

Quiet Lampshade in the Corner? Exploring Fourth Year Nursing Students' Narratives of Transition to Professional Practice

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Cover Page Footnote

We would like to acknowledge the support of Mount Royal University's Institute for Scholarship of Teaching and Learning.

In this paper, the authors describe the current complex conceptual landscape of transition and present narrative analysis from field notes and interviews with fourth-year nursing students in their final transitions before embarking on professional practice. This qualitative research study is steeped in iterative constructivist approaches to nursing education and takes the privileged nurse educators' lens of viewing, partnering, and sharing students' stories of transitioning to professional nursing practice. The narratives established in the analysis are necessarily shaped by the dialogic student and educator relationship and reflect the poetics of negotiating the complex and competing discourses of transition to professional practice. The paper concludes with recommendations for pedagogical practice to respond to these findings as well as recommendations for capacity building to bridge the challenges of pre-graduation transition of nursing students to professional practice within complex health care settings.

A Conceptual Landscape of Transition

Transition is a multidimensional concept in the nursing literature. The concept addresses the “continuities and discontinuities in the life process of human beings” (Chick & Meleis, 1986, p. 238). Facilitating transitions for clients has been identified as a central concept in nursing, specifically in the developmental, situational, health/illness, and organizational nursing literature (Schumacher & Meleis, 1994). In the nursing literature, transition is frequently described in relation to experiences of life events or “rites of passage,” illness trajectories, and identity and end of life transitions (Kralik, Visentin, & van Loon, 2006, p. 321). Transitions can “produce profound alterations in the lives of individuals and their significant others and have important implications for wellbeing and health” (Schumacher & Meleis, 1994, p. 119). Although the literature on the experience and meaning of transition in nursing *care* is expansive, transition in terms of nurses' experience of professional transition remains a limited area of scholarship.

Residency programs, more prevalent in the 1970s-1990s, were a costly option for mentorship into the health care system but supported the finding of 50% less staff turnover (Olson et al., 2001). While promoters of nurse residency programs/models responded to staff retention through the philosophy of enhanced socialization, accountability, competence, increased collegiality, and transition to professional practice (Anderson, Hair, & Toderro, 2012; Meyer, 2009; Clark & Springer, 2012; Diefenbeck, Plowfield, & Herrman, 2006; Fink, Krugman, Casey, & Goode, 2008), it is less clear how these models or programs support senior nursing students' transitions.

Nursing students in the 21st century require unique disciplinary contributions within an increasingly globalized, technologically driven, yet socially inequitable and ecologically unsustainable medicalized model of care delivery. As RNs expanded their scope of practice in the competitive workforce environment (considering the proliferation of licensed practical nurses (LPNs) and health care aides (HCAs), in the North American context) and supported choices to continue toward graduate education, baccalaureate preparedness became the norm (Speziale, 2002; Zimmerman, Miner, & Zittle, 2010). As onsite residency “training” programs in Canada evolved into collaborative or conjoint programs that supported baccalaureate preparedness, the success or cost of such programs in relation to senior nursing students' transition (Budgen & Gamroth, 2007; Dresen, Storch, & Taylor, 1999) was less explicit.

Literature focused on the initial stage of role adaptation within the first year of professional practice is varied over time (Duchscher, 2008; Delaney, 2003; Dyess & Sherman, 2009; Ellerton & Gregor, 2003; Godinez, Schweiger, Gruver, & Polly, 1999; Olson et al., 2001;

Salera-Vieira, 2009; Scott, Engelke, & Swanson, 2008). Some of the descriptors used in this work identify the experience in relation to the new graduate's perception of their readiness for practice, as "just holding my head above water" or feeling "overwhelmed," "unready," or "incompetent" (Ellerton & Gregor, p. 106). A key focus in much of the literature is quick adaptation for proficiency aimed at orientation to "work readiness" to "hit the ground running" and simultaneous risk minimization, to deal with the nursing shortage in the workforce (Murphy & Calaway, 2008; Oermann, 2004; Scott et al., 2008).

