

ORIGINAL RESEARCH

Challenges of fresh nursing graduates during their transition period

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ABSTRACT

Objective: The shortage of nurses is an overwhelming problem worldwide. Numerous studies indicate that fresh nursing graduates encounter many challenges in their first year after graduation. These difficulties affect their psychological health and influence their perseverance which results in a high resignation rate. Hong Kong is not an exceptional case; therefore, the aim of this study was to explore the challenges encountered by fresh nursing graduates during the transition period in order to provide insights to academics and clinical administrators in order to facilitate the transition and alleviate the negative impacts, thus increasing the retention rate.

Methods: This was a qualitative study and eight new nursing graduates (M = 4; F = 4) from the same local higher education institute were interviewed individually. Thematic coding was used to analyse the data.

Results: Finally, nine themes were identified including eight areas of challenges and one common attribute. Workload, lack of knowledge, communication, expectation, change of role, working atmosphere, support and a blame/complaint culture are the common areas of challenges that they encounter in the transitional period. Furthermore, this study also found that new nursing graduates possess a common attribute, i.e. positive personal attitude which seems able to enhance their perseverance in this period.

Conclusions: The identified themes are interrelated and all the stakeholders should join together and form a cycle of continuous improvement in order to improve the nursing programme and clinical supports to the fresh nursing graduates.

Key Words: Fresh nursing graduate, High turnover rate, Retention strategy, Transitional period, Challenges

1. INTRODUCTION

Every nurse has experienced a turning point from being a student nurse to a staff nurse. Nurses need time to adapt to a change of identity, roles, responsibilities and a new environment, particularly when switching from a protected environment where they are supervised by their school teachers to an authentic world where they need to take care of the afflicted. Transition is the process of changing from one state or condition to another,^[1] however, the duration of adaptation varies among individuals. According to Duchscher,^[2] the transition

period refers to the first 12 months after graduation when a student nurse transitions to a qualified nurse. Several studies show that transitional challenges, such as stress and work dissatisfaction cause fresh nursing graduates to quit their jobs, thereby resulting in a high turnover rate.^[2-4] Hong Kong is not an exceptional city. The resignation rate of fresh nursing graduates ranged from 6% to 14.5% from 2011-2013 in a local public hospital.^[5] Therefore, this phenomenon calls for an exploration of the challenges encountered by fresh nursing graduates during the transition period in the local

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context. This study aimed to provide insights to academics and clinical administrators in order to facilitate the transition and alleviate the negative impacts in order to increase the retention rate.

Literature review

The review of literature helps identify areas that fresh nursing graduates commonly encounter in the first year after graduation which provided a framework for developing questions for the individual semi-structured interviews. Several fresh nursing graduates report feeling stressed out in their initial ward experience as a staff nurse, particularly in the first month, due to the change of role and new working environment.^[5,6] Their stress when they were nursing students came from clinical placements, academic assignments, and insufficient time for study. Their stress as qualified nurses comes from excessive workload in the ward.^[7,8] They also express challenges in managing and prioritizing routine work and heavy workloads in the first few months.^[3,6] Another study showed that the nurses working in general medical or surgical wards have high stress levels due to heavy workloads.^[3] A stressful working environment with inadequate support from staff and human resource management are the factors that trigger resignation.^[5] Fresh nursing graduates express difficulty in developing relationships with colleagues, which makes them feel excluded from the team; they believe that supportive colleagues can facilitate their adaptation to a new role.^[8,9] They expect to adapt and learn new roles immediately; they feel frustrated when they fail to meet their own or others' expectations.^[3,5,10,11] They also fear duty handover and hesitate to speak up when there is a need to communicate with physicians, senior nurses, patients and relatives.^[3,8,11,12] In addition, they are discouraged when they find variance between theory and practice in clinical contexts which causes them a lack of confidence and poor clinical performance,^[12-18] given their lack of sufficient knowledge, skills, and experience to bridge the gap. Fresh nursing graduates encounter numerous challenges, but some studies have found that orientation, preceptorship, and mentorship programmes could help increase job satisfaction, confidence in caring for patients, and coping with stress.^[5,19-21] Existing studies identify the following eight areas of challenges encountered by fresh nursing graduates: 1) workload, 2) working environment, 3) relationship with colleagues, 4) expectations, 5) support, 6) communication, 7) clinical knowledge or skills, and 8) confidence.

2. METHOD

2.1 Study design

This qualitative descriptive study conducted one-hour individual semi-structured interviews to collect data. The interview

questions were prepared based on the eight themes identified from the literature.

