Registered nurses' perceptions on work-readiness of new graduates in their first year of clinical practice: An integrative review

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This review explores the perceptions of experienced registered nurses (RNs) regarding the perceived work-readiness of new graduate nurses (NGNs) during their first year in practice. It identifies three key themes: expectations of RNs and NGNs previous exposure to clinical environments, organisational challenges, and NGN competence. Despite the Australian Nursing and Midwifery Accreditation Council's (ANMAC) accreditation of the Bachelor of Nursing program to ensure graduates are prepared for practice, discrepancies remain between expected and actual work-readiness. Work-readiness involves personal abilities, clinical skills, knowledge, and organisational awareness. RNs often expect NGNs to perform competently right away, but NGNs struggle due to insufficient clinical exposure and preparation. Issues like inadequate placements and an overemphasis on theory contribute to the gap between education and the demands of practice. Organisational challenges, staff shortages and lack of mentorship programs, increase stress and burnout. The review calls for improved clinical education, support systems, and systemic changes to better prepare NGNs for their roles.

Keywords: Workplace readiness, new graduate nurses, acute care setting, perceptions

In Australia, the three-year Bachelor of Nursing (BN) program is accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC, 2019) and includes clinical placement/work-integrated learning (WIL). ANMAC's primary role is to review and approve tertiary level nursing programs, ensuring they meet the requirements for registration and endorsement by the Nursing and Midwifery Board of Australia (NMBA, 2023). The accreditation process (i) evaluates pedagogy and curriculum content to ensure alignment with current knowledge and skills; and (ii) establishes a minimum level of competency for students seeking nursing registration (NMBA, 2023). This accreditation process leads to the assumption new graduate nurses (NGNs) will be 'work-ready' for their first year of clinical practice (NMBA, 2023).

Work-readiness is multifaceted and hard to define as stakeholders perceive and attribute its value differently when referring to graduate competencies and employability skills (Cavanagh et al., 2015). Due to differences in interpretation work-readiness is difficult to identify (Mirza et al., 2019). Work-readiness is generally characterized by a graduate's ability to exhibit workplace generic skills and competencies such as communication, teamwork, problem solving, resilience, and commitment to life-long learning (Messum et al., 2016). Specific to nursing, work-readiness is defined as having (i) personal abilities (to manage daily tasks and cope with workplace demands/challenges), (ii) clinical competency (ability to apply clinical reasoning and decision making), (iii) knowledge (ability to apply theory into practice), (iv) confidence (in one's own ability), and (v) organisational awareness (regarding workplace protocols and practices) (Baumann et al., 2019). However globally the matter of work readiness is still an issue, with countries such as England, Canada, China, Dubai, and Swaziland finding that new

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graduates continue to be perceived as unprepared for the workplace by hospital stakeholders. (AlMekkawi & Khalil, 2022; Baumann et al., 2019; Dlamini et al., 2014; Li et al., 2022; Williamson et al., 2020).

Work-readiness is most important during the NGNs first year of clinical practice. This year is known as a period of transition (NSW-Health, 2024) and is often marked by significant challenges for NGNs including the development of clinical competence, time management skills, and the ability to work under pressure (Benner, 1982; Duchscher et al., 2021; Duchscher & Windey, 2018). Transition may be influenced by a range of intrapersonal, interpersonal and organisational factors, many of which are beyond the control of NGNs (Masso et al., 2022). Even though most clinical settings have implemented transition programs to help NGNs adapt to new environments and expand their competencies (Charette et al., 2023; Kenny et al., 2021), there is conflicting evidence regarding NGN work-readiness (Masso et al., 2022).

Previous integrative reviews of n=21 and n=75 studies respectively, found NGNs repeatedly face challenges related to a lack of confidence, difficulties in managing patient workload, and a lack of support from their peers (Labrague & McEnroe-Petitte, 2018; Rush et al., 2019). Similarly, a qualitative Taiwanese study (n=25) identified struggles among NGNs in establishing professional relationships, acquiring necessary knowledge, and developing assertiveness skills (Liang et al., 2018). In contrast, a scoping review (n=45 studies) exploring what is known about work-readiness of NGNs suggest overall there are no major concerns (Masso et al., 2022). They further suggest it may be time to shift the question to whether the workplace is ready to support NGNs. This introduces the role of the experienced registered nurse (RN) assuming the role of preceptor (Masso et al., 2022).

Nurse preceptors are multifaceted professionals, serving as educators, evaluators, protectors, and role models (Varghese et al., 2023). They play a vital role in shaping professional values, building confidence, enhancing goal-setting abilities, and guiding clinical decision-making in NGNs (Jeffery et al., 2023). Nurse preceptors are essential in the acute care hospital setting, particularly in helping NGNs integrate into the workplace, increasing job satisfaction, and retention (Fordham, 2021; Murray et al., 2020). Nurse preceptors are known to face excessive workloads exacerbated by a significant attrition of nursing professionals, and an increased prevalence of critically unwell patients (Chan et al., 2013; Kowalczuk et al., 2020). This workload may be further intensified by the obligation to supervise NGNs (Van Den Oetelaar et al., 2016). Thus, when NGNs lack work-readiness, it is the nurse preceptor or experienced RN who is significantly impacted (Van Den Oetelaar et al., 2016).