Readiness for transition remains underdeveloped conceptually and poorly described, with a focus on readiness as educating nurses "the right way" to meet expectations of employers (Wolff, Pesut, & Regan, 2010; Wolff, Regan, Pesut, & Black, 2010) in terms of function and competence (Casey, Fink, Krugman, & Propst, 2004; Santucci, 2004). The workplace environment is frequently cited as the reason for job turnover due to difficult caseloads, scheduling, and patient safety issues (Santos, 2002; Pauly, Varcoe, Storch, & Newton, 2009). In these sources, transition is measured by what is expected from a workforce management standpoint. Troubles with the workplace shaping how the discipline of nursing understands issues of transition to professional practice are significant (Makaroff, Storch, Pauly, & Newton, 2014).

Three stages of transition of new graduates to professional practice have been identified (Duchscher, 2008, 2012). In their first 3 to 4 months of practice, new graduates are focused on "doing" as learning (Ellerton & Gregor, 2003), performing, concealing, adjusting and accommodating; highlighting the concept of "transition shock." In the second stage (the next 4 to 5 months), Duchscher (2008) described a "transition crisis," where new graduates were more in tune with "being" (searching, examining, doubting, questioning, and revealing). In the final months of transition, Duchscher (2008) elaborates on "knowing" as separating, recovering, exploring, critiquing, and accepting. The description of "transition shock" in the first 1 to 4 months post-orientation to the workplace setting varied in intensity and was a non-linear process and non-prescriptive, whereby the new graduate nurse experienced the "apparent contrast between the relationships, roles, responsibilities, knowledge and performance expectations required within the more familiar academic environment to those required in the professional practice setting" (Duchscher, 2008, p. 1105). Formalized transition programs, while beneficial for the new RN in acute care clinical practice, are costly and unsustainable in the current workforce economy (Rush, Adamack, Gordon, & Janke, 2013).

Earlier work addressed multiple studies focused on the nursing student transition to practice (Gerrish, 2000) and found the transition from student to qualified nurse as stressful, with newly qualified nurses feeling inadequately prepared and "still fumbling and stumbling along" in the first months of professional practice (p. 475). Transition best supported through a proactive curriculum that built student confidence, critical questions, awareness of their individual professional accountability and acknowledgement of their limitations, as well as internalizing an "ethos of life-long learning" (Gerrish, 2000, p. 478). Although much emphasis has been placed on the transition of nursing graduates during their first 6-12 months (Casey et al., 2004) in the workforce, less focus has been placed on the perceptions of transition within the undergraduate student population pre-graduation. Little is known about the tenuous phase of transition prior to graduation, where nursing students are already shaping their habits and forming their perceptions about how to "show up" and navigate the health care system, in many cases anecdotally expressing feelings of being "burned out" before they begin (Morrow, 2009).

Understanding the transition to nursing practice in the pre-graduation phase is of additional interest with the rise of programs for employed student nurses as a complement to the health care team in response to an aging workforce and other issues of staffing shortages (Budgen & Gamroth, 2007; Cantrell & Browne, 2005; Gamroth, Budgen, & Lougheed, 2006; Kilpatrick & Frunchak, 2006). While there has been a focus in nursing education literature on transition strategies in undergraduate programs, these tend to be driven by government mandates on institutions competing to develop the most cost-effective programs that meet workforce expectations of new graduates concerning consolidation of practice (Callaghan et al., 2009).

There are many ways for educators to focus on transitions of the new graduate. Job seeking skills for the new grad, such as employer first impressions, offered through particular pedagogical strategies, that focused on being “strategic in selecting senior practicum experiences” to enable students to demonstrate their “clinical acumen and caring know-how” (Dyess & Sherman, 2010, p. 368). Self-confidence and identity are also considered a priority and positively associated with socialization and assimilation, or acculturation, correlating directly with nurse attrition in the new graduate nurse population (Cowin & Hengstberger-Sims, 2006).

While efforts at transition orientation focused on career planning are useful in terms of understanding of employer needs, they typically do not acknowledge the complex student transition experience. What remains underexplored in the literature is what students experience as they live the transition to becoming professional nurses.

Study Approach, Design, and Methods

The aim of this qualitative, narrative study was to explore the perspectives of student nurses regarding the meaning of transition during their enrollment in a capstone leadership, trends and issues course. A narrative approach to inquiry attending to Parse’s philosophy (Parse, 2001) framed this study, which was guided by the following assumptions:

1. Humans make meaning by describing retrospective and prospective life events.
2. Humans reveal phenomena of concern through their relationships and social networks.
3. Patterns and themes surface through intense study of phenomena exposing possibilities otherwise unacknowledged.

