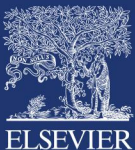


JoAnn Zerwekh
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NURSING TODAY

TRANSITIONS and TRENDS

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NURSING TODAY

TRANSITIONS and TRENDS

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*To the memory of my husband, John
Masog, who left this world and departed
from our lives way too early. I cherish the
wonderful years that we had together.
I love and miss you dearly. ~ JoAnn*

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PREFACE

Nursing Today: Transitions and Trends evolved out of the authors' experiences with nursing students in their final semester and the students' transition into the realities of nursing practice. With the changes in health care and the practice of nursing, there is even more emphasis on the importance of assisting the new graduate through the transition from education to practice. Nursing education and the transition process are experiencing a tremendous impact from changes in the health care delivery system.

In this tenth edition, we provide several new features that we feel are vital to the professional development and success of our future generation of nurses. For the soon-to-be nurse, we have added information about incorporating mindfulness into your practice as well as offered several mindfulness exercises that you can begin practicing right now! We have also provided tips for studying effectively in groups, strategies for maximizing your time effectively, online resources for improving your time-management skills, and popular apps for organizing documents in [Chapter 2, Personal Management: Time and Self-Care Strategies](#). We have provided information on dedicated education units as a clinical teaching model for assisting nursing students' transition to practice, along with helpful tips for transitioning from mentee to mentor, in [Chapter 3, Mentorship, Preceptorship, and Nurse Residency Programs](#). Additionally, we have added communication techniques for promoting an effective mentee-mentor relationship. We have also updated information on transition programs and characteristics of effective transition programs. We have continued to provide the graduate nurse with information on nursing informatics and management and have continued to increase the focus on the use of information technology for the transitioning graduate by including new content on cybersecurity, patient engagement through online technologies, and the use of robotics and artificial intelligence in patient care delivery. We have updated information on how technology such as cloud computing, clinical decision support systems (CDSSs), and point-of-care electronic documentation can provide data tracking and analysis for improving workflow processes and patient care. The enhanced nurse licensure compact (eNLC) program's influence on telehealth services provided by nurses is elaborated on in [Chapter 17, Political Action in Nursing](#). Chapters related to current issues in health care, such as [Chapter 15, The Health Care Organization and Patterns of Nursing Care Delivery](#); [Chapter 16, Economics of the Health Care Delivery System](#); [Chapter 18, Collective Bargaining: Traditional \(Union\) and Nontraditional Approaches](#); [Chapter 19, Ethical Issues](#); [Chapter 20, Legal Issues](#); [Chapter 21, Cultural and Spiritual Awareness](#); [Chapter 22, Quality Patient Care](#); [Chapter 25, Workplace Issues](#); and [Chapter 26, Emergency Preparedness](#), have been expanded. We kept the same easy reading style to present timely information, along with updated information on the 2019 NCLEX-RN® Detailed Test Plan and samples of the alternate-item format test items appearing on the NCLEX-RN® Exam. One of our goals with this book is to provide graduating nurses with practical guidelines that can be implemented in their transition from nursing students to effective entry-level nursing practice. Additionally, we have provided foundational content that will serve as a resource for graduating nurses continuing their nursing education.

For these reasons, we have introduced key differences among evidence-based practice, research utilization, and nursing research using relevant patient case scenarios to highlight the steps involved in each process in [Chapter 24](#), *Using Evidence-Based Practice and Nursing Research*. Compassion fatigue and strategies for preventing burnout through practicing mindfulness are introduced in [Chapter 2](#), *Personal Management: Time and Self-Care Strategies*. Recognizing the need for new graduate nurses to develop effective management skills to navigate and practice in the rapidly changing healthcare setting, we have updated information on the change process and have offered strategies for adapting to change in [Chapter 10](#), *Challenges of Nursing Management and Leadership*. Content on interprofessional collaborative practice, group dynamics and group member roles, and strategies for communicating in the workplace have been updated and can be found in [Chapter 12](#), *Effective Communication, Team Building, and Interprofessional Practice*. Updated information on TeamSTEPPS as a tool for improving interprofessional communication has also been added to [Chapter 11](#), *Building Nursing Management Skills*.

The classic findings and experience of Marlene Kramer and her research on reality shock and Patricia Benner's work on performance characteristics of beginning and expert nurses continue to affect the need for transition courses in nursing education programs. These courses focus on trends and issues to assist the new graduate to be better prepared to practice nursing in today's world. With the increased demands and realities of the health care system, it is necessary for the new graduate to make the transition rapidly to an independent role. We have written this book for use in these transition courses and to assist individual students in anticipating encounters in a rapidly changing, technologically oriented work environment.

We have revised and updated each chapter to reflect the changes in the health care delivery system and have maintained recommendations from the 2010 Institute of Medicine *Future of Nursing* report. To illustrate this, the results of initiatives based on the recommendations from the *Future of Nursing* (2010) report have been included in [Chapter 15](#), *The Health Care Organization and Patterns of Nursing Care Delivery*; health equity initiatives focusing on providing culturally and linguistically appropriate services to diverse populations and improving the health needs of the lesbian, gay, bisexual, and transgender community are explored in [Chapter 21](#), *Cultural and Spiritual Awareness*; methods for evaluating patient care, patient satisfaction, and quality outcome measures in today's redesigned health care system have been highlighted in [Chapter 22](#), *Quality Patient Care*; issues in emergency preparedness education and training and patient triage have been expanded in [Chapter 26](#), *Emergency Preparedness*. Some of the lengthy tables and figures have been moved to Evolve Resources to keep the material intact and to make the reading easier. We have maintained and added additional cartoons drawn by C.J. Miller, BSN, RN. We feel they add a smile and perhaps make the difficult information a little easier to comprehend.

Each chapter begins with Learning Objectives and a quote as an introduction to the content. Within each chapter, there is a practical application of the concepts discussed. Critical Thinking boxes in the text highlight information to facilitate the critical thinking process. Using a question approach, material is presented in a logical, easy-to-read manner. There are also opportunities to respond to thought-provoking questions and student exercises to facilitate self-evaluation. Research for Best Practice boxes have been incorporated to provide implications for nursing practice and opportunities for discussion on how to incorporate the information into the practice setting. We have continued to provide online resources and relevant websites for each chapter.

The student receives an overall view of the nursing profession from historical events that influenced nursing to the present-day image and also the legal, ethical, political, and on-the-job issues confronting today's professional nurse. Communication and delegation in the workplace, time management, how to write an effective resume, interviewing tips, guidelines for using social media as a professional, employee benefits, attaining certification in a nursing specialty, and self-care strategies are among the sound career advancement tools provided.

FOR NURSING FACULTY

Our key goal in developing this book has been to provide timely information that is applicable to current practice and is fun to read. An Instructor's TEACH for Nurses lesson plan manual, which is web-based, is available from the publisher on the Evolve website to assist faculty in planning and promoting a positive transition experience. This valuable website contains suggestions for classroom and clinically based student activities. Additionally, we have included the 2017 Accreditation Commission for Education in Nursing (ACEN) Standards throughout each TEACH for Nurses lesson plan manual among other curriculum standards (i.e., QSEN, BSN Essentials).

At the request of nursing faculty using our book, we have continued to provide a secure, updated, web-based Test Bank and have more than 300 questions, with detailed rationales included on higher order level test questions; text page references indicating where the correct answer can be obtained in the chapter have been provided for all test items. Additional alternate-format test items have also been added to the Test Bank. We have provided students with more than 100 NCLEX-style questions that test their knowledge of the chapter content. We have also provided suggested responses for selected critical thinking questions threaded throughout each chapter. We have included accompanying textbook appendices and have expanded the content within Evolve, which supports the textbook, that includes PowerPoint presentations with audience-response questions, sample NCLEX-style questions, including alternate-format items, and case studies. The Evolve website will continue to provide updated information as new trends and issues affect the practice of nursing.

Please consult your local Elsevier representative for more details.

JoAnn Zerwekh
Ashley Zerwekh Garneau

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The success of previous editions of this book is a result of the contributions and efforts of our chapter contributors, who provided their expertise and knowledge, and our book reviewers, who provided their insights and suggestions on pertinent issues in nursing practice. This new edition is no exception. We thank the staff at Elsevier for their assistance and guidance during the revision of the 10th edition: Sandy Clark, Senior Content Strategist, and Lisa Newton, Senior Content Development Manager. We also extend our gratitude to Kate Mannix, Senior Project Manager, for monitoring the production of this book to ensure its delivery on schedule; a special thank you to Patrick Ferguson, Design Direction, for the overall book layout and design.

I would like to thank my children, Tyler and Ashley (my coauthor!); their significant other and spouse (Julie Goehring and Brian Garneau); and my grandchildren (Maddie and Harper Zerwekh; Ben Garneau; Alexis and Brooklyn Parks; Owen, Emmett, and Cole Masog) for putting a smile on my face and coaxing me to step away from the computer during those challenging times in the revision process. I would also like to thank my stepchildren, Carrie Parks and Matt Masog, for their support and great friendship and also for blessing me with more grandchildren. For my husband, John Masog, in memoriam.

The end is nothing; the road is all. — Willa Cather

— JoAnn

To my husband, Brian, for your unwavering support, unconditional love, wittiness, and patience during the manuscript revision. Thank you for keeping me grounded and balanced. To our son, Ben, who amazes us every day with how he sees the world around him. And to my little kitties Eva and Louie, who always let me know when it was time for a break from the computer by blocking my computer monitor! Last, I would like to thank my Mom, JoAnn, for her kindred spirit and for inspiring me to pursue the profession of nursing. You are my confidant, mentor, and the nurse I aspire to be.

— Ashley

CONTENTS

UNIT I: PROFESSIONAL GROWTH AND TRANSITION

1. Role Transitions, 3

JoAnn Zerwekh, EdD, RN and Ashley Zerwekh Garneau, PhD, RN

Transitions, 4

What Are Transitions? 4

What Are Important Factors Influencing Transitions? 4

Transitions in Nursing, 5

Reality Shock, 7

What Is Reality Shock? 7

What Are the Phases of Reality Shock? 7

What Is Transition Shock? 11

Role Transformation, 12

When Does the Role Transition to Graduate Nurse Begin? 13

How Can I Prepare Myself for This Transition Process? 15

Conclusion, 21

Rules of the Road, 23

Bibliography, 24

2. Personal Management: Time and Self-Care Strategies, 26

JoAnn Zerwekh, EdD, RN

Managing Your Time, 27

Balance Is the Key, 27

What Are Your Biological Rhythms, and How Do You Use Them? 27

What Is Meant by Right- and Left-Brain Dominance, and Where Is My Brain? 28

Which Are You? 28

How Can I Manage My Physical Environment? 29

What About Managing the Telephone? 31

What About All That E-Mail, Texting, or Social Media? 32

How Can I Manage My Time? 33

Managing Tasks, 33

How Do I Deal With Procrastination? 33

Consider the Consequences, 34

The Earlier, the Better, 34

Managing Others, 36

What About Delegation and Time Management? 36

Managing Your Goals, 37

Begin by Listing, 37

Prioritize With the ABCD System, 37

Keep It Going, 38

Self-Care Strategies, 38

Is Burnout Inevitable for Nurses? 39

Cultivating Mindfulness, 41

Empowerment and Self-Care, 43

Conclusion, 50

Bibliography, 51

3. Mentorship, Preceptorship, and Nurse Residency Programs, 53

Ashley Zerwekh Garneau, PhD, RN

Historical Background, 54

What Mentoring Is and Is Not, 54

What Is Preceptorship? 55

What Is a Dedicated Education Unit? 56

What Happens If I Experience a Challenge During My Preceptorship or Clinical Rotation? 57

What Is a Nurse Residency Program? 57

How to Find a Mentor, 61

What Are the Characteristics of a Successful Mentor? 62

What Is a Mentoring Moment? 63

When Do We Need Mentors? 63

What Is the Role of the Mentee? 64

What Are the Characteristics of the Mentee? 65

What Are the Types of Mentoring Relationships? 65

Mentoring Through Reality Shock, 65

Transitioning from Mentee to Mentor, 66

What Does the Future Hold? 67

Conclusion, 70

Bibliography, 71

4. Employment Considerations: Opportunities, Resumes, and Interviewing, 73

JoAnn Zerwekh, EdD, RN

What Is Happening in the Job Market? 75

Self-Assessment, 77

What Are My Clinical Interests? 77

What Are My Likes and Dislikes? 77

What Are My Personal Needs and Interests? 79

What Are My Career Goals? 80

Researching Prospective Employers, 80

What Employment Opportunities Are Available? 80

What About Advanced Degrees in Nursing? 82

How Do I Go About Researching Prospective Employers? 82

Employment Considerations: How Do You Decide on an Employer? 82

What Do I Need to Know to Assess the Organization? 85

How Do You Go About Assessing an Organization to Find What You Want? 85

Portfolios, 86

What Is an E-Portfolio? 87

Traditional and Employer-Focused Resumes, 87

How Do I Write an Effective Resume? 88

What Information Is Necessary for a Resume? 88

What Else Should I Submit With My Resume? 91

What Are the Methods for Submitting Resumes? 92

The Interview Process, 93

How Do I Plan My Interview Campaign? 93

Strategies for Interview Success, 95

Critical First 5 Minutes!, 96

Phases of the Interview, 96

How Do I Handle Unexpected Questions or Situations? 97

Now Can We Talk About Benefits? 97

Job Offers and Possible Rejection, 99

Postinterview Process, 100

Follow-up Communication, 100

What If I Do Not Like My First Position? 101

What If It Is Time to Change Positions? 101

Conclusion, 102

Bibliography, 103

5. NCLEX-RN® Exam and the New Graduate, 104

JoAnn Zerwekh, EdD, RN

The NCLEX-RN® Exam, 105

Who Prepares It and Why Do We Have to Have It? 105

How Will the Nurse Licensure Compact Affect Your License? 105

What Is the NCLEX-RN® Exam Test Plan? 106

What Does Computer Adaptive Testing (CAT) Mean? 107

What Are Some of the Other Things I Really Need to Know About the NCLEX-RN® Exam? 111

