

Clinical Competency Gaps Among Novice Pediatric Nurses

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ABSTRACT

The advancement in the medical science and healthcare technology requires nurses employed in a specialized unit like paediatrics possess specialized clinical knowledge and skills to care for acutely ill children. Newly graduates as nurses move from learning environment of the Nursing school to working environment in the hospital, they face immense pressure due to lack of adequate preparedness and tend to make unintentional mistakes. The purpose of this study was to identify the learning needs of newly graduate nurses employed in general Paediatric unit in two of the private hospitals in Malaysia. The data collection methods included semi-structured interviews with four paediatric consultants; four unit managers and eight newly graduated nurses with less than six months experience in the general paediatric unit. Two sessions of Focused group discussion (FGD) were also conducted with specialist paediatric nurses in the General Paediatric Unit. The FGD with experienced nurses helped to obtain in-depth information regarding the learning needs of the newly graduated staff nurses in the Paediatric unit. The study findings revealed eight competency domains. The identified domains are professional socialization skills; communication skill with parents; communication skill with children; managing challenging communication situations; case reporting skills; paediatric nursing knowledge; paediatric procedural skills and paediatric pharmacology. The respondents also suggested measures to improve the knowledge and skill competencies of the novice Paediatric nurses.

Keywords

Competency gap, Novice nurses, Pediatric, Transition, Pediatric nursing.

Introduction

Nursing is a practice profession dealing with people's lives. High level of competency with accuracy in clinical judgment and decision making is needed for delivering safe and quality care. The healthcare needs of children are different, and it must be acknowledged [1]. Pediatric nurses are charged with the responsibility of providing high-quality, timely, efficient nursing care to save the life of endangered patients from infants to adolescents. Children's care is complex. To work as a Pediatric nurse can be both rewarding and challenging [2]. The equipment, approaches, and techniques used are often different. In addition to that, subtle changes in the physiological status can cause marked decompensation in Pediatric patients. Newly graduated nurses in the early stage of the profession and employed in a specialized unit like Pediatrics face immense pressure due to lack of adequate preparedness and tend to make unintentional mistakes [3]. New graduate nurses lack adequate preparation in Pediatric nursing.

The factors contributing to the lack of preparedness are, higher acuity among the Pediatric population in recent years, increasing technology demands, lack of clinical reasoning, critical thinking of new graduates and changing psychosocial needs of the family. First one year as a new graduate is critical in developing them to be safe practitioners [3]. The provision of a supportive environment with a focus on patient safety care is seldom stated as the goal of transition to practice program curricula [4].

Becoming a new nursing graduate is a complex and very stressful situation [5,6]. Transition into practice is a real shock, and transitional programs always have a positive impact on the performance of new graduates [7]. Healthcare organizations have the responsibilities to ensure patients safety while inexperienced new graduates master the skills to become competent. Organizations need to have structured programs to help fresh graduate nurses to gain complex skills without compromising patient safety Gibson et al. exclaimed that nurses working with children need to be equipped to understand the world of children; recognize the effect of hospitalization on children and their families; and also teach their families [8]. A survey study conducted by Curry and Samawi

revealed that new graduate nurses lack adequate preparation in Pediatric nursing [9]. In a study reported by Essani and Ali [2] the Pediatric nurses had knowledge and practice gap in the categories as follows: medication; skills, knowledge, code blue management and operation of medical devices.

Background of the study

It has been acknowledged that due to the complexity and acuity of today's hospitalized patients it has become impossible for even the very best school of nursing to prepare the new graduate nurses to work independently upon graduation in today's acute care environment. The educational process does, however, provide the new graduate nurses with an underpinning upon which they need to build their clinical practice [10].

Entering into a new clinical work setting as a registered nurse can be both thrilling and stressful. This critical period allows an organization to appraise the ability of a nurse to assimilate into a unit or department effectively. How well a nurse integrates into a unit depends upon the decision to hire for the best fit, the education, support, and guidance⁵. The purpose of the study is to identify the learning needs of newly graduated Pediatric nurses employed in General Pediatric units of two private hospitals. In traditional orientation, the new graduate orientation program lasted for six months. They undergo general orientation program for the initial two weeks and followed by preceptorship for the next six months. However, the preceptorship program lacks outcome-based learning experience. Preceptors do not have structured guideline on preceptorship. The effectiveness of the preceptorship program depends upon the teaching and guiding abilities of the individual preceptors. During the Preceptorship, there is no scheduled time for discussion or knowledge confirmation between the preceptor and preceptee. Conversely, many of the new graduates do not have essential exposure or experience in Pediatrics during the undergraduate training. The theoretical and clinical components in Pediatric nursing is limited during the undergraduate training. Upon completion of six months of the probation period, if the performance of newly graduate staff competency meets an acceptable level on selected credentialing procedures confirmation is done as permanent staff of the unit. Therefore, re-teaching of necessary procedures and competency verification is needed to ensure patient safety. The limited preparation of new graduate nurses to work safely and confidently, in the Pediatric unit as a registered nurse threatens patient safety. The learning needs of these new graduates concerning Pediatric nursing practice were identified, and recommendations are made based on the findings.