As experienced RNs or nurse preceptors work closely with NGNs, they offer a unique and invaluable perspective on NGNs' work-readiness and the readiness of acute healthcare settings to support NGNs. Their perceptions are shaped by experiences, observing their clinical performance, and supporting their integration into healthcare environments (Gholizadeh et al., 2022). Their insights may highlight barriers and enablers of readiness on all accounts and inform the development of strategies and support mechanisms that may better equip NGNs for the realities of clinical practice. By examining factors that influence these perceptions, and the outcomes associated with perceived work-readiness, this review aims to explore experienced nurses' perspectives on the work-readiness of NGNs.

METHODS

An integrative review was undertaken. This approach consolidates findings from different methodologies, for example, qualitative and quantitative designs (Souza et al., 2010). According to Soares et al. (2014) integrative reviews utilising findings from various epistemologies have the potential

to enhance the depth of analysis and unveil novel insights. Such reviews offer a systematic and structured approach to synthesizing literature on a specific topic, thereby providing valuable insights for research, practice, and decision-making (Whittemore & Knafl, 2005).

Whittemore and Knafl's (2005) integrative review method was employed in this review to enhance the rigor of the process. This method encompassed a five-stage procedure: (i) defining the review's purpose, (ii) conducting a literature search, (iii) assessing and extracting data, (iv) analyzing or synthesizing the gathered information, and (v) presenting the findings (Whittemore & Knafl, 2005).

Search Strategy

The PCC mnemonic (population, concept and context) (Peters et al., 2020) was used to guide development of the research question, with "P" related to the Registered Nurses; "C" perceptions; and "C" representing the work readiness of the NGN. Thus, the following research question was outlined: "What are the perceptions of RNs on NGNs work-readiness in their first year of employment?"

A systematic search of peer reviewed articles was conducted using the online databases of: Cumulative Index to Nursing and Allied Health (CINAHL), MEDLINE, ProQuest, Google, and Google Scholar. Key search terms included work ready, workplace readiness, workplace, work-readiness, acute care, hospitals, hospital setting, new graduate nurse, graduate nurse, nurse, baccalaureate nurse, new graduate, nurse perception/s, ward nurse perception/s. Boolean terms "AND", "OR", and "NOT" in search strategies were utilized.

Inclusion and Exclusion Criteria

Studies of any design were eligible for inclusion if they were peer reviewed, published between 2004 and 2024, and written in the English language. Studies concentrating on workplace readiness, set within an acute care hospital environment, and exploring the perspectives of RNs towards NGNs were included. Studies conducted in aged care facilities, community settings, and those involving other healthcare professionals, such as assistant nurses or enrolled nurses, were excluded from this review.

Assessment of Quality

Quality assessment of articles was undertaken using the Critical Appraisal Skills Program for qualitative studies (CASP-UK, n.d.), Quantitative Research Assessment Tool for quantitative studies (CASP-UK, n.d.) and the Mixed Method Appraisal Tool (Hong et al., 2019) for mixed method studies. All articles that met minimum quality standards were included in the review.

Study Selection

Duplicate search results were removed using Covidence. Titles and abstracts were screened against predefined inclusion and exclusion criteria. Full-text screening of potentially eligible studies was then undertaken. This process was carried out independently by two reviewers. In the event of uncertainty, a third reviewer moderated the process until consensus was reached.

Data Extraction and Analysis

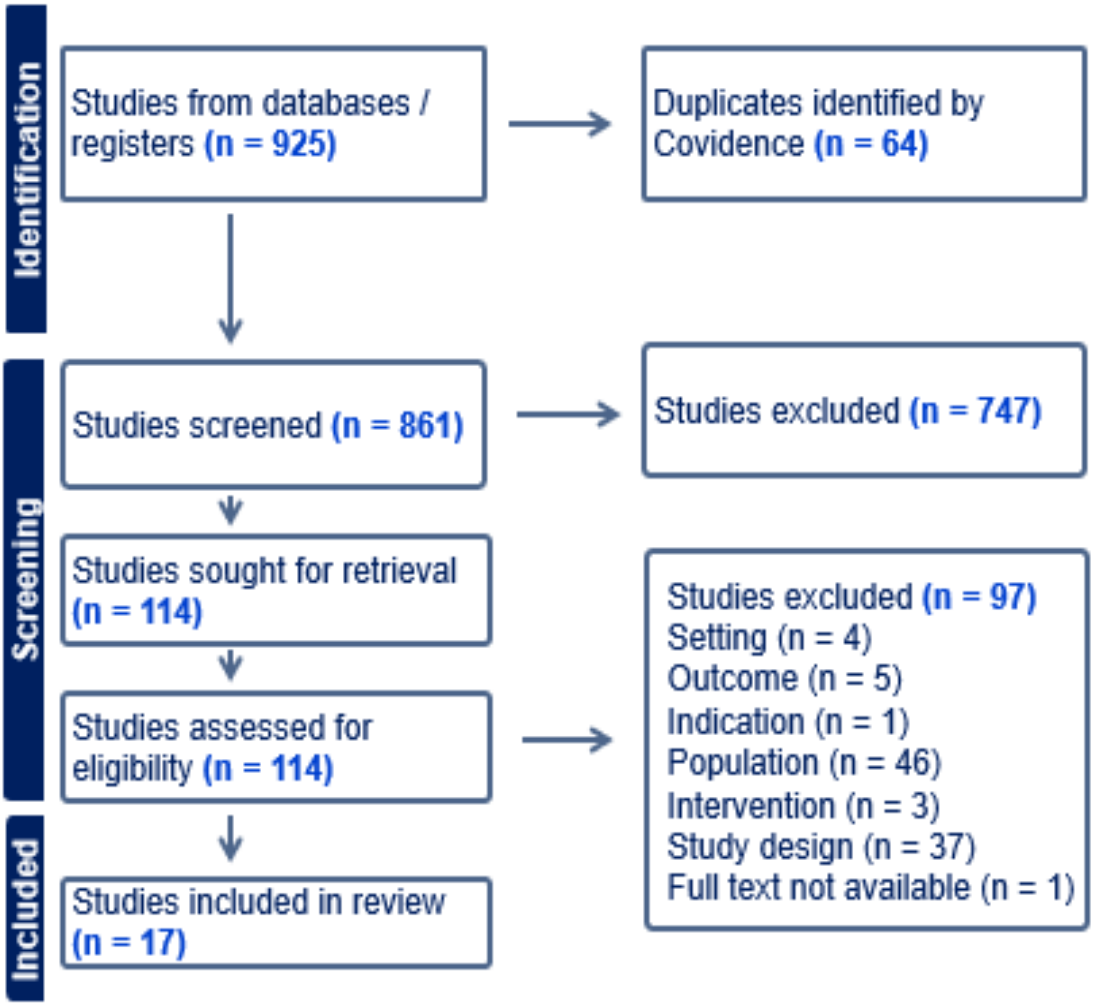
Data from all included studies were extracted using a modified version of the JBI data extraction form (Peters et al., 2020). Extracted data was organized into subsections, covering aspects such as study