Setting: Gathering students’ accounts of transition in a capstone nursing leadership course

A fourth-year capstone course focused on nursing leadership pertaining to health care trends and issues during a fall 2014 semester was the setting for this study. The course was delivered in a blended format (part online and part in-class), and students were enrolled in a co-requisite four-week (four-days a week) intensive clinical course. During the clinical experience time, students were organized into groups predominantly interacting online with some in-class discussion requirements. Through the clinical experience all students had to meet the expectations of performing skills acquired cumulatively through the program (e.g., organizing and prioritizing patient care) with additional role opportunities of acting as a “peer team lead” and patient transition planning. Students also completed field notes during the course. The specifics of the field notes will be further elaborated upon in the “Data Gathering” section of this paper.

Participants: Nursing students in a fourth-year capstone leadership course

All 35 students in the course were offered the opportunity to participate in the study on the first day of class and the study was explained in full detail (by an educator who did not teach the cohort), and 22 participants consented to share their field notes for this study, which were a required and ungraded reflective assignment in the course. Additionally, seven students consented to participate in one-hour, semi-structured, face-face, individual interviews. Participants consisted of a diverse group of males and females of different ages and heritages. Many of these students described their experiences in terms of also holding positions in the health care industry as health care assistants or aides (HCA) or as undergraduate nurse employees (UNEs) in their field notes and interview dialogues, but there were no demographic requirements asked of participants. In a narrative, exploratory, qualitative study, a sample of this size and diversity is considered sufficient (Creswell, 2007, pp. 147-176).

Ethical Considerations

This study was approved by Mount Royal University's human research ethics board. Researchers did not have access to the names of the students who consented to have their field notes and summaries for the study until after final grades for the course were posted. Students who consented to be interviewed were contacted 15 days after final grades for the course were posted.

Data Gathering

Data for this study consisted of narrative field notes as well as transcripts from individual interviews. The field notes were a required and un-graded assignment submitted by students two weeks before the completion of their course. The aim of the field notes was to gain a more holistic sense of what students thought, experienced, and did during the transition to practice course experiences. More than writing reflections on practice, students were encouraged to challenge their assumptions of transition to practice and to incorporate creative and artistic forms of expression. Students were further supported in the writing process using Goldberg's (2005) approach to free writing. Students were given the option to submit field notes in a format of their choice (e.g., online digital journal, audio cassettes, and written journal with or without collage images/artifacts) with a two-page integrated summary of all their field notes to articulate their professional transition experience.

In addition to the narrative descriptions collected from the students' field notes, data also included transcripts from an open-ended interview process that focused on obtaining a deeper and fuller integrated understanding of patterns and themes (Creswell, 2007, pp. 147-176) of transition to professional practice. Interview questions included the following:

1. What have you learned about yourself and what is most important to you at this time of transition to professional practice? What does transition mean to you?
2. Who and what contexts have influenced your transitions in your nursing practice to date?
3. Describe a situation in which you noticed tension between your status as a student and as someone transitioning to professional practice. What happened in this situation that is most meaningful to you? What did you learn about yourself and your practice, through this situation?

4. What is your greatest fear (and your greatest hope) about your transition to your role as an RN?

The purpose of the interview process was twofold: First, the interviews served to enhance the descriptions of the field note texts, adding richness to the data set. Second, students were able to reflect on their experiences during the course at a different location in time and space to contribute their most recent perspective and offer insights into the assessment process, after completion of the course. The interview data added more depth to the field note responses that were at times lacking examples, which may not have otherwise emerged to enhance the exploratory method and crystallize the data within the three field note requirements.

Analysis

Repeated reading and interactive dialogue with the field notes and interview transcripts provided a starting place for the narrative analysis for this study. At each reading, notes were made in the margins, alongside the text. Following reading and note-making, interpretation involved searching for metaphors and connection by use of language images, invoking a narrative description of the interviews and adding the unique textual descriptions by each participant (Huberman & Miles, 1994, cited in Creswell, 2007, pp. 147-176). This analytic process was concerned with maintaining the integrity of the unique narratives provided by students, whereby the themes emerged from the whole and showcased the internal consistency and depth of that form. In the analysis, a crystallization of the data occurred, whereby different patterns and directions in the research was reflected upon (Janesick, 2000; Richardson, 2000) providing the direction for the three identified narratives.