Materials and Methods

Research design

This study used a qualitative descriptive exploratory method to elicit the opinion of new graduates and experts in Pediatric practice to identify the learning needs of newly qualified nurses employed in the General Pediatric unit.

Settings

The study was conducted in four (4) private tertiary hospitals

located in Klang Valley, Malaysia.

Sample of study

The study used data triangulation technique using convenient sampling. The respondents of the study were eight new graduates of Diploma in nursing program from various Schools in Malaysia; four Pediatric consultants; twenty senior staff nurses and four ward managers. The consultants and unit managers were contacted via phone, and the researcher made personal appointments for the interview. For the Focus group discussion (FGD) the unit manager arranged for the session after the morning shift, and it was conducted in the discussion room of the Pediatric unit. Before the FGD, consent using explanatory statement was obtained including permission to record the verbatim. The newly qualified graduates were referred to the researcher by the Unit managers. The Unit managers also allocated time for the researcher to interview the new graduates after the morning shift duty.

Instrumentation

A semi-structured interview was conducted to collect data from Pediatric consultants; Pediatric unit managers and new graduates. A standardized interview guide with open-ended questions was used for the interview. Two focused group discussions were conducted to collect data from experienced nurses using a script for the focused group interview. The FGD and interviews were tape recorder with the consent of the respondents.

Ethical clearance

Before commencement of the study, approval to conduct the study was obtained from Research and the Ethical committee. Hospital privilege ethical clearance was also obtained from Medical directors of each hospital. Explanatory consent was obtained from individual participants before collecting data.

Data Collection Method

Data collection was done through the convergence of responses from different perspectives. The data was collected using data triangulation method. The data collection methods were expert interviews with four Pediatric consultants and Pediatric unit managers; focused group discussion of experienced staff nurses and semi-structured interviews with eight newly graduates. All the interview and focused group discussion data were tape-recorded with consent.

Data analysis

The recorded data was transcribed as verbatim and was entered to Atlas ti as P-Doc. Precoding of the data was done to identify the significant statements. After identifying the significant statements in vivo coding and descriptive coding was done using Atlas ti. Categories and themes were identified using manual inductive content analysis of the coded data.

Validation of qualitative data

The researcher also used triangulation method in data collection, which addressed the credibility of the data too. The researcher employed both method and person triangulation in the qualitative

data collection process to address the issue of credibility and hence improved the validity of the study findings. According to Patnaik [11], triangulation is one of the best fit to address the credibility of the qualitative research findings. In this study, all the findings were counter checked by the co-researcher to ensure the dependability of the data collected.

Results

The study respondents comprise of Pediatric consultants and nurses. All the four Pediatric consultants have more than 20 years of experience in Pediatrics and were resident consultants of the hospital. The unit managers have more than 15 years' experience in the Pediatric unit. All the eight new graduates had less than six months experience of working in the General Pediatric unit and came from different nursing school backgrounds and institutional practices before joining the current institution. The 20 Pediatric specialist nurses had more than three years' experience in General Pediatric unit.

Respondents	Number of respondents (N)	Data collection method
Paediatric consultants (PC)	4	Expert interview
New graduates (NGN)	8	Semi-structured interview
Unit managers (UM)	3	Expert interview
Senior staff nurses (SSN)	20	Focused group discussion

Table 1: Respondents of the preliminary study.

The identified learning needs of the newly graduated nurses are as shown in Table 2. There are eight competencies and sub-competencies identified. The researchers inductively labelled the eight competencies: 1) Professional socialization skills 2) Communication skill with hospitalized parents 3) Communication skill with children's 4) Managing challenging communication 5) Case reporting skills 6) Pediatric specific knowledge 7) Pediatric specific skills 8) Pediatric pharmacology.

