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The first year as a graduate nurse – an experience of growth and development

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The first year as a graduate nurse – an experience of growth and development

Aim. The aim of this paper was to illuminate how recently graduated nurses experience their first year as a nurse.

Background. Graduate nurses are expected to identify themselves as members of an interdisciplinary team, to feel comfortable in chaos and to make and defend decisions. By graduation nurses expect to have the necessary competence to perform nursing. Recently graduated nurses lack competence, especially relating to leadership.

Design. A qualitative design was chosen and 12 nurses working in hospitals and home care were individually interviewed.

Method. The interviews were transcribed verbatim and the texts were analysed using manifest and latent content analysis.

Results. The nurses gave descriptions covering numerous experiences, interpreted and categorised in the following eight subcategories: uncertainty and chaos; need for induction; need for a supportive environment; need for recognition; awareness of responsibility; need for positive experiences; becoming experienced; and managing challenges. These subcategories gave reason for the three categories: experience of being new; gaining nurse experience; and gaining competence. The nurses described a tough start as a nurse, but they most of all gave descriptions interpreted as an experience of growth and development, which constituted the theme in this study.

Conclusions. Recently graduated nurses have a positive attitude to the challenges of being a new nurse. Although the initial period as a nurse was tough, the nurses appreciated their experiences because they learnt from them.

Relevance to clinical practice. Recently graduated nurses should be spared from being the only nurse on duty. Employers both in hospital and home care should facilitate induction programmes for new graduate nurses.

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Key words: content analysis, experience, graduate nurses, nurse education, nursing, professional development

Introduction

Recently graduated nurses are expected to feel comfortable in chaos, have the ability to make decisions and defend those and be able to 'play it by ear' (Krøll & Hansen 2000). These authors further state that the nurse is expected to identify herself as a partner of the interdisciplinary team focusing on both individual nursing care and the entire patient service. Nurses have a responsibility to be competent and have a position of trust in society (Grundy 2001). The Norwegian authorities expect that the educational programme in nursing should educate independent, responsible, change- and patient-oriented nurses with the ability and will to provide competent nursing care (General Plan and Regulation 2000). During the last 30 years, nursing education has evolved from an apprenticeship model to an academic model (Kyrkjebø *et al.* 2002). Furthermore, nursing education is guided by EU (European Union) directives requiring that clinical studies should make up 50% of nursing education. Sæther (2003) holds that nurses, by graduation, expect to have necessary competence to perform nursing, i.e. to be a nurse, and this competence is also expected by employers.

Increased demands regarding effectiveness, downsizing and reorganisation in hospitals have led to consequences for nurses in hospital, such as feeling exploited by employers and a competence drain, which have provoked anger (Hertting *et al.* 2004). Recently graduated nurses have described their clinical environment in hospital as hectic (Bjørk 1999). In community health care the number of patients demanding care at a high professional level has led to an increased burden of work for health care professionals (Kalseth *et al.* 2004) and Bakker *et al.* (2000) report that nurses who pitch their demands high are more exposed to burnout syndrome. Nurses in community health care have expressed discontent with their working situation (Weman *et al.* 2004) and lack of time for care of older people often put nurses under considerabe psychological pressure (Weman & Fagerberg 2006). Sørensen (2000) states that the non-hospital health care – i.e. home care – will have of greater importance for nurses in the future. Moreover, studies have shown that recently graduated nurses lack competence, especially related to leadership and that this competence gap constitutes the greatest difference between academic and working life (Havn & Vedi 1997, Vareide *et al.* 2001).

Several studies have dealt with graduate nurses from various standpoints, such as practical skill development (Bjørk 1999), expectations regarding competence by graduation (Sæther 2003), nurse competence expected in the years to come (Krøll & Hansen 2000), competence in somatic wards (Havn & Vedi 1997), adaptation of graduate nurses in hospitals (Tradewell 1996), transition experiences in hospital (Delaney 2003) and perception of transition from student to nurse (Gerrish 2000). Ramritu and Barnard (2001) state a need for studies about new nurses' understanding of competence in a variety of settings. The present study aims to grasp the experience of being a new nurse, not especially in hospital, not especially in home care, but focused on the experience of being recently graduated.

Aim

The aim of the study was to illuminate how recently graduated nurses experience their first year as a nurse.