Preparing for the NCLEX-RN® Exam, 112

Where and When Should I Start? 112

How Do I Select an NCLEX-RN® Exam Review Course? 114

NCLEX-RN® Exam Review Books: Which One Is Right for You? 117

NCLEX-RN® Practice Exam, 119

Test Anxiety: What Is the Disease? How Do You Get Rid of It? 119

What Kinds of Questions Can I Expect on the NCLEX-RN® Exam? 120

What Is the Next Generation NCLEX (NGN) Project? 124

What Difference Do Test-Taking Strategies Make? 126

What Are Strategies for Answering Multiple-Choice Questions? 128

NCLEX-RN® Exam Testing Tips, 129

Conclusion, 131

Bibliography, 132

UNIT II: NURSING: A DEVELOPING PROFESSION

6. Historical Perspectives: Influences on the Present, 135

JoAnn Zerwekh, EdD, RN

Nursing History: People and Places, 136

Where Did It All Begin? 136

Why Deacons, Widows, and Virgins? 136

How Did Knighthood Contribute to Nursing? 137

What About Revolts and Nursing? 138

Florence Nightingale: The Legend and the Lady, 139

American Nursing: Critical Factors, 142

What Was It Like in Colonial Times? 142

What Happened to Nursing During the U.S.

Civil War? 142

How Did the Roles of Nurses and Wives Compare During the Victorian Era? 142

Who Were the Reformers of the Victorian Era? 143

What Were the Key Challenges and Opportunities in 20th- and 21st-Century Nursing? 143

Resources 144

How Did the Symbols (Lamp, Cap, and Pin) of the Profession Evolve? 146

What Are the Key Events and Influences of the 21st Century? 147

History of Nursing Education, 147

What Is the History of Diploma Nursing? 147

What Is the History of Associate Degree Nursing? 148
 What Is the History of Baccalaureate Nursing? 148
 What Is the History of Graduate Nursing Education? 148
The Nurse's Role: The Struggle for Definitions, 149
 What Do Nurses Do? 149
 What Is the Traditional Role of a Nurse? 149
 Did You Know You Would Be a Teacher or Educator? 150
 When Did the Nurse Become an Advocate? Nurse in the Role of Advocate, 150
 What Is the Role of Manager of Care? 152
 Can Nurses Be Colleagues? 153
 Where Does This Leave the Role of Colleague? 153
 What About Experts? 154

Conclusion, 154

Bibliography, 156

7. Nursing Education, 158

Ashley Zerwekh Gameau, PhD, RN

Path of Diploma Education, 160

What Is the Educational Preparation of the Diploma Graduate? 160

Path of Associate Degree Education, 160

What Is the Educational Preparation of the Associate Degree Graduate? 160

Path of Baccalaureate Education, 161

What Is the Educational Preparation of the Baccalaureate Graduate? 161

Other Types of Nursing Education, 161

What Are the Other Available Educational Options? 161

What Is a Concurrent Enrollment BSN Completion Program? 162

What Is a BSN/MSN Completion Program? 164

Nontraditional Paths for Nursing Education, 165

What About a Master's Degree as a Path to Becoming a RN? 165

What About a Doctoral Path to Becoming a RN? 165

Graduate Education, 166

What About Graduate School? 166

Why Would I Want a Master's Degree? 166

How Do I Know Which Master's Degree Program Is Right for Me? 168

Why Would I Want a Doctoral Degree? 169

How Do I Know Which Doctoral Program Is Right for Me? 169

Credentialing: Licensure and Certification, 169

What Is Credentialing? 169

What Are Registration and Licensure? 170

What Is Certification? 170

What Is Accreditation? 171

Nursing Education: Future Trends, 171

The Changing Student Profile, 171

Educational Mobility, 172

A Shortage of Registered Nurses, 172

A Shortage of Qualified Nursing Faculty, 172

Technology and Education, 173

Changing Health Care Settings, 173

The Aging Population, 173

Conclusion, 173

Bibliography, 174

8. Nursing Theories, 177

Ashley Zerwekh Gameau, PhD, RN

Nursing Theory, 178

What Is Theory? 178

What Nursing Theory Is Not, 178

Why Theory? 178

What Is the History of Nursing Theory? 180

Who Are the Nursing Theorists? 184

Selected Nursing Theorists, 184

Future of Nursing Theory, 193

Conclusion, 193

Bibliography, 195

9. Professional Image of Nursing, 196

Christa L. Steffens, EdD, MSN, RN

Professional Image of Nursing, 197

What Do We Mean by the "Image" of Nursing? 197

What Constitutes a Profession? 201

Is Nursing a Profession? 203

Nursing Organizations, 206

What Should I Know About Professional Organizations? 206

What Organizations Are Available to the Recent Graduate? 207

Conclusion, 211

Bibliography, 212

UNIT III: NURSING MANAGEMENT

10. Challenges of Nursing Management and Leadership, 217

Peggy J. Black, MSN, RN, NE-BC

Management Versus Leadership, 218

What Is the Difference Between Management and Leadership? 218

What Are the Characteristics and Theories of Management? 220

What Is Meant by Management Style? 221

What Are the Characteristics and Theories of Leadership? 223

Management Requires “Followership”, 227

The Twenty-First Century: A Different Age for Management and for Leadership, 227

The Silent or Veteran Generation, 229

The Baby Boomers, 229

Generation X, 229

Generation Y, 230

Generation Z or Generation Now, 230

Power and Authority in Nursing Management, 233

Do You Know the Difference Between Power and Authority? 233

What Are the Different Types of Power? 233

Management Problem Solving, 235

How Are Problem-Solving Strategies Used in Management? 235

Evidence-Based Management Protocols and Interventions, 236

How Are Problem Solving and Decision Making Related? 238

What Effect Does the Leader Have on the Group? 239

The Challenge of Change, 240

Who Initiates Change and Why? 242

Conclusion, 245

Bibliography, 246

11. Building Nursing Management Skills, 249

Jessica Maack Rangel, MS, RN, ASPPS

Communication and Patient Safety, 250

How Can I Improve My Verbal Communication for Patient Safety? 251

How Can I Improve My Written Communication for Patient Safety? 252

Communicating When It Is Critical—What Do You Need To Do? 255

Critical Patient Tests, 255

Critical Hand-Off Communication, 255

Shift Change—So Much to Say ... So Little Time, 256

How Can I Deal With All the Interruptions? 258

What Skills Do I Need to Use the Telephone Effectively? 259

Managing Time in the Clinical Setting, 260

Get Organized Before the Change-of-Shift Report, 260

Prioritize Your Care, 261

Organize Your Work by Patient, 262

Managing Others, 263

What About Delegating and Time Management? 264

Supervising and Evaluating the Care Provided by Others, 265

Conclusion, 266

Bibliography, 266

12. Effective Communication, Team Building, and Interprofessional Practice, 268

JoAnn Zerwekh, EdD, RN and Ashley Zerwekh Gameau, PhD, RN

Communication in the Workplace, 269

How Can I Communicate Effectively With

My Supervisor? 270

How Can I Communicate Effectively With Other Nursing Personnel? 270

What Does My Image Communicate to Others? 271

How Do Gender Differences Influence Communication Styles? 272

What Should I Know About the “Grapevine”? 272

How Can I Handle Cultural Diversity at Work? 273

Components of Effective Communication, 274

How Can I Communicate Effectively in Writing? 274

How Can I Learn to Speak Effectively? 275

What Listening Skills Do I Need to Develop? 277

How Can I Use Nonverbal Communication Effectively? 279

Group Communication, 282

What Is Group Process? 282

How Can You Improve Communications in Group Meetings? 284

Team Building and Interprofessional Practice, 285

What Is Team Building? 285

What Is Interprofessional Practice? 287

When Nurses Work Together as an Interprofessional Team, Everyone Involved Benefits!, 287

Assertive Styles of Communication, 290

How Can Nurses Be More Assertive? 292

What Are the Benefits of Assertiveness? 293

What Are My Basic Rights as a Person and as a Nurse? 293

How Can I Begin to Practice Assertive Communication? 293
 What Are the Components of Assertive Communication? 293
 When to Use Assertive Communication, 294

Conclusion, 295

Bibliography, 296

13. Conflict Management, 298

JoAnn Zerwekh, EdD, RN

Conflict, 299

What Causes Conflict? 299

Conflict Resolution, 300

What Are Ways to Resolve Conflict? 300

What Are Some Basic Guidelines for Choosing the Technique to Use? 303

Dealing With Difficult People, 304

What Are Some Techniques for Handling Difficult People? 304

What Is Anger? 308

What Is the Solution for Handling Anger? 309

Sexual Harassment in the Workplace, 312

What Is Sexual Harassment? 313

What Can I Do About It? 314

Conclusion, 315

Bibliography, 316

14. Delegation in the Clinical Setting, 317

Ruth I. Hansten, MBA, PhD, RN, FACHE_R

What Does Delegation Mean? 318

The Delegation Process, 319

Who Is Accountable Here? 319

The Right Task, 322

What Can I Delegate or Assign? 323

Is There Anything I Cannot Delegate? 325

The Right Circumstances, 326

How Can I Determine the Strengths and

Weaknesses of Team Members? 328

What Are the Causes of Performance Weaknesses? 329

The Right Person, 331

How Can I Use Outcomes in Delegating? 332

The Right Direction and Communication, 334

How Can I Get the Delegate to Understand

What I Want? 334

The Right Supervision and Evaluation, 336

How Can I Give and Receive Feedback Effectively? 336

Conclusion, 338

Bibliography, 340

UNIT IV: CURRENT ISSUES IN HEALTH CARE

15. The Health Care Organization and Patterns of Nursing Care Delivery, 345

Susan Sportsman, PhD, RN, ANEF, FAAN

What Are Some Important Challenges Currently Facing Health Care? 346

Cost of Health Care, 346

Managed Care, 346

What Impact Has Managed Care Had on Costs? 347

Affordable Care Act, 347

Strategies to Control Costs, 348

Value-Based Care, Pay for Performance, and Accountable Care Organizations, 349

What Is Value-Based Care? 349

What Is Pay for Performance? 349

What Are Accountable Care Organizations? 350

Case Management, 350

Nurse Navigator Programs, 351

Disease Management, 352

Do Disease Management Programs Reduce the Cost of Health Care? 352

What Tools Are Used to Support Care Coordination? 352

Evidence-Based Practice, 353

How Do We Know That Critical Pathways and Disease Management Protocols Reflect the Latest and Best Practice? 353

Shortage of Nurses, 354

How Can Health Care Organizations Retain Nurses? 354

Magnet Hospitals, 354

The Impact of the 2010 Institute for Medicine "Future of Nursing" Report, 355

Quality of Care and Patient Safety, 356

Institute for Health Care Improvement, 358

The Effects of Various Patterns of Nursing Care Delivery, 358

What Is the Total Patient Care or Private-Duty Model? 358

What Is Functional Nursing? 359

What Is Team Nursing? 359

What Is Primary Nursing? 361

What Is Patient-Focused Care? 361

What Is the Most Effective Model of Nursing Care? 362

Nurse Staffing, 364

What Is the Impact of Staffing Patterns on the Quality of Care? 364

How Are Nursing Work Assignments Determined? 366

What About Scheduling Patterns? 366

What About the Use of Overtime? 367

Conclusion, 367

Bibliography, 368

16. Economics of the Health Care Delivery System, 372

Julie V. Darmody, PhD, RN, ACNS-BC

What Are the Trends Affecting the Rising Costs of Health Care? 373

Intrinsic Factors, 373

Extrinsic Factors, 374

What Is the Effect of the Changing Economic Environment on Clinical Practice? 375

