



The Effect of Interrupted Clinicals Due to the COVID-19 Pandemic for New Nurse Graduates

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Background

In March of 2020, many healthcare organizations closed their clinical sites to undergraduate nursing programs due to the COVID-19 pandemic crisis. Bridging undergraduate learning experiences from academia to the workplace suddenly became challenging when teaching and learning strategies in nursing education pivoted to online formats for both classroom instruction and clinical experiences. A variety of teaching and learning experiences were utilized in academia beginning in March of 2020 at the start of the pandemic to ensure students met clinical course outcomes and clinical competence as they transition to practice.

The aim of this study is to gain insight about the effect of the disruption to clinical placements due to the COVID pandemic on new nurses' transition to practice from the perspective of new nursing graduates as well as those perceptions of leaders and managers in the healthcare institutions employing new nursing graduates during that time frame.

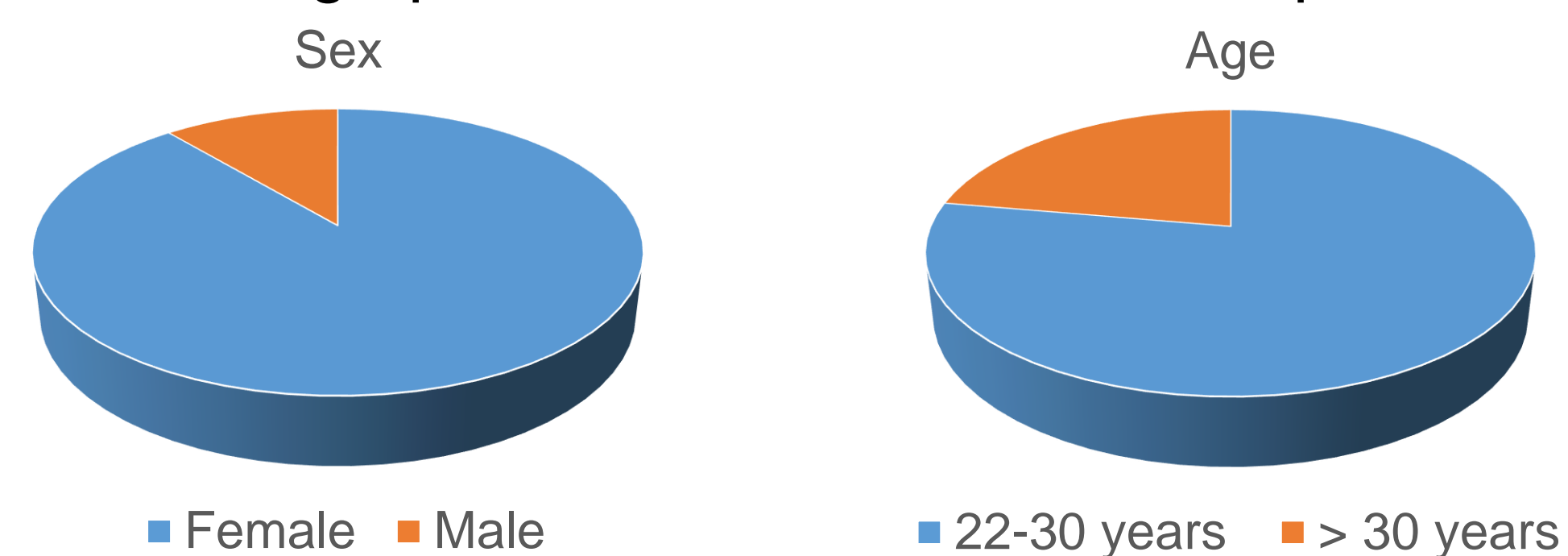
The value of this research may identify areas of improvement to support student clinical experiences during a period of altered clinical placements. Secondly, the findings may impact how BSN programs may ease the transition from nursing students to new graduate registered nurses. Both findings may result in a positive impact on new nurse job satisfaction and retention.

