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A strategy for newly qualified nurses

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ABSTRACT: Newly qualified veterinary nurses can often feel intimidated making the move from student to registered veterinary nurse. New responsibilities, losing the supervision of colleagues and stepping out into unfamiliar territory can increase stress levels and undermine confidence. New nurses can take control and smooth this transition period by following a few strategies such as asking for help, finding a mentor and reflecting on the work they have done. Being familiar with the Code of Professional Conduct will identify the responsibilities of veterinary nurses including the awareness of their own area of competence and adding to their knowledge base is important. Whilst this can be a challenging time for newly qualified nurses, it is an exciting phase of the veterinary nursing career.

KEYWORDS: student nurse; transition; qualified nurse; reflective practice; mentors; time management; emotional intelligence

Introduction

The transition from student nurse to qualified nurse may be challenging. It can be nerve wracking to be working without the safety harness of being a 'student nurse', which, by implication means close support and supervision with opportunities to constantly ask questions, check and practice.

This article outlines a strategy to assist newly qualified nurses at the start of their career. Being familiar with and appreciating the professional implications, understanding the value of reflective practice, using mentors effectively, thinking about time management and considering emotional intelligence will increase confidence levels and help manage the progression from student nurse to qualified nurse.

The transition period

Qualifying as a veterinary nurse marks the end of one educational journey and the start of another. From the moment a newly qualified nurse steps into their first job they are consolidating their formal training with practical experience of the dynamic world of nursing. For as all nurses know, there is no such thing as an average day, no such thing as a standard case. Each and every patient comes with a different set of characteristics and therefore different needs. In addition, most patients come with an owner with their own individual needs.

This combination makes for a highly variable case load, even between patients who are diagnosed with the same condition. This transition from student to qualified nurse has been identified as a stressful time in NHS nurses and therefore an additional period of support is offered known as preceptorship (Entwistle, 2012). This support is designed to develop confidence in the newly qualified nurse and enhance their critical decision-making skills. Perhaps this approach should be developed in the veterinary industry?

It is the veterinary nurse who is responsible for identifying the individual characteristics of their patient, for knowing and understanding their needs. Basics such as knowing the food they usually eat, checking their usual toileting routine and recognising their behavioural patterns, are all crucial to the wellbeing of animals under veterinary care (Ballantyne, 2014). It is this advanced level of engagement with patients and their owners that can be a challenge to newly qualified nurses.

A 2018 study by Wong et al., of newly qualified NHS nurses, identified eight challenging areas as seen in [Figure 1](#). This can be transferred to the veterinary practice situation where SVN's become RVN's and are therefore accountable for their own actions and have an increased responsibility to achieve tasks quicker without support from colleagues; the expectation may be that now they are qualified, they are now fully competent.

Increase in workload
Lack of knowledge with regards to managing emergency cases
Communicating effectively with a wide variety of people in stressful situations
Expectations of themselves and others
Change of role to working without supervision
Working atmosphere without a sense of 'team'
Support varied between places of work
Blame/complaint culture

Figure 1. Areas of concern for newly qualified nurses (Wong et al., 2018).

Thinking about time management

Most student nurses are given the comfort of security of time. Time to make their assessments, time to check their care plans, time to ask questions. Newly qualified nurses may feel intimidated by the pace of clinical reasoning that is required from them, the need for real time action and decision-making.

There are a number of reasons why appropriate prioritisation and organisation of workload can be challenging for newly qualified nurses. Firstly, inexperience can make it difficult for newly qualified nurses to predict how long tasks are going to take. Secondly, again, due to inexperience, or the fact newly qualified nurses are working in new unfamiliar environments, tasks may take longer. Thirdly, in the early days of a nursing career it can be difficult to move away from the familiar student role. Newly qualified nurses may continue to work as a student, concentrating on tasks that are familiar to them and putting off the more challenging elements that as qualified nurses they have responsibility for.

Case Study One

Sam is a newly qualified nurse and has been assigned the ward nurse shift with responsibility for the care of ten inpatients. In this practice the ward nurse is also responsible for making contact with the owner of the inpatients and updating them on their progress.

Sam has worked in veterinary practice for many years, as a nursing assistant before qualification as an RVN. When her head nurse looks into the ward during the morning, she is pleased to see that all Sam's patients are well, her documentation is up to date and the ward is clean and tidy. Sam says she feels happy although admits she has not spoken to any of the owners yet and feels nervous at the prospect.

