showed because obviously, you know, a team does need leadership and without it it fails and I felt, I think it is because I have seen so many of the teams before myself leading them and going about their daily duties so smoothly, that I thought they just know what they are doing…and it was probably I was unrealistic with that. The staff nurse had probably given them direction prior to, you know, in a quiet way, so I picked up quite quickly that I had to sort of delegate and lead the team and make sure everybody knew what they were doing.

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

Coming together

This theme explores the growing confidence of the participants as they recalled loosing the anxiety they had experienced when first qualified and began to feel more comfortable in their role.

> …as your confidence grows and your knowledge grows and, you know, you do become a more confident practitioner and I am sure that must show for the patients as well.

Participants described the satisfaction of being able to apply their knowledge in practice and the resulting impact on the experience of service users.

> …they were really pleased with what I was doing, so that gave me a buzz. It made the fact that you have actually gone through that transitional period, that what you were doing was actually right, if you know what I mean. It was like you have remembered everything. You are applying your knowledge into practice and that gives you a satisfaction and seeing the service users as well, as they get better, on the path to recovery. I think it makes it all worthwhile then.

This application of knowledge to practice is very encouraging and demonstrates how students applied their learning in the workplace. Participants talked about returning to their OU materials if they needed to re-examine an issue and many made reference to their information technology skills learned through the course. Some demonstrated that they were not frightened to challenge more experienced colleagues if they felt they were not following current procedural guidelines and others had even challenged medical colleagues.

> You know, you find your feet. And even, you know, when the doctors come onto the ward, you know, I find now I'll maybe question things and maybe decisions they are making, not that it is a bad thing you know.

As they became more confident in their abilities they articulated they had been well prepared for their role.

> I think I have just got to let my practice talk.

This powerful quotation reflects the confidence of these nurses who at the time of interview had been qualified for approximately a year. During their training many had felt compared with students undergoing more conventional courses at other universities. They now felt that these comparisons were favourable and that their previous experiences as

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

HCAs had played a significant part. Letting their 'practice talk' demonstrated their skills, knowledge, competence and growing confidence.

The feeling of increasing confidence was shared by most although they recalled it occurring at different times. For some it took place after about three months but for others it was as long as six months. Some attributed the length of this transitional period to remaining in their home base. They felt that their feeling of belonging meant they were free from other anxieties that would be associated with a new job. In the excerpt below, the interviewer asked if continuing to work in the home base made a difference to the experience of transition.

> I think it did because you knew the routine, you knew, you know where things are. You know, you know the procedures. You have seen the procedures, you have seen things done time and time again, so I think that actually did help because you knew the way the ward worked.

Another participant likened the team to a family.

> …working here at the day hospital for the last 13 years. It is the same member of staff all those years and, you know, we are just like a family.

And another participant made reference to the familiarity of her 'comfort zone'.

> I think if I had gone onto a different ward, I think my experience would have been different. That is my comfort zone. I was still in my comfort zone but just in a different role…it was much easier, because like I say, it was like my comfort zone and I was familiar with what people did and how things worked.

Just as the change in uniform marked their changing identities (see above), so participants' familiarity with the clinical environment played a key role in enhancing the transition from student to staff nurse.

> I thought I felt safer where I knew people, knew the routines and what was expected, rather than go somewhere completely different.

> Because I had worked there, in some ways it wasn't that different because I sort of knew the routines and knew who to contact and that sort of thing.
> But I feel in some ways it was easier to do that, to something I knew, rather than go to a completely new environment and struggle.

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

I wasn't scared. I was going to people that I knew really well, that had helped me and supported me through the four years. I had worked on that ward for such a long time that, I felt as if I really, really was a staff nurse.

Familiarity with people, routine and the environment gained through their previous experience as HCAs played an important role in facilitating transition.

Because I knew the roles of what people did right at the beginning, I think that helped going from a student to a staff nurse…just being able to work out things. I think sometimes as a student, when you go in and you've never worked in a hospital environment, it is very, very difficult to understand how everything is linked. I just felt I benefitted more when I made the transition from student to staff nurse because of that.

One participant who was struggling in her new environment valued the different experience it offered but was aware of just how difficult it had been.

