From registered nurse to nursing student - Exploring registered nurses' transition to nursing student during a post-registration children's nurse programme: A qualitative descriptive research study

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ABSTRACT

Background: Registration as a children's nurse in Ireland occurs via two routes, an undergraduate degree in children's and general nursing and a twelve-month post-registration children's nurse programme. Candidates undertaking the latter are experienced nurses on the register for either general, intellectual disability or mental health nursing yet they are required to become a nursing student for the duration of the programme. Although anecdotal evidence indicates that this presents unique challenges for these students the experiences of transitioning from registered nurse to nursing student has not been explored since inception of the programme in 2006.

Objectives: The study aimed to explore the experiences of the registered nurse that transitioned to nursing student during the Post-registration Children's Nurse Programme, to identify the previous experience of the registered nurse and to identify what challenged and supported successful transition.

Design: A qualitative descriptive research design was used.

Setting: The study was carried out in a large teaching children's hospital in Dublin, Ireland.

Participants: A purposeful sample of six registered nurses that completed the programme within the last 12 months was interviewed about their experiences of being a post-registration nursing student.

Methods: Face-to-face, semi-structured, conversation-style interviews were conducted.

Results: Four main themes were identified from the data: '*Feelings related to returning to student status*', '*Supports throughout the transition*', '*Differences between disciplines*' and '*Knowing your place*'. Registered General Nurses (RGN) had different learning needs in comparison to registered nurses in intellectual disability (RNID) and expressed difficulty adapting to the role of nursing student as they felt that their previous knowledge and experience was being overlooked. In contrast, RNIDs were more challenged on clinical placement by unfamiliarity with clinical equipment and terminology.

Both RNIDs and RGNs found that the nursing staff on their placements were a source of support despite reporting that they rarely worked with their designated preceptor.

Conclusions: The challenges experienced by nursing students from different nursing disciplines sharing the same post-registration programme needs to be considered in the planning and implementation of all aspects of the programme. Healthcare staff should become more aware of the challenges experienced by the postgraduate nursing student when educating and supporting their learning within the preceptor-student relationship.

1. Introduction

Each year in Ireland, there are approximately 270,000 hospital visits made by children (Children in Hospital Ireland, 2016). Recommendations from national and international inquiries into child deaths and clinical incidents have stated that children need to be cared for by children's nurses who have the requisite knowledge, skills and education (Department of Health UK, 2001; Carlile, 2002; Department of Health and Children, 2000; Royal College of Nursing, 2014). Hence there are two different routes to becoming a children's nurse in Ireland, a 4.5 year

undergraduate degree, or a 12-month postgraduate Higher Diploma – the Post-Registration Children's Nurse Programme (PRCNP). Since the introduction of the new PRCNP in 2006, the experiences of registered nurses' transitioning to nursing student had not been explored.

2. Background

The PRCNP is a popular route to registration as a children's nurse (Health Service Executive (HSE), 2015). Nurses eligible for this programme must have previously completed a general, mental health or intellectual disability nursing degree or equivalent and must be registered with the Nursing and Midwifery Board of Ireland. Applicants for the programme must have at least 6-months post-registration clinical experience either in acute or community healthcare services (University College Dublin (UCD), 2020).

Enrolment into this postgraduate programme requires the nurse to transition to nursing student for the duration of the one-year course. This transition means that the candidates require supervision during practice and have some practice restrictions imposed upon them, for example administrating intravenous medications. On successful completion of the programme, the candidates can register as a Registered Children's Nurse (RCN) and carry out the full role and duties of the RCN in either acute or community paediatric care facilities.

Role transition from registered nurse to nursing student is not a well-researched area of nursing (Begley, 2007; Hughes-Morris and Roberts, 2017). Nurses undertaking this postgraduate programme leave an area of nursing in which they are competent practitioners and begin a new role as a student in an unfamiliar environment – an experience that Burke (1994) described as a 'reality shock'.

With ongoing changes in children's healthcare services in Ireland, it is important to support all members of the workforce, including nursing students. This, however, cannot be fully achieved without understanding the experiences of the nursing students' journey to becoming an RCN. That has led to the development of the research question: 'What are the experiences of nurses who have transitioned from registered nurse to a student in children's nursing during the Post-registration Children's Nurse Programme?'