Findings

The research question for this study: “How do fourth-year nursing students make meaning of their transition to practice?” supported the claim that there are an abundance of narratives that nursing students in transition to professional practice are willing to share if asked, and showcased their complex identity formation while magnifying their perceived gaps between theory and practice. The meanings of transition for participants in this study reflected the following themes: a) developing complex identity awareness; b) mediating expectations in the struggle with uncertainty; and c) longing to belong in the midst of feeling alien.

Developing Complex Identity Awareness

While hopefulness was rendered in many narratives, there was also conflict described in the reflective reaction to others who had the power to shape and influence the practice of the student. Kelsey’s [pseudonyms are used throughout] story illustrates this complexity:

One time I had this nurse, she was a nice and good nurse, but she was very stern. My patient didn’t want to take any of her meds. I explained what each of her 12 meds was for. I tried everything. And an hour and a half after her meds were due, I am really frustrated because she threw them in the garbage. I go tell my nurse what happened and she says, ‘I will talk to her.’ So she went into the room and yelled at the patient. It was really uncomfortable because then I didn’t feel like a student anymore and I felt like I should do something about this situation because my patient is not taking her meds, she just got yelled at by the nurse, and now I have her until three o’clock. Then I decided to talk with her, I did lots of teaching and helped her build her zone of comfort... she had stage four cancer and was very frail and scared. I felt like I wasn’t a student anymore, I

was being more of a nurse to her. What I took away is that I need to be patient, calmer and not wait until too much time has passed to talk with the primary nurse about what is going on for the patient, so it doesn't become a bigger issue. Now I have some backbone, well, I hope I do.

Conflicting approaches from the perceived ideal practice and decisions of the primary nurse left the student nurse amidst the challenge of linking theory to actual practice. She seemed to falter to determine what to do as a student, but did negotiate between herself and the patient to attempt to provide care in a way she viewed as “beyond” what a student should do; stating that she felt like she was no longer acting as a student, but as an independent professional. What was less clear was her interpretation of the actions displayed by the primary nurse and how this influenced her to “have some backbone.” By relaying her experience she came to be more attuned to subtle moments in her practice where she “acted as a nurse” in her transition to professional practice.

Mediating Expectations in the Struggle with Uncertainty

There were several participants who disclosed the tensions between their multiple roles (as both students and health care aides (HCA) or as undergraduate nurse employees (UNEs), and negotiating different professional transitions with these roles. These layered roles created dilemmas for students within the student/instructor relationship, particularly around the issue of evaluation, and between participants (as HCA or UNE) and their colleagues in their employment capacities. For some participants, these multiple roles evoked a sense of confidence and contributed to the awareness of their added experience and knowledge. For other participants, their additional roles created tension about expectations—both within themselves and in their collegial relationships. Paul relayed this narrative:

There is one patient who was an inmate so it was a tricky situation. He had guards with him and had just come up from surgery. I took him as a patient when he came from surgery and the nurse was reluctant to let me be the nurse. I think she might have been scared for me, or she was nervous for me, maybe she was nervous for herself... but I had taken patients from surgery before as a UNE and I had done the full post-op regime. But for this one it was different... this person was having pain control issues and so I would have loved to go to the charge nurse and contact the doctor and get something figured out, like a PCA or whatever. But she said, no, “we will give him some T3s and we will see what happens.” I even went to my clinical instructor and she said, “Well this nurse is this way and it is just the way she is.” I mean she [primary nurse] was a very supportive person - it was just she had a hard time giving up control. I think it is just prejudice against an inmate and some very uncompassionate stuff going on, but I mean as a student I can't really say, ‘Hey, this is wrong’ ... it is really difficult to say when it was the whole nursing staff that was feeling this way. I think there is a responsibility for students to maintain the program's reputation on certain units, so we can keep these clinical placements and that is what is communicated to us [by clinical instructors], so to go against the entire staff and their management is not okay. It requires a really strong, supportive clinical instructor, who can stand up and say, ‘I don't think this is right and this is what I think we should be doing about it.’... As a student you don't have much to say in ethical dilemmas.