Competencies	Consultants n=4	New graduates n=8	Unit managers n=4	Senior SRN n=20
Professional socialization	4 (100%)	6 (75%)	-	2 (10%)
Communication skill with parents	4 (100%)	6 (75%)	4 (100%)	12 (60%)
Communication with hospitalized Children	4 (100%)	8 (100%)	4 (100%)	10 (50%)
Difficult communication	-	6 (75%)	-	2 (10%)
Case reporting	Case reporting to Pediatricians	4 (100%)	8 (100%)	4 (100%)
	Shift hand over	2 (50%)		
	Use of medical vocabulary in reporting	4 (100%)	8 (100%)	4 (100%)

Table 2: Percentage of respondents recommended the competencies. Difficult communication=Managing challenging communications.

Each concept is detailed below and illustrated in excerpts from the interviews and focused group discussion. The names of the

respondents have been changed to protect confidentiality of the data.

Professional socialization skills

The specialist Pediatric nurses commented about socialization skill development of the new graduates. The following suggestions were given to improve the socialization skills of new graduates.

Fitting in

"Close guidance. Make them feel at home. "The senior staff needs to develop bonding like siblings with new graduates." "The first impression is the best impression. Just say "You are now part of our family." Also, respect the new graduates. Good interpersonal relationship builds up confidence in new graduates [SSN 1].

The new graduates felt they need to have a close professional relationship with the senior staff can help them in developing socialization skills among the new graduates.

"... Get together; go for food or shopping together. Each of us can pay. It is not an issue, but togetherness is the most important. We will enjoy the company of seniors". The preceptor should have a personal connection to new graduates like a phone call when they take Emergency leave. "Receiving warmly and close guidance helps them in adjustment" [NGN 1].

The new graduates expressed the need for a good interpersonal relationship with the healthcare personnel of the unit as the cornerstone in beginning their role as a registered Professional nurse with good confidence and courage.

Accessing knowledge resources

"They (the new graduates) must observe and learn during rounds. They must be proactive. If not, you will not hear, you will not see or learn. When I talk to the patient, you must listen. That is how you learn. If you do not hear what I am telling the patient, then you do not learn" [PC1].

"They should know what cases are in the ward. What conditions and what are they there for. They should chat with the patient and family. They have to know patients problems. That is the way of learning. They get much information about the child from the parents. Talk to the patient and parents when time permits" [PC2].

Communication skills with parents and family

Communication with parent's pertinent children's disease and treatment as well as communication with children mainly in convincing children for treatment. The consultants highlighted the need for new graduates to be being taught or role modelled on how to communicate with hospitalized children and their parents. Newly graduate nurses need to practice standard people practice in dealing with parents and patients all the time.

"..Hai, how are you doing today? Alternatively, how are you feeling today? Being courteous and asking how you are doing today. Did you eat? May be some of them in the ward are doing it. Teach public relations and which could be taught like how to manage

patients and families” [PC3].

The result shows that the new graduates need to establish rapport with parents and engage with parents for a therapeutic relationship.

"The new graduates need to communicate with children and family and know their issues. The new graduates need to learn how to approach children and their families". Some new graduates need guidance on communication to alleviate their fear” [PC4].

The findings shows that the new graduates need more guidance to establish relationship and engage with parents in providing care for sick children.

"Skills of communication with parents. How to approach them; offer themselves to work with the parents. However, lack of knowledge on disease condition can cause lack of confidence” [UM1].

"Parents possess some knowledge on the disease. Communicate promptly about the progress of the child. Demonstrate effective communication with parents. Provide appropriate explanation to parents. Develop medical word proficiency in everyday communication in the ward” [PC4].

Communication skill with children

“The new graduates need to be guided on how to communicate with children of various age group. All the new graduates have some amount of fear in approaching children for monitoring or for treatment. They are mainly worried about making mistakes or hurting children” [SSN2].

"In private healthcare, the majority are corporate clients, and their expectations from nurses are very high. For instance, a child may vomit after taking medication, and the parents can become very upset and refuse medications next time. They need to know how to convince the parents without further upsetting them” [UM3].

"Some parents are unhappy and frustrated but behind they have some genuine problems. However, we cannot label them fussy parents. We should talk to the parents and find out what is bothering them rather than avoiding them” [PC1].

“We need to teach them how to approach children by pretending to be cartoon characters and using play to deal with children” [SSN3].

Managing challenging communication situations

During any point of care, there can be frustrations experienced by parents due to a mismatch between their expectations and actual care delivered as well as the progress of the child. Nurses need to be advocates and counsellors to the parents to get them across during the crisis in their life. Some of the response is as follows. Newly graduate nurses need to be prepared to face stressful situations optimistically to help the parents.