- (1) What are the situations in terms of workload/working environment/relationship with colleagues/expectations/support/communication/clinical knowledge or skills/confidence in your workplace?
- (2) What are the differences in terms of workload/working environment/relationship with colleagues/expectations/support/communication/clinical knowledge or skills/confidence in your workplace between you as a registered nurse and a student nurse?

The following four additional questions were added to understand the phenomenon in a broader and deeper sense.

- (1) Are there other challenges that we have not discussed that you would like to share with me?
- (2) Among the challenges discussed, which component(s) is/are your stressors?
- (3) What are the impacts of these components on you?
- (4) Which of the three affects you the most? Why?

2.2 Inclusion and exclusion criteria for participants

First, we ensured that the participants graduated from the same bachelor's nursing programme in a local higher education institute in 2016. This criterion ensured that the participants came from a similar academic background because their feedback is valuable in identifying the strengths and weaknesses of the programme. Second, the participants were required to be working as full-time registered nurses (RNs) in a public hospital within one year of graduation because public hospitals may have different practices and settings from private hospitals and the majority of hospitals in Hong Kong are public. Participants who had prior full-time healthcare-related working experience were excluded from the study.

2.3 Ethical consideration

Ethical approval was obtained from the School Research Committee in a local higher education institute in December 2016. Informed consent was obtained from the participants and an information sheet was provided before conducting the audio-recorded interviews. Individual semi-structured interviews were conducted in a private meeting room.

3. FINDINGS

Invitation emails were sent to all the alumni graduated from the same bachelor nursing programme. Eventually, eight nursing graduates (M = 4, F = 4) participated in this study, which is equivalent to 15.4% of the total number of nursing graduates from the same programme in the same year. The age of participants ranged from 23-25 years and they

work in different specialties of public hospitals. The contents of interview were transcribed verbatim. Coding was then commenced until data saturation was reached and thematic coding was utilized to identify the themes. Investigator triangulation was employed to increase the reliability of results. Finally, nine themes were identified: 1) workload, 2) lack of knowledge, 3) communication, 4) expectations, 5) change of role, 6) working atmosphere, 7) support, 8) blame/complaint culture, and 9) personal attitude. The first eight themes are the areas of common challenges identified in this study. The last theme, namely personal attitude, is a common type of behaviour that helps them overcome challenges. The findings from male and female participants were also compared but no obvious difference was detected.

3.1 Workload

The participants experienced heavy workloads. They mentioned that the average ratio of nurse to patients is 1:12, whereas the highest ratio is 1:21. Heavy workload included a lot of paperwork and simultaneous management of multiple tasks, such as providing treatment after the doctor completed ward rounds, answering the enquiries of patients and relatives, providing guidance to student nurses, and frequent monitoring of dangerous drugs. Heavy workload with insufficient manpower and resources further increased their stress level. One of the participants in a rehabilitation hospital was required to complete all tasks within office hours. These tasks included sending specimens because the supporting departments are open only until 5 pm on weekdays. Given their heavy workload, they lacked time to communicate with patients and relatives, which further raised conflicts and misunderstanding. Thus, the nurses frequently missed meals and failed to use their break time. Seven participants mentioned that overtime work lasts around 15-90 minutes in most shifts. Only two of the participants indicated that they were able to cope with the workload. Five participants admitted that heavy workload is one of the challenges that primarily affect them.

“It is totally different between a student nurse and qualified nurse. I need to follow the doctor around, take the vital signs at specific times, administer the medications to patients, as well as bath them within a short period of time.”

“I never go off the duty on time and I never have time for a meal or tea during my shift.”

“The labour ward shares the same problem. We also lack labour force similar to other wards. Although the total number of patients is less than the general wards, the demand for care is very intensive.”

“Since I am assigned to the admission ward, the turnover rate of patients is very high. It is quite exhausting to keep on doing admission and discharge work, and much medical treatment requires follow up.”

3.2 Lack of knowledge

According to the participants, basic knowledge and skills learned in school are helpful, but they are not sufficient, particularly in terms of advanced knowledge and skills. For instance, they encounter difficulties in handling emergency situations and handover cases because they lack experience and confidence. They hope to receive additional in-service training on basic life support (BLS), advanced cardiovascular life support (ACLS), use of the electronic clinical management system (CMS), entry of in-patient medication order (IPMOE), and performing venepuncture and blood extraction. Seven participants indicated that lack of knowledge was one of the challenges that highly affect them.