3. Aims and objectives

The aim of the study was to explore the experiences of registered nurses' transitioning to the role of nursing student during the PRCNP.
Objectives included:

- Identify the previous nursing experience held by the nurse prior to commencing the PRCNP.
- Describe the participants' experiences of returning to education and returning to clinical placement.
- Identify what challenged and supported successful transition from registered nurse to nursing student.
- Identify other possible ways that post-registration nursing students could be supported during the role transition.

4. Methods

4.1. Study design

A qualitative research design was chosen as the most appropriate design for this study as it was exploratory in nature. Qualitative research is described as "a form of social inquiry that focuses on the way people make sense of their experiences and the world in which they live" (Holloway and Galvin, 2016, p. 3). A qualitative descriptive methodology then facilitated straight, narrative descriptions of an event in a clear and accurate way (Sandelowski, 2000, 2010). In this study, descriptive summaries of participant interviews accurately described the phenomenon of role transition as experienced by these postgraduate students.

4.2. Study setting

This study was carried out in a children's hospital in Dublin. A letter seeking permission for the study was written to the gatekeeper, the Director of Nursing in the hospital and same was granted.

4.3. Sample

Purposive sampling was used to select participants. This ensured that participants were knowledgeable, articulate and willing to give rich, descriptive information about the topic (Polit and Beck, 2014). Potential participants were required to meet the inclusion criteria. They had to be employees of the hospital and have completed the PRCNP within the previous 12 months. Participants working on the same ward as the researcher, and who were former preceptees of the researcher, were excluded from the study due to a risk of bias and coercion.

Recruitment posters were displayed in each nurses' station in the hospital. Interested participants were given a consent form and information leaflet that explained all aspects of the study. Those wishing to participate returned a signed consent form.

The final sample size for the study was 6. All study participants were female and aged between 25 and 35. Previous registration status before commencing the PRCNP included three RGNs and three RNIDs. The participants' previous nursing experience ranged from one to twelve years. The RGNs had previously worked in acute hospitals and the RNIDs had worked in the community, either in care of the elderly facilities or community centres for children and adults with profound disability. Three participants had experience of working with children.

4.4. Data collection

Face-to-face, semi-structured interviews were conducted in the hospital. A topic guide with open-ended questions was used to allow the participants to explore their experiences and express their thoughts with lengthy narratives. All interviews were recorded and transcribed verbatim. The duration of interviews ranged from 35 to 60 min.

4.5. Data analysis

Thematic analysis is the most common method of analysis in qualitative descriptive studies (Neergaard et al., 2009; Sandelowski, 2000, 2010). An inductive 'Big Q' approach was used to capture semantic meanings in the data, which allowed the researcher to stay close to the data (Clarke and Braun, 2016). This approach was deemed most suitable as it acknowledges researcher subjectivity and ensures trustworthiness through a systematic approach to analysis (Clarke and Braun, 2016). This overall approach to code and identify themes involved six steps: familiarisation with the data; data coding; searching for themes; reviewing themes; defining and naming themes and writing up the thematic analysis (Clarke and Braun, 2016; Terry, 2016).

4.6. Ethical considerations

Ethical approval was granted from the Human Research Ethics Committee in the hospital in which the study was based. The participants were informed that their identity would not be made known and that identifiable data would not be included in the study.

A coded system was used for the transcriptions. Data were stored on a password protected, encrypted laptop and the audio recordings were deleted from the recording device. The participants were informed that the transcriptions of the interviews would be destroyed one year post completion of the study (Government of Ireland, 2018).

5. Results

Participants provided detailed, differentiated accounts of their

experiences of transition. Four main themes, with related sub-themes (in brackets), were identified. These included feelings relating to returning to student status (returning to university/placement), supports throughout the transition (supports within the university/hospital), differences between disciplines and "knowing your place" (how others see postgraduate students and the challenges of being a postgraduate student).