In some ways you know, I think I wish I had done that (*stayed in home base*) but on the other hand, I couldn't learn any more, yes. It is very limited what I could learn in a Cottage hospital.

The familiarity with people and place was therefore a key theme emerging from the data and, for many of the participants, this familiarity was a key factor in facilitating the transition from student to staff nurse.

Scaffolding

Scaffolding was the word we used to describe the different frameworks of support participants drew on throughout the different stages of transition. Three types of support were identified: informal support; mentorship and preceptorship; and PRNP preparation.

Informal support

Participants described how the informal support provided by people outside of work was important. One participant talked about how she drew on the support of her two daughters who were both registered nurses and another had a husband who was a registered nurse.

I would just talk to him (*my husband*) sometimes at night there, but not particularly if I had had a particularly good or bad day. The first time an admission came in, I had taken charge of the whole admission process and it was quite a buzz and my husband (*who had trained 20 years ago*) said he had known that feeling and it was a nice feeling and…you are in charge and things were happening and you were sort of the centre of all that was happening. And I did, I did get a real buzz out of that there you know but I also felt that I was quite competent at that. That I was doing well, but there has really been nobody else

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

(*providing support*), apart from my nursing colleagues themselves.

Others used wider networks within the hospital. Pharmacists in particular were seen as invaluable sources of information as were other recently qualified nurses. The internet was also used but often outside of work due to the limited availability of internet sites on work computers and also to work pressures militating against having time to search for information.

Mentorship and preceptorship
Mentorship and preceptorship were seen by participants as important functions during the transition period.

> As long as you have good support from either your mentor or somebody in your work place. I mean, I think that is essential when starting out…you need to be able to have somebody there that you can turn to.

However, from the data it was clear that the two terms were used in different ways. For many 'preceptorship' was considered to be the provision of formal support in the form of courses, both taught and open learning, provided by their employer that was linked to a rise in salary once completed. Other participants used the two words interchangeably. The support given to participants by their mentors certainly varied. The following participant for example, felt that she had received excellent support during her early days as a staff nurse.

> She was really supportive in that transitional period and throughout my preceptorship I got support from my manager and team as well, and colleagues there…I think as a Trust there is a lot of training and learning experiences for newly qualified staff to sort of build on what we have already learnt through the OU, so it was developing your practice further. I thought we were really fortunate, looking back now. You know, it was really supportive all round.

Mentors and preceptors appeared to play a key role in developing confidence in the new registered practitioners.

> Once you get trained you get a 6 month preceptorship, I suppose. You know, when you get a senior member of staff sort of taking you under their wing basically, you know. So I had a very good one. He was very good and he was very good at building up my confidence…he really helped me an awful lot.

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

I think it would have been a lot more difficult. I think I would have been, would have been more, not certainly not as confident and not having a preceptor…not getting feedback from a preceptor to say 'Yes, you have done that well' or 'This time you have done X, Y or Z'. If I didn't get my feedback it would have left me less confident.

However, the experience of others was not as positive. One participant, who was finding it difficult to settle in her new role, reported that she had only worked with her mentor a couple of times in eight months before the mentor left.

Unfortunately I hardly saw my mentor at that time so, I think that is one of the reasons why I am having a problem now really because you know, the time that I needed her most obviously she wasn't there and because the ward is so busy…at times I am thinking 'Oh God!', you know, I felt really, how should I say it, at a loss.

Whilst she had used other staff nurses informally in this role she felt she would have benefitted from more organised and systematic support. She was expected to complete a preceptorship programme but had not been supported to do so and was concerned she had missed the deadline for its completion. When she rang the education centre to clarify this she was reassured but also surprised to learn that completion of the programme led to an enhancement of her salary.

Those completing their preceptorship using an open learning programme developed in-house or at other universities, often felt unsupported. Accustomed to distance learning on the OU PRNP and the support provided by the OU, they were therefore surprised at the extent to which they were left to complete the preceptorship programme by themselves. Others reported a rise in anxiety associated with the requirement to complete their preceptorship programme and felt the guidelines about what was expected were unclear.