“I was unfamiliar with the use of the CMS and conducting follow up in medical treatment after the doctor’s rounds because we were not taught about it in school. These tasks are very important in our career.”

“The school only taught simple wound dressing techniques. Thus, I did not know how to perform complicated wound dressing, such as adding packing into the wound and managing wound gaps.”

“The nurses in my ward are expected to perform blood extraction when the technicians are off duty, but I was not taught this task in the past.”

“There are many new things in the ward that we did not learn from textbooks. These tasks include management of peripherally inserted central catheters and administration of different antibiotics with different dilutions.”

“Sometimes I need to assist in clinical procedures that I have never seen before.”

“The knowledge I learned from school was definitely insufficient for practical use. I have learned many lessons in school, but I have forgotten most of them.”

3.3 Communication

Participants expressed difficulty in communicating with different parties, but the most difficult aspect was dealing with patients and relatives because their expectations were higher than what they could provide, which easily results in conflicts. Translating medical terms into layman form through

simple and clear presentation was a challenging task for the participants. They encountered difficulty in understanding the doctor's handwriting in the treatment record, but they were afraid to clarify it with the doctors because of their poor skills in handling calls. Participants preferred face-to-face communication with allied health colleagues instead of merely reading their notes in the progress record because they wanted to understand the progress of patients. The participants engaged in relaxed communication with junior colleagues, but they needed to watch their attitude when talking to senior colleagues to avoid being ridiculed. They also experienced stress when they needed to hand over a case to senior nurses because they would pinpoint fresh graduates.

"The greatest difficulty is communicating with patients or relatives due to different expectations between nurses and patients."

"I feel stressed and afraid when communicating with senior staff."

"The most difficult task is translating medical terms from English to Chinese and explaining them to relatives in simple words."

"Communication with relatives is the most important thing as they sometimes fail to understand the reasons behind the interventions, which could easily cause misunderstanding and conflicts."

"Handing over cases to the doctors and colleagues is difficult because I am afraid of making mistakes or overlooking information. This task stresses me out."

"When I was a student, I seldom touched the ward telephones, but now, I always need to contact the doctors for reporting and clarification. This task is very stressful."

3.4 Expectations

This category involves two kinds of expectations, namely self-expectation and expectations from others. Seven participants reported that they had high expectations from self and others, and five of them indicated that expectation is one of the top three challenges that primarily affect them. Participants expected to observe proper time management and finish tasks before handover. They wanted to work independently and competently as soon as possible because they did not want their colleagues to be disappointed. They were anxious about being the subject of gossip.

"They expect you to know everything when you are a registered nurse."

"I expect to perform my work efficiently without making mistakes and complete my tasks in the shortest period of time."

"Every day, I expect to not commit mistakes, or overlook any information, and receive complaints from anybody."

"When I miss a task, my colleagues help me and encourage me. I think this is also one of their expectations. I do not want to let them down."

"Senior staff assume that I am capable of performing the same task after supervising me once."

"Since I worked here for quite a long time before graduation, they expect me to know most things."

3.5 Change of role

The responsibility of a RN is heavier than that of a student nurse because they are accountable for each action and decision. When the participants were student nurses, their work was supervised by school teachers or clinical mentors. As RNs, they are expected to work independently with less supervision. All participants shared two same working principles of playing safe and avoiding harming the patient. They always ask their colleagues to double check all kinds of drug administration with them. Some of them developed insomnia, which was associated with their responsibilities because they always re-think the tasks they handled in the PM shift. They also think about conducting follow-up work in the AM shift the following morning.

"We cannot inflict harm on the patients."

"We have to sign several documents to ensure that each error committed can be traced. For example, you have to sign your name on the operation record and handover sheet. It scares me."

"Since I am a RN, I have to be responsible for the patients, relatives, and the whole ward."

"Patients and their relatives are not concerned whether or not you are a fresh graduate. When they see you, they expect that you are a professional nurse who can perform professionally. This kind of stress is much greater than when I was a student nurse. The variance of others' expectations on me is very large."

"When I was a student nurse, every step was supervised and someone would correct me when I

was about to make a mistake. Now that I have a licence, I have to work independently.”

“When I am the team in-charge for PM and AM shifts, I cannot get to sleep after the PM shift.”