When the head nurse comes in again several hours later, the patients all remain well cared

for, however Sam has still not contacted any of the owners. Instead she has noticed that the tops of the kennels are dirty and has started to clean them.

Consider Sam in case study one, while she is caring for her patients effectively, she has slipped into her familiar student and nursing assistant role and is not taking responsibility for updating the owners of her patients. Her actions can have significant repercussions on the practice team. Discharge appointments will not be made, the reception staff could become overwhelmed with phone calls from anxious owners wanting to know about their animals and so inadvertently Sam has caused extra work for her colleagues and potential stress to animal owners.

There are several strategies that can assist newly qualified nurses to manage their time, many of which are very simple, but very effective.

Firstly, **aim to arrive on shift ten minutes early**. Whilst ten minutes less in bed, that time can be spent reviewing the surgical procedures on the theatre list, or learning about patients who have been hospitalised overnight.

If uncertain, **ask for help when prioritising work load**. Always attempt a plan and then check it with a senior member of the nursing team, do not expect to be told what to do and when. Use nursing care plans to focus on patient care goals, then revisit them and evaluate progress.

Always perform your own assessment. No matter how comprehensive the handover received from colleagues, it is important to carry out an assessment of patients at the beginning of the shift. Clinical conditions may change quickly and it is essential to observe a baseline at the start of the shift and before administering nursing interventions. If time is limited, at least perform an 'end of the bed assessment'. This is a phrase used in human centred nursing and describes a brief visual assessment of a patient to verify their status.

Finally, while it may be difficult to admit that a caseload has become overwhelming or tasks have not been completed; **be transparent** and discuss it with someone. Avoiding tasks because they are challenging is not acceptable. Equally, if nursing interventions are forgotten or missed a frank and swift admission should be made. The earlier such discussions are held the quicker support can be offered and any

negative consequences avoided. Such admissions are part of the professional accountability that newly qualified nurses must consider.

Knowing the code of professional conduct – read it!

The acknowledgement of professional accountability and associated commitment to the Royal College of Veterinary Surgeons (RCVCS) Code of Professional Conduct (CoPC) for veterinary nurses is potentially one of the most daunting aspects of transitioning from being a student nurse to a newly qualified nurse.

It is common to feel anxious about the code of conduct and perceive the RCVS as the enemy ready to pounce at any time. In fact, the CoPC can be one of the most valuable tools for newly qualified nurses. It is a detailed guide of how the RCVS, the professional regulatory body for veterinary nurses, expects veterinary nurses to behave (RCVCS, 2018).

It is clear, comprehensive and easy to read and there is substantial guidance associated with it. All newly qualified nurses should read and re read the code, for how can anyone adhere to a code of behaviour without knowing what that code asks them to do? Reading the code and the associated guidance will take away the fear factor and help newly qualified nurses to understand how useful the CoPC may be. Remember it can also be downloaded on to your mobile phone so that you have easy access to it.

Any difficulties with understanding areas of the CoPC should be discussed with a senior member of the nursing team to ensure clarity.

One example relates to the earlier case study. It can be challenging to ask for help for a variety of reasons. Knowing and understanding the CoPC can help newly qualified nurses understand that they are in fact obliged to ask for help should they find themselves in a situation that is outside their area of competence. The code of conduct is clear, "veterinary nurses must keep within their own area of competence" (RCVCS, 2018). While a newly qualified nurse might feel anxious at being perceived as incompetent if they ask a lot of questions, it is preferable to working outside their area of competence. Asking for help is not a problem, guessing what to do, or just 'having a go' is a very big problem.

Using mentors effectively – ask am I good at being mentored?

If newly qualified nurses accept they may need to ask for help and guidance it is logical that they will begin to identify colleagues who are willing and able to provide that help and guidance. Such people are known as mentors (Kerrigan, 2018). Mentors may be formally assigned to newly qualified nurses as part of a supportive induction to professional life. Alternatively, they can be evolutionary relationships that are generated through shared professional experiences. Mentors can provide a huge amount of support and newly qualified nurses would do well to begin to seek out experienced colleagues to learn from as demonstrated in the NHS preceptorship scheme (Higgins et al., 2010).

