

# Readiness for Practice of Graduates of Jordanian Nursing Colleges from Clinical Nursing Leader's Perspective

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## Abstract

**Background:** Nursing graduates are expected to hit the ground and be ready to lead their way when joining their first workplace. Although, many literatures have highlighted graduated nursing students' readiness for practice, this hasn't been explored in Jordan up to the researcher knowledge. The purpose of this study was to investigate the degree of Jordanian nursing colleges graduate's readiness for practice from clinical nursing leaders' (CNL) perspective. **Methods:** This study used a quantitative descriptive method. The researcher utilized the 22 items Casey- Fink survey to explore the degree of new graduates' readiness for practice. The validity of the Casey- Fink Readiness for Practice Survey has been reported in previous international studies. The study sample consisted of 268 CNLs and data was analyzed through SPSS by calculating frequencies, percentages, means and standard deviations. **Results:** The overall results showed a moderate degree of readiness to practice among nursing graduates from CNLs perspectives. **Conclusion:** It was highly recommended to enhance simulation-based learning within undergraduate nursing education, as it mimics the future workplace, especially in developing and enhancing critical thinking, problem solving, and decision-making abilities. More connections for students with the nursing professional body outside the university may start at early academic stages, connecting them with national nursing councils, Committees, and health organizations to improve their leadership competence and make them ready for workplace when graduating.

**Key Words:** Nursing, Leadership competencies, Readiness for practice, clinical nursing leaders, New graduates, Jordan

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## 1. INTRODUCTION

The sensitivity and complexity of healthcare sector mandate having competent and well-prepared nursing graduates. They are expected to hit the ground and be ready to lead their way when joining their first workplace. Undergraduate nursing program is considered the building block of nursing education and shall prepare the nursing graduates for first entry into nursing practice. However, literatures have reported that nursing graduates face challenges with clinical practice readiness, this problem is still underappreciated (Sharma et al, 2021) although it can be improved by students' undergraduate

education and clinical training, which are significant to support new nursing graduate's readiness to practice in real-life settings (AlMekawi & El Khalil, 2020).

During the transition from student to a practicing nurse, newly graduating nurses found to be overwhelmed with caring for a group of patients, this is in addition to be effectively engaged in multiple nursing tasks, (Hunter & Cook, 2018). In fact, Sharma, et al (2021) have explained that new graduates face challenges that obstruct their clinical practice readiness and make them often unprepared to work in the complex field of clinical practice, inadequate communication, leadership, and

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management skills have been reported as common barriers for professional practice by new graduating nurses.

In Jordan, and as a leader in nursing professional development unit (NPDU), we are responsible of coordinating and conducting nursing orientation programs for newly hired nursing graduates, we observed that many of them are experiencing inability to cope and manage the transitional period between undergraduate nursing college phase and real practice in healthcare setting after graduation. This is associated with High levels of stress when joining their first job and high levels of turnover. This is also important because of potential impacts and harms on patient care from new nurse during the transitional period

This should raise a question whether nursing graduates are getting enough education and clinical experiences during their studying courses at the colleges of nursing before they enter the workplace in Jordan.

## 2. STUDY PURPOSE AND QUESTION

What is the degree of readiness to practice among graduates of Jordanian nursing colleges from clinical nursing leaders' perspective?

## 3. SIGNIFICANCE OF THE STUDY

This study may enrich and add more knowledge about nursing graduate's readiness to practice in Jordan. It may also help nursing academic teaching institutions in reviewing nursing education curriculum toward enhancing nursing graduates' readiness to practice. This study may shed some light on the effectiveness of Jordanian nursing college's educational programs, to bridge the theory-practice gap and to facilitate the transition of nursing graduates and make them ready for practice. Moreover, and most importantly, patients may benefit by receiving optimal care from nursing graduates.

## 4. THEORETICAL FRAMEWORK

### 4.1 Nursing Clinical Competence Theory (Benner, 1982)

This theory indicates that new graduated nurses develop competencies over time, through the following stages:

Stage 1 Novice: This would be a nursing undergraduate student and has a very limited knowledge and skills in nursing care. One notable challenge is that novice nurses are expected to assume responsibilities and duties as experienced nurses when joining work for the first time (Serafin et al, 2021). At this stage transformative leadership strategies shall be utilized to develop their competence (Crowder et al, 2021) as

will be illustrated below in the transformative theory.

Stage 2 Advanced Beginner: Those are the new graduate nurses in their first jobs; They have the knowledge and the know-how but not enough in-depth experience, a well-prepared graduate will be able to manage this stage more efficiently.

