MANAGERS’ PERSPECTIVES OF NEW GRADUATES OF ACCELERATED NURSING PROGRAMS

To the Editor:

I am a student in an accelerated nursing program. I strongly agree with the statements made by the focus groups in the article “Managers’ Perspectives of New Graduates of Accelerated Nursing Programs: How Do They Compare With Other Graduates?” (Oermann, Poole-Dawkins, Alvarez, Foster, & O’Sullivan, 2010). The focus groups stated that accelerated graduates have more knowledge, maturity, and life experiences than traditional students. In my opinion, these aspects provide a firm foundation to promote professional growth within nursing. Accelerated students tend to learn about life via experience and enter nursing with more direction and purpose. Adult learners who make the sacrifices necessary to return to school are highly driven and goal oriented toward their chosen field.

However, I disagree with some of the criticism expressed about new graduates of traditional, accelerated, and associate degree programs. The focus groups suggested that new graduates of all programs lacked confidence in their clinical skills, were hesitant to make their own decisions, and relied heavily on second opinions from colleagues. I consider these encouraging traits in a new graduate nurse. Nurses providing care in today’s health care environment should constantly confer, check, and second-guess themselves. We must be certain that we are providing the appropriate care for each and every patient. I feel that if we become complacent in our abilities, mistakes are almost inevitable. Unfortunately, in nursing, a mistake can mean the loss of someone’s life.

Is it possible that new graduates lack confidence because they have not been properly oriented by their health care institutions? Lee, Tzeng, Lin, and Yeh (2009) conducted a study in which new graduate nurses were trained in a “well-designed preceptorship program.” Medication errors made by new nurses dropped from 50% to 0%. It may seem redundant and unnecessary to constantly double-check and validate decisions made by a new graduate. However, this can mean the difference between life and death. Do we not expect the same from other professions? When boarding an airplane, would you prefer a pilot who has had a surplus of extensive training or an arrogant, ignorant hot shot who thinks he missed his role in the movie ‘Top Gun’?

Shawn McEntee, BS, RCIS
Dedham, Massachusetts

REFERENCES

Reply:

It is important to keep in mind that the findings reported in our study (Oermann et al., 2010) were from nurse managers in one clinical setting; therefore, the ability to generalize these findings to other settings is limited. However, studies have documented a lack of new graduates’ clinical skills for entry into practice. For example, in a survey conducted by Berkow, Virkstis, Stewart, and Conway (2008), more than 5,700 front-line nurse leaders rated new graduate nurses’ proficiency on 36 individual competencies and overall performance. New graduates met their expectations on only two of the competencies, indicating gaps in readiness to practice and the need for improvement across nearly all of the competencies surveyed. Nurse managers expect new graduates to “hit the ground running,” which is unrealistic; however, nursing faculty need to consider whether they are preparing graduates with sufficient higher-level thinking and clinical skills for beginning practice. In many nursing programs, skills are not practiced repeatedly, although this is essential to their being retained and developing both cognitive and motor expertise in them (Oermann, 2011). Without practice and refreshing competencies, skills deteriorate quickly, affecting new graduates’ performance and confidence.

To provide safe care, nurses must use processes in the clinical setting that involve “conferring and checking” (e.g., independent double-checks of high-risk medications). These are practices used by experienced as well as beginning nurses. Managers’ comments about new graduates’ reluctance to make their own decisions and reliance on staff...
for second opinions were not in reference to the use of safe practices in the clinical setting that include double-checks and validating decisions. It is critical for new graduates to “consult with colleagues when unsure of a decision or an approach” (Oermann et al., 2010, p. 396), but managers sensed (and it was only their perception) that new graduates were not confident in their clinical knowledge and abilities (e.g., graduates were not sure what data to collect when assessing a patient, what to do when there was a change in patient status, how best to prioritize their care, and how to interact with other health care providers). Residencies for new graduates attempt to fill performance gaps and build confidence, but in many clinical settings, graduates do not have these same opportunities for guided practice. Many nursing programs include capstone and transition courses, but these alone are not sufficient for the extensive knowledge and competencies nurses need for entry into practice in most health care settings. I believe students need more deliberate practice, in the clinical setting and with simulation, of well-defined cognitive and motor competencies as they progress through a nursing program, allowing them to develop expertise and confidence.

Marilyn H. Oermann, PhD, RN, FAAN, ANEF
Chapel Hill, North Carolina

REFERENCES

The authors disclose that they have no significant financial interests in any product or class of products discussed directly or indirectly in this activity, including research support.
doi:10.3928/00220124-20110324-01