How Is the Us Health Care System Financed? 375

The Affordable Care Act of 2010, 375

Employer-Sponsored Health Insurance, 376

Introduction to Economics, 376

Budgets, 379

What Are the Basic Concepts of Budgets? 380

What Are the Types of Budgets? 381

Fiscal Responsibility to the Patient, 384

Fiscal Responsibility to the Employing Organization, 387

Fiscal Responsibility to the Payer of Care, 388

Conclusion, 389

Bibliography, 390

17. Political Action in Nursing, 392

Michael L. Evans, PhD, RN, NEA-BC, FACHE, FAAN

What Exactly Is Politics? 394

What Other Strategies Would You Suggest? 395

What Are the Skills That Make Up a Nurse's Political Savvy? 395

What Is Power, and Where Does It Come From? 397

Law 1: Power Invariably Fills Any Vacuum, 397

Law 2: Power Is Invariably Personal, 397

Law 3: Power Is Based on a System of Ideas and Philosophy, 397

Law 4: Power Is Exercised Through and Depends on Institutions, 397

Law 5: Power Is Invariably Confronted With and

Acts in the Presence of a Field of Responsibility, 398

Another Way to Look at Power and Where to Get It, 398

Networking Among Colleagues, 399

Building Coalitions, 399

What About Trade-Offs, Compromises, Negotiations, and Other Tricks of the Trade? 400

How Do I Go About Participating in the Election Process? 400

What Is a Political Action Committee? 401

After Getting Them Elected, Then What? 402

Controversial Political Issues Affecting Nursing, 406

Uniform Core Licensure Requirements, 406

Nursing and Collective Bargaining, 407

Equal Pay for Work of Comparable Value or Comparable Worth? 408

Safe Nurse Staffing, 408

Nursing Workforce Development Programs, 409

Health Care Reform, 409

Conclusion, 410

Bibliography, 410

18. Collective Bargaining: Traditional (Union) and Nontraditional Approaches, 412

Jennifer Wing, MSN, RN

When Did the Issues Leading to Collective Bargaining Begin? 414

The Evolution of Collective Bargaining in Nursing, 415

Legal Precedents for State Nursing Associations as Collective Bargaining Agents, 415

Who Represents Nurses for Collective Bargaining? 416

Traditional and Nontraditional Collective Bargaining, 416

American Nurses Association and National Nurses

United: What Are the Common Issues? 417

The Debate Over Collective Bargaining, 420

Collective Bargaining: Perspectives of the Traditional Approach, 420

How Can Nurses Control Their Own Practice? 427

Collective Bargaining: Perspectives of the Nontraditional Approach, 428

Future Trends, 430

Advanced Practice Nurses Role in Advocating, 431

Conclusion, 432

Bibliography, 433

19. Ethical Issues, 435*Karin J. Sherrill, RN, MSN, CNE, ANEF, FAADN***Understanding Ethics, 436**

What Are Your Values? 436

Moral/Ethical Principles, 438

Controversial Ethical Issues Confronting Nursing, 447

Conclusion, 460**Bibliography, 460****20. Legal Issues, 463***Alice E. Dupler, MSN, JD, ANP-BC, Esq.***Sources of Law, 464**

Where Does Law Come From? 464

Civil Actions—Torts, 467

Invasion of Privacy and Breaches of Privacy and Confidentiality, 469

Miscellaneous Intentional Torts and Employment Civil Rights Claims, 470

Court Actions Based on Legal Principles, 471**Nursing Licensure, 471**

Disciplinary Actions, 472

Scope of Practice, 472

Multistate Licensure, 473

What About Substance Use Disorder in Nursing? 473

Negligence, 474

Basic Elements of Negligence, 475

Do You Have a Professional Duty? 475

Falling Below the Standard of Care: Was There a Breach of the Professional Duty? 476

Applying “Causation” to Case Study 3, 478

Who Might Have Liability (responsibility) in a Claim? 479

Personal Liability, 479

Supervisory Liability, 480

Institutional Liability, 481

Student Liability, 481

What Defenses Might Be Available in Malpractice Claims? 481**Common Categories of Negligence, 482**

Medication Errors, 482

Provide a Safe Environment, 483

Patient Falls, 483

Equipment Failure, 485

Failure to Assess Adequately, Monitor, and Obtain Assistance, 485

Failure to Communicate Adequately, 486

Failure to Report, 486

Failure to Document, 487

Related Legal Concepts, 489

Informed Consent, 489

Advance Directives, 490

Criminal Actions, 491

What Criminal Acts Pose a Risk to the Nurse? 491

Risk Management and Quality Improvement, 493

How Do I Protect Myself and My Patient From Risks? 493

Malpractice Insurance, 494

What About Individual Malpractice Insurance? 495

What Is Institutional Coverage? 495

What Should I Ask About Institutional Coverage? 495

What Is Professional Licensure Defense Insurance? 496

What Happens When I Go to Court? 496

Legal Issues Affecting Nursing, 496

Health Care Costs and Payment Issues, 497

Health Care Delivery Issues, 498

Issues About Life-and-Death Decisions, 498

Termination of Pregnancy, 498

Conclusion, 499**Bibliography, 500****UNIT V: CONTEMPORARY NURSING PRACTICE****21. Cultural and Spiritual Awareness, 505***Ashley Zerwekh Garneau, PhD, RN***Culture and Spirituality, 506**

What Is Meant by Cultural and Linguistic Competence? 506

What Practice Issues Are Related to Cultural and Linguistic Competence? 507

Strategies for Providing Culturally Competent Care, 509

A Culturally Diverse Workforce, 510

What Is the Meaning of Spirituality? 510

Cultural and Spiritual Assessment, 511

What Are Cultural and Spiritual Beliefs Regarding Illness and Cures? 511

How Do You Assess Spiritual Need? 514

Conclusion, 516**Bibliography, 516****22. Quality Patient Care, 519***Stephanie Tippin, RN, MSN, NP-C***Standards of High-Quality Health Care Management, 520**

What Is Root-Cause Analysis? 522

History and Evolution of Quality in Health Care, 522

Who Are Edward Deming, Joseph M. Juran, and Philip Crosby? 523

What Are Core Measures? 525**What Is Hospital Consumer Assessment of Health Care Providers and Systems? 525****What Is “Hospital Compare”? 526****Just What Is the Joint Commission? 526**

What Are Patient Safety Goals? 526

Monitoring the Quality of Health Care, 526

What Is Quality Improvement? 527

How Do We Monitor Quality? 527

What Is an Indicator and a Metric? 528

What Are Core Measure Sets? 530

What Is Performance Improvement? 530

What Are the Barriers to Quality Improvement? 531

What Are Some Other Agencies Influencing Patient Safety? 532**Quality Improvement Methods, 534****Tools and Processes for Continuous Quality Improvement, 534**

What Is Six Sigma? 535

How Do We Use DMAIC, 538

The Define Phase, 538

The Measure Phase, 541

The Analyze Phase, 542

The Improve Phase, 542

The Control Phase, 543

Health Care Provider Credentialing for Quality Improvement, 545**Health Literacy, 545****Conclusion, 546****Bibliography, 548****23. Nursing Informatics, 550**

Cheryl D. Parker, PhD, RN-BC, CNE, FHIMSS

Nursing Informatics, 551

Nursing Informatics: Why Do I Care? 551

What Is Nursing Informatics? 552

Experience and Education, 553

Role of the Informatics Nurse/Informatics Nurse Specialist (IN/INS), 553

The Certification Process, 554

Professional Practice, Trends, and Issues, 554

What Are Regulatory and Accreditation Requirements? 554

Models and Theories, 557

Electronic Health Records, 559

The e-World Is Coming...Wait, It's Here, 559

Electronic Medical Record and Electronic Health Record, 559

Personal Health Record, 562

Technology Changing Workflow for the Better—Medication Fulfillment, 563

Computerized Provider Order Entry and Clinical Decision Support, 563

Barriers to Health Information Technology Still Remain, 564

Trends, 564**The Next Generation of Health Care Delivery, 565**

Patient Engagement, 565

Telemedicine, Telehealth, and Health Monitoring, 566

Cloud Computing, 567

Big Data, 567

Robotics in Patient Care, 567

Artificial Intelligence in Health Care: The Time Is Almost Here, 567

Patients and the Internet, 569

What Do I (and Patients) Need to Know to Evaluate an Internet Resource? 569

Patient Portals, 570

Data Access at the Point of Care, 571

Computers in the Nurses' Station, 571

Mobility in the Clinical World, 571

Smartphones, 571

Using Data to Improve Care at the Bedside, 572

Nursing Informatics and You, 574**Conclusion, 575****Bibliography, 576****24. Using Evidence-Based Practice and Nursing Research, 579**

Peter G. Melenovich, PhD, RN, CNE

What Is Evidence-Based Practice? 580

Step 1: Define the Problem, 580

Step 2: Identify, Review, and Evaluate the Data Applicable to the Problem, 580

Step 3: Design a Practice Change Based on the Data While Incorporating the Clinical Expertise of the Nurse and Patient Preferences, 581

Step 4: Implement the Change in Nursing Practice, 581

The Need for Nursing Practice Based on Research, 583**What Is Nursing Research Utilization? 583**

What Are the Steps for Nursing Research Utilization? 584

Research Utilization: What Is It Not? 588

Research Utilization Compared with Nursing Research and the Conduct of Research, 588

How Is the Use of Research in Practice Different From Conducting Research? 588

What Is the Relationship Between Nursing Theory and Research Utilization? 591

Defining Your Practice Context, 591

What Are the Health, Social, and Cultural Characteristics of the Patient Population Being Served? 592

What Are the Health Care Delivery Characteristics of Your Setting? 593

What Are the Motivators and Barriers for Incorporating Nursing Research into Your Practice? 593

The National Institute of Nursing Research, 594

What Is Its Function? 594

The Agency for Healthcare Research and Quality, 594

What Is Its Function? 594

Conclusion, 594

Bibliography, 595

25. Workplace Issues, 596

Mary Boyce, MSN, RN, CCRN, CNE

Questions to Ask When Starting a New Position, 597

Ergonomic Hazards for Health Care Workers, 598

Back Injury, 598

Safe Patient Handling and Mobility, 599

Ergonomic Workstations, 600

Repetitive Motion Disorders, 601

Workplace Violence: A Growing Concern in Health care, 601

Lateral Violence (Bullying) and Other Forms of Workplace Harassment, 603

Other Workplace Issues, 606

Needlestick and Sharps Safety, 606

Handling Staffing Shortages, 607

Mandatory Overtime, 610

Assigned to a Unit That Is Unfamiliar (Floating)—What Do I Do Now? 612

Making a Mistake—What Do I Do Now? 614

Conclusion, 616

Bibliography, 616

26. Emergency Preparedness, 619

Tyler Zerwekh, BA, MPH, DrPH, REHS and JoAnn Zerwekh, EdD, RN

What Is Public Health Preparedness? 620

Clinical Preparedness, 620

What Are Biologic Agents? 620

What Are Chemical Agents? 620

What Are Radiologic/Radioactive Agents? 623

What Is a Pandemic? 624

What Is Personal Protective Equipment in Disaster Response? 626

What Is Disaster Nursing? 628

What Is Triage? 629

Public Health Preparedness and Administrative Efforts, 630

Community Health Nurse Issues and Public Health Preparedness, 631

Epidemiologic Aspects, 631

What Is the Strategic National Stockpile? 633

What Is a CHEMPACK? 633

What Is ESAR-VHP? 633

Medical Reserve Corps, 634

Disaster Medical Assistance Teams, 634

What Do I Need to Know About Community Preparedness Issues? 634

What Do I Need to Know About Disaster Mental Health? 634

Individual and Family Preparedness Issues, 637

Emerging Trends and Issues in Emergency Preparedness, 639

The 2010 Institute of Medicine Report, 641

Conclusion, 642

Bibliography, 642

Index, 645

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Professional Growth and Transition

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Role Transitions

JoAnn Zerwekh, EdD, RN and Ashley Zerwekh Garneau, PhD, RN

Additional resources are available at <http://evolve.elsevier.com/Zerwekh/nsgtoday/>.

When you're finished changing, you're finished.
Benjamin Franklin



Role transition can be a complex experience.

After completing this chapter, you should be able to:

- Discuss the concept of transitions.
- Identify the characteristics of reality shock.
- Compare and contrast the phases of reality shock.
- Identify the stages of transition shock.
- Identify times in your life when you have experienced a reality shock or role transition.
- Describe methods to promote a successful transition.

Welcome to the profession of nursing! This book is written for nursing students who are in the midst of transitions in their lives. As a new student, you are beginning the transition to becoming indoctrinated into nursing, and sometimes it is not an easy transition. For those of you who are in the middle of nursing school, do you wonder if life even exists outside of nursing school? To the student who will soon graduate, hang on; you are almost there! For whatever transition period you are encountering, our goal is to help make your life

easier during this period of personal and professional adjustment into nursing. We have designed this book to help you keep your feet on the ground and your head out of the clouds, as well as to boost your spirits when the going gets rough.