5.1. Feelings relating to returning to student status (returning to university/placement)

The majority of participants recounted experiencing positive feelings of excitement, happiness and enjoyment in relation to returning to university. The reasons articulated for these optimistic feelings were two-fold, having previously had a positive university experience and an intrinsic motivation to pursue further education. Participants who found returning to university more challenging described their class schedule and group work as "intense" and "tough" (P004). Those who had been out of the university setting for more than 10 years described feelings of anxiety at the thought of returning to college and reported even feeling physically sick.

When asked about their feelings related to returning to placement as a nursing student, the participants' responses were similar. All but one participant expressed that they felt nervous at the prospect of beginning placement. Participants described placement as being like beginning a new job in an area that they knew little about. The fear of facing an unfamiliar environment and not knowing the routine was described by participants as "daunting" (P002), "terrifying" (P006) and "overwhelming" (P001). Two participants claimed that a lack of knowledge regarding medical terminology and equipment was at the root of their feelings of being nervous as they were RNIDs and had never worked in an acute clinical setting. Only one participant linked her feelings of nervousness to her being afraid of how others would treat her as a student. This participant was also nervous that her previous nursing experience would be ignored when she began working as a nursing student.

5.2. Supports throughout the transition (supports within the university/hospital)

Each participant was asked about what supports were available to them in the University and if they felt they were supported during the Programme. Responses varied with 3 participants claiming that they received little to no support and 3 participants expressing that the support they received surpassed their expectations. The participants' reasons for feeling unsupported in University were primarily related to academic rather than personal support. These participants felt that there was an expectation that they should know how to complete academic assignments, despite being out of the academic setting for up to 12 years. These participants did state that they were aware of academic supports available within the University but admitted that they did not avail of them.

Three participants reported feeling positively supported, both academically and personally, by their lecturers in the University. This support included help with planning essays, provision of resources to help the student to complete assignments, support and advice on how to handle a difficult placement and support with settling into life in a new county for students that had to relocate in order to complete the programme.

The participants' experiences of supports within the hospital were equally varied. The sources of support included staff nurses, clinical nurse managers, clinical nurse facilitators and the Clinical Co-ordinator for the programme. Five of the six participants reported that they worked very little with their designated preceptor for the majority of their shifts on each placement so, while they were supported by staff nurses, the participants did not always feel supported by their preceptors. Only one participant reported feeling unsupported by nursing staff during her placements. She described experiences of nurses being unwilling to teach her. Orientation days were not always facilitated and one participant reported that at times she felt she was placed in situations that were "borderline unsafe" (P004). Participants reported that the amount of support they received on placements directly impacted on their decision of where to take up employment on completion of the programme.

5.3. Differences between disciplines

The differences between RGNs and RNIDs came up frequently during data collection. Each participant expressed their views on how the transition to nursing student differed between the different disciplines. All six participants felt that RNIDs had a tougher transition into children's nursing than RGNs. The three participants that were RNIDs mentioned that they found sharing a class with RGNs to be challenging and overwhelming. These participants mentioned that they had little-to-no knowledge of medical terminology or equipment at the beginning of the programme and as a result, they felt that they had more to learn than their peers. The majority of participants suggested that extra accommodation be made for RNIDs. Their suggestions included having an extra week at the beginning of the course whereby RNIDs would be brought in for skills labs, or allowing RNIDs to have extra supernumerary days at the beginning of each placement.

5.4. "Knowing your place" (how others see postgraduate students and the challenges of being a postgraduate student)

When asked about the challenges they experienced during clinical placements, a common issue reported by participants was how healthcare professionals treated them and interacted with them. The consensus was that members of the multidisciplinary team did not know or understand the role of the postgraduate nursing student. The participants gave many examples of times when they felt that they were not listened to or respected by members of the multidisciplinary team. These examples included doctors asking to speak to the registered nurse about a patient the nursing student was caring for instead of the nursing student and nursing students being asked not to answer phones or speak to managers. Participants reported frequently having to inform different members of the multidisciplinary team that they were in fact registered nurses in order to "gain their trust" (P002). Another group of people that the participants felt they needed to inform regarding their previous qualification, were parents of patients. Participants described situations whereby parents would ask a registered nurse to assess their child even if a postgraduate nursing student was caring for the child. Not having their previous experience acknowledged had a negative effect on the participants, with almost all admitting that their confidence dropped over the course of the year. Participants reported second-guessing their decisions and their ability to care for patients because of how certain healthcare professionals and parents spoke to and treated them.