3.6 Working atmosphere

Most of the participants established a good working relationship with their colleagues because they were supportive and helpful, and only a few of them were not willing to provide assistance. Good relationships with colleagues enhanced their sense of belonging, facilitated their self-development in the ward, and affected their motivation and clinical performance. However, they also feel disheartened due to being the subject of rumours and for being blamed during handover, which is a common situation in the ward.

“If everyone is willing to work as a team, the atmosphere in the ward will improve. I will raise enquiries with other junior colleagues.”

“Relationships and communication among colleagues are good. We help each other when needed.”

“We conduct regular gatherings to maintain a harmonious relationship among colleagues.”

“Senior staff members are quite mean. They even scold me for minor mistakes.”

“My ward has a good working atmosphere. My colleagues are helpful and the atmosphere is better than others I have experienced.”

“Relationships among colleagues are good as the age gap of staff is comparatively large. We had three fresh graduates this year. All colleagues treat us as their children. Less gossip happens here.”

3.7 Support

Various supportive programmes were offered to the respondents, such as pre-RN training programme, orientation programme, mentorship programme, and peer support programme. However, this kind of support varies across hospitals. The pre-RN training and orientation programmes were highly effective and useful for work adaptation because different clusters had different protocols. These programmes provide basic nursing skill revision and impart advanced skills, such as resuscitation. About half of the participants believed that these mentorship or preceptorship programmes are ineffective because the assigned mentors' duty usually differs from theirs, yet some felt empowered. They were frightened and felt helpless at the beginning. Thus, they preferred to work with their mentor in the same shift. One of

the participants mentioned that the hospital provided a peer support programme, which aims to provide psychological support to freshmen. However, this programme was not useful because he or she cannot disclose his or her feelings to a stranger.

“The mentor only approached me once. She taught me nothing special.”

“The assigned mentor is not on the same duty shift as me every shift. I felt confused in the initial month.”

“These kinds of support helped me with about 30%. In other words, I needed to learn 70% by myself.”

“There are supporting resources, but they are insufficient for me.”

“My mentor is responsible and helpful. She or he taught me a lot.”

“There is a lack of support for junior staff as there are 3 to 4 new staff, which is difficult for seniors to handle.”

“The support provided is fair because the mentor only audited me once and there were lots of emergency cases which were difficult to handle by myself.”

“Our department is running a preceptorship programme. A senior RN was assigned to each new graduate and the ward manager will try her best to arrange the preceptor to work with me in the same shift. It is good for me to integrate into their circle faster and the preceptor would teach me skills.”

3.8 Blame/complaint culture

Five participants mentioned that a blame/complaint culture is common in their workplace. This culture stems from senior staff, patients and relatives. The participants hesitated to ask their seniors regarding uncertainties due to their low self-confidence and anxiety that they would be criticised for their insufficient knowledge. Several participants experienced being criticised by their seniors after committing minor mistakes. They did not do anything wrong and these so-called mistakes were merely discrepancies in individual practice.

“I dare to speak with junior nurses, but not senior ones.”

The complaint culture in hospitals caused them stress because the patients and their relatives have high expectations of high-quality care, but they have to bear a heavy workload

with insufficient manpower and time. Most of the patients want to be prioritized for treatment, but resources are limited despite exerting their best efforts. They would complain when the nurses fail to fulfil the patients or relatives' requests. Thus, one of the participants mentioned that the hospital's consideration of patient feedback induced additional stress.

"The patients thought that we were too slow in providing investigations and kept criticising us, but we had already done what we could."

"When the relatives are unsatisfied with our work, they complain outright."

"I am afraid of complaints. The complaint culture in Hong Kong is so... However, their actions were understandable. They were just concerned about their family members. We could not blame them."

"I encountered a patient who told me that he or she would complain about me if I do not smile. The complaint culture is very serious."

"I need to be careful when answering relatives' questions. If I say something wrong, they might grasp that point, magnify it, and complain."

3.9 Personal attitude

The participants were optimistic about learning and challenges. They learn by consistently searching on the Internet, reading books, or seeking help from colleagues or seniors if they encounter uncertainties. Some of the participants attend courses during their personal time because they believe that such approach will aid their career. The participants were stressed at the beginning after graduation, but the pressure motivated them to read and learn more, which was good for them in terms of personal growth and self-development. They accepted the mistakes they made and are willing to learn from mistakes instead of avoiding the same situation because they believe that practice makes perfect and enhances self-confidence.

"I mark down the query and search for it on the Internet at home. Stress has a positive impact on me because it empowers me and motivates me to learn more."