Method

Design

A qualitative design was chosen and content analysis considered most suitable to meet the aims of the study.

Informants

Twelve nurses, 10 females and two males, working in hospital settings (medical care $n = 4$, surgical care $n = 4$) and home care ($n = 4$) were purposively selected to participate to provide a broad perspective of the phenomenon under study. The informants were all graduates from a nursing college in Norway and their age ranged from 23 to 44 years with a mean age of 30 years. The majority ($n = 8$) had working experience in health care work before starting their nursing education.

Data collection

Individual interviews with nurses in the latter part of their first year as a nurse were carried out by the first author (SW) in April and May 2002 and took place at the informants' request; most of them at a conference room in the hospital or

the home care district. All interviews were tape-recorded and lasted 45–60 minutes.

The process of interviewing was inspired by Kvale's (1996) mode of understanding of qualitative research interviews. Some questions about each informant's background constituted the opening of the interview. The interview was focused on particular themes asking the informants to describe their experiences from their first day as a nurse until the time of the interview. Follow-up questions were asked, bearing in mind that 'why' and 'what' questions should be asked before 'how' questions (Kvale 1996).

Data analysis

The first author (SW) transcribed each interview verbatim before the next interview was performed. Doing this, it is important to be aware that the transcripts are a construction from an oral to a written mode of communication (Sandelowski 1994, Kvale 1996). Conventional content analysis where the categories are derived from data during the analysis was chosen, as this method gives the researchers the opportunity for rich understanding of a phenomenon (Hsieh & Shannon 2005). Furthermore, the transcripts were analysed using manifest and latent content analysis. Manifest content analysis deals with the surface structure, the most obvious meanings of the text, while latent content analysis is extended to an interpretative reading and captures the deep structural meaning conveyed by the text (Berg 2001). Graneheim and Lundman (2004) have given some recommendations for performing the analysis, which constituted a structure for the present analysis. All three authors independently performed the first reading of the text. Secondly, inspired by the first reading, the text was divided into meaning units, which were condensed, abstracted and grouped into sub-categories. Within each sub-category the statements were critically questioned and discussed, read and compared to enable an interpretation for identifying categories and the theme – the latent content analysis. The category system was discussed and adjustments were made until consensus was reached.

Ethical considerations

The study was approved by the Human Participants Review Board at the Pacific Lutheran University, Tacoma, WA. A letter describing the aim of the study, how the data collection would be done, how confidentiality would be secured and description of the informed consent form was sent to the nursing management in the hospitals and community health care. The participants had information about the study in writing, containing the same elements as the letter to the managers. In these consent forms, the question of confidentiality was explained more thoroughly and the informants were informed that they might withdraw from the study at any time. Confidentiality of the participants was protected by using no names during the interviews and no names on the tape recordings.

Findings

The nurses provided descriptions which justified the theme 'experience of growth and development' covering the experiences in the first year as a nurse. The categories were: (i) experience of being new, (ii) gaining nurse experience and (iii) gaining competence. The findings are organised under these headings. The numbers at the end of each quotation indicate from which interview the quotation is taken and H and HC indicate Hospital and Home Care, respectively. An overview of sub-categories, categories and the theme is shown in Fig. 1.

Experience of being new

Uncertainty and chaos

Starting in summer time seemed to be tough, especially for those having their first job at a hospital. The informants characterised this period as chaotic with lots of patients suffering from different diagnoses. Patients from different wards were assembled in one ward due to wards being closed down in the summer time. One nurse expressed her feeling of uncertainty:

> I had to ask all the time – ask about everything. (….) It was the routines, observations – if you were the only nurse on duty – should I call the doctor now, or? (…) I didn't have a clue. (2, H)

This statement was given by a nurse starting in a setting in which she was not familiar. However, those starting in a familiar work environment also experienced uncertainty and difficulty:

> It was strange. I knew the district – I have been an assistant nurse here. But suddenly I was the one supposed to make the decisions! (…) That was not easy. (5, HC)

Experiencing uncertainty, unknown routines, unknown patients and unknown co-workers were all part of the nurses' descriptions. Not feeling confident with regards to preoperative routines made them dependent on written instructions. One nurse expressed:

> I had nightshift and prepared a patient for surgery when the other nurse said, 'Have you given the sedation before surgery?' 'Sedation?'