Another factor that affected the confidence of the participants was the student uniform. The participants wore a uniform, similar to, but not the same as, an undergraduate student. Participants reported that healthcare professionals and parents saw the student uniform and did not know the difference between student grades.

A commonly stated challenge experienced by the participants was a feeling of lack of inclusivity and not being "part of a team" (P002). Participants reported feeling lonely and left out as they had come from a role where they were part of a team but due to requirements of the programme, had to frequently move between placements resulting in less time to get to know others.

6. Discussion

Literature on nurses returning to university for postgraduate

education is scarce (Hughes-Morris and Roberts, 2017; Harris and Burman, 2016). In a study of the eighteen-month version of the programme, conducted by Begley (2007), nursing students reported the two weeks of theoretical and clinical instruction prior to commencing placement as being intense and challenging. Despite the fact that participants had five weeks of this instruction in the PRCNP, they also reported that the theoretical and clinical instruction prior to placement was challenging and intense as the class had a lot of information to cover before beginning placements.

Anxiety is the most frequently cited emotion in the literature surrounding role transition (Gohery and Meaney, 2013; Winters, 2016; Begley, 2007; Hughes-Morris and Roberts, 2017). The anxiety experienced by the participants of this study was attributed to not being aware of the daily routine of a new clinical environment and not having a full understanding of new medical terms and equipment, as well as experiencing a change in role and responsibilities. Hughes-Morris and Roberts (2017) and Gohery and Meaney (2013) found that even senior nurses that undergo a role transition can experience 'transition shock'. Similarly, participants from this study, seemed to experience the four stages of Duchscher's 'Transition Shock Theory ©' including loss of relationships, doubts about their own knowledge, changes in responsibility and role confusion (Duchscher, 2009).

The RNIDs reported frequent feelings of being overwhelmed and stressed due to their more challenging transition into children's nursing. This supports Burke's (1994) description of role transition for postgraduate nurses as being stressful and is consistent with Kumaran and Carney (2014), who found that the unfamiliarity of a new environment and a lack of confidence in knowledge and ability can trigger feelings of stress, anxiety and frustration. Participants widely believed that RNIDs had a tougher transition into children's nursing in comparison to RGNs, as they had little to no clinical experience in an acute hospital setting. This supports Begley's (2007) finding that RNIDs were viewed, by RGNs, as lacking clinical skills and that the nursing skills that they did possess, such as dealing with challenging behaviour and communication skills were not recognised or valued. Participants reported that they had left a job in which they were an expert and were now working in an area in which they knew little. This change in role and responsibility caused participants to experience identity confusion, as many stated that although they were nursing students, they did not feel like students and did not want to be treated as such. Loss of identity or identity confusion had previously been discussed by Hughes-Morris and Roberts (2017) and Begley (2007) who used terms like 'frustration' and 'inadequacy' to sum up the views of the postgraduate nursing students that experienced a role transition.

Support in the workplace has been identified as one of the main enablers of positive transition experiences (Ashley et al., 2018; Lee et al., 2013). Supportive work environments enhance job satisfaction and staff retention, as students are more likely to return to work in an area in which they were supported (Azimian et al., 2014; Wareing et al., 2017). Findings from this study support such contentions as some participants reported that they felt like leaving the programme when they felt least supported and each of the participants only accepted a post upon completion of the programme in the clinical area in which they felt supported.

