Experiences and Recommendations of Newly-Graduated Nurses at the End of Their First Year as Professionals

Yeni Mezun Hemşirelerin Mesleklerindeki İlk Yılları Sonunda Deneyimleri ve Önerileri

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ABSTRACT The purpose of this study was to identify the experiences of nurses during the first year of their professional life and to learn what they expect from the school, clinics and managers to minimize problems. The study was designed as a descriptive survey. The sample of the study consisted of all the nurses who have graduated within the last year from the school of nursing and accepted to participate in the study (n=50). The data were collected by a data collecting form prepared by the investigators. The form included twenty-three questions related to sociodemographic features and professional experiences. The results were expressed as percentages and/or numbers. A response rate of 88% (n=44) was achieved. Nine percent (n=4) could have worked in their favorite clinics. Sixty-six per cent declared that they plan on taking a master baccalaureate or doctorate degree in future, while 25% just wanted to develop their professional skills. The majority of newly-graduated nurses thought that there was a discrepancy between their expectations and experiences during the first year. All had experienced a difficulty during clinical practice. They recommended that the school should reserve more time for clinical practice, the experienced clinical nurses should be more patient and understanding, and managers should prepare a more efficient orientation program. This study has shown that the school, the clinical nurses and other members of the healthcare team have a number of tasks to perform to increase job satisfaction and to decrease dropout rates.

Key Words: Education, nursing, graduate; nursing; nursing services; nurses; nursing students

ÖZET Bu çalışmanın amacı yeni mezun hemşirelerin mesleki yaşamlarının ilk yılındaki deneyimlerini tanımlamak ve sorunlarını en aza indirmek için okuldan, kliniklerden ve yöneticilerden beklentilerini öğrenmektir. Çalışma tanımlayıcı olarak tasarlanmıştır. Çalışmanın örneklemini Ankara'da bir hemşirelik yüksek okulundan mezun olan tüm hemşirelerden çalışmaya katılmayı kabul edenler (n=50) oluşturmuştur. Veriler araştırmacılar tarafından geliştirilen bir veri toplama formu kullanılarak toplanmıştır. Form, sosyodemografik özelikler ve mesleki deneyimlerle ilgili 23 soru içermiştir. Veriler analizinde yüzdelikleri alınarak değerlendirilmiştir. Yüzde %88'lik (n=44) yanıt oranı elde edilmiştir. Yüzde dokuzu (n=4) istedikleri klinikte çalışabilmişlerdir. Yüzde 66'sı ilerde yüksek lisans ya da doktora yapmak istediklerini bildirirken, %25'i yalnızca mesleki becerilerini artırmak istediklerini belirtmiştir. Yeni mezun hemşirelerin çoğunluğu ilk yıldaki deneyimleri ile beklentileri arasında farklılık bulunduğunu bildirmişlerdir. Katılımcıların tamamı klinik uygulama sırasında güçlükle karşılaşmışlardır. Katılımcılar, okulun klinik uygulamaya daha fazla zaman ayırmasını, deneyimli hemşirelerin daha anlayışlı ve sabırlı olmasını, ve yöneticilerin daha etkin oryantasyon programı hazırlamasını önermişlerdir. Çalışma okulun, hemşirelerin ve yöneticilerin iş doyumunu arttırmak ve işten ayrılmaları azaltmak için birçok görevlerinin bulunduğunu göstermiştir.

Anahtar Kelimeler: Mezuniyet sonrası eğitim; hemşirelik; hemşirelik hizmeti; hemşire; hemşirelik öğrencisi

Professional socialization is the process of internalization and development of an occupational identity.[1] It consists not only of a transition in skills and knowledge but also the evolution of professional aware-

ness. It begins in school and progresses throughout the professional life. For nurses, the most stressful moments of this process are the first few months of employment as graduate nurses.[2] The clinical environment and interaction with other members of the healthcare team are important contributors to this process. The interaction is particularly significant in the first few years of employment.[1]