The findings shows that respondents insist on importance of

effective communication skill among the pediatric nurses.

Case reporting skills

New staff usually provides incomplete reporting during bedside rounds as well as case reporting over the phone. They are unsure of the complete case reporting technique. Reporting skill is a generic skill needed by new graduates but need to customize for Pediatric settings. Consultants suggested providing the new graduates a standard medical vocabulary reference book to use until they are familiar with the standard medical terms used in the General Pediatric unit.

"Dr, the patient had a fever last night. Today morning okay 37°c. That is it. They also need to know when to call doctors. Familiar with patient condition and investigation; Progress and treatment; need to describe patient to the consultant. "We need to teach them what to report and how to report based on illnesses” [UM2].

The respondents suggested the importance of having good case reporting skill training of the new graduates.

Familiarize with common vocabulary in the Pediatric unit

One of the suggestion is to teach common medical vocabulary used in the General Pediatric medical unit.

"Communication skill refers to medical English. Must have a list of common medical terms used in the ward given to them. How to describe somebody. For example, when it comes to the respiratory case, the staff need to describe to the consultant is the child comfortable, tachypnea and they have to see to be able to communicate. If they do not see the problem of the child, they will not be able to communicate. They also must learn to use the correct medical words" [PC4].

"Teach the medical words to describe the Pediatric patient condition and report it". We will give them the vocabulary so that they can list, communicate and report appropriately" [PC4].

The respondents are concerned about appropriate use of medical terminologies in reporting patient’s condition.

"For example, when it comes to the respiratory cases you need to describe to the consultant is the child comfortable, tachypnea, dyspnea, grunting, wheezing and they have to see to be able to communicate? If they do not see, they will not be able to communicate. They can say, the child is restless, or cyanosed. Wheezing, rhonchi or a bronchitis cough, hacking and forceful cough. When they become a staff nurse, they try to learn from scratch. Learn the terminologies used in a Pediatric ward. Later on, when they are familiar with the words, it will come to the automatically” [PC4].

The above quotations from the respondents shows the importance of using appropriate medical terminologies when case reporting in both verbal and written forms.

Bedside and telephone case reporting skills

"We need to teach them what to report and what to prepare before making a phone call to the Pediatrician. "We need to teach them how to communicate with doctors. Otherwise there will be trust issue for the doctors [UM1].

"Another important skill besides practical skill is communication skill in the Pediatric unit. In communication module, you can add on how to communicate with consultants, how to say, what to say, how to talk."

Pediatric specific knowledge

The respondents stated that lack of knowledge directly coincides with the new graduate's lack of confidence in communication with consultants and parents.

"They need to differentiate normal and abnormal. "So start with the normal." Normal deviation and significance of deviation before starting other components of Pediatric knowledge."

The consultant suggested re-teaching of normal parameters in children before teaching other Pediatric components. Normal vital signs values used in Pediatric ward. The respondent insisted to re teach normal and abnormal vital signs as a back to basic module for the new graduates.

Normal laboratory values in Pediatric

"If doing PCV and platelet what should be reported first? They need to know 'why' of their actions. They also should know the cases". Why are they checking temperature, pulse or BP? Like in Dengue why they check BP, pulse pressure [PC1].

High volume and high-risk conditions

"Another reason new graduates do not speak much is their knowledge. Must teach then first and don't expect they know because they have different backgrounds."

"They should not take any case lightly. Acute Gastroenteritis (AGE) also may collapse. Bronchiolitis; Tonsillitis and other conditions are frequent. Have good knowledge on few problems like respiratory. The other things they must know like gastro conditions and the importance of isolation in the care of infectious diseases, febrile fits and so on" [UM4].

The respondents highlighted the need to review the knowledge on pediatric disease conditions. "We need to know laboratory findings in different kind of diseases in the Pediatric ward. However, if they do not practice they cannot tell which is normal or abnormal [PC4]."

Pediatric specific skills

The core competency procedures may be similar in all inpatient care settings. However, specialty competency needs to be reviewed with the newly qualified graduate nurses.

History taking and Physical assessment skills

"We need to teach them how to collect history. If they read case

note, they have an idea of what to ask the parents. They can ask relevant questions to parents [UM3].

"Practical skills include how to listen to the lungs, how to accurately monitor and interpret pulse and other important vital signs based on patients disease conditions. The newly qualified Pediatric nurses also need to learn how to assess and identify patients who are mildly sick; moderately sick; and or severe.