As you thumb through this book, you will notice that there are cartoons and critical thinking questions that encourage your participation. Do not be alarmed; we know you have been overloaded with “critical thinking” during nursing school! These critical thinking questions are not meant to be graded; instead, their purpose is to encourage you to begin thinking about your transition, either into nursing school or into practice, and to guide you through the book in a practical, participative manner. Our intention is to add a little humor here and there while giving information on topics we feel will affect your transition into nursing practice. We want you to be informed about the controversial issues currently affecting nursing. After all, the future of nursing rests with **you**!

Are you ready to begin? Then let’s start with the real stuff. You are beginning to experience transitions—for some of you, just getting into nursing school has been a long struggle—and you are there! For others, you can see the light at the end of the tunnel as graduation becomes a reality. Nursing is one of the most rewarding professions you can pursue. However, it can also be one of the most frustrating. As with marriage, raising children, and the pursuit of happiness, there are ups and downs. We seldom find the world or our specific situation the exact way we thought it would or should be. Often your fantasy of what nursing *should* be is not what you will find nursing to be.

You will cry, but you will also laugh.

You will share with people their darkest hours of pain and suffering, but

You will also share with them their hope, healing, and recovery.

You will be there as life begins and ends.

You will experience great challenges that lead to success.

You will experience failure and disappointment.

You will never cease to be amazed at the resilience of the human body and spirit.

TRANSITIONS

What Are Transitions?

Transitions are passages or changes from one situation, condition, or state to another that occur over time. They have been classified into the following four major types: developmental (e.g., becoming a parent, midlife crisis), situational (e.g., graduating from a nursing program, career change, divorce), health/illness (e.g., dealing with a chronic illness), and organizational (e.g., change in leadership, new staffing patterns) (Schumacher & Meleis, 1994).

Transitions are complex processes, and a lot of transitions may occur at the same time.

What Are Important Factors Influencing Transitions?

Understanding the transition experience from the perspective of the person who is experiencing it is important because the meaning of the experience may be positive, negative, or neutral, and the expectation may or may not be realistic. The transition may be desired (e.g., passing the NCLEX exam) or undesirable (e.g., the death of a family member, after which you have to assume a new role in your family).

Often, when you know what to expect, the stress associated with the change or transition is reduced.

BOX 1.1 STRESSES REPORTED BY NEW GRADUATES RELATED TO SIX CRUCIAL COMPETENCY AREAS

1. Communication
 - Calling or talking with a physician, completing shift reports, addressing patient requests, and resolving conflict
2. Leadership
 - Lack of delegating skills
 - Anxiety associated with collaborative teamwork
3. Organization
 - Lack of organizational and management skills to prioritize care
4. Critical thinking
 - Difficulty with clinical decision making
 - Feeling unprepared to meet the challenges of the workplace
 - Deficits in clinical knowledge
5. Specific situations
 - Lack of confidence when dealing with acutely ill patients, emergency situations, and end-of-life scenarios
6. Stress management
 - Unfamiliarity with stress management techniques
 - Lack of social support

From Theisen, J., & Sandau, K. (2013). Competency of new graduate nurses: A review of their weaknesses and strategies for success. *Journal of Continuing Education in Nursing*, 44(9), 406–414. <https://doi.org/10.3928/00220124-20130617-38>.

Another factor in the transition process is the new level of knowledge and skill required, as well as the availability of needed resources within the environment. Dealing with new knowledge and skills can be challenging and stressful and can lead to a variety of different emotions related to the expectation of the new graduate to be competent (Box 1.1). This will resolve as your confidence grows and you have more understanding of the concept of how to “think like a nurse.”

Transitions are a part of life and certainly a part of nursing. Although the following discussions on role transition and reality shock focus on the graduate nurse experience, there are many applicable points for the new student as well. As you learn more about transitions, reality shock, and the graduate nurse experience, think about how this information may also apply to your transition experience into and through nursing school (Critical Thinking Box 1.1).

**CRITICAL THINKING BOX 1.1**

What is your greatest concern about your transition? Is it personal or work transitions because you are a student nurse, or is it your transition from school to the practice setting?

Looking back, what transitions have you experienced? What transitions are occurring in your life now? Has your entry into, as well as progress through, nursing school caused transitions in your personal life? Has your anticipated job search caused transitions in your professional as well as personal life?

Transitions in Nursing

The paradox of nursing will become obvious to you early in your nursing career. This realization may occur during nursing school, but it frequently becomes most obvious during the first 6 months of your first job.

Health care organizations are very concerned about your transition experience and job satisfaction during that first 6 months of employment. Have you been hearing about “evidence-based practice?”

Well, it is working for you now! During the first 6 months of employment, new graduates need a period of time to develop their skills in a supportive environment. Employee retention and job satisfaction are key issues with the hospital; confidence in performing skills and procedures, nurse residency programs, and dependence versus independence are key graduate nurse issues driving this research. The well-being of the graduate nurse and the ability to deliver quality nursing care during the transition period have sparked research to validate the need for special considerations of the graduate nurse experiencing transition (Casey et al., 2004; Duchscher, 2008, 2009; Godinez et al., 1999; Lavoie-Tremblay et al., 2002; Spector, 2015a; Steinmiller et al., 2003; Varner & Leeds, 2012). With identification of the basic problems encountered by new graduates during this first 6 months, there is a concerted effort to begin to meet the special needs of the graduate nurse and assist him or her to “think like a nurse” (Research for Best Practice Box 1.1).

RESEARCH FOR BEST PRACTICE BOX 1.1

Role Transition: Think Like a Nurse

Practice Issue

Students report that when they first entered their nursing courses they were unaware of the complexity of thinking and problem solving that occurs in the clinical setting. They often are unable to “think on their feet” and change a planned way of doing something based on what is happening with a specific patient at any given moment. Research supports the finding that the beginning nursing graduate continues to have difficulty making clinical judgments (i.e., thinking like a nurse). Graduates with baccalaureate degrees in nursing were interviewed three times in 9 months to determine their perceptions of how they learned to think like nurses (Tanner, 2006). In a later simulation study by Ashley and Stamp (2014), thinking like a nurse was one of the major themes that emerged when comparing sophomore and junior students. During simulation, the sophomore student approached the clinical scenario more as a layperson than as a professional with specialized knowledge, which was exhibited by little preplanning and the expectation that the clinical problem would be self-evident and would require nothing more than common sense to achieve an outcome.

Implications for Nursing Practice

Clinical Judgments—Thinking Like a Nurse

- Nursing students and new graduates are often unaware of the level of responsibility required of nurses and lack confidence in their ability to make clinical judgments.
- The process of learning to think like a nurse is characterized by building confidence, accepting responsibility, adapting to changing relations with others, and thinking more critically.
- Multiple clinical experiences, support from faculty and experienced nurses, and sharing experiences with peers were critical in the transition from student nurse to beginning practitioner.
- Nursing education must assist nursing students to engage with patients and act on a responsible vision for excellent care of those patients and with a deep concern for the patients’ and families’ well-being. Clinical reasoning must arise from this engaged, concerned stance.

Considering This Information

What types of resources will you use as a nursing student to improve your clinical reasoning skills? What characteristics have you observed in staff members who effectively “think like a nurse”? How can you begin to incorporate these aspects into your practice as a new graduate nurse?

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The role transition process that occurs on entry into nursing school and the process from student to graduate nurse do not take place automatically. Having the optimal experience during role transition requires a great deal of attention, planning, and determination on your part. How you perceive and handle the transition will determine how well you progress through the process. It is important that you keep a positive attitude. The challenges and rewards of clinicals, tests, and work situations will cause your emotions to go up and down, but that is okay. It is expected, and you will be able to deal with it effectively. It is important that you keep a positive attitude. The wide range of emotions experienced during the transition process can often affect your *emotional and physical well-being*; check out the discussion of self-care strategies in [Chapter 2](#).

So, let's get started. Reality shock is often one of the first hurdles of transition to conquer in your new role as a graduate nurse or registered nurse (RN or Real Nurse). ☺

REALITY SHOCK

What Is Reality Shock?

Reality shock is a term often used to describe the reaction experienced when one moves into the workforce after several years of educational preparation. The recent graduate is caught in the situation of moving from a familiar, comfortable educational environment into a new role in the workforce in which the expectations are not clearly defined or may not even be realistic. For example, as a student you were taught to consider the patient in a holistic framework, but in practice you often do not have the time to consider the psychosocial or teaching needs of the patient, even though they must be attended to and documented.

The recent graduate in the workplace is expected to be a capable, competent nurse. That sounds fine. However, sometimes there is a hidden expectation that graduate nurses should function as though they have 5 years of nursing experience. Time management skills, along with the increasing acuity level of patients, are common problems for the new graduate. This situation may leave you with feelings of powerlessness, depression, and insecurity because of an apparent lack of effectiveness in the work environment. There are positive ways to deal with the problems. You are not alone! Reality shock is not unique to nursing. It is present in many professions as graduates move from the world of academia to the world of work and begin to adjust to the expectations and values of the workforce.

What Are the Phases of Reality Shock?

[Kramer \(1974\)](#) described the phases of reality shock as they apply to nursing ([Table 1.1](#)). Although she identified this process in 1974, these phases remain the basis for understanding the implications of reality shock and successfully progressing through the process. In our current world of nursing, we are still dealing with this same process. Adjustments begin to take place as the graduate nurse adapts to the reality of the practice of nursing. The first phase of adjustment is the honeymoon phase ([Fig. 1.1](#)). The recent graduate is thrilled with completing school and accepting a first job. Life is a “bed of roses” because everyone knows nursing school is much harder than nursing practice. There are no more concept care maps to create, no more nursing care plans to write, and no more burning the midnight oil for the next day's examination. No one is watching over your shoulder while you insert a catheter or administer an intravenous medication. You are not a “student” anymore; now you are a nurse! During this exciting phase, your perception of the situation may feel unreal and distorted, and you may not be able to understand the overall picture.

HOONEYMOON PHASE

I just can't believe how wonderful everything is! Imagine getting a paycheck—money, at last! It's all great. Really, it is.

TABLE 1.1 PHASES OF REALITY SHOCK

HONEYMOON	SHOCK AND REJECTION	RECOVERY
Sees the world of nursing looking quite rosy	Has excessive mistrust	Beginning to have sense of humor (first sign)
Often fascinated with the thrill of “arriving” in the profession	Experiences increased concern over minor pains and illness	Decrease in tension
	Experiences decrease in energy and feels excessive fatigue	Increase in ability to be objective
	Feels like a failure and blames self for every mistake	
	Bands together and depends on people who hold the same values	
	Has a hypercritical attitude	
	Feels moral outrage	

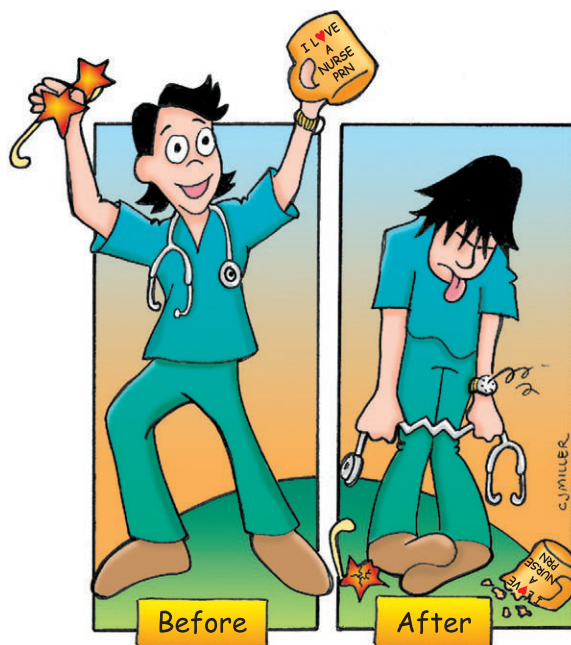


FIG. 1.1 Reality shock. The honeymoon's over.

The honeymoon phase is frequently short lived as the graduate begins to identify the conflicts between the way she or he was taught and the reality of what is done. Every graduate nurse will have a unique way of coping with the situations; however, some common responses have been identified. The graduate may cope with this conflict by withdrawing or rejecting the values learned during nursing school. This may mark the end of the honeymoon phase of transition. The phrase “going native” was used by [Kramer and Schmalenberg \(1977\)](#) to describe recent graduates as they begin to cope and identify with the reality of the situation by rejecting the values from nursing school and beginning to function as everyone else does.

SHOCK AND REJECTION PHASE

Mary was assigned 10 patients for the morning. There were numerous medications to be administered. It was difficult to carry all of the medication administration records to each room for patient identification. Because she “knew the patients” and because the other experienced nurses did not check identification, she decided she no longer needed to check a patient’s identification before administering medication. Later in the day, she gave insulin to Mrs. James, a patient she “knew”; unfortunately, the insulin was for Mrs. Phillips, another patient she “knew.”

With experiences such as this during transition, graduates may feel as though they have failed and begin to blame themselves for every mistake. They may also experience moral outrage at having been put in such a position. When the bad days begin to outnumber the good days, the graduate nurse may experience frustration, fatigue, and anger and may consequently develop a hypercritical attitude toward nursing. Some graduates become very disillusioned and drop out of nursing altogether. This is the period of shock and rejection.