… there are a couple of students coming onto our ward now and they are very worried about the preceptorship. It is like, you have done your exam and got your PIN. The next thing is the preceptorship and it is very focused because you have got to go through those two gateways to get, you know your pay rise…and it is like the next hurdle you have got to come out of and when you go for your interview it is like, you have got to do your preceptorship within the first year. And they just give you these books – right get on with it, and then after the six months they go 'Have you finished that?' and you go 'Well no, actually, I have not had time to because nobody has been there to sign it off'. So yeah, a more formal one and to actually go through it because it is quite, when you are given these books it is like 'I don't know what this means'.

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

Because I am only on a female ward I don't do any male catheterisations so I was like 'Oh no, I have to do this' and will have to go down to neurology and they say 'No, as long as you understand the need for it'. But I didn't understand that. I was given the book and thinking I would have to go and hunt men to catheterise just go to the local pub or something (*laughter*)! Again, I didn't understand that bit. It sounds very silly now to think that but there were times when I 'oh no, I am going to have to come in on my day off and do this'.

For others, preceptorship packs were sources of useful information to be used when necessary.

I mean, you sort of read them, and there is no way you can remember them all. So I think the most important thing from that was knowing where to find them if you need them, which is a lot more important I think than trying to remember them.

It can be seen that the support and guidance provided by structured preceptorship was highly valued by participants in those early days following qualification. One participant made reference to the period immediately preceding preceptorship - when they were waiting for their PIN - which is perhaps the most liminal phase of the whole transition process.

The time between waiting for your PIN and actually becoming a staff nurse, I think that could be used more proactively because you are sort of…in like no man's land, waiting, because you are not a student and you are not a staff nurse. So I think that time while you are waiting for your PIN number could be used, perhaps to shadow somebody in the actual role of a staff nurse. And just to see what you would actually be doing rather than just thrown in.

Preparation provided by the OU PRNP

As indicated earlier, one of the aims of the project was to explore the extent to which participants felt the OU PRNP had prepared them for their work as a registered nurse. Several participants compared their experiences with those of other student nurses studying with local universities and felt that although as OU students they worked harder, they had received much greater support.

I think the Open University is great, and you know, the support you get is absolutely marvellous, I really do. I think it is second to none.

I have got a niece who is doing her nursing at a university and my daughter is currently doing her nursing at a university and the support and the guidance they get is nowhere near what we had.

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

Distance learning can be regarded sometimes as 'distant' or remote and something that is done in isolation. However, these quotations illustrate this was not the case for these participants who reported continuing to use their peers and even their Programme Tutors as means of support.

The information technology skills gained on the course were also highly valued and several participants reported that they had been the person in their work place subsequently nominated by their peers to search for information. Given that many of the OU PRNP students do not know how to use a computer prior to starting the programme this proficiency is commendable.

With respect to their nursing practice, the following quotations indicate how participants valued the course and felt able to make connections between theory and practice.

> I really enjoyed my training and I think I was happy to be able to apply the skills I had learned, to put it into practice, moving forward as a registered practitioner.

> As I got into it (*the staff nurse role*) and as I began to do it, I began to realise that, yes, I have learnt such a lot. I have remembered it, I was able to apply it and it was working.

> I think the learning opportunities we had were really important, they were really beneficial, gives a good sort of underpinning knowledge to be able to develop further when you are actually qualified. Because it is not until you get into post that you really get fully into the learning process is it really?

These responses indicate that participants felt supported during their training and were able to make links between theory and practice. There was no evidence that participants felt unprepared to practice, although it is possible that they may have been reluctant to admit this to us. Several were considering continuing to study for their nursing degree with the OU which indicates satisfaction with the support provided.

Web-based resource

At the end of the interview participants were asked if they would have found a web-based resource useful during their period of transition. The responses to this question were mixed with some feeling that such a resource would provide limited support outside their specific work situation. Others, having valued the web support during their PRNP, were more enthusiastic, particularly about the potential to share issues with others in similar situations.

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

It would be something which would help people explore situations they might come across and how you might actually rectify them. An opportunity for people to explore and share problems.