Research Question

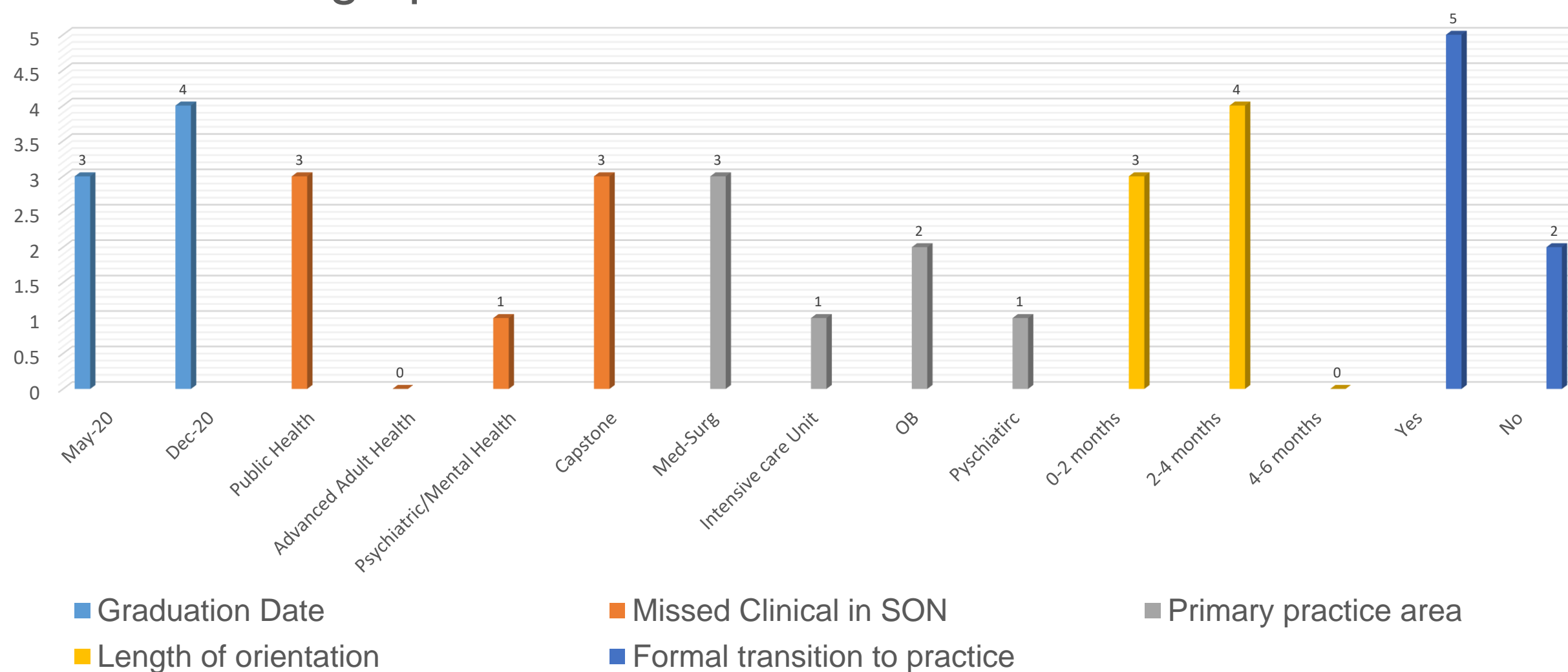
What is the effect from the disruption to student clinical site placement during the pandemic on new nurse transition to practice as perceived by the BSN graduate and nurse managers in the health care system?