Other stages include competent stage, proficient stage, and expert stage nurse, whereas new graduates develop their leadership competency gradually over years. However, nurses need to have professional development programs hand in hand with a transformative manager to transform their competence over these stages.

### 4.2 Transformative Leadership Theory

This is a well-known theory and indicates that transforming people may happen by the leaders or organizations through introducing a change in them (Crowder et al, 2021).

Integrating this theory with the previous theory may provide the opportunity to transform new nursing graduates, by developing their clinical competencies and readiness to practice through role transition stages over the academic studying period then when practicing in workplace. This theory will help in understanding the nature and process of developing graduate nursing leaders who will be able to manage and lead healthcare team members. Crowder et al (2021) explained that academic colleges should utilize transformative leadership in connecting undergraduates with communities of practice by establishing social and professional networks on and off campus and connecting them with members of the profession through direct meetings on the university campus and via web conferencing platforms with external events. Afterward, transforming new graduates continue when joining workplace to enhance their competence.

These theories describe stages that new graduate nurses go through to develop their competence and readiness to practice and explain the importance of planned professional development programs to prepare and transform them to nursing practice. This may help us also to understand transitional stages they are experiencing and their requirements in each stage. However, fostering their competence on an early stage may enhance their readiness to work.

## 5. LITERATURE REVIEW

Labrague et al (2020) explained that the move from student nurse to graduate nurse can be difficult and can lead to transition shock, this adversely affect patient care caused by lack of preparedness of graduate nurses to enter the workforce. Areas of concern have included

communication, leadership, time management and prioritization, clinical decision-making, dealing with emergency situations and stress management (Davies et al, 2021).

Serafin et al (2021) explore Polish graduated nurses' readiness to practice in an intensive care unit (ICU), study results showed that most responders replied that they were not prepared to work in an ICU after graduation. The successful transition from education to professional practice of novice nurses hired for intensive care which can be an unfamiliar and demanding environment must be supported.

A lack of preparedness of graduate nurses for clinical work has led nurse educators to explore innovative teaching strategies, extended immersive ward-based simulation programs and learning satisfaction was high among undergraduate nursing students and was associated with increased self-confidence in support of transitioning to professional practice (Davies et al, 2021).

The demand has increased for clinical nurses to take the lead in ensuring quality care and patient safety (Wright, 2020). Recently, employers expected that new graduated nurses will be well prepared and possesses appropriate leadership abilities to assume a prominent dynamic professional role within complex health care delivery systems (Miehl, 2018), this add more pressure on nursing personnel to graduate competent nursing leaders to meet this expectation.

### 5.1 Definition and description of readiness to practice

In general, most nursing literature described nursing graduate's readiness to practice as their ability to work autonomously and practice safely and independently upon completion from nursing college, as they shall possess the required knowledge and skills (Mirza et al., 2019). Following are some descriptions of the concept main components as revealed by literature.

AlMekkawi & El Khalil (2020) have identified some of the nursing graduate's readiness to practice attributes through a comprehensive review of both quantitative and qualitative studies published from 2000 to 2019. They ended by identifying the following attributes like "Problem-based and reflective learning", critical thinking, problem-solving skills, building a strong collaborative relationship between nursing programs and clinical practice areas.

One of the milestone studies that explored nurse's readiness to practice is Casey Fink study (2011). The study investigated the factors influencing nursing graduating students' perceptions of readiness for practice. This descriptive study used both a quantitative and qualitative

approach. 429 nursing graduates used the Casey- Fink Readiness for Practice Survey that included skill performance section as well as open entry for nurses to add any relevant comments. This survey was revised later to include sections to cover domains like clinical problem solving, learning techniques, professional identity, trials, and tribulations and this is the version that was used in this study. These findings were confirmed by Sharma et al., (2021) who reviewed nursing graduate's readiness to practice also. leadership incompetence presented as barrier to nursing graduates' readiness to practice and was categorized with team interactions, inadequate communication, and management skills, all were perceived as common stressors for new nursing graduates. This is similar to the findings of the previous study. Consequently, the Casey-Fink Readiness for Practice Survey was very reasonable to check nursing graduates' readiness to practice in this study.

From nursing leaders' perspectives, Robinson (2019) in her study explored nursing educators' and nursing leaders' views on nurse graduates practice readiness when transitioning into practice. The study explored the following variables that may be linked to nursing graduate's readiness to practice including but not limited to leadership, interpersonal relations, communication, and professional development. She concluded that hospital nurse leaders need to continually improve the transition programs provided to ensure that the nursing graduates entering the workforce are supported and made more ready for practice. This is supported also by Wolters Kluwer (2020) who emphasized on better preparations as a key factor for nurse graduates today.