description (including author, year of publication, and paper title), research methods (study design, methods, sampling, and sample size), and key findings.

RESULTS

The initial database search yielded n=925 articles. After removing duplicates, n=861 articles remained. After title and abstract screening of the 861 articles there remained 114 articles, n=114 underwent full-text screening. Reasons for exclusion include setting (n=3), outcomes (n=5), indication (n=1), population (n=46), intervention (n=3), study design (n=38), or unavailability of the full text (n=1). The total number of included studies was n=17. The selection process is shown below in Figure 1 as a flowchart using the PRISMA reporting template.

FIGURE 1: PRISMA flow chart.



Note. Adapted from "Preferred Reporting Items For Systematic Reviews And Meta-Analyses: the PRISMA Statement," by D. Moher, A. Liberati, J. Tetzlaff, D. G. Altman, & The PRISMA Group, 2009, *PloS Med, 6*(7), Article e1000097, Fig. 1. (https://doi.org/10.1371/journal.pmed.1000097.g001). CC BY 4.0

Characteristics of Included Studies

Articles in the final review originated from five different countries: Australia (n=7), Taiwan (n=1), Ireland (n=1), Canada (n=4), and the United States of America (n=4). Methodologies employed included mixed methods (n=2), quantitative (n=3), and qualitative (n=12).

Study sample sizes ranged from five to 5700, with a median of n=45. All participants in studies were classified as experienced nurses. Two studies focused on preceptors (Chen et al., 2011; Hickey, 2009), one study focused on preceptors and nurse managers (Gregg, 2020), with n=14 studies surveying a combination of experienced nurses including; clinical nurse specialists, RNs, administrators, nurse educators, and nurse managers with greater than two years' experience (Ballem & MacIntosh, 2014; Berkow et al., 2008; Brown & Crookes, 2016; Charette et al., 2018; El Haddad et al., 2017; Hartigan et al., 2010; Hegney et al., 2013; Johnstone & Kanitsaki, 2006; McNiesh, 2007; Missen et al., 2015, 2016; Regan et al., 2017; Whittam et al., 2021; Wolff et al., 2010).

Articles reviewed are shown in Table 1 (Appendix A)

Themes

Analysis of included studies revealed three primary themes: (i) expectations of RNs and NGNs previous exposure to clinical environments.; (ii) organisational challenges; and (iii) competence of NGNs.

Theme 1: Expectations of RNs and NGNs previous exposure to clinical environments.

RNs often have the expectation that the NGN is to be work-ready upon entering the clinical environment based on the NGN's previous exposure as a student nurse within their WIL. However, inadequate WIL during baccalaureate programs (both three year and four-year degrees) may leave NGNs underprepared, contributing to gaps in their ability to meet RN expectations effectively.

Several differences exist in expectations and understanding of NGNs work-readiness between RNs, nurse managers and nurse educators (El Haddad et al., 2017; Wolff et al., 2010). El Haddad et al. (2017) report RNs expect NGNs to 'hit the ground running', while academics within educational sectors view NGNs as novice practitioners who need support and supervision during their first year of practice. This running start of NGNs may be impacted by unknown ward culture and social elements of the clinical setting (Wolff et al., 2010). El Haddad et al. (2017) and Hegney et al. (2013) extend beyond this and report nurse managers and nurse preceptors perceive baccalaureate programs and limited WIL hours impact work-readiness of NGNs.

Numerous studies support NGNs gaining broader exposure to healthcare settings when undertaking baccalaureate programs to enhance competence and work-readiness (El Haddad et al., 2017; Hegney et al., 2013; Missen et al., 2015; Regan et al., 2017). Inadequate and poor quality WIL are reported in numerous studies to impede the ability of NGNs to apply learned theory into practice; and develop competence in clinical skills, ultimately leaving NGNs unprepared for the RN role (Charette et al., 2018; El Haddad et al., 2017; Hegney et al., 2013; Missen et al., 2015; Regan et al., 2017). Missen et al. (2015), relate this to the fully supervised nature of baccalaureate WIL where students are dependent on nurse

preceptors; often shielding them from full responsibilities of the RN role. This shield may also result from challenges at the organisational level.