I had just completed orientation in the hospital where I had wanted to work since I started nursing school. I immediately discovered that the care there was so bad that I did not want to be a part of it. At night, I went home very frustrated that the care I had given was not as I was taught to do it. I cried every night and hated to go to work in the morning. I did not like anyone with whom I was working. My stomach hurt, my head throbbed, and I had difficulty sleeping. It was hard not to work a double shift because I was worried about who would take care of those patients if I was not there.

A successfully managed transition period begins when the graduate nurse is able to evaluate the work situation objectively and predict the actions and reactions of the staff effectively. Prioritization, conflict management, time management, and support groups (peers, preceptors, and mentors) can make a significant difference in promoting a successfully managed transition period.

Nurturing the ability to see humor in a situation may be the first step. As the graduate begins to laugh at some of the situations encountered, the tension decreases and the perception increases. It is during this critical period of recovery that conflict resolution occurs. If this resolution occurs in a positive manner, it enables the graduate nurse to grow more fully as a person. This growth also enables the graduate to meet the work expectations to a greater degree and to see that she or he has the capacity to change a situation. However, if the conflict is resolved in a less positive manner, the graduate’s potential to learn and grow is limited.

Kramer (1974) described four groups of graduate nurses and the steps they took to resolve reality shock. The graduates who were considered to be most successful at adaptation were those who “made a lot of waves” within both their job setting and their professional organizations. Accordingly, they were not content with the present state of nursing but worked to effect a better system. This group of graduates was able to take worthwhile values learned during school and integrate them into the work setting. Often, they returned to school—but not too quickly. Since Kramer’s original work, students are now encouraged to go back to school fairly quickly, especially with the emphasis from the Institute of Medicine (IOM) report of encouraging more advanced degrees in nursing.

RECOVERY PHASE

I am really glad that I became a nurse. Sure, there are plenty of hassles, but the opportunities are there. Now that I am more confident of my skills, I am willing to take risks to improve patient care. Just last week my head nurse, who often says jokingly, “You’re a thorn in my side,” appointed me to the Nursing Standards Committee. I feel really good about this recognition.

Another group limited their involvement with nursing by just putting in the usual workday. Persons in this group seldom belonged to professional organizations and cited the following reasons for working: “to provide for my family,” “to buy extra things for the house,” and “to support myself.” Typically, this group’s negative approach to conflict resolution leads to burnout, during which time the conflict is turned inward, leading to constant griping and complaining about the work setting.

I was so happy, at first. Gee, I was able to buy my son all those toys he wanted. But things here always seem to be the same—too many patients, not enough help. I get so upset with the staff, especially the nursing assistants, and the care that is given to patients. I wonder whether I will ever get the opportunity to practice nursing as I was taught. Well, I’ll hang on until my husband finishes graduate school; then I’ll quit this awful job!

Another group of graduates seemed to have found their niche and were content within the hospital setting. However, their positive attitude toward the job did not extend to nursing as a profession; in fact, it was the opposite. Rather than leave the organization during conflict, these “organization nurses” would change units or shifts—anything to avoid increasing demands for professional performance.

During those first few months as I was just getting started, I sure had a tough time. It was difficult learning how to delegate tasks to the aides and practical nurses. But now that I have started working for Dr. Travis, everything is under my control. I just might go back to school someday.

The last group of graduates frequently changed jobs. After a short-lived career in hospital nursing, this group would pirouette off to graduate school, where they could “do something else in nursing” (meaning, “I can’t nurse the way I’ve been taught, so I might as well teach others how to do things right”). Achieving a high profile in professional nursing organizations was common for these graduates, along with seeking a safer, more idealistically structured environment in which the values learned in school prevail.

Finally, I got so frustrated with my head nurse that I just resigned. What did she expect from a recent graduate? I couldn’t do everything! Cost containment; early discharge; no time for teaching; rush, rush, rush, all the time. Well, I’ve made up my mind to look into going back to school to further my career.

The job expectations of the hospital administration or the employing community agency and the educational preparation of the graduate nurse are not always the same. This discrepancy is considered to be the basis of reality shock. Relationships among the staff, nursing professionalism, job satisfaction, and employee alienation were studied by [Casey and colleagues \(2004\)](#), [Roche and colleagues \(2004\)](#), and [Varner and Leeds \(2012\)](#). Interestingly, the issues of reality shock and role transition described by Kramer in the early 1970s are still around. We (nurses) have entered the 21st century with many of the same issues we had in the 20th century.

It might seem to you right now, after reading all of this information, that reality shock is a life-threatening situation. Be assured, it is not. However, you may experience some physical and psychological symptoms in varying degrees of intensity. For example, you may feel stressed out or have headaches, insomnia, gastrointestinal upset, or a bout of post-student blues. Just remember that it takes time to adjust to a new routine and that sometimes, even after you have gotten used to it, you still may feel overwhelmed, confused, or anxious. The good news is that there are various ways to get through this critical phase of your career while establishing a firm foundation for future professional growth and career mobility. Try the assessment exercise in [Critical Thinking Box 1.2](#).

CRITICAL THINKING BOX 1.2

Reality Shock Inventory

All students, as well as new graduates, experience reality shock to some extent or another. The purpose of this exercise is to make you aware of how you feel about yourself and your particular life situation.

Directions: To evaluate your views and determine your self-evaluation of your particular life situation, respond to the statements with the appropriate number.

- | | |
|------------------|---------------------|
| 1 Strongly agree | 4 Slightly disagree |
| 2 Agree | 5 Disagree |
| 3 Slightly agree | 6 Strongly disagree |

1. I am still finding new challenges and interests in my work.
2. I think often about what I want from life.
3. My own personal future seems promising.
4. Nursing school and/or my work has brought stresses for which I was unprepared.
5. I would like the opportunity to start anew knowing what I know now.
6. I drink more than I should.
7. I often feel that I still belong in the place where I grew up.
8. Much of the time my mind is not as clear as it used to be.
9. I have no sense of regret concerning my major life decision of becoming a nurse.
10. My views on nursing are as positive as they ever were.
11. I have a strong sense of my own worth.
12. I am experiencing what would be called a crisis in my personal or work setting.
13. I cannot see myself as a nurse.
14. I must remain loyal to commitments even if they have not proven as rewarding as I had expected.
15. I wish I were different in many ways.
16. The way I present myself to the world is not the way I really am.
17. I often feel agitated or restless.
18. I have become more aware of my inadequacies and faults.
19. My sex life is as satisfactory as it has ever been.
20. I often think about students and/or friends who have dropped out of school or work.

To compute your score, reverse the number you assigned to statements 1, 3, 9, 10, 11, and 19. For example, 1 would become a 6, 2 would become a 5, 3 would become a 4, 4 would become a 3, 5 would become a 2, and 6 would become a 1. Total the number. The higher the score, the better your attitude. The range is 20 to 120.

Modified from White, E. (April 23, 1986). Doctoral dissertation. *Chronicle of Higher Education* (p. 28). Reprinted with permission.

What Is Transition Shock?

More recently, based on research by [Duchscher \(2008\)](#) building on Kramer's seminal work, the process has been redefined as *transition shock* to describe the transition experience within a contemporary health care environment and according to Wakefield (2018), "penetrates beyond professional aspects of shock" (p. 47). [Duchscher and Windey \(2018\)](#) identify the stages of transition as a process of "becoming" that occur within the initial 12 months of nursing practice of the new graduate nurse and involves three stages: *doing, being, and knowing*. [Box 1.2](#) summarizes the three stages.

The healthiest role transition experiences are influenced by support both personally and professionally, stability with assigned mentor and work schedule, consistency with feedback and assignments, familiarity with skills and procedures, predictability of experiences, reinforcement of effective behaviors, and reassurance about performance and learning.

BOX 1.2 STAGES OF TRANSITION**Doing**

- Occurs during the first 3–4 months post orientation.
- Feelings of being overwhelmed with practice expectations.
- Find themselves within weeks after being hired working with full patient loads (often equal to senior nurse counterparts).
- Unable to set appropriate limits or boundaries related to work responsibilities.
- Experience a steep learning curve and feel stressed about everything.
- High anxiety associated with caring for unstable patients, multitasking (e.g., answering phones), processing health care provider orders, dealing with multiple family and patient issues concurrently, providing direct care to patients.
- Fear of missing something or doing something inadvertently or unintentionally that might bring harm to the patient, due to their ignorance or inexperience.
- Stages are learning, performing, concealing, adjusting, and accommodating.

Being

- Encompasses the next 4–5 months.
- Consistent and rapid advancement in thinking, knowledge level, and skill competency.
- Confronted with the inconsistencies and inadequacies within the health care system.
- Want to be surrounded by familiarity, consistency, and predictability.
- Around 5–7 months a crisis of confidence occurs characterized by moderate anxiety related to insecurities regarding practice competency and fear of failing with their patients, colleagues, and themselves.
- Toward the end of this stage, a rejuvenated spirit awakened and provided inspiration to seek out new challenges to their thinking and to also place themselves in new and unfamiliar practice situations and plan long-term career goals.
- Stages are searching, examining, doubting, questioning, and revealing.

Knowing

- Final stage focuses achieving a separateness from established nurses around them.
- Anxiety about leaving the new graduate/learner role.
- Ability to organize and prioritize complex clinical and relational situations with increasing confidence in skills.
- By 12 months, stable level of comfort and confidence noted in roles, responsibilities, and routines.
- Stages are separating, recovering, exploring, critiquing, and accepting.

Duchscher, J. B. (2008). A process of becoming: The stages of new nursing graduate professional role transition. *Journal of Continuing Education in Nursing*, 39(10), 441–450.

Duchscher, J. B. (2009). Transition shock: The initial stage of role adaptation for newly graduated registered nurses. *Journal of Advanced Nursing*, 65(5), 1103–1113.

Duchscher, J. B., & Windey, M. (2018). Stages of transition and transition shock. *Journal of Nurses Professional Development*, 34(4), 228–232. doi: 10.1097/NND.0000000000000461.

ROLE TRANSFORMATION

Remember when you first started nursing school? The war stories everybody told you? The changes that occurred in your family as a result of your starting nursing school? Are you in the midst of that now, or does it seem like a long time ago? Can you really believe where you are now and where you were when you first began nursing school, those first nursing courses, and clinicals? It has taken a lot of work and sacrifice to get to where you are now. Believe it or not, you have already experienced a role transition—you successfully transitioned to a student nurse. Now, as you draw nearer to the successful completion of that experience, you are ready to embark on a new one. Take a minute to read the thoughts of one of your peers about her transition into nursing. I'm sure you will smile at her satire ([Critical Thinking Box 1.3](#)).

CRITICAL THINKING BOX 1.3

Survival Techniques From One Who Has Survived

You finally did it; you have decided nursing is what you want to do for the rest of your life. After all, who would go through all this anguish if you only wanted to do this as a pastime? If you are taking this like everyone else, you are probably going to do this by trial and error, “war” stories, or by helpful hints from the nursing staff.

You need to prioritize your time. This is a familiar and much-used term that you will hear often. It is also easier said than done. If you are single, you have an advantage—maybe. You can decide right now that single is “where it’s at” and stay that way for the duration. Of course, this means literally living the “single” life. There are no “dinners-for-two,” no telephone conversations, no movies at the cinema (rarely any TV)—in other words, no physical contact with the opposite sex. I know you were not thinking about it anyway, but in case you are studying anatomy and physiology, and hormonal thoughts pervade your consciousness, dismiss them.

If you are married, I am not suggesting divorce, just abstinence. Hopefully, you kissed your spouse good-bye when you came to school for your first day of class because your next chance will be on your breaks or when you graduate.

If you happen to be a parent, do as I did. I put pictures of myself in all rooms of my house when I started school so that the kids would not forget me. My children, in return, helped me by plastering their faces in my fridge (they know I’ll look there) or on my mirror (another sure spot). I have acquired a son-in-law, a daughter-in-law, and five grandchildren in the past 2½ years, and I usually do not recognize them if I run into them on the rare occasions when I go to the store for essentials (like food) or out to pay our utility bills. Christmas is fun, though, because each year I get to spend a few days getting to know the family again. But we all must wear name tags for the first day!

If your children are small, buy them the Fisher Price kitchen and teach them how to “cook” nourishing “hot” cereal on the stove that does not heat up. For the infant, hang a TPN (hint: Total Parental Nutrition) of Similac with iron at 40 mL/h that the baby can control by sound! Crying should do it! Instead of a needle, use a nipple....

Diapers—what would we do without those disposable diapers that stay dry for 2 weeks at a time? You can even buy the kind that you touch the waistband, and Mickey Mouse and his friends jump off to entertain your baby.

Some of you may feel guilty about not fixing those delicious meals your family once enjoyed. Do not! We get two “breaks” a year, and during that time, fix barrels of nourishing liquid (you can add a few veggies). When your family gets hungry, just take out enough to keep fluids and lytes balanced. Remind them that this is only going to last another year or two.