Yes, that would be good and what to expect as well. I don't think we all knew what to expect. I know we go to these, at the end just before we qualify we will go in and they will say 'This is going to happen when you become a staff nurse' but I think for people to go on and say 'This is what I experienced' and for others to make comments back and help lines – you know other websites about preceptorship and what to expect, I think that would help.
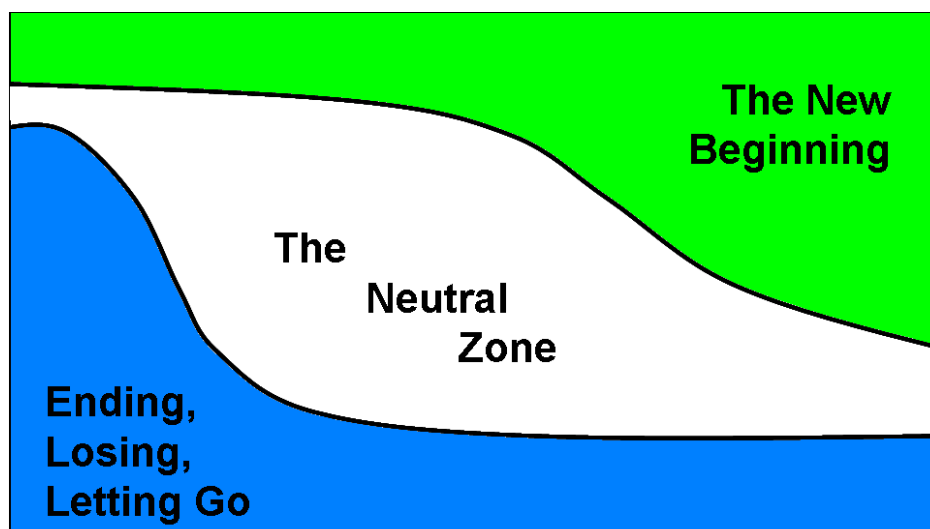
Discussion

Following identification of the four themes described above, we returned to Van Gennep's theory of transition to explore its potential for further theoretical analysis. We also read Bridges' (2003) work on the management of transitions in the context of organisational change. These two frameworks, arising from very different conceptual roots, appeared complementary with both providing the potential to assist theoretical analysis of the data. In particular we liked Bridges' representation of transition as overlapping strata, rather than a linear, staged approach and felt that this more accurately reflected the complex world of contemporary nursing practice.

There is an ending, then a neutral zone, and only then a new beginning. But those phases are not separate stages with clear boundaries…the three phases of transition are more like curving, slanting, overlapping strata than like sequential stages (Bridges, 2003, p.100).

Bridges illustrated how the whole process of transition can be overlapping using the following diagram.

Figure 1 Bridges' (2003) model of transition

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
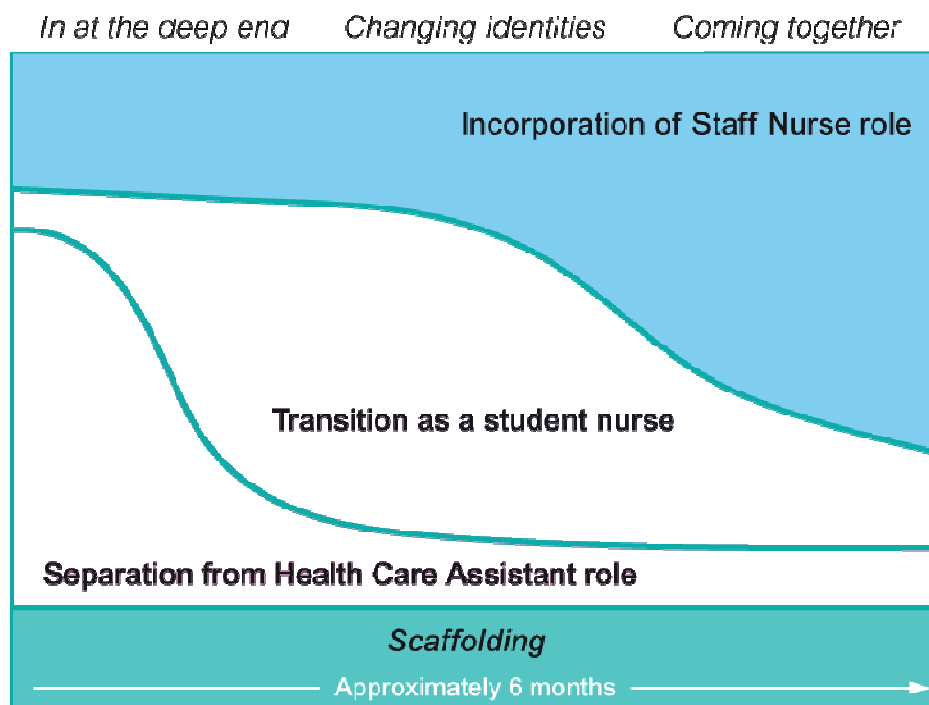Jan Draper, Shelagh Sparrow, Donna Gallagher