Theme 2: Organisational challenges

Organisational challenges (resource allocation, staffing shortages and ward culture) in the field of nursing are well documented (Fox et al., 2022; Marufu et al., 2021; Yusefi et al., 2022) and may influence and impact the transition period of the NGN.

A lack of standardised preceptorship programs leading to frustration of RNs and NGNs was reported by two studies (Charette et al., 2018; Chen et al., 2011). Regan et al. (2017) report staff shortages and ward culture hindered the ability of RNs to provide adequate support of NGNs. Several studies report that experienced RNs further acknowledged increased workloads and time pressures as challenges, as they balance regular duties with the responsibility of mentoring and supporting NGNs (Ballem & MacIntosh, 2014; Chen et al., 2011; Whittam et al., 2021). RNs reported higher levels of stress, burnout, frustration, guilt, and concerns regarding potential errors that may occur due to the increased workload (Ballem & MacIntosh, 2014; Chen et al., 2011; Whittam et al., 2021).

Level of stress was highlighted by Whittam et al. (2021) who reports the words of a participant as ″it's a huge responsibility, absolutely massive″ (p. 3321), referring to the workload of supporting NGNs. The important need of RNs to recognize and correct potential errors performed by NGNs', and the impact such errors would have on patient outcomes was also voiced (Whittam et al., 2021). RNs described the feeling of undertaking this support role as being in ″survival mode″ (Whittam et al., 2021). This survival mode is supported by Ballem and MacIntosh (2014) who express ″new graduates just keep coming" (p. 379), "they keep us on our toes" (p. 380), and ″carrying the load" (p. 381) as NGNs develop clinical competency and adjust to the clinical environment. The clinical competency of NGNs often highlights a disconnect between university study and the demands of the clinical environment, as theoretical knowledge and limited work integrated learning hours may not fully prepare them for the complexities and pressures of real-world practice.

Theme 3 Competence of NGNs

Real-world practice requires NGNs to demonstrate confidence and competence. Even though NGNs have already been deemed competent against RN standards of practice prior to graduation, numerous studies report a lack of work-readiness.

Brown and Crookes (2016) report 40.8 % (n=119) of experienced RNs expect NGNs to require supervision in monitoring and managing patients in the clinical setting. Several studies raise further concerns surrounding competency in communication, critical thinking and clinical/technical skills (medication administration) of NGNs (Hartigan et al., 2010; Missen et al., 2015, 2016). Hickey (2009) reports 63% of nurse preceptors believe NGNs require more assistance than expected when performing fundamental skills (vital signs and hygiene). Reasons for a lack of competence of NGNs is perceived to be related to minimal clinical exposure; with suggestions to increase the number of WIL hours completed in baccalaureate programs (El Haddad et al., 2017; Hegney et al., 2013; Whittam et al., 2021).

Ballem and MacIntosh (2014) & Chen et al. (2011) further report a mismatch between what graduates learn and what is needed for practice, and a practice theory gap exists between the university and the hospital setting. However, Berkow et al. (2008) indicates there is poor performance of key skills which would be best taught in the clinical setting. Hickey (2009) and McNiesh (2007) highlight varying levels of competence of NGNs that will take time to improve.

Missen et al. (2015) identified several weaknesses of NGNs including clinical skills deficits, communication issues, with enrolled nurses specifically struggling with the transition into the RN role. Additionally, NGNs themselves report feeling unprepared for practice, recognizing deficiencies in clinical skills (Berkow et al., 2008). El Haddad et al. (2017) emphasizes the importance of collaboration between baccalaureate programs and hospitals to mitigate transition struggles. Orientation programs were highlighted as being crucial for assisting NGNs in their transition, though the optimal length and content of these programs remains undetermined (Charette et al., 2018; Regan et al., 2017).

DISCUSSION

Findings from the review highlight important themes regarding the transition of NGNs into the clinical environment; (i) expectations of RNs and NGNs previous exposure to clinical environments., (ii) organisational challenges, and (iii) competence. These themes are not unique to nursing but resonate across other healthcare disciplines, emphasizing a broader issue within healthcare education. By examining these themes and drawing comparisons from related fields, strategies can be identified to enhance the preparation of NGNs and improve their transition into practice.

Findings regarding the expectations of RNs and NGNs previous exposure to clinical environments in nursing align with a substantial body of literature highlighting the role of clinical experience in preparing NGNs for practice (Bryant, 2022; Dudley et al., 2020; McDonald, 2022). Students' level of learning may be influenced by factors such as motivation, previous experience, and existing knowledge (Berndtsson et al., 2020). Studies consistently show that NGNs with extensive and varied clinical placements/WIL transition more smoothly into their roles, demonstrating higher levels of competence and confidence (El Haddad et al., 2017; Missen et al., 2015). This trend is mirrored in other health-related fields. For instance, research in medicine indicates that residents with diverse clinical rotations and hands-on experience transition more effectively into their roles as attending physicians (Hauer et al., 2014). Similarly, in pharmacy, students who integrate practice-based learning throughout their education are better prepared for real-world clinical challenges (Kim & Kim, 2022).