Have I covered everything? Oh, I forgot dust.... Dust used to bother me but not anymore. I use it to write notes to my 17-year-old, to let him know what time I am going to be in the house, so he will not mistake me for a burglar, and to say “I Love You.”

On a serious note, each semester you will get regrouped with new classmates. They will become your family, your support group. You will form a chain, and everyone is a strong link. This is a group effort. These are people who will laugh with you and cry with you. You will form friendships that will last a lifetime. Take advantage of these opportunities.

On a closing note, do not listen to all the “war stories” that go around—just to the credible ones like mine!

From Beagle, B. (May/June, 1990). Survival techniques. *AD Clinical Care* (p. 17). Reprinted with permission.

Give yourself a well-deserved pat on the back for what you have accomplished thus far. It is important to learn early in your practice of nursing to take time to reflect on your accomplishments. Now, back to the present. Let’s look at the current role-transition process at hand, from student to graduate nurse RN.

When Does the Role Transition to Graduate Nurse Begin?

Does the transition begin at graduation? No. It started when you began to move into the novice role while in your first nursing course (Table 1.2). According to Benner (1984, p. 20):

Beginners have no experience of the situation in which they are expected to perform. To get them into these situations and allow them to gain experience also necessary for skill development, they are taught about the situation in terms of objective attributes, such as weight, intake/output, temperature, blood pressure, pulse, and other objective, measurable parameters of a patient’s conditions—features of the task world that can be recognized without situational experience.

TABLE 1.2 FROM NOVICE TO EXPERT

STAGE	CHARACTERISTICS
Novice Nursing student Experienced nurse in a new setting	<ul style="list-style-type: none"> • No clinical experience in situation expected to perform • Needs rules to guide performance • Experiences difficulty in applying theoretical concepts to patient care
Advanced Beginner Last-semester nursing student Graduate nurse	<ul style="list-style-type: none"> • Demonstrates ability to deliver marginally acceptable care • Requires previous experience in an actual situation to recognize it • Begins to understand the principles that dictate nursing interventions • Continues to concentrate on the rules and takes in minimum information regarding a situation
Competent 2–3 years' clinical experience	<ul style="list-style-type: none"> • Conscientious, deliberate planning • Begins to see nursing actions in light of patients' long-term plans • Demonstrates ability to cope with and manage different and unexpected situations that occur
Proficient Nurse clinicians Nursing faculty	<ul style="list-style-type: none"> • Ability to recognize and understand the situation as a whole • Demonstrates ability to anticipate events in a given situation • Holistic understanding enhances decision making
Expert Advanced practice nurse clinicians and faculty	<ul style="list-style-type: none"> • Demonstrates an understanding of the situation and is able to focus on the specific area of the problem • Operates from an in-depth understanding of the total situation • Demonstrates highly skilled analytical ability in problem solving; performance becomes masterful

Modified from Benner, P. (2001). The Dreyfus model of skill acquisition applied to nursing. In *From novice to expert* (Commemorative Edition). Menlo Park, CA: Addison-Wesley.

For example, the instructor gives the novice or student nurse specific directions on how to listen for bowel sounds. There are specific rules on how to guide their actions—rules that are very limited and fairly inflexible. Remember your first clinical nursing experiences? Your nursing instructor was your shadow for patient care. As nursing students enter a clinical area as novices, they have little understanding of the meaning and application of recently learned textbook terms and concepts. Students are not the only novices; any nurse may assume the novice role on entering a clinical setting in which he or she is not comfortable functioning or has no practical experience. Consider an experienced medical-surgical nurse who floats to the postpartum unit; she would be a little uncomfortable in that clinical setting.

By graduation, most nursing students are at the level of advanced beginner. According to Benner (1984, p. 20):

Advanced beginners are ones who can demonstrate marginally accepted performance, ones who have coped with enough real situations to note (or to have pointed out to them by a mentor) the recurring meaningful situation components....

To be able to recognize characteristics that can be identified only through experience is the signifying trait of the advanced beginner. Thus, when directed to perform the procedure of checking bowel sounds, the students at this level are learning how to discriminate bowel sounds and understand their meaning. They do not need to be told specifically how to perform the procedure.

Let's look at what you and your nursing instructors can do to promote your well-being and success during the role-transition experience. These activities reinforce your progress and movement along the continuum from advanced-beginner to competent nurse (see [Table 1.2](#)).

How Can I Prepare Myself for This Transition Process?

During the last semester of nursing school, it is very advantageous to have as much clinical experience as possible. The most productive area for experience is a general medical-surgical unit, which will have a variety of patient cases. This will help you to ground your assessment and communication skills, as well as help you to apply principles that are most often tested on the NCLEX exam. This is also the area in which you will most likely be able to obtain some much-needed experience with basic nursing skills.

Begin Increasing Independence

It is time to have your nursing instructor cut the umbilical cord and allow you to function more independently, without frequent cueing and directing during the last semester of your clinical experience.

More Realistic Patient-Care Assignments

Start taking care of increasing numbers of patients to help you with time management, prioritization, and work organization. Evaluate the nursing staff's assignments to determine what a realistic workload is for a recent graduate.

Clinical Hours That Represent Realistic Shift Hours

Obtain experience in receiving shift reports, closing charts, completing patient care, and communicating with the oncoming staff and other health care professionals involved in providing patient care.

Perform Nursing Procedures Instead of Observing

Take an inventory of your nursing skills and be sure to have this available for potential employers so they can see what skills you are familiar with. If there are nursing skills you lack or procedures you are uncomfortable with, take this opportunity while you are still in school to gain the experience. Identify your clinical objectives to meet your personal needs. Request opportunities to practice from your instructor and staff nurses. [Casey and colleagues \(2004\)](#) identified skills that were challenging for the graduate nurses in the first year of practice, which are currently still applicable. These skills included code blues, chest tubes, intravenous skills, central lines, blood administration, and patient controlled analgesia (PCA). Although it is important for you to be proficient and safe in performing skills, [Theisen and Sandau \(2013\)](#) pointed out in their review that new graduate nurses lack competency in communicating with the health care team, delegating, resolving conflict during stressful situations (i.e., end-of-life care, deteriorating patient), prioritizing patient care, and critical decision making. Make an effort to gain experience in these areas while you are still in school; you will be more comfortable in your nursing care as a graduate.

More Truth About the Real Work-Setting Experience

Identify resource people with whom you can objectively discuss the dilemmas of the workplace. Talk to graduates: Ask them what they know now that they wish they had known the last semester of school.

Look for Opportunities to Problem Solve and Practice Critical Thinking

Actively seek out learning opportunities in both the clinical and classroom setting to exercise your critical thinking skills and decision making. Now is the time to stand on your own two feet while there is still a backup—your instructor—available. Look for opportunities to communicate with the interprofessional team.

Request Constructive Feedback From Staff and Instructors

Stop avoiding evaluation and constructive criticism. Find out now how you can improve your nursing care. Ask questions and clarify anything that is not understood. Evaluate your progress on a periodic basis. The consequences may be less severe now than later with your new employer.

Request Clinical Experience in an Area or Hospital of Interest

If you have some idea of where you would like to work, it is very beneficial to have some clinical experiences in that facility the last semester of school. This gives you the opportunity to become involved with staff nurses, identify workload on the unit, and evaluate resources and support people. It also gives the employing institution an opportunity to evaluate you—Are you someone that institution would like to have work for them?

Attitude is the latitude between success and failure.

Think Positively!

Be prepared for the reality of the workplace environment, including both its positives and negatives. You may have encountered by now the “ol’ battle ax” who has a grudge against new nursing graduates.

I do not know why you ever decided to be a nurse. Nobody respects you. It’s all work, low pay. I guess as long as you’ve got a good back and strong legs, you’ll make it. Boy, do you have a lot to learn! I wouldn’t do it over again for anything!

When you find these nurses, tune them out and steer out of their way! They have their own agenda, and it does not include providing supportive assistance to you. Eventually, you will learn how to work with this type of individual (see [Chapter 13](#)), but for now you should concentrate on identifying nurses who share your philosophy and are still smiling.

Surround yourself with nurses who have a positive attitude and are supportive in your learning and growing transition.

Another way to keep a positive perspective is to focus on the good things that have happened during the shift rather than on the frustrating events. When you feel yourself climbing onto the proverbial “pity pot,” ask yourself “Who’s driving this bus?” and turn it around!

Anticipate small irritations and disappointments and keep them in perspective. Do not let them mushroom into major problems. Turn disappointments and unpleasant situations into learning experiences. Once you have encountered an unpleasant situation, the next time it occurs you will recognize it sooner, anticipate the chain of events, and be better able to handle it.

Do not major in a minor activity.

Be Flexible!

Procedures, policies, and nursing supervisors are not going to be the same as those you experienced in school. Be prepared to do things differently from the way you learned them as a student. You do not have to give up all the values you learned in school, but you will need to reexamine them in light of the reality of the workplace setting. Flexibility is one of the most important qualities of a good nurse!

School-learned ideal. Sit down with the patient before surgery, and provide preoperative teaching.

Workplace reality. One of your home care patients is receiving daily wound care for an extensive burn. You receive a message that the patient has been scheduled for grafting in the outpatient surgery department and is to be a direct admit at 6 a.m. the next morning. You have two more home visits to make: one to hang an intravenous preparation of vancomycin and the other a new hospice admission, which you know will take considerable time.

Compromise. You delegate to one of the home care practical nurses to take the preoperative teaching and admission instructions to your patient. Later on, you make a telephone call to your preoperative patient and go over the preoperative care teaching information from the home care practical nurse. You make arrangements to meet this patient at home immediately after the grafting procedure is complete.

Get Organized!

Does your personal life seem organized or chaotic, calm or frantic? Sit back and take a quick inventory of your personal life. How do you expect to get your professional life in order when your personal life is in turmoil? For some helpful tips on organizing your personal life, check out the personal management chapter (see [Chapter 2](#)).

Stay Healthy!

Have you become a “couch potato” while in school? Are you too tired, or do you lack the time to exercise when you get home from work? Candy bars during breaks, pepperoni pizza at midnight, and Twinkies PRN? How have your eating habits changed during your time in school? Your routine should include exercise, relaxation, and good nutrition. Becoming aware of the negative habits that can have detrimental effects on your state of mind and overall physical health is important in developing a healthy lifestyle.

Find a Mentor!

Negotiating this critical transition as you begin your nursing career should not be done in isolation. Evidence suggests that close support relationships, mentors, and preceptors are key, if not essential, ingredients in the career development of a successful, happy graduate ([Duchscher & Windey, 2018](#)). For additional tips on finding a mentor as you begin your professional practice, take a look at the mentoring chapter (see [Chapter 3](#)). In addition to your family and close nursing school friends, it will be important to develop professional support relationships.

Find Other New Graduates!

Frequently, several new graduates are hired at the same time. Some of them may even be your classmates. Find them and establish a peer support group. Sharing experiences and problems and knowing that someone else is experiencing the same feelings you are can be a great relief!

Have Some Fun!

Do something that makes you feel good. This is life, not a funeral service! Nursing has opportunities for laughter and for sharing life's humorous events with patients and coworkers. Surround yourself with people and friends who are lighthearted and merry and who bring those feelings out in you. Remember, the return of humor is one of the first signs of a healthy role transition. Loosen up a little bit. Go ahead, have some fun! Check out the information in [Chapter 3](#) for more on selection of mentors and preceptors.

Know What to Expect!

Plan ahead. Plan your employment interviews; ask to talk to nurses on the units and find out how nursing care is delivered in the institution. The length of orientation, staffing patterns, opportunity for internship, areas where positions are open, and resources for new graduates are all important to establish prior to employment. This helps you know what to expect when you go to work. Work satisfaction is a positive predictor of a successful role transition during the first year (Roche, 2004). Know what is expected of you on your work unit. How can you expect to do a job correctly if you do not know what the expectations are? Learn the "rules of the road" early. This may be in the hospital, doctor's office, or community setting. While still in school, you may find it helpful to interview nurse managers to determine their perspectives on the role of the graduate nurse during the first 6 months of employment. This will give you a base of reference when you interview for your first job. How do you measure up to some of the common expectations nurse managers may be looking for in a graduate nurse?

Are you:

1. Excited and sincere about nursing?
2. Open-minded and willing to learn new ideas and skills?
3. Comfortable with your basic nursing skills?
4. Able to keep a good sense of humor?
5. Receptive to constructive feedback?
6. Able to express your thoughts and feelings?
7. Able to evaluate your performance and request assistance?
8. Comfortable talking with your patients regarding their individual needs?

What Is the Future of Role Transition?