It is recognized that transition from novice to experienced nurse includes five stages: novice, advanced beginner, competent practitioner, proficient practitioner and expert practitioner.[3] The stage of advanced beginner corresponds to the first few years of employment as a nurse. The nurses in this stage usually possess enough skill, theory and principle but have difficulty in assigning priorities.[3] Because the first year is very important in developing a positive and appropriate orientation to the nursing profession, a number of studies have attempted to describe this period. Godinez and her colleagues[4] have reported that 35-60% of newly-graduated nurses (NGN) changed their place of employment during the first year. They emphasize the importance of preceptorship support for NGNs. Whitehead[5] found that the transition phase is perceived as stressful and frightening. She noted that these nurses are concerned about their knowledge at this stage, and recommended that a formal preceptorship program be implemented to allow a framework to guide the NGNs. In addition, she notified that the experienced nurses should support the newly-graduated ones to promote initial confidence, learning and transition. Thomka[6] tried to elicit the NGNs' descriptions of their experiences with professional nurse colleagues. She reported that the NGNs found the transition more difficult than they had expected. The NGNs declared that they felt stressed and confused. She suggested that mentoring and orientation programs can provide development in nursing skills and increased professional satisfaction. These programs may result in more retention in the nursing profession as well as more professional patient care. According to Amos,[7] increased accountability is the major causative factor for NGN fear and anxiety. This study has revealed that increased experience and knowledge favorably

influence the development of self-confidence and autonomy, while excessive workload and lack of team support slow the role transition. The study has also emphasized that effective communication among the members of health teams is not sufficient. It is recommended preceptorship and rotation programs be implemented in order to accelerate the integration of theoretical knowledge and skills.

The literature review reveals that the first-year experiences are very important in the transition from a graduate nurse to an expert nurse. Although each of the studies mentioned above is fundamental to the understanding of this topic, few of them have mentioned what the NGNs themselves think about the solution to their problems. A study that covers the nurses' recommendations might open a new window on the solution to their difficulties. Accordingly, the purpose of this study was to identify the experiences of nurses during the first year of their professional life and to learn what they ask from school, clinics and managers to minimize any problems.

▌ MATERIAL AND METHOD

The study was designed as a descriptive survey. The focus of the study was all the nurses who had graduated from a school of nursing within the last year (n=50). The study included the NGNs from one center (one school, one hospital) because (1) we wanted all the nurses to be in similar financial and occupational conditions (to minimize the social effects); and, (2) we wanted the nurses to be graduated from the same school (in order to minimize the differences in pregraduate educational characteristics). After explanation of the purpose, forty-four agreed to join the study and the descriptive features were calculated from the data of these nurses. The remaining six nurses (12%) declared lack of appropriate time as the reason for not joining. The clinics that NGNs would work were determined randomly. This determination was independent of the study. Every nurse had attended a course on general vocation for the profession for one week (orientation course). Afterwards, each of them was educated for two weeks on how to adapt to the clinics where they would work (adaptation education).

DATA COLLECTION

A data-collection form was prepared by the researchers according to the literature. The form included twenty-three questions related to socio-demographic features and professional experiences. The form was tested in a pilot study for clarity and structure. No revision was indicated. The questions about professional experiences included information about the place of work, which was classified as (a) medical clinics, (b) surgical clinics; working time in the clinics; the clinics in which nurses would wish to work in future; opinions about the effect of the orientation course and adaptation education on clinical practice; difficulties that they have experienced; methods that they have used for coping with these difficulties; effect of their individual capabilities on experiencing difficulty; opinions about the first night-duty; whether they considered the previous year as positive or negative; opinions about the factors that influence the development of an ideal image of the profession; opinions about the features which are necessary for nurses, other members of the healthcare team, nurse managers and schools; their future plans.

ETHICAL CONSIDERATIONS

The study was approved by the Administration of the Hospital. The participants were assured of confidentality and anonymity.

DATA PROCESSING

The categorical variables were expressed as numbers and percentages. The calculations were made by using the Statistical Package for the Social Sciences (SPSS) version 11.0.

RESULTS

A response rate of 88% was achieved. In the first year, 50% of the study group worked in either surgical or medical clinics and the remaining 50% worked in medical clinics for six months and in surgical clinics for six months. All were responsible for the care, education and management of the patients. Because the determination of the clinic was entirely random, only 9% (n=4) could work in their favorite clinics. The reasons for preferring surgical clinics or intensive care units were to develop professional skills (they thought that they would have more opportunities to develop their skills in these clinics), to see the result of their care more quickly, to think that their role was defined more precisely. The reason for preferring the medical clinics (n=10; 23%) was to have opportunity for caring for patients with more variety of disease.

The majority of the nurses (77%) thought that the orientation and adaptation programs were useful for them. Of these nurses, 62% declared that these programs facilitated their adaptation to a clinical environment while 38% declared that they insured their awareness and confidence.