In nursing education, WIL involves combining theoretical study with hands-on experience (Karlsson et al., 2022). Interestingly, the duration of WIL for nursing degrees in terms of required hours is globally inconsistent. For example, Australia sets a minimum of 800 hours, with some tertiary institutions increasing this to 1,100 hours. New Zealand requires 1,100 hours, the United Kingdom (UK) mandates 2,300 hours, and the United States of America (USA) has no national minimum (Hungerford et al., 2019). WIL combines classroom education with practical workplace experience, allowing students to apply their knowledge in real-world settings while also promoting knowledge exchange and development (Berndtsson et al., 2020), the difference in hours may impact the learning. This variation highlights the lack of global standardisation in nursing education and raises important questions about how differing placement requirements may impact the preparedness and competency of nursing graduates across countries.

The disparity in expectations between RNs, nurse managers, and nurse educators reflects well-documented concerns about the theory-practice gap in nursing education (Duchscher, 2008; Graf et al., 2020; Jeffery et al., 2023; Lee & Sim, 2020; Murray et al., 2019). This gap is similarly recognized in pharmacy, where theoretical training may not fully prepare students for the complexities of work integrated learning (Kim & Kim, 2022). The challenges faced by NGNs stemming from educational institutions' emphasis on theoretical knowledge and controlled environments parallel those observed in other fields where theoretical preparation does not always align with real-world demands.

Organisational challenges such as resource allocation, staffing shortages, and ward culture are significant barriers for NGNs and are prevalent across other health professions. For example, social workers experience burnout and job dissatisfaction due to inadequate resources and high caseloads (Ratcliff, 2024), while physiotherapists face similar pressures from increasing patient loads with limited support (Rogan et al., 2019). These issues impact not only NGNs but also the broader healthcare environment, leading to problems such as burnout, job dissatisfaction, and high turnover rates (Ballem & MacIntosh, 2014; Lawton et al., 2024; Monrouxe et al., 2017; Regan et al., 2017; Smith & Pilling, 2007). The stress experienced by RNs who mentor NGNs, often described as being in 'survival mode', echoes findings in medicine, where mentoring new residents can similarly lead to increased stress and burnout among experienced professionals (Cavanaugh et al., 2022).

Counterpoints to these findings suggest some challenges are not unique to NGNs but are part of a broader learning curve inherent in transitioning to new roles. In medicine, for instance, the expectation for new residents to perform at a high level at the commencement of their transition year often overlooks the natural learning curve from medical school to clinical practice (Sturman et al., 2017). This perspective mirrors the argument that NGNs face an inevitable adjustment period, and that the emphasis should be on creating supportive environments that facilitate professional growth rather than expecting immediate proficiency (Ackerson & Stiles, 2018; Adlam, 2007).

Additionally, systemic issues affecting experienced RNs as well as NGNs are evident across health disciplines. In occupational therapy, experienced therapists also face systemic pressures such as increased workloads and resource constraints, impacting their job satisfaction and effectiveness (Jesus et al., 2022). This study also shows the negative influence of psychological distress on all aspects of work readiness. Interestingly, Lawton et al. (2024) also found that physiotherapists have similar issues with their personal attributes such as management of stress and resilience. This indicates that while NGNs face specific challenges, these are part of broader systemic problems for health professions requiring comprehensive solutions.

On the organisational front, addressing systemic issues such as staffing shortages and the lack of standardised preceptorship programs will benefit not only NGNs but the entire nursing workforce. Investing in mentorship programs that support both NGNs and their mentors is important to improving the overall work environment (Chen & Lou, 2014; Devey Burry et al., 2020). Finally, acknowledging the potential contributions of NGNs, even in their early stages of practice, can foster a more supportive and collaborative work environment (Charette et al., 2018, 2020). This holistic approach ensures NGNs are well-prepared for the demands of their roles and supported in their ongoing professional development, drawing on insights from various health disciplines to develop more robust strategies for their transition into professional roles.

LIMITATIONS/STRENGTHS OF THE STUDY

This review included only peer-reviewed articles published in English. This may introduce a bias by excluding grey literature, dissertations, conference proceedings, and non-peer-reviewed studies, which might offer valuable insights. Additionally, the search terms were focused on specific constructs, potentially overlooking studies that address misinformation and evidence-based practice from different angles or through related concepts not explicitly covered by the search strategy. A key strength of this review is its adherence to established guidelines and frameworks for integrative reviews.

CONCLUSION

This integrative review highlights important themes as perceived by experienced RNs relating to work-readiness of NGNs including expectations of the RN and previous exposure in clinical placement/WIL, organisational challenges, and competence. Findings highlight that NGNs benefit significantly from extensive and varied clinical placements/WIL, a trend that is also reflected in other healthcare fields such as medicine and pharmacy. The review reveals a persistent theory-practice gap, where the educational expectations of NGNs often conflict with the practical realities they encounter, a discrepancy similarly noted in fields like pharmacy. Organisational challenges, including resource constraints and ward culture, contribute to burnout and job dissatisfaction, impacting both NGNs and experienced staff. Based on the insights and perceptions of seasoned professionals, it is crucial to address these systemic issues, improve clinical education/WIL, and foster a supportive work environment, to enhance NGNs' transition.

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APPENDIX A:

TABLE 1: Article review.