Methods

Demographic Characteristics of Participants



Demographic Characteristics of New Graduate Nurse



- A purposive sample of May 2020 and December 2020 nurse graduates from a traditional BSN program
- Nurse managers in the healthcare facility
- N = 9; new graduate nurses n = 7; nurse managers n = 2; all working in acute care settings
- The 7 new graduate nurses had at least one clinical cancellation during their final year
- Participants working in multiple acute care hospitals with differing orientation programs
- Virtual semi-structured interviews & thematic analysis
- Research team comprised two faculty from a BSN program and one faculty serving as consultant and peer debriefer

Results

"We were not prepared to care for patients with COVID-19." The hospital policy "did not allow us to care for them, even when we were allowed back into clinical. When I began as new nurse, at least 2 or 3 of my 4 patients had COVID-19."

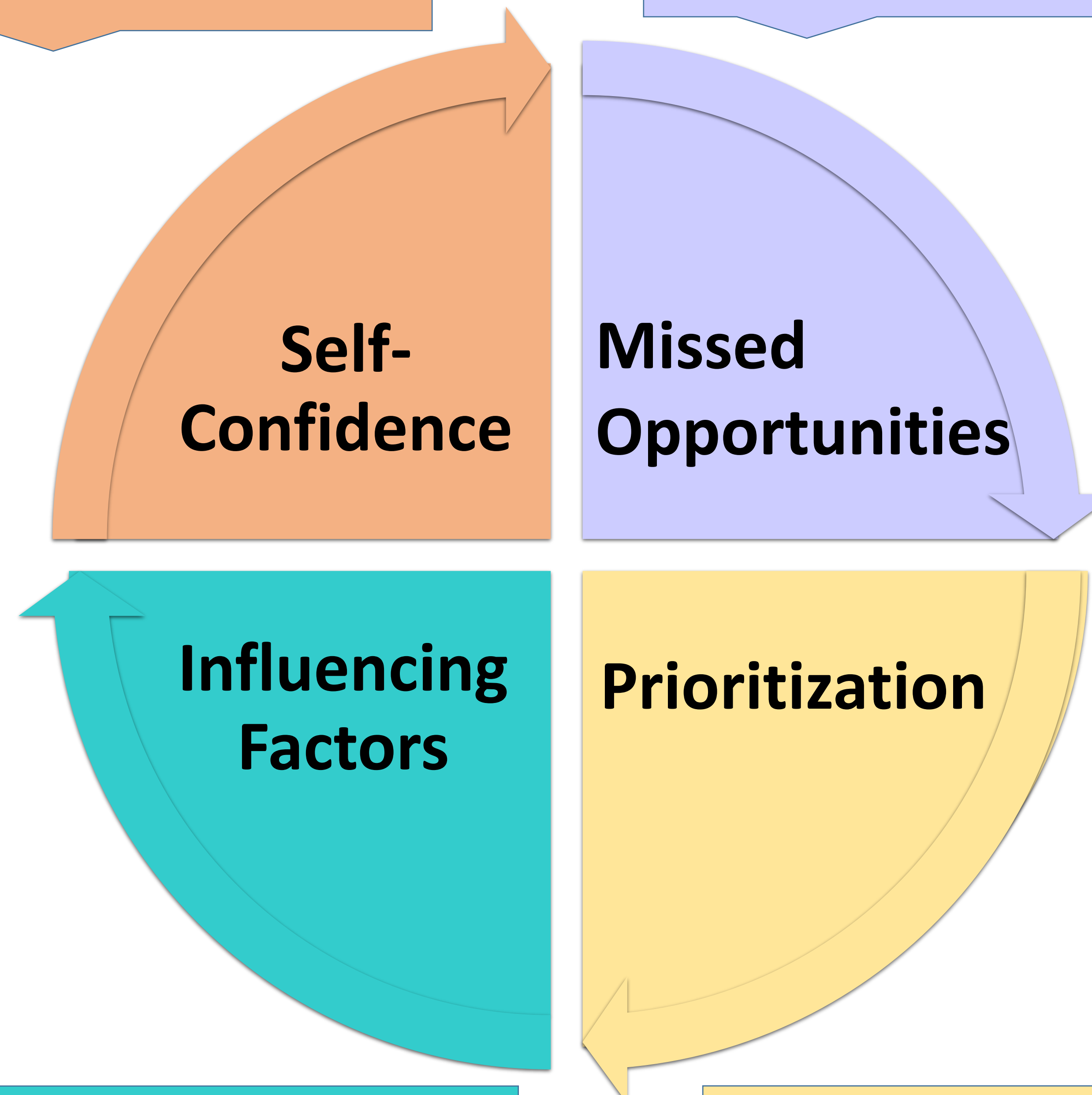
"We thought our experiences got cut short and it felt unfair. It was a weird feeling getting pushed out the door into the field."