In the general Pediatric unit, you must be able to identify patient's progress and report relevant information accurately. We the consultants depend upon the information given by nurse's information to decide the next line of treatment. Here we have no medical officers of house officers in the private hospital settings". [PC2]

"Always tell the nurses to listen to lungs. When they listen and listen 100 times, and when one time it is not normal you will have the courage to tell the consultant it is not normal. That is when they become courageous to say." [PC4]

Other common Pediatric procedures

"I am not sure of positions; Intravenous (IV) cannulation; care of lesion of scalp; Nebulizer; oral medication; nasopharyngeal suction, isolation protocols; oxygen therapy; drug calculation. . However, it is about patient safety." [NGN2]

Pediatric Pharmacology

The respondents suggested to include Pediatric pharmacology in the program. The reason is that Pediatric pharmacology and drug administration process in children is far complex than the drug administration process for adults. The components suggested to include in the Pediatric Pharmacology component of the Competency-based training are the generic name; action; side effects; calculation; safe dosing; administration; patient monitoring and patient education. Some of the excerpts from the respondents are as below.

Know the drug calculation and safe drug dosage calculation

"Medications. Sometimes doctors may be wrong." The nurses should be drilled to be aware of the medication; safe dosage and check with senior just to find out if it is correct." "Medication calculation skills had been taught. However, too general". We need some intensive training specific to children's care" [PC1].

The respondents highlighted the need to teach drug dosage calculation and safe dosage calculation to the pediatric nurses.

Patient education regarding drug therapy

"Sometimes let us say fever 38.5°. They say "Puan,baby ada demam (Madam. Baby have a fever). Need to put Voltaren". That is all. No more information like "minum air banyak "(drink lot of water). That means health education is not there" [UM2].

The pediatric nurses also need to be taught the importance of health education regarding medication to the parents.

Discussion

From the critical interpretation of the study findings, the researchers identified five learning needs domains of newly qualified nurses employed in General Pediatric unit to gain necessary nursing care skills necessary to ensure safety in Pediatric nursing practice. The perception towards learning needs varied among the different healthcare professionals. The six essential domains include unit orientation and socialization; communication and interpersonal skills; Pediatric knowledge; procedure skills as well as reporting and recording skills.

Professional socialization skills

The new graduate may come as a total stranger to the Pediatric unit. The Pediatric team has to give a warm welcome to the newcomers and make them comfortable for the unit. Some of the respondents suggested to receive them as receiving a newcomer the Pediatric family. Poor professional socialization at the beginning of professional practice is due to a lack of knowledge, clinical skills and lack of adequate experiences which resulted in low self-esteem [12]. The experience will give them confidence and courage and enhanced professional socialization. The study findings are in align with many other study results [13,14].

Being a newcomer is a painful experience, and they will need to learn to deal with people. There is a big difference in the patient care taught in the School of nursing and what is required by the hospitals. A structured orientation can help in overcoming the shortcomings [12].

Communication skills

Communication skills of new graduates were one aspect raised by all the respondents to strengthen during the transition period. Respondents have related that communication is related to knowledge. The more knowledge the new graduates have, the more confident they will be in communicating with the consultants; with parents as well as with their colleagues. The respondents highlighted that communication is related to other skills like history taking and physical examination skills. Communication skill is the basic skill to have confidence and courage in dealing with consultants; parents as well as healthcare workers. The communication also involves verbal and telephone reporting of a case to the consultants using SBAR (Situation; Background; Assessment and Response). The interpersonal skill involves using standard People Practice (SPP) in approaching children. Nurse-patient communication is most significant when a patient is a child [15].

Case Reporting

Respondents also highlighted the need for guidance on case reporting skill to consultants during ward rounds as well as telephone reporting skills. The SBAR is in use by the system as part of the National Patient Safety Goals (NPSG), but the newly qualified nurses need the practice to ensure appropriate usage of the SBAR (Situation; Background; Assessment and Recommendation) in verbal and written reporting. The respondents also highlighted the need for training of Clinical Information System (CIS) before commencing work. The computerized document management

system related knowledge and skill is basic and essential for commencing the work.