Reference	Country	Design, Method and Purpose	Sample	Findings / conclusions / recommendations	CASP / MMMT score
Ballem, A., & MacIntosh, J. (2014). A narrative exploration: experienced nurses' stories of working with new graduates. *Western Journal of Nursing Research*, *36*(3), 374-387.	Canada	Qualitative Narrative enquiry To understand the perceptions and experience of ward nurses working with new graduates	Eight female participants in total Six participants had ten years plus experience as a nurse	Three themes were identified that were expressed by the nurses and their concerns with the new graduates coming to their ward, they were: 1) The new graduates keep coming (workplace not feeling ready) 2) they (new graduates) keep us on our toes and 3) (we) are left carrying the patient load of the new graduate nurse as well as our own	9/10
Berkow, S., Virkstis, K., Stewart, J., & Conway, L. (2008). Assessing new graduate nurse performance. *Journal of Nursing Administration*, *38*(11), 468-474.	America	Quantitative Descriptive analysis - survey To identify the specific nursing competencies that comprise the preparation-practice gap and how to bridge this gap	5,700 participants which were defined as front line nurse leaders (Clinical nurse Specialists, nurse director, educator, manager, charge nurse positions and staff nurses with more than 2 years' experience)	Results show from the New Graduate Nurse Performance survey revealed that there is room for improvement across all the surveyed areas of competencies and that educational changes are required to support the experienced nurses who work with the new graduates. Results that ranked 20% or lower on the scale, included decision making, conducting follow up, recognition of changes in the patient's condition, ability to take initiative, interpretation of assessment data and the ability to work independently. Hospital and the education provider should work together to discuss which competencies require more attention. Also identified was the need to discuss the environment which would be best utilized to assess competencies, eg – in a classroom or lab environment, during placement or WIL or once working and possibly a combination of all three.	6/10
Brown, R. A., & Crookes, P. A. (2016). What level of competency do experienced nurses expect from a newly	Australia	Quantitative Modified Delphi Study	299 participants	The new graduate is not independent in at least 26 of the thirty skills areas. The article showed that there is no clear expectation within nursing that the newly graduated RNs would be competent	9/10

graduated registered nurse? Results of an Australian modified Delphi study. *BMC Nursing*, *15*, 45.		To identify the competency level of newly graduated nurses in the necessary skills areas as perceived by experience Registered Nurses.	80 academics, 203 worked withing the clinical setting and 12 respondents were no longer currently working in nursing.		
Charette, M., Goudreau, J., & Bourbonnais, A. (2018). Factors influencing the practice of new graduate nurses: A focused ethnography of acute care settings [Multicenter Study]. *Journal of Clinical Nursing*, *28*(19-20), 3618-3631.	Canada	Qualitative Ethnography – interviews / focus groups and observation To explore the impact the acute care setting has on competency deployment of new graduate nurse	19 participants in total, 4 new graduate nurses, 2 nurse preceptors, 9 clinical nurse specialists and 4 nurse managers	The organisational factors (such as orientation, stability, workload, and unit culture) and the new graduates' personal factors (like personality and student placement experience) were found to influence how their competencies were used.	7/10
Chen, Y-H., Duh, Y-J., Feng, Y-F & Huang, Y-P. (2011). Preceptors' experiences training new graduate nurses: a hermeneutic phenomenological approach. *Journal of Nursing Research, 19*(2), 132-40.	Taiwan	Qualitative Interpretive phenomenological study – interviews To explore the preceptors experience related to the training of new graduate	15 female participants in total, needed to have been practicing for 3 years or more, have completed 8 hours of clinical teaching training	Preceptors felt burdened with the job of educating the new nurses Preceptors were unfamiliar with the paperwork used in training new nurses Preceptors needed support from their peers to be able undertake the role well	CASP 8/10

		nurses in a hospital			
El Haddad, M., Moxham, L., & Broadbent, M. (2017). Graduate nurse practice readiness: A conceptual understanding of an age old debate. *Collegian*, *4*(4), 391-396.	Australia	Qualitative Grounded theory - Purposive and theoretical sampling using semi structured interviews To examine what practice readiness is from the perspective of nursing unit managers (NUMs) in an acute care practice and Bachelor of nursing program coordinator (BNPCs) in the education sector	16 female participants n = 7 Nursing Unit Managers (NUMs) and n = 9 Bachelor of Nursing Program Co-ordinators (BNPCs)	New graduate nurses are expected to hit the ground running despite this being unreasonable for nurses The NUMs and the BNPCs are dissatisfied with the preparedness of the new graduate nurse. Closer work with the NUM's and BNPC's is required to help with the problem of being practice ready NUMs do not give a lighter load to the new nurse as they feel they should be able to work at the same level as the other nurses	CASP 9/10
Gregg, J. C. (2020). Perceptions of Nurse Managers and Nurse Preceptors: Are New Graduate Nurses Displaying Competency According to the New Graduate Nurse Performance Survey? *Journal for Nurses in Professional Development*, *36*(2), 88-93.	America	Quantitative Descriptive analysis - survey The aim was to look at the nurse managers and nurse preceptor perceptions of new graduate	51 participants in total 29 managers and 22 nurse preceptors (38 were female and 13 were male)	No statistical difference between the nurse managers / preceptors of the new graduate nurse's competency Nurse managers and nurse preceptors state that NGNs are not fully prepared for practice in relation to clinical knowledge, technical skills, critical thinking, communication, professionalism and the management of their responsibilities for patient care	CASP 5/10