Preceptor support is extensively documented throughout the literature as being one of the most important factors that can aid transition (Thomes, 2003; Ashley et al., 2018; Azimian et al., 2014; Gohery and Meaney, 2013; Kinghorn et al., 2017; Begley, 2007; Nyhagen and Strom, 2016). Although each participant was linked with a preceptor on each placement, the amount of support they received via preceptorship was stated by participants to be minimal. Lack of preceptorship time with students can be a major barrier to effective preceptorship and to student learning (Chen et al., 2017). Nielsen et al. (2017) studied the concept of preceptorship between two professional nurses and found that the combination of being together, doing together and getting along together was needed for preceptorship to be successful. It was clear that

the recommendations made by Nielsen et al. (2017) were not considered for participants of this study as the student-preceptor relationship was not prioritised. This finding indicated that more knowledge of the importance of this relationship needs to be made known to nurses and managers.

The biggest challenge experienced by participants of this study was the way in which postgraduate nursing students were perceived by other healthcare professionals. The participants stated that their previous experience was not always recognised and they were treated like undergraduate nursing students, which had a negative impact on their confidence and self-esteem. Previous nursing experience going unnoticed has been shown to ignite feelings of frustration in postgraduate students (Begley, 2007). In this study, participants frequently reported feeling frustrated due to having to reassure other healthcare professionals, as well as parents of patients, that they were competent in completing certain tasks due to their experience as a registered nurse. They reported that having their work double-checked had a knock-on effect on their confidence, and they often ended up second-guessing their nursing decisions. This finding is supported by Hughes-Morris and Roberts (2017) who found that postgraduate nursing students experienced frustration and stress when having their work reviewed.

Positive working relationships between nursing students and other healthcare professionals have been shown to be vital in providing a working environment that is supportive and conducive to learning which in turn, helps students to feel part of a team (Portoghese et al., 2014; Chan, 2002). In this study, the majority of participants did not feel that they had a positive working relationship with other healthcare professionals as they felt they were seen as being "only students". Having the label of 'nursing student' was a concern for many of the participants in this study. Not only did it contribute to healthcare professionals' unawareness of the participants' past experiences as registered nurses, but it also caused a change in how the participants viewed themselves. It is clear from the literature that transitioning into a new area of nursing can have a significant impact on an individual's professional identity (Neishabouri et al., 2017).

Nurses that begin working within a new nursing discipline often experience a sense of loss, including a loss of a team, familiarity and identity (Hughes-Morris and Roberts, 2017; Begley, 2007). Participants in this study mentioned that they experienced each of these losses but it was the loss of identity that had the biggest impact on them personally and professionally. Having a positive professional identity is shown to contribute to providing high quality care (Neishabouri et al., 2017). This finding is supported by participants in this study who reported that, because of the loss of a positive professional identity, their confidence in their ability to carry out nursing tasks, that they may have previously carried out competently, was affected.

7. Study limitations

The study was undertaken in one site with a small study population due to the limited number of nurses employed in the hospital that completed the PRCNP within the previous year. The sample size, although small, was acceptable for a qualitative study where the primary focus was exploring the experiences of the participants. Mental health nurses were not represented in the sample as there were no mental health nurses in the population from which the sample was chosen, hence a fair representation from each of the groups of nurses that can apply for the PRCNP was not achieved. Further research should include this nursing discipline. The reliance on participant's self-reports which may be subject to self-reported biases, including exaggeration and selective memory (Brutus et al., 2013) was an additional limitation.

8. Conclusion

This study provided rich and valuable findings regarding the role transition that occurs when a registered nurse becomes a nursing student

when undertaking the PRCNP. The findings provided an important insight into the challenges that these students experience during the programme, as well as identifying the sources of support both in the university and within the clinical environment.

Internal challenges that the participants experienced were highlighted, such as loss of professional identity and relationships, as a result of working in multiple new clinical areas. These findings enable nurses and other healthcare professionals, in academic and clinical settings, to have a deeper understanding of the experiences and challenges of postgraduate nursing students during the PRCNP and to identify the supports that students might need to overcome these challenges. They also inform future participants of the PRCNP of the potential challenges that lay ahead.

The findings indicated that extra supports need consideration, including additional supports for RNIDs at the beginning of the programme, such as additional clinical skills workshops or supernumerary placement time. Provision of reflective practice for PRCNP students, at the end of the first practice placement, to explore the transition from registered nurse to the student role, would enable the identification of any students experiencing challenges so that supports can be delivered in a timely manner.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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