Of the NGNs, 55% thought that there was a discrepancy between their expectations and experiences during the first year. All of the NGNs experienced difficulty during the first year. The most common area of difficulty was clinical practice (34%), followed by communication (32%) (Table 1). The most commonly-used methods of coping with these difficulties were to observe the clinical practice (36%) and seek help from other professionals (14%) (Table 2). A considerable number of the nurses (20%) had done nothing. Most of the NGNs (55%) thought that their personal qualities were effective in handling the difficulty. Fifty-two per cent thought that the presence of a more experienced nurse during the night-duties made them less stressful. Eighteen per cent of the participants declared that being unable to manage the situation and harming the patient were major reasons for increased anxiety during these duties.

TABLE 1: The areas of difficulty encountered by newly-graduated nurses during the first year		
Difficulty	Number*	%
Clinical practice	15	34
Communication with other professionals	14	32
Night-duty	10	23
Workload	10	23
No difficulty	3	7
No reply	1	2

*Some nurses expressed more than one difficulty

TABLE 2: Methods of coping with the difficulties during the first year

Method	Number	%
I compensated for my incompetence myself	16	36
I asked for help from other colleagues	6	14
I tried to express myself better	6	14
I did nothing	9	20
I didn't experience difficulty	3	7
No reply	4	9
Total	44	100

TABLE 3: The factors that affect development of an ideal professional image

Factors	Number*	%
The team and the colleagues	35	80
Job satisfaction	24	55
Education	11	25
No reply	3	7

*Some nurses gave more than one answer

The majority (84%) had replied positively to the question 'what does nursing mean for you at the end of the first year?'. The most influential factors in their view about nursing were the collaborating team (80%) and job satisfaction (55%) (Table 3).

The NGNs had some suggestions for clinical nurses, other members of the healthcare team, nurse managers and schools (Table 4). Briefly, they thought that the clinical nurses should be more patient and understanding of the NGNs; other health professionals should know that the healthcare team is comprised of different professions with different responsibilites; the nurse managers should have more effective communication and school managers should increase time for clinical practice.

Sixty-six per cent declared that they plan on taking a master baccalaureate or doctorate degree in future, while 25% just wanted to develop their professional skills. The reasons for planning further academic degrees were to specialize in a particular area of nursing (35%), to work in a special area of their choice (24%), being impressed by the teacher of that subject area (24%) and to have a role in the management of the profession (17%). The reasons for planning development of skills were being impressed by collaborating nurses (82%) and wanting to show the importance of the profession (18%).

DISCUSSION

The present study has revealed that NGNs have special problems. Our study is unique in that the clinics to be employed were assigned without taking nurses' wishes into consideration. In addition, the recommendations of the nurses at the end of the first year were also asked.

TABLE 4: What nurses think that clinical nurses, other health professionals and schools should do.

	Number	%
Clinical nurses		
Shoud be more patient and understanding of the NGNs	43	98
Should be role models	25	57
Should love the nursing profession	11	25
no reply	6	14
Other health professionals		
Should know that the health team is comprised of different professions with different responsibilities.	25	57
Should be more understanding of the NGNs	7	16
Should establish more efficient communication	21	48
No reply	11	25
The school		
Should increase the time for clinical practice	29	66
Should do nothing, as it provides sufficient education	7	16
No reply	8	18

Because of the assignment policy, only 9% could have worked in their preferred clinics. Although most nurses' wishes in this respect were not met, the retention rate was 100% and positive feeling about the profession was high (84%). According to the study, the favorite clinics were the surgical clinics. NGNs thought that surgical clinics provided a more suitable environment for developing their nursing skills. On the other hand, the reason for preferring internal clinics was the increased chance of encountering a greater variety of diseases. It can therefore be speculated that the surgical clinics are perceived as suitable for increasing *skill* while medical clinics are perceived as suitable for increasing *knowledge.*

Fifty-five per cent of NGNs said that there is a discrepancy between their expectations and experiences. Kramer[8] has defined the experiences of NGNs as'reality shock' because the nurses find themselves inadequately prepared for the professional life in contrast with their belief of preparedness during school. This reality shock may sometimes be so stressful that some nurses withdraw completely from clinical practice. The discrepancy was mostly noteworthy in the clinical practice area. To decrease this discrepancy, the nurses should be equipped with those features that will enable them to develop their skills and knowledge about the clinics they will work in. The preceptorship and mentorship programs may help in this regard. During these programs, we think that, activities that will fascilitate the transfer of knowledge to practice should be planned.