It is easy to assume that the level of support and learning from a mentor depends on the quality and motivation of the mentor. This is not strictly true. There are several things that newly qualified nurses can do to optimise the use of mentors, in fact make themselves more ‘mentorable’.

Being mentorable is a concept discussed in a recent TED ideas article, by Victoria Black (2019), where she lists behaviours and attitudes that are crucial (Figure 2). She explains it is important to understand the value of a mentor’s time, as mentors are often busy people. As such, she details that those hoping to be mentored should be clear on what they seek from their mentor. For a newly qualified nurse they should consider, is it; general career guidance; reflection on clinical cases; or general life advice being sought out? Acknowledging and articulating the goals of the mentoring relationship can streamline the process significantly. It is also important that newly qualified nurses are open to learning anything from the mentor. Mentors sought out for specific clinical expertise may well have experience in other areas that can support a new career.

Finally, the newly qualified nurse should keep asking, “Am I a good person to mentor?”. “Can I offer more structure to this relationship, ask more specific questions, be more open to critique or be

more respectful of my mentor’s time?” Mentoring is one of the most valuable forms of learning and it is crucial to optimise its use.

Understanding the value of reflective practice – take time to think

The first weeks and months of a newly qualified nurse’s career can be a steep learning curve, where practical experience and mentor support help to consolidate formal learning. Reflection is a method of using experiential knowledge to enable professional and personal development while reinforcing continuous learning (Gustafsson & Fagerberg, 2004). Put simply, reflection is thinking about how lessons can be learnt from an experience and is a very valuable tool for all veterinary professionals, but especially newly qualified nurses. As well as being a useful learning tool for day to day practice, reflection is expected by the RCVS as part of a veterinary nurse’s continuing professional development (CPD) commitments (RCVS, 2018).

Professional reflection should be purposeful, focused and questioning (Nicol & Dossier, 2016). The most effective way to ensure this is to use a reflective cycle of which there are many to choose from such as Gibbs (1988) to give structure to the learning experience (Figure 3). These frameworks assist the process of reflection by providing prompts to direct thinking.

Case Study Two

Lionel is a newly qualified nurse and is caring for a cat recovering from diabetic ketoacidosis that he is struggling to tempt to eat. At the end of the shift he hands over to the night nurse, explaining that the cat is not eating and outlining the attempts he has made to encourage eating. The next day, Lionel realises the cat had eaten really well overnight as the more experienced night nurse had put a box in the kennel and covered the kennel door. The cat had gone into the box, felt more secure and eaten all its food. Lionel is really disappointed that he did not think to try that and feels a sense of failure. He discusses it with his mentor and she suggests he applies a reflective cycle to

the situation. Lionel uses Borton’s reflective cycle (1970) which consists of asking What? So What? Now what?

What? - *I was struggling to get one of my patients to eat. I had checked the food was correct, at the right temperature, in the appropriate bowl but she still would not eat it. I was really anxious as this cat wouldn’t eat, the vet had said it was really important to try and coax it to eat and I felt responsible for its wellbeing. I spent a lot of time in the kennel trying to hand feed it.*

So what? - *Now I reflect on the situation and have seen how a more experienced nurse handled it, I can see that I had concentrated too much on the task and forgotten to think about the patient. I should have considered the patient holistically which would have made me think about her demeanour and notice how nervous she was. I would then have realised that her nerves could be stopping her from eating more than any other factor.*

Now what? - *I have two key learning points from this experience:*

Firstly, I should have asked for advice earlier, instead of simply repeating the same task of offering food over and over again.

Secondly, I will always try and remember that cats can be very affected by their surroundings and when I am responsible for hospitalised cats in the future, I will ensure I think holistically and consider their environment and what I can do to make them more comfortable.

Case study two provides an example of how a robust reflection assists a newly qualified nurse to consolidate his learning. While the primary goal of reflective practice is to learn, it can also help to process feelings and emotions associated with certain situations. In this case study, Lionel feels a sense of failure. Addressing this feeling through structured reflection helps him acknowledge it and resolve to learn from it and move forward.

Emotional intelligence

There is no doubt that at times, veterinary nursing can be a hugely challenging profession. There are physical challenges, long hours and tasks that require strength and endurance. There are also many emotional challenges which can be difficult to manage. It is not unusual to feel grief, excitement, anger, fear and confusion all in one very short nursing shift! It is important to be able to manage the emotional aspect of the role.

