Dear Editor,

An organised and systematic transition approach is essential for newly graduated nurses (NGNs) as they begin their nursing careers. The readiness and commitment of newly graduated nurses to build up understanding and familiarity with the workplace are of equal importance. Nevertheless, these commitments may not precisely indicate the preparedness of NGNs to assert their interests and the level of preparedness of their fellow nurses and nurse managers. This commentary will emphasise the importance of these functions of preparedness.

Firstly, the NGNs’ ability to advocate for themselves depends on understanding their expectations and learning needs. Expectations mostly depend on the knowledge and preparedness of NGNs gained during their undergraduate studies and their understanding of the requirements for becoming skilled and independent nurses (1). Acquiring the practical knowledge and expertise necessary for high-quality nursing care requires time (2). This point advises that as NGNs progress in their professional endeavours, they will be exposed to a dynamic and demanding setting that requires them to have the ability to develop and acquire practical experience while having to learn fast. Thus, NGNs must be able to assertively indicate their learning needs by engaging in self-reflection and peer teaching. These engagements support them in developing critical thinking abilities while involved in clinical practice, which helps them progress in their learning.

Moreover, this advocate role will help NGNs cultivate a mindset of curiosity and responsibility towards their learning needs by fostering a culture of active engagement. For example, nurses are often advised to participate in joint seminars, simulation training, and study visits alongside their regular responsibilities during the programme term (1). This is a prime illustration of learning both within and beyond the confines of the workplace, enabling NGNs to establish connections with other NGNs, share ideas, and get a new perspective.

The second role pertains to fellow nurses’ readiness to support and effectively enhance the professional growth of NGNs. This is a pivotal characteristic of individual NGNs, as it empowers them to cultivate confidence as they advance in their professional growth. Yet, some NGNs may have displayed self-doubt, which can be attributed to a lack of familiarity with the work environment (3) and a deficiency in confidence in skills and previous experiences (4). Fellow nurses should be willing to provide new graduate nurses with opportunities for professional growth and progression, particularly in critical patient care environments, to enhance their understanding of the profession. Additionally, senior staff members should consider distributing a workload proportionate to that of NGNs, particularly during the first three months of their transition (5). The transition from nursing student to registered nurse is gradual, whereby expertise in nursing comes over time. For instance, the ability develops with experience managing complex patients and assignments over time. It depends on factors such as the patient’s condition, acuity, and juggling priorities such as ‘non-nursing’ duties such as washing beds or filing (6). There is also significance in the presence of fellow nurses who exhibit supportive behaviours. These behaviours encompass providing encouragement regarding patient care,
fostering opportunities for independent performance, being accessible for assistance when needed, cultivating an environment that promotes curiosity, having colleagues respond to inquiries, offering unbiased guidance, and cultivating a sense of self-worth (4).

Thirdly, is the readiness of nurse managers to set realistic expectations. Healthcare organisations, as a whole, need to be aware of what transition entails so that the expectations of NGNs are realistic, given the complex and demanding environment of health organisations (7). Evidence suggests that to support learning and improve retention rates in the nursing profession, approaches to accommodating new nurses into an organisation by recognising new employees and modifying the support they receive are needed (8). Thus, arguably, NGNs cannot be expected to fill the gap left by more experienced nurses effectively, and these unrealistic expectations, coupled with dissatisfaction with their training and preparation, result in poor career retention (9). On par with this is the responsibility of managers to foster an atmosphere conducive to learning by appointing an accessible and approachable mentor. Access to supportive teams prepared to facilitate the transition process remains crucial (10). Managers may also consider onsite training, sharing best practices, promoting standardised protocols, and combining various approaches to bridge knowledge gaps effectively.

In summary, the readiness of NGNs requires an integrated and systematic transition program through recognising not only the role readiness and commitment of NGNs in being able to advocate for their learning needs and expectations but also the role readiness and greater commitment extends from fellow nurses and nurse managers. This preparedness fosters communication between educational institutions, hospital managers, and transition programme organisers to determine the most effective means of supporting NGNs as they transition into providing patient care. Furthermore, ongoing dialogue and invaluable initiatives to support a sustainable transition are essential in tackling the forthcoming challenges the nursing workforce faces, which also present opportunities for continuous learning.

REFERENCES