Among the areas of difficulties that they had experienced, the clinical practice was the leading area, followed by communication, night-duties and workload, respectively. The main method of coping with these difficulties was to follow the clinical practice of their colleagues, to ask help from them and to express themselves. Although coping with difficulties is included in the curriculum of the Nursing Management lectures, an important proportion (20%) did nothing to cope. Most of the NGNs think that their individual qualities have an impact when they experience difficulty. Presence of problems still after the previous orientation course and adaptation education suggest that the curriculum of these programs should be revised. To make a better curriculum, the continuity of the relationship between school and clinics and a feedback mechanism between these two should be establihed. However, it should be noted that even a perfect curriculum may not fully abolish these problems. Accordingly, the results of this study show that clinical nurses and educator nurses should work together on these educational programs, as also stated by Godinez.[4] In this regard, the shortages of the pre-graduate curriculum should be compensated for by the nurse educators, the clinical nurses, the nurse managers and the other health team members.

During their first night-duty, 18% experienced an anxiety about doing harm to the patient and being unable to manage the situation. In addition, 52% admitted that the presence of an additional nurse was relaxing. Increased responsibility, feelings of insufficiency in skills and knowledge, fear of not meeting expectations, conflicts in expectations and experiences during the first year are experienced by many of the nurses during their first year,[7,9-11] These negative feelings are increased during the first night-duty because of the decrease in team support. It appears that the presence of an additional nurse, who is more experienced than them, partially compensates for this deficiency. Clark and colleagues[11] reported that an environment with well-adjusted support facilitates the role transition. Whitehead[5] emphasized the importance of accompanying experienced nurses and clinical facilitators in a safe role transition. Therefore, we recommend that the nurses should be accompanied by nurse who will help in developing skills and knowledge during the first night or weekend duties

In the present study, the NGNs had positive feelings about their profession. The most important factors for achieving this feeling were co-workers, colleagues and job satisfaction. Thomka[6] reported that supporting and nurturing nurses can bring important contributions to the education of NGNs. Being good guides and leaders, these mentoring nurses provide nursing skills and knowledge, and thus impart self-confidence to the nurses, resulting

in increased job satisfaction. It was also stated that the clinical environment and relations with other colleagues were important in staff retention. The NGNs asked the health team (1) to be more patient and more understanding of NGNs, (2) to have efficient communication, (3) to know that healthcare requires collaboration of different disciplines with different responsibilities and (4) to be a role model. They asked the managers to administer a more efficient orientation program and the school to increase the time for clinical practice in the curriculum. These expectations are consistent with the literature. Godinez and colleagues[4] described a daily feedback form, which provided communication between unit preceptors and NGNs. They showed that this form increases the communication of NGNs with co-workers. The presence of accessible, supportive co-workers in the clinics is also important.[7] In this context, physicians have a special role in resolving communication problems.[12] According to Jackson[13] and Taskin,[14] doctors thinking that a nurse is part of the team is important to the nurse's job satisfaction and significantly increases nurses' enjoyment of their profession. Another finding in our study that supports high probability of job satisfaction is that more than half of the NGNs want to have master's and doctorate degrees in future. The reasons were a desire to specialize in a particular area of nursing, to be able to work in their favorite area of nursing and to show the importance of the nursing profession. As regards the area of specialization, the teacher of that subject in the school and the attitude of nurses working in the clinics related to that area were effective in NGN choice. This finding is also important because it shows that their role models determine feelings about their future professional life. Another interesting finding in the study was that the NGNs wanted to have been assigned to clinics with a heavier workload. The NGNs think that greater workloads provide more rapid acquisition of nursing skills and knowledge. It therefore appears that preceptorship and mentorship programs, instead of lighter workloads, are more appropriate measures to meet the expectations of NGNs.

CONCLUSIONS

The first-year experiences of the NGNs are very important for both the pregraduate and postgraduate periods. The nurses, nurse educators, nurse managers and other health team members have many tasks to increase the job satisfaction of the NGNs. The increased job satisfaction will motivate the NGNs to increase the quality of the patient care. According to the results of this study, we had some recommendations based on this stage. We think that they are useful for planning a better curriculum in the school and for constituting an improved working system for nurses. The findings are also valuable for establishing a bridge between school and professional life.

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