In 2008, the Practice and Education Committee of the National Council of State Boards of Nursing (NCSBN) reported there was adequate evidence to support a regulatory model for transitioning new graduates to practice (NCSBN, 2008). The committee noted that the need for a transition regulatory model has grown from the changes occurring in health care over the past 20 years, not from deficiencies in nursing education and/or unrealistic expectations of the workplace. In the

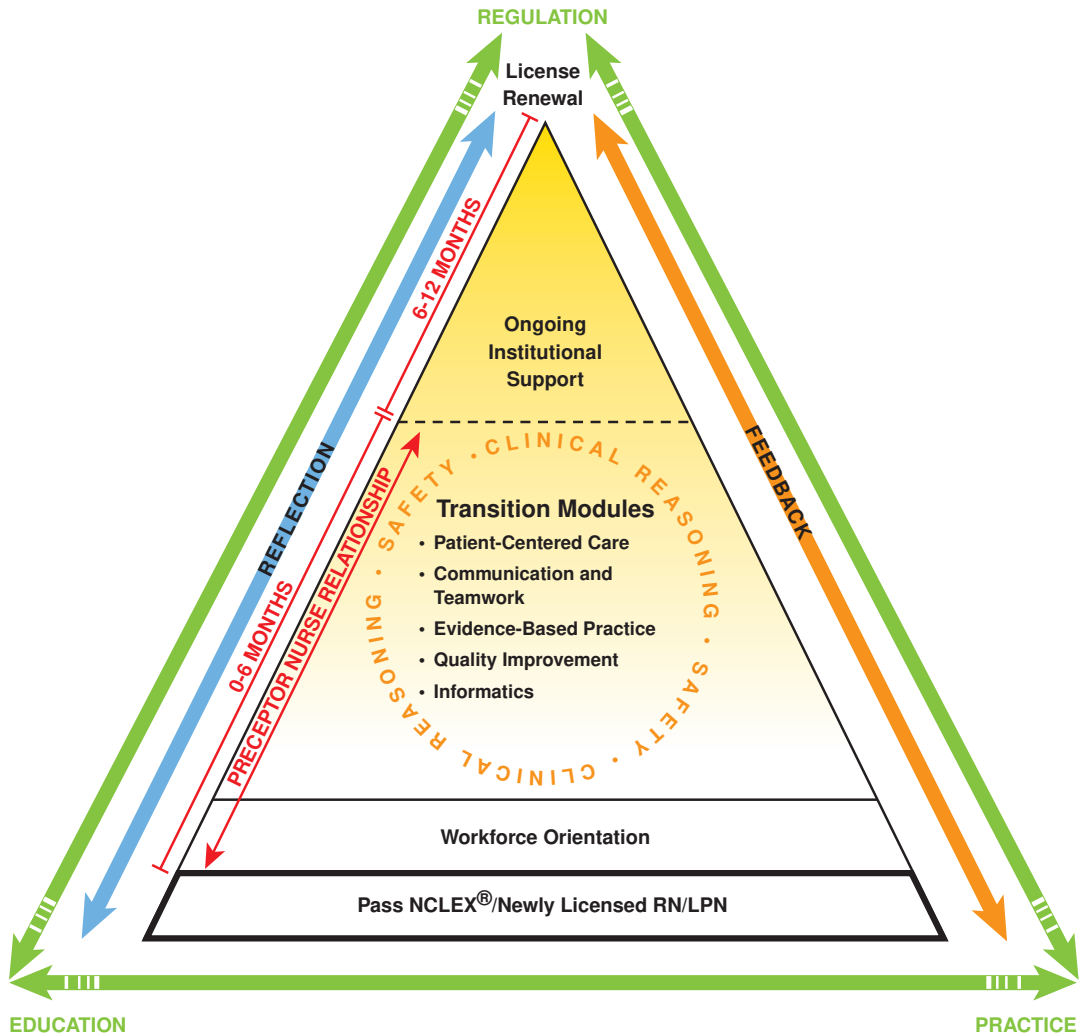


FIG. 1.2 Transition to Practice model.

report from the committee to the NCSBN, the goal for the transition to practice regulatory model is “to promote public safety by supporting newly licensed nurses in their critical entry and progression into practice” (NCSBN, 2008, p. 2). In 2009, the NCSBN finalized the design of an evidence-based “transition to practice” regulatory model (Fig. 1.2) that includes modules on communication and teamwork, patient-centered care, evidence-based practice, quality improvement, informatics, and an additional module of preceptor training.

The results from the national Transition to Practice (TTP) study in hospital settings conducted by the NCSBN have been reported (NCSBN, 2015), which addressed questions about the effectiveness of

the NCSBN's TTP program and whether or not TTP programs make a difference in new graduate outcomes in terms of safety, competence, stress, job satisfaction, and retention ([Research for Best Practice Box 1.2](#)).

RESEARCH FOR BEST PRACTICE BOX 1.2

Role Transition

Practice Issue

With the increased complexity of the health care environment, new graduates struggle with the transition into clinical practice. This matter is related to several issues: sicker patients in an increasingly complex health care setting, the shortened gap between taking NCLEX and being licensed, variable transition experiences, increased patient workload due to the nursing shortage, high job stress and turnover rates in new graduate registered nurses (RNs) (approximately 25% of new nurses leave their position within the first year of practice), and practice errors.

Implications for Nursing Practice

- Transition experiences of new RNs vary across practice settings.
- Health care agencies with formalized transition programs have noted a marked drop in new graduate attrition, along with improved patient outcomes when a transition program has the following characteristics.
 - A preceptorship with the preceptor receiving education for the preceptor role.
 - Program is 9–12 months in length.
 - Program content includes patient safety, clinical reasoning, communication and teamwork, patient-centered care, evidence-based practice, quality improvement, and informatics (QSEN competencies).
 - New graduates are given time to learn, apply content, obtain feedback, and share their reflections about the transition process.
 - Programs are customized so the new graduate learns specialty content in the areas where they are working.
- At 6 months, when new graduates typically become more independent, there is an increase in errors, a decrease in job satisfaction, and an increase in work stress.
- At 12 months in practice, work stress and reported errors decrease and job satisfaction increases; research findings support need for ongoing support during first year of practice.
- The 6- to 9-month period of practice is the most vulnerable time for new graduates.

Considering This Information

What can you do to ease your transition process?

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What is happening in your state regarding the Transition to Practice model?

The TTP model recommends a 9- to 12-month internship, so the new graduate receives continued support during the vulnerable period from 6 to 9 months. For the transition process to be effective, it should occur across all settings and at all education levels. This would include both the RN and the LPN/LVN. To promote safer nursing practice through a regulatory transition period, practice, education, and regulation all must work together on the development of a model that will effectively support the new nurse in his or her transition to safe practice (Spector, 2015c; Spector et al., 2015b).

The NCSBN Learning Extension (2017) offers an e-learning transition to practice course based on the NCSBN's evidence-based comprehensive research study, "Transition to Practice" that incorporates the recommendations from the Quality and Safety Education for Nurses (QSEN) project and the IOM. The program consists of five courses for new graduate nurses on the topics of communication and teamwork, patient- and family-centered care, evidence-based practice, quality improvement, and informatics, along with a preceptor course. It is a 6-month online program, which requires only 1 h/week of coursework with continuing education credit provided upon completion.

In response to the 2010 IOM report, the Robert Wood Johnson Foundation has developed the Initiative on the Future of Nursing (2011) to address the IOM recommendations for the nursing profession. One recommendation is to implement nurse residency programs for new graduate nurses to acquire skills and develop competency as nurses in providing care to today's complex and diverse health care population. Since the IOM report, state boards of nursing, nursing education programs, and health care institutions have joined together and developed nurse residency programs to prepare the future nurse—that's you! For additional resources and research on nurse residency programs, check out the mentoring, preceptorship, and nurse residency program chapter (see Chapter 3).

CONCLUSION

What will be the direction for role transition of graduate nurses? Has your state adopted the Transition to Practice model? How will preceptors be selected, and will they be credentialed? As you progress through the chapters in this book, you will find references to the IOM, The Joint Commission (TJC), and other health care resources concerned with the safety of patients, the reduction of errors, the economic impact of errors, retention of nurses, and cost of health care. These are key players and important considerations in the new nurse's transition to safe nursing practice.

As you progress through your own personal transition into nursing practice, the "rules of the road" for transition can be likened to traffic signs (Fig. 1.3). Check out the following signs that will help you to direct your transition experience. Fig. 1.4 gives additional advice from graduates who have successfully made the transition.

Look for the humor in each day, and take time to laugh. You will be surprised by how good it makes you feel!

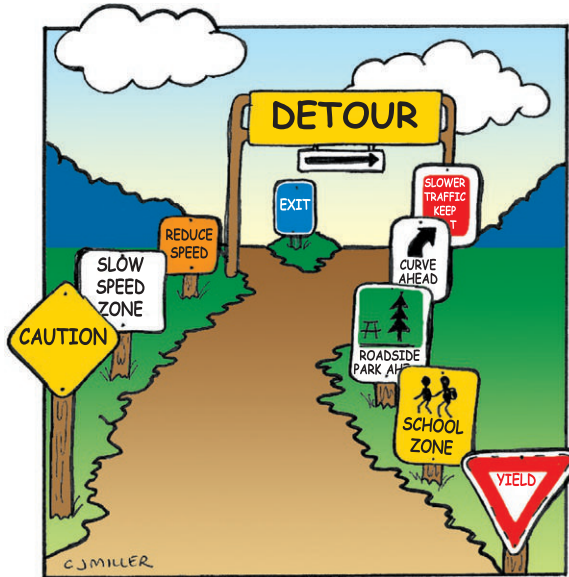


FIG. 1.3 “Rules of the road” for transition.



FIG. 1.4 Advice for the new grad.

RULES OF THE ROAD



Stop. Take care of yourself. Take time to plan your transition. Get involved with other recent graduates; they can help you. Do not be afraid to ask questions, and do not be afraid to ask for help.



Detour. You will make mistakes. Recognize them, learn from them, and put them in the past as you move forward. Regardless of how well you plan for change, there are always detours ahead. Detours take you on an alternate route. They can be scenic, swampy, or desolate, or they can bog you down in heavy traffic. Do not forget to look for the positive aspects—the detour may open your eyes to new horizons and new career directions.



Curve ahead. Get your personal life in order. Anticipate changes in your schedule. Be adaptable, because the transition process is not predictable.



Yield. You do not always have to be right. Consider alternatives and make compromises within your value system.



Resume speed. Maintain a positive attitude. As you gain experience, you will become better organized and begin to really enjoy nursing. Be aware; sometimes as you resume speed, you may be experiencing another role transition as your career moves in a different direction.



Exit. Pay attention to your road signs; do not take an exit you do not really want. Before you exit your job, critically evaluate the job situation. "Look before you leap" by making sure the change will improve your work situation.



Slow traffic, keep right. You may be more comfortable in the slower traffic lane with respect to your career direction. Take all the time you need; it is okay for each person to travel at a different speed. Do not get run over in the fast lane.



School zone. Plan for continuing education, whether it is an advanced degree program or one to maintain your clinical skills or license. Allow yourself sufficient time in your new job before you jump back into the role of full-time student.



Slow speed zone. Take time to get organized before you resume full speed! Have a daily organizational sheet that fits your needs and works for you both in your job and your personal life.



Caution. Do not commit to anything with which you are not professionally or personally comfortable. Think before you act. Do not react. Do not panic. If in doubt, check with another nurse.



Roadside park ahead. Take a break, whether it is 15 minutes or 30 minutes a day to indulge yourself, or a week to do something you really want to do.



RELEVANT WEBSITES AND ONLINE RESOURCES

Commission on Collegiate Nursing Education (CCNE)

Accredited Nurse Residency Programs. <http://www.aacnursing.org/Portals/42/CCNE/PDF/CCNE-Accredited-Nurse-Residency-Programs.pdf>

NCSBN

Transition to Practice. <https://www.ncsbn.org/transition-to-practice.htm>

NCSBN Learning Extension

Transition to Practice Online Program. <https://www2.learningext.com/newnurses.htm>

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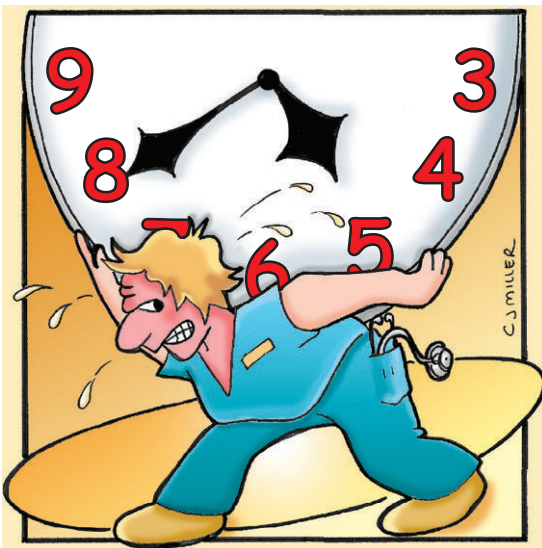
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Personal Management Time and Self-Care Strategies

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<http://evolve.elsevier.com/Zerwekh/nsgtoday/>.

Gain control of your time, and you will gain control of your life
Anonymous



Is time managing you, or are you managing time?