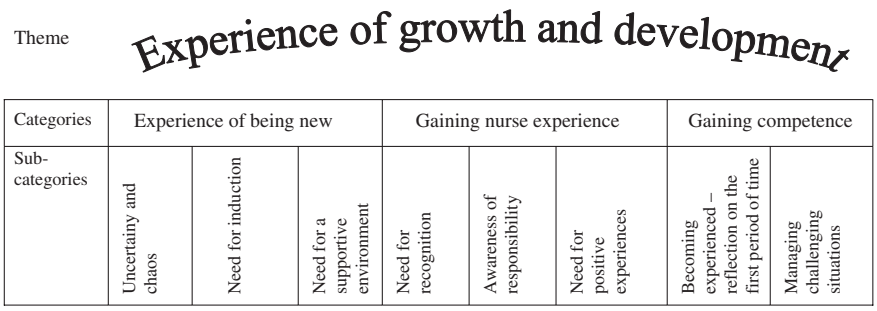

Figure 1 The first year as a nurse: an experience of growth and development. An overview of sub-categories and categories.

I said, 'is she going to have sedation?' My colleague was a bit upset and said there is an instruction list at the nursing station. 'Yes', I said, 'there is a list, but it says that patients older than 70 have to be assessed before having it. This patient has not been assessed, so she hasn't got any sedation. (….) Then the instruction list has to be changed. I followed the list to the very end. (7, H)

Some of the informants started in work places where they had had practical training as a student nurse or where they had had a part-time job during their education. Although the setting was familiar, the new role as a nurse was challenging.

Need for induction

The informants had different experiences of induction to the work setting, from none at all to taking part in an induction programme. One nurse had a two weeks' induction programme and was satisfied with that. Another nurse reported a proposed programme which turned out to be nothing:

We were supposed to have a supervisor – we were supposed to have guidance in groups – it all looked so fine. But we haven't had anything of that. (…..) It was very disappointing. (2, H)

One nurse reported that she started in a programme which was to last for three to four weeks, but it was interrupted after two weeks due to the preceptor being taken ill. The rest of the programme did not work out at all. The descriptions indicate that it is of utmost importance that the proposed programme is fulfilled – not the length of the programme. The informants also described that the head nurse plays an active role in facilitating the working schedule, as nurses gave this statement:

During the summer I was spared from the night shift.

If they had to do the night shift, they were together with an experienced nurse. The informants did not describe this planning as a part of the induction, but they did say that the head nurse had probably done this planning deliberately.

Need for a supportive environment

The informants described a welcoming atmosphere in the work setting, whether they worked in home care, or in hospital wards – an atmosphere which they appreciated. They were allowed to be new and were encouraged to ask questions. One of the nurses gave this description of another nurse saving her from asking all the time:

She gave me advice before I asked – I mean – she knew what the problem was. Then I didn't need to ask all the time. In this way she made me feel good. (5, HC)

The informants also reported that co-workers had a role of 'cheering up', telling how helpful the nurses and nurse assistants were to them. A new nurse preparing for the night shift with an experienced nurse assistant described a good example of this:

We sat down and talked through the situations that might arise. We mapped out what she could manage and what I could manage and found that together we could manage most situations. (7, H)

Gaining nurse experience

Need for recognition

The informants described different experiences regarding their need for recognition. One nurse told about the head nurse and co-workers being good at giving feedback. She had been told that she was doing a good job, but she was also told when there was a need for correction. She regarded the feedback as important for growth in her confidence as a nurse. For some of the nurses the head nurse played an important role by giving both positive feedback and correcting procedures when needed. One nurse stated the importance of corrections:

But I didn't experience it negatively. It was just done in a friendly way – promoting the process of learning. (10, HC)

However, most of the informants reported that co-workers are not good at giving feedback. The negative impact of lack of feedback was expressed like this:

It worried me not knowing if I should have done things in another way. (11, H)

Even feedback given in a brusque way was appreciated by one informant:

Don't do it like that. Do like this. Have you remembered…? Have you done…….? (7,H)

This nurse came to the conclusion that 'negative' feedback is better than no feedback.

