

The transition from student to registered nurse

We know there is a UK-wide shortage of registered nurses. This isn't because there are too few applicants applying to university, rather we are not training enough for the increasing demands of an ageing society, and then don't look after the nurses we have well enough to retain them in sufficient numbers. In other words, once nurses have qualified, employers need to ensure that they have the right pay, working conditions, professional support, post-registration access to education and training, and career prospects.

A big part of looking after nurses is supporting them during the transition from student to registrant. This can be a stressful time in their life and career as well as an exciting achievement. The stress comes from the reality shock of moving from the protected role of student to the professionally responsible role of registered nurse. This is a time when they must put the caring and life supporting skills and knowledge that they have been accumulating into action. This has been noted as a particularly difficult time since at least the 1970s when Marlene Kramer presented her research prompted by statistics indicating that a large proportion of newly qualified nurses (NQNs) left the profession within the first few years after qualifying. The stresses of becoming a nurse that she described 40 years ago, have, if anything, increased.

Fortunately, this hasn't gone unnoticed and there has been a good quantity of research conducted to find the best ways to support NQNs. Part of this body of research has been conducted by myself and researchers at the University of Derby and local employers.

Most employers provide preceptorship support for NQNs. Our systematic review, unsurprisingly, showed that providing preceptorship is better than providing no support for NQNs; consequently, research is now focused on how to provide the best form of this support. Our primary research outcomes were that NQNs need good support from more experienced nurses and the employing organisation as a whole. We found that NQNs were competent to complete the role of the nurse but often lacked confidence. Three main recommendations were for employers to provide: a culture of support for preceptors and preceptees to make them feel valued and supported, recognition of the preceptorship role within a governance framework and an individualised programme of support for each preceptee based on their own needs and the needs of their first area of employment.

From these findings we designed a toolkit to support preceptorship and found that the investment made in supporting NQNs is well worth it as it improves recruitment, retention and builds on skills and knowledge.

The Nursing and Midwifery Council has recently reviewed its standards for nursing and continues to recommend a period of preceptorship support. Investment in good quality support of NQNs will become increasingly important as the demands upon new graduates become greater with improvements in healthcare technology and the increasing demands for care worldwide.

There is a worldwide shortage of registered nurses which makes NQNs a valuable and sought-after commodity and can use their market power to ensure they get the best deal for their first post.

Top tips for NQNs from our research were: find out what preceptorship is on offer, remember that this is your first job not your last, if the support isn't there for you then there are other employers looking for nurses who are likely to offer a better preceptorship experience.

The advice to employers is to provide that supportive preceptorship experience to attract and retain RNs. Most importantly, we should be nice to our NQNs or otherwise we'll lose them.

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