While this narrative demonstrates a student's shock of not being supported to practice in the way that he expected, he is speaking to the layered complexity mediating his transition to professional practice. He described an ethical dilemma that left his patient, and himself, without the semblance of a voice. What his narrative indicates is the layered responsibilities of nursing education to support the transition of multiple roles, actors, and expectations. Paul perceived those in his clinical learning environment to be preoccupied with sustaining clinical placement sites, thus restricting access to difficult conversations with colleagues. He relayed having the requisite knowledge and skills but felt at a loss in terms of engaging with the complexity of the complex health care environment and relationships.

Zophia shared a story of being an HCA, where she was hired because of her student status:

I love my job as a HCA, I run around all day doing many, many tasks and communicating with many, many patients. I feel like I do a really good job for the most part, except I slide behind in my tasks. But there are two HCA's there that have been there forever that don't quite have the same values as I have. They are incredibly good at what they do there and so I respect them, but for some reason this tension developed between us and they generally never have anything uplifting to say to me. I suppose I do need a certain amount of acknowledgement or I just sort of turn into this "quiet little lampshade in the corner." I don't know how to approach it. Perhaps as a nurse they would be more open to listening to my opinion?

Zofia relayed the difficulties she experienced struggling with the culture of a nursing care unit, her own sense of identity, and how to be with colleagues who made certain assumptions based on her student nurse status. Her dual roles, both in a state of transition, created conflict based on others' expectations of her health care aide role responsibilities. It was important that she resisted certain values, striving to uphold individualized and attentive nursing care, but this resolution left her feeling at a loss, relegated to the "quiet lampshade in the corner." Something shifted in her story as she becomes determined to maintain her resolve when she described a story of having a "magic moment" with a patient:

I missed the food cart and I know the other health care aide was going to be upset with me, but even one of the nurses offered to help because she said: "This is great you have this opportunity, go ahead and I will fill in." But later the health care aide had a very different viewpoint about what I had done and how it had detracted from my job - that is was not my position...so that was a tension. My last day there the same patient had diarrhea ... it was everywhere and I was at the end of my shift and I just stayed with her and I cleaned her up. The HCA commented, 'what are you doing here still?' I stayed with the patient and did what had to be done until I was done and I suppose that is where the difference is... I was a HCA, that was my position, but I did want to do more than that too.

Zofia struggled between her dual transitions as an HCA and student nurse in distinct ways. While she expected to take time to be with a patient and enact what she had learned in that role, her colleagues, concerned with the tasks and efficiencies of an HCA, alienated her. She demonstrated a complex understanding of her dual transitions as she wanted to confront the boundaries of one role by pushing the boundaries of another. In the process, she got ostracized when she exhibited behaviors inconsistent with the culture of the HCA role while transitioning to

the becoming-an-RN role. It is important to state that in her interview, this student had a difficult time telling her story, quietly weeping while relaying this particular narrative.

As a result of her reflection, Zofia spoke of her uncertainty about an eventual resolution of the tension of professional transition. This exemplified a common theme among other students who couldn't see themselves fitting into a culture that did not support or encourage their values, optimal practice, or a hopeful vision of future practice. Many students were questioning whether or not they wanted to transition to professional practice at all if it meant having to let go of some of their values about ideal nursing practice.

Longing to belong in the midst of feeling alien

Despite the tension and concerns of transitioning from ideal to actual practice, most students expressed a desire to belong to the professional communities they were a part of in their fourth-year capstone courses. Certain conditions made the sense of belonging a greater or lesser leap. Some participants struggled to experience a sense of belonging because of their student status and others because of their language challenges, needing to better understand how things worked in the practice context, while not understanding backgrounds to situations and perceiving they were missing information to support their learning and their ability to support their clients. Specifically, the participants who described themselves as having English-as-an-additional-language (EAL) consistently expressed their perception of how they were being received in terms of their background cultural and language ability.