Awareness of responsibility

The awareness of responsibility was especially related to being a team leader in a hospital ward, or being the only nurse on duty. Having the responsibility was described as the most prominent difference between a student nurse and a registered nurse. Although the informants said that they had been prepared for the nurse's role during the last part of their nursing education, they experienced a big step when suddenly being the nurse having the responsibility:

No matter what you say about being responsible in your last year as a student – you are not. Because someone is right behind you all the time and stops you if you are about to do anything wrong. (4, H)

Having an overview, knowing the patients, knowing the co-workers and most of all being able to delegate seemed to be the key to managing the leadership role as a nurse. This leadership role at the bedside is most noticeable when one is the team leader at a shift.

Having an overview is part of the team-leader role. All the team-members, what they are doing and seeing that everything is done. When the doctors arrive, you have to have an overview of it all. (…) And the medications. (…) This was the most challenging part in the beginning. (9, H)

The informants experienced difficulties in delegating because they did not have a good enough overview, did not know the patients, did not know the co-workers or were insecure about expectations from co-workers. All these elements led to a feeling of losing control making it even harder to delegate.

Most of the nurses also strongly felt their responsibility when they were the only nurse on duty. Thus, although the day shift has a higher pace and there is more to be done, the day shifts were experienced as more comfortable than the evening and night shifts. A hospital nurse reflected on her responsibility when she was alone in the evening:

On evening shifts you are the only nurse in your part of the ward. The doctors are visiting some of the patients – you have to take care of that – and you have all the medications – and you are alone. (….) When you are two nurses there are two of you to remember things. (2, H)

Need for positive experiences

The nurses described both positive and negative experiences. However, during the first year as a nurse they highlighted the positive ones. One nurse gave this statement:

…So I have jumped into situations that have given me good experiences. There have been bad experiences as well, but the good ones have balanced the bad ones. (6, H)

The nurses experienced situations not necessarily as dramatic as they expected them to be. In the beginning home care nurses thought that all alarm situations were life-threatening. But when they arrived at the patient's home, the patient might have fallen on the floor and only needed help to get back on his/her feet again.

The responsibility of being a nurse was extensive, but they felt more confident as time passed by. The positive experience of having managed a whole day was described by one nurse:

The first half year was full of new patients, new diagnoses – lots of new situations – that was strenuous. But now I have days when I feel – today was good – I managed it all – I knew it all. That's a good experience. (7, H)

Gaining competence

Becoming experienced – reflection on the first period of time

Although the nurses reported a very tough time in the beginning – described as chaotic – they appreciated that time and expressed it as shown next:

Looking back – I wouldn't have missed that time – I learnt so much. (1, H)

After nearly one year working as a nurse the informants were satisfied with their performance and their development as a nurse. One informant gave this description:

Being a nurse, managing the responsibility of the nurse role – I am proud of that. I manage most of the procedures fairly well now, but there are still procedures I am not so sure about. (3, H)

The feeling of confidence in routines had a great influence on the informants' confidence as a nurse. One informant gave this description of the more confident and relaxed feeling after nearly one year compared with the first period of time as a nurse:

I am more relaxed now. I know the routines and I know when I have to carry out different activities. My day is organised and I am good at delegating. To delegate was difficult in the beginning – I didn't have an overview and I didn't know my co-workers. But it's better now. I know the co-workers and I know what to do. I have an overview. (9, H)

One home care nurse reported that her ability to assess the patients had improved – she managed to obtain an overview rather quickly even when she did not know the patient from before. This kind of competence was necessary when they encountered alarm situations from other districts, which they had to do in the evenings, nights and weekends.

Managing challenging situations

The informants experienced challenging situations which they managed. They appreciated these attempts to better their competence, given in statements like this:

> As a nurse you have to face and manage challenging situations. And when you manage, you develop yourself and learn. (12, HC)

The nurses described that when they were encountering challenging situations, they felt prepared to act in the situation, although they did not consider themselves as very tough persons, expressed by one nurse as:

> I am tougher when I am a bit frightened. (…) I am quite anxious as a person, so I just had to jump into it and I managed. (5, HC)

The experience of having managed situations was described as critical for the informants' development as a nurse. Although these situations were life-threatening and dramatic for the patients, the nurses managed to reflect on them as learning experiences and opportunities for boosting their competence.

Discussion

Methodological considerations

Data in qualitative studies are often collected in a natural setting; they are rich and complex and create a suitable base for understanding peoples' experiences (Johansson & Eklund 2003).