Remarkably, Wolters Kluwer (2020) survey revealed that practicing nurses and nurse educators agree that new nurses need to be more prepared for practice with different skills than they did five years ago, and this may present some evolving attributes in the readiness to practice concept. Examples are informed clinical judgment to make decisions and effective communication. This was importantly recognized during COVID-19 with further emphasis on ensuring that new nurses are better prepared for practice.

Today, many questions are raised on the nursing graduates work readiness, claiming that nursing graduates do not get enough education and clinical experiences before they enter the workplace, this may be quite true and was supported by previous literatures because nursing graduates may not have necessarily experienced a variety of clinical exposure in diverse healthcare settings. This is relevant to our situation in Jordan, and we need to investigate the degree of our new nursing graduate's readiness for practice.

## 6. METHODS

### 6.1 Study Design:

The study is using quantitative descriptive research methods.

### 6.2 Population & Sample:

This study includes the perspectives of CNLs in Jordanian hospitals that participate in supervising and preparing new graduating nurses in their first employment. The total estimated population number in this study is (796) leaders. Participants was chosen based on convenience sampling after calculating the sample size using Krejcie and Morgan (1970) table. The minimal required sample size was 260 participants, and the total number of obtained participants were (268). Table (1) show Sample demographical data distribution. The table below include sample demographical distribution

### 6.3 Study Instrument:

Readiness to practice Survey: Casey- Fink Readiness for Practice Survey is an international 22 items survey, with four dimensions including proficiency, altruism, prevention, and leadership. The validity of the Casey- Fink Readiness for Practice Survey has been reported in previous international studies (Kennedy, 2013). Test-Retest was checked on five CNLs with a two-week gap to make sure that this tool is appropriate and valid for our population in Jordan as well. Participants indicated that all questionnaire items were very clear, and they didn't face difficulties while completing the survey. Moreover, piloting of all instrument parts was completed on 30 participants; the values of the specific correlation parameters have been calculated for the constructive validity check and was (0.979).

## 7. STUDY RESULTS

Mean scores, and standard deviations were

calculated for the readiness to practice competencies among graduates from clinical nursing leaders' perspective, then the mean scores and the standard deviations, for all statements were calculated separately.

The over whole degree of readiness for practice of new graduates was moderate from clinical nursing leaders' perspective (Mean = 3.58 SD: 0.8).

Mean scores and standard deviation, for all statements were calculated separately, details are in table (2).

Results showed that CNLs considered new graduates having moderate degree of readiness to practice in most components, while they have high levels in some only. The highest mean score was reported with "Apply safety principles to prevent injury to clients, self, other healthcare workers, and the public" (Mean = 3.74 SD = 1.03), while the lowest was reported with "Take part in nursing or health research by identifying research opportunities" (Mean = 3.37 SD = 1.03).

CNLs reported that new graduates have high level of readiness for practice in the following components: "Apply safety principles to prevent injury to clients, self, other healthcare workers, and the public", "Demonstrate respect and knowledge of the unique and share competencies of various members of the healthcare team", "Take action in potentially abusive situations to protect self, clients and colleagues from injury (e.g. bullying, nurse-to-nurse violence)", and "Use the Code of Ethics to maximize collaborative interactions within the healthcare team".

Standard deviation was reported relatively higher in some competencies like "Take part in nursing or health research by identifying research opportunities", "Report a near-miss in care (a narrow

Variable	Category	Number	Percent
<b>Gender</b>	Male	122	45.5%
	Female	146	54.5%
<b>Qualifications</b>	Bachelor's degree or less	208	77.6%
	Postgraduate	60	22.4%
<b>Years of Experience</b>	5 years or less	43	16%
	6 – 10 years	51	19%
	More than 10 years	174	65%
<b>Sector</b>	Governmental	128	47.8%
	Private	140	52.2%
<b>Specialty</b>	Administration	96	35.8%
	Education	49	18.3%
	Clinical	123	45.9%