Each of these processes starts before the preceding one is totally finished. That is why you are likely to be in more than one of these phases at the same time and why the movement through transition is marked by a change in the dominance of one phase over the other two rather than an absolute shift from one to another (Bridges, 2003, p.101).

Bridges describes the neutral zone as a 'nowhere between two somewheres' and a time that 'isn't just meaningless waiting and confusion but a time when necessary reorientation and redefinition is taking place…it is the winter during which the spring's new growth is taking shape under the earth' (Bridges, 2003, p.37). We liked these metaphors and felt that they reflected the students' experiences. However, we did not like the negative terminology of 'ending' or 'losing' nor the emptiness portrayed by the terminology of 'neutral'. Participants' accounts indicate there is nothing neutral about being in that space. Indeed, Bridges (2003, p.46) describes neutral zone activity as 'the key to turning transition from a time of breakdown to a time of break through'.

We therefore attempted to combine Van Gennep's anthropological theory of transition with Bridges theory of organisational change to develop a conceptual map of students' experiences of the transition to becoming a staff nurse (see Figure 2).

Figure 2 A conceptual map of the transition from student to staff

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

In overlaying Van Gennep and Bridges in this way, we have tried to illustrate how students' make the journey from their previous HCA and student roles to that of registered nurse. In the early stages of transition, the separation phase dominates and this is characterised by the experiences of *In at the deep end* and *Changing identities*. Over time, this phase eventually gives way to the dominance of the incorporation phase, characterised by the experience of *Coming together*. The whole of this temporal process is supported by *Scaffolding*.

Conceptualising the transition experience in this way, it can be seen that rather than a rigid and linear approach, our concept of transition creates the potential for a much more organic process, where nurses can be in more than one phase at the same time.

Conclusion

Summary

Theoretical data analysis using Van Gennep's theory of transition and Bridges' theory of organisational change generated four themes capturing participants' experiences of transition.

At the start of the transition process, *In at the deep end* described the feelings of anxiety associated with the increased accountability of their role and their awareness that the staff nurse role was perhaps more complex than at first imagined. Once they started to become accustomed to their new responsibilities their *Changing identities* were marked by an increase in confidence. Furthermore, the regularity with which OU students juggle the transition from HCA to student throughout the four years of the programme appeared to facilitate their transition to staff nurse. Many talked about the impact of this on former HCA colleagues and the significance of the uniform as a symbol defining their new identity. *Coming together* described their continuing growing confidence and the ways in which they felt able to 'let their practice talk'. The familiarity with people, place and routines forged as a result of the unique OU PRNP model appeared to be a key factor in facilitating the transition from student to staff nurse.

Throughout the whole of this transition process the *Scaffolding* of informal and formal support structures was considered an essential aspect. Of particular note was the prominence of preceptorship as part of this scaffold. Whilst there seemed to be different views of what constituted preceptorship, structured and systematic support by a named person was highly valued by participants in the early days following qualification. The importance of effective preceptorship has been increasingly recognised in policy initiatives including most recently the modernising nursing careers agenda (DH, 2007). Indeed,

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

during the course of the project the Department of Health published their *Preceptorship Framework for Nursing* in which they outline proposals for a mandatory preceptorship period 'to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning' (DH, 2009, p. 9). It will be interesting to note the impact of this initiative on future students' experiences of their transition to staff nurse.