The findings in the present study are based on the experiences of a purposive sample of 12 recently graduate nurses. The fact that the interviews in the present study were carried out approximately one year after graduation might have influenced the way the nurses described the first period of time as well as their development as nurses.

Trustworthiness

Credibility, dependability, transferability and confirmability are used to describe aspects of trustworthiness (Lincoln & Guba 1985). Variation and recognition are central components regarding credibility. The participants in the present study had experiences from home care as well as from medical and surgical wards in hospitals. The transcripts were sent to the informants, giving them an option of commenting if anything was misunderstood. Dependability was established by using an interview guide to focus the interview, by performing the interviews in quiet environments with no interruptions and gathering interviews in a relatively short period of time. Transferability refers to the extent of transferring findings to another setting or group. Description of participants, data collection and analysis, in addition to a rich presentation of findings with appropriate quotations, will enhance transferability (Graneheim & Lundman 2004). The presentation of findings includes several quotations to contribute to a rich presentation. The fourth area of trustworthiness as described by Lincoln and Guba (1985) is confirmability and deals with how coloured the result is. The first author was employed at the college where the informants were graduated from, but was conscious about being as open-minded as possible, trying to stay true to the text and meanings expressed by the informants. More than 100 nurses graduate yearly from the college where the informants were graduates and the first author had no close relationships to the informants. The second and third authors had no connection to the college from where the nurses had graduated.

Discussion of findings

The aim of this study was to illuminate how recently graduated nurses experienced the first year as a nurse. Overall the findings indicated that these recently graduated nurses experienced growth and development during the first year as a nurse. The discussion of findings is organised under four headings: experience of being new, gaining nurse experience, gaining competence (these constituting the categories) and finally the main theme – experience of growth and development.

Experience of being new

During the very first period of time as a nurse a feeling of uncertainty and chaos was experienced whether the nurses worked in hospital setting or home care, whether the workplace was familiar or not. This uncertainty is related to the work setting as a whole and to the routines at the unit. The home care nurse who expressed: 'Suddenly I was the one supposed to make the decisions' is an example of this uncertainty. Findings in this study indicate divergent experiences of being encouraged to ask questions on the one hand and being spared from asking on the other. Bjørk (1999) report that three out of four new nurses looked forward to the day they would be able to trust their own decisions without needing to ask so many questions. Arbon (2004) states that new nurses are defined as qualified nurses

confronted with challenging experiences focusing on survival in the new world of practice. Further, Sæther (2003) reports that nurses expect to be competent nurses by graduation, while Tradewell (1996) holds that the graduates face low self-esteem and feelings of despair and hopelessness. Although the informants in the present study described a tough time, they did not seem to experience feelings of despair. This might be because of the retrospective perspective in the present study. Havn and Vedi (1997) hold that recently graduated nurses are introduced to the work setting either in a 'jump and swim' mode or a more step-by-step induction. The 'jump and swim' experience is described as being thrown into situations they are not prepared for. Findings in the present study suggest that although the first period of time is experienced as tough, they describe the environment as supportive. Although very few new nurses in this study participated in an induction programme, it seemed that the head nurses facilitated the duty schedules so that the new nurses were not exposed to night-duty on their own the first couple of months. Findings in this study thus seem to agree more with the step-by-step induction than the 'jump and swim' mode.

Gaining nurse experience

Receiving feedback was described as essential in the process of gaining nurse experience. Amos (2001) also noted that one of the most negative factors for recently graduated nurses was the lack of support from the staff. Bjørk and Kirkevold (2000) report that recently graduated nurses did not learn from their own experiences, i.e. they continued to perform the procedure in a wrong way. Only a few nurses in the present study had experienced feedback in a formal way and when it was given, it was in a general way, findings that are consistent with those in Bjørk's (1999) study. The lack of feedback in the present study was expressed as concern if procedures were performed correctly. This finding might indicate the difference between 'having things done' (Bjørk 1999) corresponding to cheering up and 'how things are done' (Bjørk 1999) corresponding to the lack of feedback in the present study. Based on the findings in the current study, e.g. the nurse receiving feedback in a rather brusque way, there is reason to believe that 'negative' feedback is better than no feedback at all.