		nurse's competency level			
Hartigan, I., Murphy, S., Flynn, A. V., & Walshe, N. (2010). Acute nursing episodes which challenge graduate's competence: perceptions of registered nurses. *Nurse Education in Practice*, *10*(5), 291-297.	Ireland	Qualitative Ethnography focus groups To identify challenging nursing episodes the experienced nurses, perceive as difficult for new graduate nurses	28 registered nurses across the 3 hospitals	New graduates are deficient in practical skills. Technical / clinical skills are not performed to the standard expected for the experienced nurses Experienced nurses do not have an expectation that the new graduates are able to practice independently on graduation.	CASP 8/10
Hegney, D., Eley, R., & Francis, K. (2013). Queensland nursing staffs' perceptions of the preparation for practice of registered and enrolled nurses. *Nurse Education Today*, *33*(10), 1148-1152.	Queensland Australia	Qualitative Survey with thematic analysis To explore the education provided in preparation for practice of registered nurses (university sector) and enrolled nurses (TAFE)	1500 participants in total No gender data	Insufficient clinical experience such as WIL and inappropriate curriculum content being taught Suggested that greater industry involvement into the curriculum as this may overcome the concerns with new nurses being prepared for practice	CASP 9/10
Hickey, M. T. (2009). Preceptor perceptions of new graduate nurse readiness for practice. *Journal for Nurses in Staff Development - JNSD*, *25*(1), 35-41.	America	Mixed methods Descriptive Study - survey The aim of this study was to look	62 preceptors across medical/surgical, critical care, operating room, emergency department,	Improvement is needed in specific areas, such as complex or advanced skills, prioritizing care, managing patient load, critical thinking, problem solving and clinical decision-making skills. Graduates are not adequately prepared for practice by the educational institution.	Mixed method appraisal tool 22 yes 2 no 3 cannot tell

		at preceptors' views of new graduate readiness for practice.	long term care, paediatrics and maternity.	The workforce needs to implement strategies to promote the graduate's success.	
Johnstone, M.-J., & Kanitsaki, O. (2006). Processes influencing the development of graduate nurse capabilities in clinical risk management: an Australian study. *Quality Management in Health Care*, *15*(4), 268-277.	Australia	Mixed Method Exploratory descriptive case study method (survey given 5 times over 12 months to the participants) To investigate and describe what influences the development of the new graduates capabilities in clinical risk management	11 new graduate nurses 34 – nurse unit managers, clinical teachers, preceptors, librarian, the quality manager and senior nurse administrators	New graduates need information and skills that will assist them to recognize and respond correctly to risks in healthcare	Mixed method appraisal tool 14 yes 3 no 10 cannot tell
McNiesh, S. (2007). Demonstrating holistic clinical judgment: preceptors perceptions of new graduate nurses. *Holistic Nursing Practice*, *21*(2), 72-78.	America	Qualitative Phenomenology – interviews To investigate the experience of new graduate nurses acquiring clinical judgement in a maternity ward	5 registered nurses who orientate new graduate nurses to labour and delivery	Preceptors need to support the new graduates in active clinical inquiry. Preceptors viewed the NGN as asking questions as good way to use to evaluate the NGNs understanding of the clinical picture, it shows their insight into the clinical situation at hand. NGNs struggle with putting the pieces together, especially when needing to teach the patient about what was going to happen with their care. Preceptors suggested that NGNs need to be able to communicate what they want with all team members and this skill is not always present	CASP 7/10

				If a NGN can learn to pay attention to what they see and then act on that, the preceptor sees this as showing the NGNs has a good knowledge base. By the time the NGN had completed their time in the ward area the preceptors only expected the NGNs to demonstrate awareness of the limitations of their knowledge and the ability to seek out help if required. The senior nurses a likened this to that of being an advanced beginner such as Patricia Benner describes in her work.	
Missen, K., McKenna, L., & Beauchamp, A. (2015). Work readiness of nursing graduates: current perspectives of graduate nurse program coordinators. *Contemporary Nurse*, *51*(1), 27-38.	Victoria, Australia	Qualitative Descriptive design – survey, with semi structured questions To explore the perceptions of graduate nurse program coordinator on the work readiness of new graduates and the challenges they perceive these new graduates have in the first year of practice	16 graduate nurse program coordinators, there were 3 males and 13 females with their experience ranging from 1.5 to 26 years.	There are a few areas of weakness and challenges for new nurses in their preparation for practice, such as clinical skills deficits, communication issues and transition issues New graduate nurses are lacking in basic skills – taking vital signs and assessing patients due to an over reliance of machines to do the work. New graduate nurses have inadequate quality clinical exposure as they are mainly shielded on placement.	CASP 9/10
Missen, K., McKenna, L., Beauchamp, A., & Larkins, J.-A. (2016). Qualified nurses' perceptions of nursing	Australia	Quantitative Descriptive design – survey	201 participants in total - 82% completed the full survey	Participants rated new graduates as lacking competence in two skills areas and performing adequately in the six other skills areas.	CASP 7/10