Pediatric Nursing Knowledge

The respondents unanimously agreed on the need for Pediatric-specific knowledge for the new graduate nurses. The respondents highlighted that the knowledge gained during the second year of the Diploma in nursing program is insufficient and skills are almost forgotten due to the long gap between training; Licencing examination and graduation. The knowledge is the key to ensuring patient safety. According to one of the Consultant "You only see what you know." If they do not know then how do we expect them to identify patient's problems and be proactive in reporting and early intervention? The knowledge needs include basic information like the interpretation of vital signs in children relevance to the medical problem. Other aspects include interpretations of laboratory values; health assessment; medical and nursing knowledge related to high risk and high volume cases in the ward, preoperative and post-operative care. As a Pediatric nurse employed in subspecialty units and caring for the vulnerable group, the nurses need to possess a wide range of knowledge to ensure patient safety. The lack of knowledge may produce fear and psychological distress, burnout among the new graduates and most importantly threaten the safety of children and affect the quality of care. The need to develop knowledgeable nursing staff who will positively contribute to the outcome of healthcare remains untouched [15]. There are some standard knowledge and skill expected of Pediatric nurses to provide high-quality care to the patients and families.

Pediatric specific skills

The procedural skills highlighted by the participants include the following routine procedures. They are handling children of different ages during procedures; choosing catheters, BP cuffs, nasogastric tubes based on the age; suctioning; Intravenous (IV) cannulation; medication administration; nebulization; blood and blood products administration; intake output; nasogastric tube insertion as well as catheterization. The process of learning by trial and error very anxiety provoking and participants suggested guided and incremental learning until able to perform well independently. Essani and Ali [2] in their study highlighted similar findings related to psychomotor skills of Pediatric nurses.

Pediatric Pharmacology

The study also revealed that Pediatric medication administration-related training program needs to be considered as part of the transition program as well as continuous professional development programs. The different areas of training suggested includes, know medications like generic name, action, side effect; administration; medication strength; calculation skills; serving medicine; Emergency trolley; medications dilution; convince children for taking medication; health education of parents upon discharge regarding medication therapy at home and appearance of medication before and after dilution.

Essani and Ali [2] in their study also reported knowledge and practice gap related to medication therapy in children. The knowledge

and practice gap related to medication administration had the highest response in this study. The areas needed improvement includes medication administration; dilution; dosage calculation; knowledge about drug compatibility; and Pharmacology. In the study, the respondents reported that many medications name used in the Pediatric unit was very unfamiliar to them as novice nurses. Essani and Ali [2] also reported that the respondents were not sure of the drugs which are to be administered as a direct push and drug compatibility of intravenous drugs used in the Pediatric unit.

The recommendations made by the study participants are as discussed below.

First recommendations were related to the revision of the undergraduate nursing curriculum and on the job training. The respondent highlighted that the 16 hours theoretical input and two weeks of clinical input in Pediatric nursing during the undergraduate training are insufficient to prepare them to begin practice in the Pediatric unit as safe nurses. The respondents recommended the need for "some "structured program for the new graduates to begin practice in the specialized unit to ensure patient safety. The respondents of the study made the following recommendations to help the new graduate nurses in the transition phase to adapt to the Pediatric unit.

The recommendations from the study are addressed to nursing education; on the job training and assessment strategies. For the nursing education, it is recommended to strengthen the Pediatric Nursing curriculum towards the end of the training as specialties are more complicated than general Medical-surgical nursing. The respondents also insisted the need for revision of curriculum to accommodate the learning related to most common cases. The duration of the Pediatric Nursing training needs to be revisited to ensure critical knowledge and skills are learned during the undergraduate curriculum. The respondents also insisted need for guided, structured and incremental hands-on experience as student nurses.

For the Nursing service, the recommendations are related to on the job training. The respondents highlighted the need for "a structured program specific to the unit. "The current post orientation preceptorship model does not fully support the newly hired nurses. Senior staff nurses must be involved in training the new graduates as well as continue as mentors. Current preceptorship model program although in place may not be providing enough experience to develop adequate skills, knowledge, and self-confidence required for a Pediatric nurse to work safely and effectively in the specialty area in the beginning stage of the career as a professional nurse. Fast track transition programs should be conducted to help the new graduates in the stepping stone to start the career more confidently and safely. The content should focus on daily clinical practice. Respondents also recommended having the final semester clinical placement in the area where the student

will be most likely assigned as a registered nurse upon graduation. The limitations of the study include the time constraint in convincing the respondents to participate in the study.

Conclusion

The study helped to identify the essential learning needs of newly graduated nurses employed in the General Pediatric unit of a private hospital in Malaysia. The findings of the study are also from respondents with different background and experience which contributes to the in-depth view of the learning needs. If the safety and quality of nursing care remain as a philosophy of nursing care quality, then quality programs to bridge the gap should be in place.

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