Limitations

This was a small scale project exploring participants' experiences of their transition from student to staff nurse. Whilst the objectives of the project (see page 3) were met, it is important to acknowledge a number of limitations. The sample was small and self-selecting therefore precluding generalisation of findings. The small sample meant that we were also unable to discern any differences in responses between the nations and regions. We had anticipated undertaking interviews with up to 30 former students and it is unclear why the response rate was so disappointing. If data collection had begun nearer to the time of qualification we may have achieved a higher response rate but delays in receiving ethical approval prevented this. However it did enable us to investigate a longer retrospective timeframe with participants.

Face-to-face interviews with participants would have enabled observation of non-verbal cues but their diverse geographical locations precluded this. However, despite the use of telephone interviews participants were very keen to talk about their experiences, with interviews lasting between 30 and 60 minutes and transcripts indicating few lapses in discussion. Participants appeared pleased to have the opportunity to reflect back on their first months as registered nurses, some appearing to use the interviews in a cathartic way. As researchers, participants were aware that we were internal to the OU and clearly aligned with the OU PRNP. It is therefore possible that participants were measured in their responses, perhaps feeling that they had to say what we wanted to hear. We have no way of assessing whether this was the case but believe our careful and consistent approach to interviewing mediated this limitation. Finally, verbatim data from one interview were lost due to a technical failure with the digital recording equipment. Although there were no verbatim quotes in support of the interview, the summary notes made immediately following the interview ensured that the tenet of what had been said was not lost.

Implications

The findings generated from this small scale study have resonance with much of the existing research in this area. Whilst many student nurses work as HCAs prior to their nurse training (McKenna *et al.*, 2006), those undertaking the OU PRNP are different from

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

those participating in other studies due to both the nature of the OU PRNP and the role played by their home base, prior to, during and following the transition from HCA to qualified nurse. Students on the OU PRNP are sponsored by their employing organisation and gain much of their practice experience in the area they previously worked in as a HCA. As a result they are familiar with their work setting and their colleagues. During the four years of the nursing programme the students pivot between their student and HCA role and are therefore used to making role transitions on a regular basis. As they begin the transition from student to staff nurse, it is clear that these participants are often negotiating multiple and simultaneous transitions.

A key finding from the project was that these previous HCA roles appeared to facilitate the transition to staff nurse. Participants' familiarity with people, place and routines appeared to be a key factor in supporting transition. The theoretical framework developed by combining Van Gennep (1909) and Bridges (2003) provides a vehicle to understand this experience of transition and how over time participants moved through 'curving, slanting and overlapping strata' (Bridges, 2003, p.100). This organic process allows for simultaneous occupation of more than one phase or strata but shows how over time the incorporation phase comes to dominate.

The project findings will be disseminated to all central and regional colleagues supporting the work of the OU PRNP across the nations and regions. Despite the small sample size it is extremely valuable to have documented the post-qualification experiences of previous students as this will enable us to subsequently review ways in which these findings can inform future course content and student support. Following presentation of the project findings and dissemination of the project leaflet at a recent annual contract review (December 2009), subsequent voluntary email contact from a student indicated that the leaflet had been used by a course tutor in a student tutorial and generated extremely helpful and positive discussion amongst the students present. We would hope to encourage further systematic activity of this sort. Discussions will be held with Course Chairs to explore the possibility of building the project findings into the two final practice courses. National developments with respect to preceptorship (DH, 2009) may have overtaken the intention to develop a web-based resource to support transition. The Department of Health are currently consulting on a proposal to adapt *Flying Start* – an online resource that has been used in Scotland for a number of years – to support the mandatory preceptorship period for newly qualified nurses. We will however be exploring ways in which our research may inform the implementation of this process.

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

This small scale project has highlighted a number of potential areas for further research. Replication of the study with a larger sample size would test the utility of the conceptual framework. It would also enable interrogation of possible differences between nations and regions. It would also be beneficial to adopt a longitudinal methodology with data collection prior to, during and after the transition to staff nurse. Capturing such a temporal dimension would facilitate a richer account of the transition process. It would also be interesting to undertake specific projects to explore further: the role of the uniform in creating identity; issues of power in relationships; the support networks of mature students and newly qualified nurses; and the role of mentors and preceptorship.

PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

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PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
Jan Draper, Shelagh Sparrow, Donna Gallagher

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PBPL paper 45
Final report from the PBPL funded project
Crossing the threshold: students' experiences of the transition to staff nurse
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