After completing this chapter, you should be able to:

- Identify your individual time style and personal time-management strategies.
- Discuss strategies that increase organizational skills and personal priority setting.
- Describe early signs of compassion fatigue and burnout.
- Describe how compassion fatigue and burnout affect nurses.
- Discuss the importance of caring for yourself.
- Identify strategies for self-care.

There are so many activities that individuals need to accomplish at any one time that deciding “how to get it all done” and “what to do when” is a daily challenge—one that can sometimes be overwhelming. Nursing school complicates the daily routine. This relentless competition for our attention is described by the term *timelock* (Keyes, 1991).

MANAGING YOUR TIME

Regrettably, there is no way to alter the minutes in an hour or the hours in a day. Although we cannot create more actual time, we can alter how we use the time we have available. Employers of new graduates have identified lack of organizational and time-management skills as areas in which new nurses frequently need the most improvement and assistance. The methods and strategies identified by time-management experts can help you cope with timelock.

This section introduces you to the principles of effective time management. You will learn how to gain control of your time, increase your organizational skills, and reduce wasted time to your advantage. You will learn strategies for using those newly acquired hours to achieve your personal and professional goals.

Balance Is the Key

Making time to meet your individual, family, and professional needs and goals is vital to your overall success. If you neglect your health maintenance needs, completing school may be jeopardized. Integrating the principles of time management into your daily life can help you achieve both your personal and professional goals.

What Are Your Biological Rhythms, and How Do You Use Them?

Individuals have different biorhythms that affect their energy levels during the day and can even vary from season to season. Rest and sleep are essential for optimal health and emotional and physical responsiveness.

Whenever possible, schedule difficult activities when you are most productive.

When possible, get 8 solid hours of sleep. Maintaining a regular sleep-wake rhythm (circadian rhythm) with adequate hours of sleep has both physiological and psychological restorative effects. Disruption of this rhythm causes chronic fatigue and decreases one's coping abilities and performance. Factors affecting rest and sleep include anxiety, work schedules, diet, and the use of caffeine, alcohol, and nicotine.

Fatigue, which can lead to impaired decision making, can occur with changes in the circadian rhythm and sleep deprivation. Physiological, psychological, and emotional problems have also been correlated to sleep deprivation; these include ischemic disease, increased peptic ulcers, indigestion, increased susceptibility to viral and bacterial infections, weight gain, sleep disturbances, and mood disorders. Therefore, if situations occur that interfere with your normal circadian rhythm, it is important to take measures to prevent these possible complications. Self-care tips to prevent complications caused by interferences in the normal circadian rhythm are presented in [Box 2.1](#). Try these strategies, tossing out those that do not work for you.

Engage in a relaxing activity 1 h before going to bed; for example, take a warm bath, read an interesting novel, or learn to initiate progressive relaxation techniques.

BOX 2.1 SELF-CARE TIPS WHEN CIRCADIAN RHYTHMS ARE DISRUPTED

- Reserve the bedroom for sleeping.
- Avoid watching television or using the computer while in bed.
- Leave your stressors at the door and pamper yourself just before sleeping by reading; stretching; meditating; or taking a warm, scented bath.
- Establish and maintain a consistent bedtime routine.
- Decrease noise or create “white noise” in the bedroom (e.g., use a bedroom fan).
- Charge or place your smartphone or mobile device in another room.
- Sleep with earplugs.
- Darken and cool down your sleeping environment.
- Use eye shields.
- Maintain a diet high in protein and low in carbohydrates to support your immune system.

What Is Meant by Right- and Left-Brain Dominance, and Where Is My Brain?

People think about and manage time differently, depending on their characteristic brain dominance—left, right, or both (Fig. 2.1).

Left-brain–dominant people process information and approach time in a linear, sequential manner. Their thinking structures time by minutes and hours. They tend to schedule activities in time segments and perform them in an ordered sequence. Left-brain–dominant people like to know the rules and play by them. They are usually able to meet their goals, but if this behavior is carried to an extreme, the individual is in danger of overwork at the expense of creative, artistic, and relaxing activities.

Right-brain–dominant people resist rules and schedules. They prefer to look at a project as a whole and to complete it in their own way and time. These are creative, flexible thinkers. However, if their behaviors are taken to an extreme, they can fail to meet needed completion times, which can induce guilt.

Some people are neither left-brain–dominant nor right-brain–dominant; hence they are more mixed in their behaviors. In fact, everyone uses both sides of the brain to some extent, thus tapping into the benefits of the brain’s full capacities. The use of lists and calendars engages the left brain, whereas techniques such as the use of colored folders and whimsical office supplies helps individuals to use right-brain holistic thinking to solve problems.

Which Are You?

(Check out the Hemispheric Dominance Inventory at <http://capone.mtsu.edu/studskl/hd/learn.html>.)

1. I am left-brain–dominant.
2. I am right-brain–dominant.
3. I am left-brain–dominant and right-brain–dominant.

In addition to assessing your own dominant time style, it is helpful to be aware of the time styles of the people with whom you live and work. Rigid rules on a right-brain–dominant person will lead to increased resistance and frustration for everyone. Better to assign tasks such as cleanup of the kitchen or utility room to be completed by a specific time and inform them of the consequences of its not being done. It would be appropriate to have some right-brain–dominant persons on the recruitment and retention committee and some left-brain–dominant persons on the policy and procedures committee.

Knowing your time style can help you maximize your strengths and modify your weaknesses. Individual time styles can be modified, but it is wasted energy to fight or work against natural inclination.

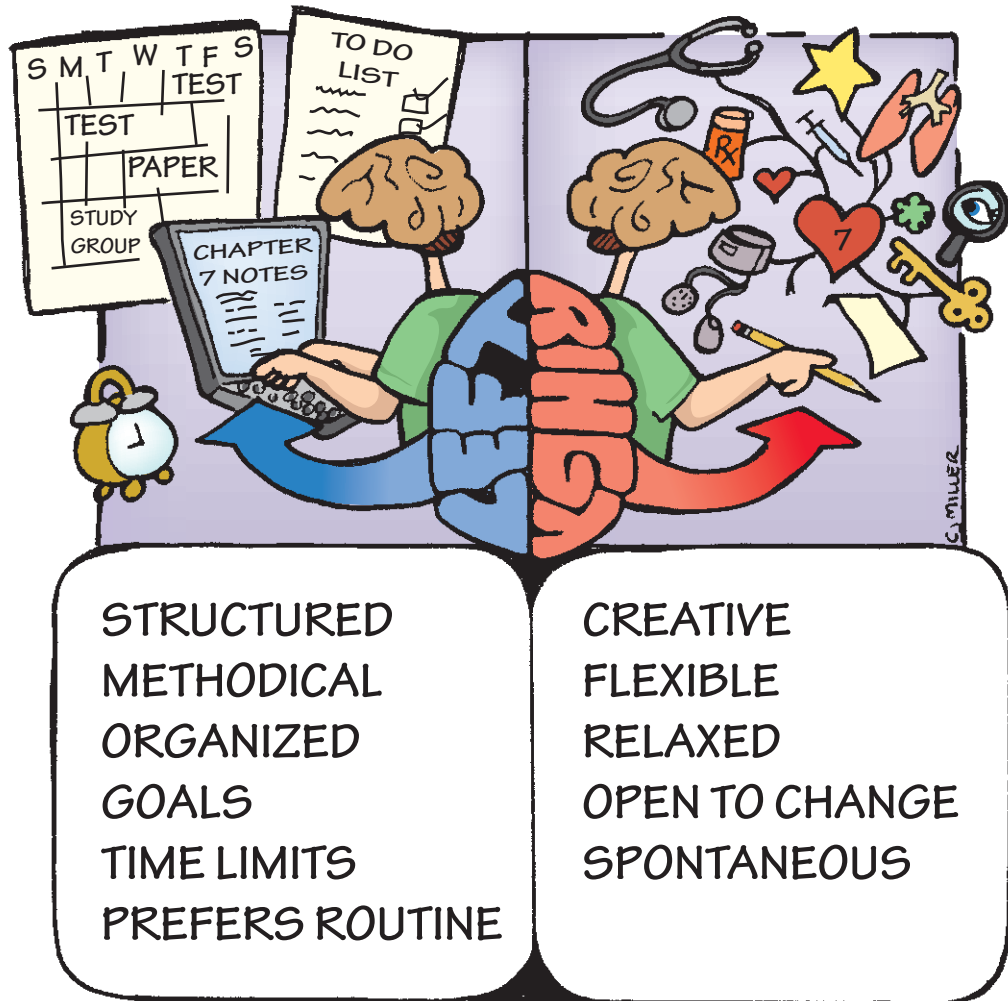


FIG. 2.1 Are you right- or left-brain-dominant?

After you are aware of your time style, you can begin to create more time for what you want to do and need to do by increasing your organizational skills.

How Can I Manage My Physical Environment?

A place for everything, and everything in its place.

Organizing and maintaining your physical environment at home, school, and work can dramatically reduce hours of time and the emotional frustration associated with “looking for stuff” (Fig. 2.2).

At home, set up a specific work area for such things as school supplies, papers, and books. A separate area or corner should be established where you can pay bills, send letters, order

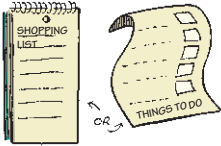

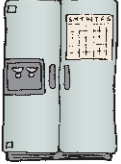
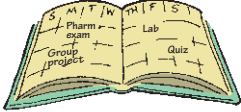






	<p>Start an ongoing list of "Things to Do." It feels so good to cross off the task as you complete it. Use the "task list" on your computer or download an app that organizes time and tasks.</p>
	<p>If you don't already have a file folder (either paper or electronic version), then start one immediately. If you can't keep up with the magazine and journal articles or if you don't have time to put your notes together, then file them. Get to them when you can.</p>
	<p>Post a large calendar on the refrigerator door. It is a great way to keep track of a busy family's schedule. Assign each person to write down his or her meetings, practices, and other activities in a different colored ink.</p>
	<p>Post a desk calendar at your workspace that shows due dates for assignments, exams, or important projects.</p>
	<p>Don't spend a lot of time in card shops searching for birthday and anniversary cards. Keep a supply of attractive blank cards on hand for these last-minute greetings to be a made, or buy a bunch of greeting cards and keep them in a letter holder with dividers indicating the month and day that cards should be mailed.</p>
	<p>Set a timer on your phone, and make time for yourself. Tell the children that this is your time to read, watch television, and relax.</p>
	<p>Neighborhood teenagers are often willing to run errands, mow lawns, wash cars, or clean house. Call on them.</p>
	<p>Check to see whether you cleaners, drug store, or grocer has free delivery, and then use it.</p>
	<p>Do your shopping online, by phone, or mail. Make use of the numerous catalogs that are around; sign up for specials or promotions from your favorite shopping stores, and buy from the convenience of your mobile device or office chair.</p>
	<p>Learn to say, "No." Remember that "No" is a complete sentence! It's so easy to get involved in too many activities. Set priorities, and do just one to two activities that please you, then say "No" to the rest.</p>

FIG. 2.2 Ten suggestions for organizing yourself.

take-out food, and take care of other household chores. When studying or working on major projects, find a space that provides a comfortable, but not too cozy, area. This space should have adequate lighting and be as free from distractions as possible. If you are studying, break your time into 50-minute segments followed by 10-minute breaks. Before beginning each study session, gather the appropriate tools—textbooks, paper, pens, highlighters, laptop, smartphone or handheld device, and reference material—to avoid wasting time searching for these items after you begin your work.

Compartmentalize

Place pens, notebooks, your smartphone or handheld device, or other reference materials in a designated holder or in a specific area of your workstation for quick access.

Color-Code

Do this for your files, keys, and whatever you can. Office supply stores are good sources of color-coded items. For example, color-coding keys with a plastic cover enables you immediately to pick out your car key or house key.

Convenience

Move and keep frequently used items nearest to where they are used.

Declutter the Clutter

At work, as well as at home, regularly clear your study and work areas.

What About All the Paperwork and/or Electronic Requests—How Can I Manage It?

Handling each piece of paper or electronic request only one time is a great time saver. Whenever possible, spend 30 seconds filing important information in the appropriate folder. This technique can save you time when you need the information again. Five ways to handle paper and electronic requests are as follows. Read each item, and then:

1. File it.
2. Forward it.
3. Respond to it—on the same sheet if possible.
4. Delegate it.
5. Discard it.

One time-management principle is, “Don’t agonize. Organize!”

What About Managing the Telephone?

Polite comments at the beginning and end of a telephone conversation are necessary to maintain positive interpersonal communications. However, when time limits are necessary, focus the conversation on the business at hand. Some possible phrases to move things along include “How can I help you?” or “I called to ...”. To end the conversation, summarize the actions to be followed through: “I understand. I am to find out about ... and get back to you by the end of the week. Thanks for calling.” Professional courtesy demands that you turn off your cellular phone while at work, in the classroom, during clinical rotation, and while attending a workshop.