Awareness of responsibility constitutes a major part of the difference between being a nursing student and a registered nurse in the present study, an awareness related to being the only nurse on duty. Other studies report that responsibility was a stressful aspect of the nurse's role (Gerrish 2000) to the extent that they were inadequately prepared for the new role (Ross & Clifford 2002), both findings comparing well with Havn and Vedi (1997). The leadership role as a nurse was experienced as challenging in the present study. Findings in Ross and Clifford's (2002) study that nurses lack preparation in terms of clinical demands, exemplified by how to prioritise the workload for a day, documentation and certain incidents, indicate the same findings as the present study. Clinical judgement is complex and requires a flexible and nuanced ability to recognise aspects of an undefined situation, to interpret and to respond appropriately (Tanner 2006). However, in contrast to findings in other studies (Havn & Vedi 1997, Gerrish 2000, Ross & Clifford 2002), the findings in the present study suggest that the nurses appreciate challenges such as the leadership role and being the only nurse on duty.

Gaining competence

Findings from this study suggest that nurses during their first year experience challenging situations, such as caring for dying patients and patients who have had cardiac arrest and they seem to manage those situations. They even appreciate these experiences, looking at the situations as learning opportunities. Managing these challenging situations require both skills and the efficacy beliefs to use the skills well. Pre-existing skills must be orchestrated in new ways to meet changing demands (Bandura 1997). Gerrish (2000), studying nurses who graduated in 1985 and 1998, found that the 1998 nurses did not experience caring for dying patients as stressful as the 1985 nurses. The 1998 nurses were more assertive and confident about acknowledging their limitations and sought guidance when needed. Thus, findings in the present study compare well with the findings in Gerrish's (2000) study.

The informants in the present study also described delegation as the key to managing the day. However, knowing the routines and having an overview was experienced as critical to being able to delegate. Havn and Vedi (1997) hold that new nurses experience a competence gap that can be increased or decreased depending on the degree of the employers' facilitations for the new nurses. Findings in the present study indicate a somewhat more positive attitude to the challenges of being a new nurse, as they appreciate learning situations. This may be because of the development of more active learning strategies, enabling them to adjust to the responsibilities of the new role, as stated by Gerrish (2000).

The theme: experience of growth and development

Overall, findings in this study indicate that recently graduated nurses experience growth and development during the first year as a nurse. The findings do not suggest the experience of the reality shock, as described by Kramer (1974). However,

except from the description of being spared from night-shifts during the summer time, the nurses in the present study did not describe buffers against the reality shock like graded introduction, mentorship, restriction on work hours and patient load as described by Cowin and Hengstberger-Sims (2006). Although the first period of time as a nurse was tough, they appreciated the experience because they learned from it. Thus, it is possible that the ability to consider the initial period as a nurse as a learning experience might contribute to a better start for new nurses. Cook and Leathard (2004) state that clinical leadership is a major factor influencing quality of patient care, defining 'respecting' and 'supporting' as two out of four attributes to clinical leadership. Cangelosi (2006) reports that to find 'that little key' is important to uncover possibilities for learning experiences. Gustafsson and Fagerberg (2004) conclude that, by using reflection as a tool advantages can be gained with regards to development in nursing care. According to these authors reflective practice involves learning alone, seeing the situations from different perspectives, which give an option of finding better ways of performing situations. Findings in the present study – nurses need feedback not only about the fact *that* work is done but also *how* the work is carried out – are supported by other researchers, both inside Scandinavia (Bjørk 1999) and outside Scandinavia (Cook & Leathard 2004).

Conclusions and implications

This study has shed light on the first year as a nurse – experienced as a period of growth and development. The findings indicate a somewhat positive attitude to the challenges of being a recently graduate nurse, which might be because of learning strategies enabling the new nurses to adjust to the responsibilities of the new role as a nurse. It is recommended that institutions graduating nurses develop learning strategies that make the nurses-to-be view challenges as learning situations.

Although the nurses in this study described a welcoming atmosphere and friendly co-workers, they expressed the need of feedback in a systematic way. The feedback should be given not only that work is done, but also how the work is carried out. Being the only nurse on duty was experienced to be very stressful by the new nurses. It is recommended that employers facilitate induction programmes for new nurses where feedback and support are major elements. Even more important is that employers provide an induction programme if promised. Further, research focused on evaluation of the effectiveness of such programmes is of utmost importance.

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Contributions

Study design: SW, ISJ, GN; data collection: SW; analysis: SW, ISJ, GN and manuscript preparation: SW, ISJ, GN.

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