graduates' abilities vary according to specific demographic and clinical characteristics. A descriptive quantitative study. *Nurse Education Today*, *45*, 108-113.		To explore perceptions of experienced nurses in relation to the readiness of newly graduated nurses	187 – Female respondents 12 Male respondents	The new graduates' nurses' abilities were rated differently based on the age of the nurse, numbers of years registered, their educational setting, role and where they worked.	
Regan, S., Wong, C., Laschinger, H. K., Cummings, G., Leiter, M., MacPhee, M., Rheaume, A., Ritchie, J. A., Wolff, A. C., Jeffs, L., Young-Ritchie, C., Grinspun, D., Gurnham, M. E., Foster, B., Huckstep, S., Ruffolo, M., Shamian, J., Burkoski, V., Wood, K., & Read, E. (2017). Starting Out: qualitative perspectives of new graduate nurses and nurse leaders on transition to practice. *Journal of Nursing Management*, *25*(4), 246-255.	Canada	Qualitative Descriptive study using inductive content analysis – focus groups and interviews To describe NGN's experience of transition by exploring perspectives of the NGN and nurse leaders	70 participants in total - 42 new graduate nurses and 28 nurse leaders	Most participants identified similar factors the help with transition, such as, formal orientation programs, unit cultures that encourage positive feedback and supportive mentors. Unsupportive practice is – changes to the orientation length at short notice, inadequate staffing, poor unit cultures and heavy workload	CASP 9/10
Whittam, S., Torning, N., & Patching, J. (2021). A narrative inquiry approach to understanding senior intensive care nurses' experiences of working with new graduate nurses. *Journal of Clinical Nursing*, *30*(21-22), 3314-3329.	Australia	Qualitative Narrative enquiry - interviews To explore senior nurses' stories of working with new graduate nurses in intensive care	5 participants in total self-selected experienced nurses who work with new graduate nurses (NGNs) in ICU	Mismatch between skills and theory acquired at university at ward demands. NGNs are limited in their capacity to provide nursing care. Overseeing the NGNs was considered essential to protect patient safety and prevent potential complications. Senior nurses suggested that they carry the NGNs Senior RNs feel pressured to support the NGN due to their workload and being unable to support the NGNs Sometimes the NGNs exceeded the expectations of the senior nurse by showing critical thinking	CASP 9/10

				The NGNs questions over time showed their growth in learning Certain wards such as ICU were not deemed appropriate by the senior RNs for first rotation of a NGN as they lack the basic skills of being able to prioritize care, patient assessment, patient hygiene and time management. Senior registered nurses supporting new graduate nurse should have a lighter workload to better facilitate the new graduates learning.	
Wolff, A. C., Pesut, B., & Regan, S. (2010). New graduate nurse practice readiness: Perspectives on the context shaping our understanding and expectations. *Nurse Education Today*, *30*(2), 187-191.	Canada	Qualitative – focus group with mixed purposive sampling To understand the perspective of nurses in relation to the new graduate nurses and what shapes these perspectives	150 nurses, 115 nurses were in the practice sector and 31 nurses were in the regulatory sector. No gender data available.	Participant perspective about practice readiness was that of the education the nurse received. Participants felt that diploma educated nurses were better prepared due to more clinical hours The term practice readiness is understood differently by nurses The transition phase for the new graduate nurse should not be minimized, it is important that is recognized both for the new nurse and the experienced nurse.	CASP 7/10

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In this Journal, WIL is defined as:

> *An educational approach involving three parties – the student, educational institution, and an external stakeholder – consisting of authentic work-focused experiences as an intentional component of the curriculum. Students learn through active engagement in purposeful work tasks, which enable the integration of theory with meaningful practice that is relevant to the students' discipline of study and/or professional development* (Zegwaard et al., 2023, p. 38*).

Examples of practice include off-campus workplace immersion activities such as work placements, internships, practicum, service learning, and cooperative education (co-op), and on-campus activities such as work-related projects/competitions, entrepreneurships, student-led enterprise, student consultancies, etc. WIL is related to, and overlaps with, the fields of experiential learning, work-based learning, and vocational education and training.

The Journal's aim is to enable specialists working in WIL to disseminate research findings and share knowledge to the benefit of institutions, students, WIL practitioners, curricular designers, and researchers. The Journal encourages quality research and explorative critical discussion that leads to the advancement of quality practices, development of further understanding of WIL, and promote further research.

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Types of Manuscripts Sought by the Journal

Types of manuscripts sought by IJWIL are primarily in two forms: 1) *research publications* describing research into aspects of WIL and, 2) *topical discussion* articles that review relevant literature and provide critical explorative discussion around a topical issue. The journal will, on occasions, consider good practice submissions.

Research publications should contain; an introduction that describes relevant literature and sets the context of the inquiry. A detailed description and justification for the methodology employed. A description of the research findings - tabulated as appropriate, a discussion of the importance of the findings including their significance to current established literature, implications for practitioners and researchers, whilst remaining mindful of the limitations of the data, and a conclusion including recommendations.

Topical discussion articles should contain a clear statement of the topic or issue under discussion, reference to relevant literature, critical and scholarly discussion on the importance of the issues, critical insights into how to advance the issue further, and implications for other researchers and practitioners.

Good practice and program description papers. On occasions, IJWIL seeks manuscripts describing an example of good practice, however, only if it presents a particularly unique or innovative practice or it was situated in an unusual context. There must be a clear contribution of new knowledge to the established literature. Manuscripts describing what is essentially 'typical', 'common' or 'known' practices will be encouraged to rewrite the focus of the manuscript to a significant educational issue or will be encouraged to publish their work via another avenue that seeks such content.

By negotiation with the Editor-in-Chief, the Journal also accepts a small number of *Book Reviews* of relevant and recently published books.

Reference
Zegwaard, K. E., Pretti, T. J., Rowe, A. D., & Ferns, S. J. (2023). Defining work-integrated learning. In K. E. Zegwaard & T. J. Pretti (Eds.), *The Routledge international handbook of work-integrated learning* (3rd ed., pp. 29-48). Routledge. https://doi.org/10.4324/9781003156420-4

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