Tang offered the example of feeling at a professional loss as a support to his client, because of his own perceived cultural barriers to accessing the implications of a background situation:

I had a young patient and he was in trouble with the law...and he had mental health problems. I didn't know what is the process for "trouble with the law" when you have mental health problems and how to help this patient. My instructor talked with his father for a long time in quick speed. I totally didn't know what they were saying because I didn't know the problem. In my opinion it is important for a nurse to understand the whole situation. I had to know about that patient's problem with the law, but I didn't have the background information. I didn't know the culture or how to solve that problem and what I should do to help?

Tang emphasized the language and cultural tensions of students who have EAL. When the student is excluded from those key aspects that influence assessment and contribution to the dialogue, he is alienated from the whole of the learning experience. Understanding the cultural nuances of "fitting in" is a critical part of understanding those who perceive they don't fit in. Students who had EAL shared their experience of professional belonging as complicated by their identity as a "good learner and successful student," alongside struggling to fit into the health care institution cultures in which they were placed for their transitional clinical practice experiences.

The tensions for these students may seem commonplace enough out of context, but when the institutional discourses of efficiency in both higher learning and health care are added, their plight was made more challenging. What students told us about their experiences of transition to professional practice provides clues to how we need to mentor, model, and listen to their stories in supportive communities and learning context. In this next section, we will identify some of the ways that we have integrated these stories into a beginning responsive curriculum.

Discussion

Participants described the development of informal mentorship through “social networking,” as a way of dealing with and mediating some of the contextual variables in the classroom and in clinical. The development of such skills will serve these students well as they develop their “presence” to transition to professional practice (Downey, Parslow, & Smart, 2011). Alongside clinical instructors offering support by “being nice” and saying “it’s okay to make mistakes too,” one student explained the importance of having “social networks between friends.” Louise explained: “There are just a few of us who have stuck together throughout the program and we have watched each other struggle through the whole [transition to practice] thing, we have grown quite close because of it... you make your own kind of groups.” Katya described the importance of social support in her transition in this way:

My friends have been helpful... Now more than ever I am thinking that I want to make sure that these relationships that I have developed here will last for many, many reasons...for professional reasons because we can go to each other with ideas or projects because we have talked about these in class, and for more personal reasons, you know, just to lean on each other and be sounding boards to each other. I really do want that to last. They are going through some of the same things I am ...I get that.

By seeking informal mentorship and building community among colleagues, these students found ways to mediate the difficulties and struggles with those who are going through the same transitions.

Expanding on the idea of building community capacity begins with inspiring through modeling, guidance, and critical yet “safe” spaces for meaningful dialogue and making informed ethical choices (Pauly & Storch, 2013). Benner, Sutphen, Leonard, and Day (2010) describe the process of the socialization into professional values and developing a professional identity as formation of “ethical comportment” (p. 166). In order to develop this comportment, those in education and leadership positions must concentrate on the inclusion of the narratives of beginning practitioners to support their meaning making in the transition process and to learn from the ethical challenges from those entering with best practice in view.

How one is received and integrated into the workplace environment is important to how one feels about their learning of a professional role (Salera-Vieira, 2009). The accounts of the difficulties experienced by students who have EAL and who perceive they were discriminated because of cultural differences are an example of the narratives that express the diverse student experience. Being seen as different and “out of the loop” of understanding, both as a nursing student and as having EAL, influence the learning environment and are part of how students resign themselves to a way of relating to the transition to professional practice as fearful outsiders. The trepidation of nursing students is amplified by the culture of assimilation expected in health care (Choi, 2005; Tregunno, Peters, Campbell, & Gordon, 2009; Pross, 2005). Further, when we hear stories from the perspectives of those working as UNEs or HCAs, or those with EAL, it is apparent that health care efficiencies are only further isolating these students and putting them in situations where they are morally conflicted (Austin, Lemermeyer, Goldberg, Bergum, & Johnson, 2008) by their diverse social locations between roles and identities.

Rankin and Campbell (2006) offer insight into how the transition to professional nursing practice is constructed with the backdrop of taken-for-granted measures of efficiency and health care reform. When looking at the student functioning as an HCA, but being hired because of her

status as an undergraduate nursing student, she is pushed to the margins as “the quiet lampshade in the corner” in her nurse’s work (Campbell, 2000), which is distinct from the HCA position she occupies.