Table 1: Sample demographic

Competency Component	Mean	SD	Availability Degree
Apply safety principles to prevent injury to clients, self, other healthcare workers, and the public	3.74	0.94	High
Demonstrate respect and knowledge of the unique and share competencies of various members of the healthcare team	3.70	0.92	High
Use the Code of Ethics to maximize collaborative interactions within the healthcare team	3.68	0.94	High
Take action in potentially abusive situations to protect self, clients and colleagues from injury (e.g. bullying, nurse-to-nurse violence)	3.67	0.94	High
Demonstrate awareness of the health inequities of people who are affected by various kinds of discrimination	3.66	0.95	Moderate
Apply the Code of Ethics to address ethical dilemmas	3.65	0.97	Moderate
Demonstrate awareness about the emerging global health issues	3.65	0.94	Moderate
Provide nursing care to meet hospice, palliative or end-of-life care needs	3.63	0.98	Moderate
Assist clients to understand the link between health promotion strategies and health outcomes (e.g. dietary methods to lower cholesterol)	3.63	0.95	Moderate
Advocate for clients especially when they are unable to advocate for themselves	3.62	0.93	Moderate
Complete your assessments in a timely manner following agency protocols	3.59	0.95	Moderate
Demonstrate a good understanding of informed consent	3.58	0.92	Moderate
Demonstrate the broad knowledge base required for nursing practice	3.58	1.00	Moderate
Manage therapeutic interventions safely (e.g. drainage tubes)	3.53	0.97	Moderate
Manage multiple nursing interventions for clients with complex co-morbidities, seeking appropriate consultation when needed	3.53	0.96	Moderate
Report a near-miss in care (a narrow escape from a serious complication)	3.53	1.01	Moderate
Make good practice decisions in the absence of agency policies and procedures	3.53	0.97	Moderate
Challenge questionable orders, decisions or actions of other healthcare team members	3.52	0.98	Moderate
Use conflict resolution strategies when necessary	3.51	0.96	Moderate
Prepare clients for diagnostic procedures and treatments (e.g. Colonoscopy)	3.49	0.98	Moderate
Use the appropriate assessment tools and techniques for each body system (e.g. the neurological system) in consultation with clients and other healthcare team members	3.43	0.99	Moderate
Take part in nursing or health research by identifying research opportunities	3.37	1.03	Moderate

**Table 2: Nursing Graduates Readiness for practice degree among graduates of Jordanian nursing colleges from clinical nursing leaders' perspective**

escape from a serious complication)” and “Demonstrate the broad knowledge base required for nursing practice” which may indicate disagreement on these from CNLs.

## 8. DISCUSSION

The over whole mean score of readiness for practice of new graduates was assumed as moderate by CNLs, 55% of CNLs believed that new graduates have high degree of readiness to practice most of times, while only around 1% of CNLs believed that new graduates don't have any degree of readiness to work, however, we don't have studies to validate these results on our national level in Jordan. CNLs may looked very ambitious and passionate for new graduates to have higher level of readiness which is may not be realistic and doesn't exist with newly graduated nurses.

This study results oppose some of the literature as mentioned in our literature review portion. However, it is consistent with other worldwide literature as they have documented different levels of readiness to practice in different countries. In a study aiming at examining graduating nursing students' readiness for practice in southern Colorado University, overall results showed that participants rated a high level of readiness for practice (Brown, 2016) and this is close to our study. Our results also are similar to another study in Turkey, which was conducted to determine the preparedness of graduating nursing students, where results showed that students felt highly prepared for their professional role (Guner, 2014).

This level of readiness for practice may be related to the practical and hands on modules that are linked to academic calendars, and to the clinical transitional training programs that all universities apply in Jordan. Moreover, the expanding of using simulation-based learning in Jordan helped in enhancing graduating students' readiness for practice.

Competencies that were graded with high degree are the followings: “Demonstrate respect and knowledge of the unique and share competencies of various members of the healthcare team”, “Apply safety principles to prevent injury to clients, self, other healthcare workers, and the public”, “Take action in potentially abusive situations to protect self, clients and colleagues from injury (e.g. bullying, nurse-to-nurse violence)” and “, Use the Code of Ethics to maximize collaborative interactions within the healthcare team”, “Take action in potentially abusive situations to protect self, clients and colleagues from injury (e.g. bullying, nurse-to-nurse violence)“. These competencies are linked to communication, interpersonal, and team dynamics.

Study has revealed some disagreement from CNLs regarding some competencies, and this may need more investigation. One area is participating of new graduates in

nursing research, this area may need to be more enriched within academic teaching with different nursing modules as a core component. Another area was represented in reporting near-miss cases. The near-miss concept has emerged recently with international accreditation standards and may indicate that accreditation standards may be incorporated in the teaching curriculum of undergraduate students. The last area that we would like to highlight is the disagreement among CNLs on demonstrating the broad knowledge base required for nursing practice from nursing graduates, and this may indicate that academic teaching should be more linked to clinical practice to bridge the theory-practice gap, this ideally can be achieved by empowering simulation based learning in undergraduate education.