You understand the value of their time
You are clear about what you are looking for from a mentor
You can accept input and -sometimes- criticism
For the lifespan of your relationship, you keep asking, ‘Am I a good mentee?’
You are open to whatever you can learn from your mentor

Figure 2. The principle characteristics of mentorability (Black, 2014).

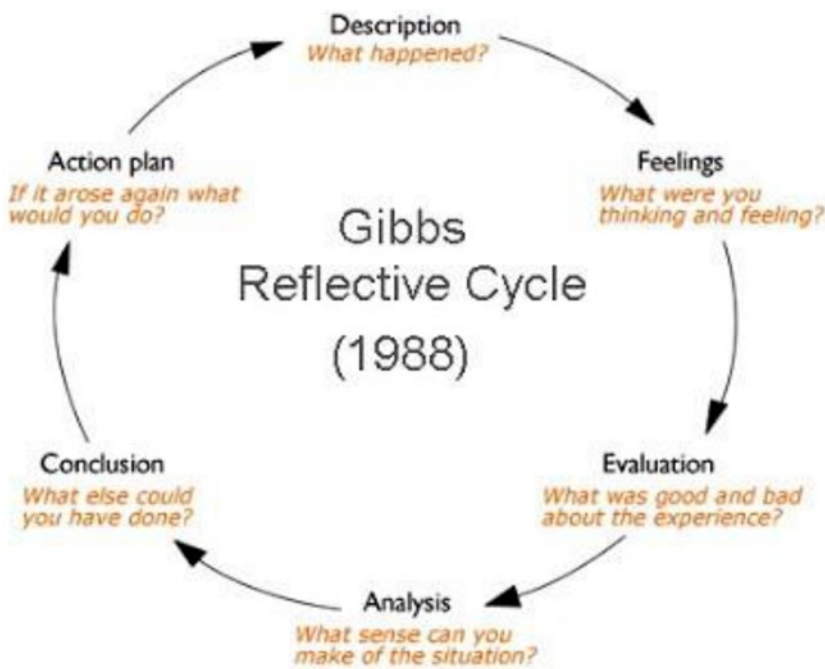


Figure 3. Gibbs reflective cycle.

Unchecked emotions can negatively impact on cognitive functioning, which can result in poor decision making which can have repercussions for patient care and professional relationships. It is important to recognise that newly qualified nurses may be experiencing situations for the first time which might make emotions more challenging to manage

Emotional intelligence has been defined as the ability to recognise, manage and apply emotional information to everyday decisions making and behaviour (Cherry et al., 2014) Put simply, emotional intelligence is the ability to identify feelings and acknowledge them both in oneself and in others and adapt behaviours and attitudes accordingly.

Simple examples include:

Acknowledging feelings of frustration after a challenging altercation with an owner before seeing the next consultation.

Assisting with euthanasia is a frequent task for veterinary nurses and are certainly emotive situations. Taking the time to talk to a colleague involved in the euthanasia of an animal well known to the team can help them acknowledge their feelings of grief or professional disappointment.

Emotional intelligence is not easy and requires practice but it is essential to consider the feelings and emotions that day-to-day practice generates. Everybody knows that to keep physically healthy, the right diet and level of exercise is required. Practising emotional intelligence is one of the key ways to support and maintain mental health.

Conclusion

It has been said that ‘nothing worth having comes easy’ and it is a phrase that certainly applies to nursing. A career in veterinary nursing is not always easy but the rewards in making a difference to the lives of animals and their owners can never be underestimated. The first weeks and months of a newly qualified nurse’s career can be the most challenging, but they can also be the most exciting.

The strategies outlined in this article are only discussed briefly and there is plenty of further information on each that can be sought out. Read around the subjects, find a friendly reflective cycle, practice and evaluate time management strategies. Above all, newly qualified nurses should always try and take their time. Take time to talk to colleagues, time to reflect, time to relax. At the beginning it is easy to become overwhelmed with the excitement and opportunities associated with starting this very special career journey.

Remember this is just the start, there is plenty of time to take on extra responsibilities, develop specialist interests and pursue further qualifications. At the beginning, simply try and enjoy working without the pressure of assignment deadlines or exams. Enjoy the patients, get to know colleagues and most importantly enjoy learning for, even though the formal lessons are finished, all good nurses know every day is a school day.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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