"I felt like I was just thrown into it [patient care] without a paddle or life jacket or anything to kinda fall back on."

"Interprofessional communication is not something you can teach but something that has to be practiced repeatedly" and "I haven't been a nurse without a mask and that is very frustrating."

"I forgot how to talk to patients" and "The length of time without patient interaction was a barrier. It took a full year to feel comfortable noting changes and then communicating my concerns to the provider. That really is providing patient advocacy."

"There was a length of time without 'hands on' experiences" which one individual observed as new graduates being "afraid to get their hands on the patients."



An attitude of the need for optimism, and "taking ownership of their own learning" was pervasive among the participants.

Many identified personal characteristics and learning styles as a major factor in coping with the transition after the pandemic interrupted their education.

One manager observed graduate nurses required "crucial, in the moment feedback" during transition to practice but were able to "grow and develop quickly because of their love of nursing."

"I had to relearn prioritization that I would have learned in capstone."

"I don't have that nursing 'spidey sense' yet" referring to Spiderman's overarching sense of something being wrong or unsafe.

"Graduate nurses were missing 'soft skills' that are gained over time with patients and family interactions" and "took a bit more time to develop in the orientation."

Implications for Education

The themes of self-confidence, missed opportunities, prioritization, and other influencing factors emerged through the interviews.

Creative options for missed opportunities in the practice setting to build confidence in knowledge, skills, and attitudes include:

- Optimize every opportunity to foster the "softer skills" and independent practice gained only in a clinical setting.
- Enhance the focus on professional communication needed for the practice setting.
- Provide opportunities for students to give and receive feedback which is important for developing realistic self-confidence and is also critical at every level of the student's educational journey.
- In the classroom or simulated setting: Optimize every opportunity in the curriculum to develop critical thinking skills.
- Simulation experiences: A place to learn and develop confidence. Consider that these experiences are conducted in a group setting, thereby limiting the student need for independence in communication, skills, and prioritizing.
- Integrate registered nurses into the simulation experiences and clinical post conferences. Use part-time or retired nurses to provide the real-time interaction with professionals where the role-modeling and "tips and tricks" of the practicing nurse will be observed.
- Role-modeling of actual nurses to develop the self-care practices needed to cope with the uncertainties of transition to practice in a pandemic or unique situation.
- Establish a classroom climate of professional communication between instructors and peers that mirrors the professional communication in a practice setting between managers and coworkers.

Conclusion

Disrupted clinicals, simulated and online learning during the pandemic may have added to the stress for new nurse graduates as they transitioned to practice. Specific recommendations given by participants for support during a period of altered clinical placements and may impact how programs could ease the transition from nursing students to new graduate registered nurses included, more hands-on experience, time to talk to nurses and develop positive interpersonal relationships, learning tips and tricks in the day in the life of a nurse, and interprofessional communication that is not only taught but must be practiced in all teaching and learning settings. All of the above may have a positive impact on new nurse job satisfaction and retention.

Limitations

- Graduates at a single university and demographically similar
- Researchers were novices at qualitative research
- Virtual communication platform allowed for convenience of recruiting and participation but may have limited the personal interaction that occurs with a face-to-face interview

Acknowledgement

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