## 9. RECOMMENDATIONS:

### 9.1 Recommendation before graduation of students

- Enrich undergraduate nursing education with some emerging topics like research utilization and international accreditation standards. This is important because most of hospitals in Jordan are accredited by local or international accreditation bodies.
- Connection for the students with the nursing profession body outside the university may start at early academic stages, connecting them with national nursing councils, Committees, and health organizations to improve their communication and leadership competence.
- The enhancement of Simulation Based Learning is highly recommended, as it mimics the future workplace, especially in developing and enhancing critical thinking, problem solving, and decision-making abilities.
- Further development and enhancements for the practice transition program in the final academic year to bridge the theory-practice gap.

### 9.2 Recommendation after graduation of students

Clinical training for new graduating nurses in workplace should:

- Enable practice transition programs that transfer new graduates to patient care safely, these programs must be empowered with essential nursing core competencies.
- Developing proper orientation programs for new graduates that incorporate essential competencies with a special focus on problem solving and

decision making.

- Continuous professional development for new graduates after orientation with simulation and other teaching modalities with incremental planned leadership goals.
- Nurse educators shall explore innovative teaching strategies and avoid traditional teaching strategies, that is appropriate to the new tech. generations

## 10. REFERENCES

1. AlMekkawi, M, El Khalil, R, (2020). New Graduate Nurses' Readiness to Practice: A Narrative Literature Review. *Health Professions Education*, 3(6), 304-316.
2. Benner, P (1982). *Nursing Theories from Novice to Expert*, Retrieved on May 16, 2021, from: <https://www.nursing-theory.org/theories-and-models/from-novice-to-expert.php>
3. Brown, H (2016) *Examination of Baccalaureate Nursing Students' Readiness for Practice*, (Master thesis) Colorado State University-Pueblo, USA
4. Casey, K, Fink, R, Jaynes, C, Campbell, L, Cook, P, Wilson, V (2011). Readiness for Practice: The Senior Practicum Experience. *Journal of Nursing Education* 1(50).
5. Crowder,T., Pace, C., Rohloff, R (2021). TRANSFORMATIVE LEADERSHIP IN DOCTORAL STUDENTS' PROFESSIONAL DEVELOPMENT SITUATED IN STUDENT ORGANIZATIONS, *Journal of Leadership Education* 20 (2) 12-27
6. Guner, P. (2016). Preparedness of final-year Turkish nursing students for work as a professional nurse, *J Clin Nurs*. 24(5-6)
7. Hunter, K. & Cook, C. (2018). Role- Modelling and the Hidden Curriculum: New graduate nurses' professional socialization. *Journal of Clinical Nursing*, (27), 15-16.
8. Kennedy, E (2013). *The Nursing Competence Self-Efficacy Scale (NCSES): An Instrument Development and Psychometric Assessment Study* [Unpublished Doctoral Dissertation], Dalhousie University Halifax, Nova Scotia
9. Labrague, I., Al Sabei, S., Al Rawajfah, O., AbuAlRub, R., Burney, I (2021). Authentic leadership and nurses' motivation to engage in leadership roles: The mediating effects of nurse work environment and leadership self-efficacy, *J Nurs Manag*. 1 (9)
10. Miehl, N. (2018). *Clinical Manager Perceptions of New Nurse Preparation for Clinical Leadership* (PHD thesis), Arizona State University, USA
11. Mirza, N, Manankil-Rankin,L, Prentice, D, Hagerman, A, Draenos, C, (2019). Practice readiness of new nursing graduates: A concept analysis. *Nurse Education in Practice*. 1(37), 68-74.
12. Robinson, D (2019) *Nursing Educators' and Nursing Leaders' Views on Practice Readiness in Novice Nurses*. [Unpublished Doctoral Dissertation] Walden University, Washington, USA.
13. Serafin, I., Pawlak, N., Strzaska, S., Bobrowska, A., Czarkowska, B (2021). Novice nurses' readiness to practice in an ICU: A qualitative study, *Nurs Crit Care*, 1(9)
14. Sharma SK, Kalal N, Rani R (2021). Clinical Practice Readiness of Nursing Graduates. *Clinics Mother Child Health*. (18), 381.
15. Wolters Kluwer (2020). *Closing the Education- Practice Gap: Building Confidence Competence*. Retrieved on 9th, July, 2021, from <https://www.wolterskluwer.com/en/expert-insights/survey-nursing-readiness>
16. Wright, V., Whitehead, D., Romano, C (2020) Registered Nurses' Self-Assessment of Their Clinical Leadership Knowledge and Competence, *Journal of Excellence in Nursing and Healthcare Practice*, 2(2), 17-23



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