When students are placed in situations where they are constructed as “not qualified” or “just a student”, they are further pushed to the margins. What these students are experiencing is a departure from what they are expecting as exemplary and appropriate practice. Eggertson (2013) explains that new graduates are “quickly deflated when they discover the workplace culture ignores their desire to transfer knowledge and rejects their attempts at change” (p. 24). Nursing students who are in transition to professional practice, when left unsupported through the tensions and theory-practice gaps, may find themselves amidst moral dilemmas and question their will to participate fully in the profession.

Nurse educators bridging the gap

Attending to the unique transition needs of fourth-year nursing students becomes increasingly difficult in the age of standardized, efficient health care and education. The health care system is in a state of crisis when our future health care professionals are expressing moral dissonance in their transition to practice, unable to spend time with the human needs of their clients, thus attending to bodies in waiting for the next technological fix and placement. Similarly, education systems are experiencing a crisis with constant pressures to independently raise funds to sustain academia and to individualize student learning in the midst of increased class sizes and decreased faculty, all the while curricula are focused on direct undergraduate education, resulting in movements toward blanket standardization across institutions. For these reasons, nurse educators and leaders must fight an uphill battle to cultivate attentive environments that support authentic reflection on lived experiences and reinvest in learning spaces that inspire human capacities. How do we as nurse educators rally to attend to those tensile narratives of student transition in the midst of these less than favourable complex conditions?

As nurse educators, we have learned a lot from these research participants who highlight the value of their communities and of sharing with one another in their transition experiences. What has become increasingly important in our collective pedagogical approaches is naming the expectations at the outset of this course to inspire investment in learning as dialogical and emergent between clinical reflection, self-reflection, writing, and assignments. Despite the blended learning structure of the course, the commitment to self-reflection, critical thinking, and relationships between students and faculty as colleagues within the course was crucial. To support these crucial elements, faculty must also be invested in the critical inquiry and generate an interest in lifelong learning and collegial professional relationships. Brown and Allison (2013) remind us to continue to provoke the hegemonic discourses that prevail in nursing education through our critical pedagogies and reflective practice with students, and to engage in a collaborative approach to inquiry with students as colleagues.

Based on the narratives established in this study, it would be prudent to work with clinical instructors, managers, and diverse professional and disciplinary health care groups to support and generate community capacity to decrease the marginalization experienced by nursing students, who are more than and different from the sum of their identified roles. Think tanks and communities of practice that include representation across sectors, inclusive of student representation, would be useful to build and strengthen bridges across the gap—to bring storied

student transition experiences to light, and to bring our “quiet lampshades” out of the corner. To nurture compassion and generate responsive action that is informed by research that attends to modelling, mentorship, and relational ethics focused on building and sustaining quality practice environments.

Conclusions

We, as nurse educators in higher learning, are privileged to bear witness to the stories of our students. We hold positions of not only being an educator but also a mentor and role model. In these positions, we can have much influence on students for good. It is unfortunate that in the midst of what is actually happening in diverse and complex learning environments, students find even more uncertainty, which further disenfranchises and marginalizes them. Within the spaces of reflection, and the sharing of those reflections, we as educators can become more motivated to make a difference in students’ lives and future careers. How that difference is unfolded begins with us as educators as we strive to reduce the disparities that these students face on a frequent if not daily basis. While the spaces we afford students in engaging in reflection is a first step, much more can be done to assist students as they prepare for transition into practice. It is within these spaces of reflection that students’ experiences through collective narratives unfold. What unfolds is the tensile evolution of an integrated personal, interpersonal, and professional identity that is of utmost concern for nursing students regarding their transition to practice.

In this exploratory study, a narrative approach was used to gain insight into the meaning of transition for nursing students enrolled in one semester of a capstone course. Most prominent and alarming are the narratives of tensions that students are describing between what they have learned about ethical comportment and quality practice environments, and what is actually happening in the workplace as demonstrated by nurses in the field. These tensions have the potential to lead to moral dilemmas and to influence students’ decision-making processes as they engage in the construction of their own approach to practice and prepare for a complex career in nursing. The participants in this study overwhelmingly describe these tensions as prompting greater uncertainty and conflict in terms of their own developing practice, prior to entering the workforce. The findings of this study need to be addressed as a priority for nurse educators as they support capacity building in the field of nursing and speak about potential ways that nurse educators may be able to influence and mediate praxis in mutually supportive partnerships with students.

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