"No matter which school I have come from, I believe my performance will prove my capability. I try my very best to work hard and learn more."

"Challenge is unavoidable and we should not escape it. I think we have to learn how to face and overcome it. We have to further equip ourselves to perform better."

"As a RN, you cannot escape when you encounter difficulties. You may escape once, but you probably cannot escape twice. You have to face it positively."

"Although there is a gap between theory and practice, we may need to modify some procedures. I think that to stick to the principle of "do no harm to the patients" is the most important thing."

4. DISCUSSION

The eight challenges influence one another. The personal attitude of fresh graduates plays an important role in overcoming these hurdles. Among these eight challenges, heavy workload is the most challenging for fresh nursing graduates which is in line with O'Shea and Kelly^[6] and Parker, Giles, Lantry, and McMillan.^[3] One of the reasons for the heavy workload is the high ratio of nurses to patients and insufficient labour in the ward. Tsang^[5] indicated that the international standard of the nurse to patient ratio is 1:6, but the nurse to patient ratio in public hospitals in Hong Kong is two to four times higher. Although the participants were working in different clinical contexts, heavy workload is observed in both acute and subacute settings. This finding contradicts Parker et al.,^[3] who indicated that nurses working in general medical or surgical wards have a high workload. Heavy workload is a critical problem in nursing around the world. Nurses need to work as case nurses for 12 patients every shift, provide nursing care, manage sudden issues, interview patients and families and handle administrative work. However, for a fresh graduate, this is a catastrophic challenge because they also need to adapt to the new working environment and new role. As a result, it induces stress and affects the quality of care and their resting time.

Fresh nursing graduates in previous and current studies reported that knowledge and skills learned from school are useful but insufficient.^[12-18] As a result, they lack confidence when working independently, especially in managing emergency situations due to lack of prior experience. The school adopted simulation training, but it can only provide basic generic and discipline knowledge and nearly 1,500 clinical hours in a five-year course programme. Thus, many limitations in the clinical practice hinder student learning. For instance, numerous tasks cannot be accomplished, the clinical management system cannot be accessed, and communication with doctors, allied health colleagues, and patients' families is difficult. These challenges explain why fresh graduates lack confidence in coping with complex authentic clinical settings. Hence, enabling them to overcome this transition is paramount. Orientation, preceptorship, and men-

torship programmes can help nursing graduates increase their job satisfaction and improve their confidence in taking care of patients and coping with stress.^[5,19–21] However, in Hong Kong, support varies from one hospital to another and from a particular department to a different one, even though all of them are working under public hospitals governed by the same authority. For instance, only a few participants could work with their mentors in the same shift. This situation sheds light on the adequacy and appropriateness of training for fresh graduates and it gives some insights for the hospital administrators that a standardized training protocol with a checklist including daily ward operation, cardio-pulmonary resuscitation (CPR) drill, duty handover, doctor rounds and psychological support for new nursing graduates may be needed.

Communication is important in the nursing profession because nurses need to collaborate with ward staff, allied health professionals, and doctors. Nurses should deal with patients and their relatives. However, it is difficult for fresh nursing graduates to communicate with doctors, senior nurses, patients, and relatives. This finding is consistent with Casey et al.,^[12] Parker et al.^[3] and Suresh et al.^[8] They are hesitant to speak up because they have less prior experience of communication with others except nurses when they were student nurses. In addition, the superior–inferior relationship with doctors and senior nurses and the blame and complaint culture in hospitals also obstruct effective communication.

Chandler,^[10] Law and Chan^[11] and this study found that fresh nursing graduates have high expectations from themselves and others as they are expected to take up their new role and adapt to a new environment in a short period of time. Expectations cause an increased level of anxiety as they worry about being gossiped about or criticised by colleagues which echoes Kelly & Ahern,^[9] Morales^[22] and Teoh, Pua & Chan.^[23] Furthermore, a complaint culture is common in the workplace, which is particularly serious in public organisations because of the discrepancy between the patient/family's expectations of service and the service provided. The excessive healthcare service demand and shortage of labour further overloads the psychological burden of fresh graduates.

Fresh graduates report several challenges, but no participant in this study had attempted to resign. They were eager to cope with the challenges instead of quitting their job. This phenomenon may relate to the participants' optimism and strong resilience, which shows that the half-year post-graduation experience will not provoke negative thoughts. The respondents possessed a positive thinking and learning attitude. For instance, they utilize different methods to learn by themselves to ease their work and enhance their knowledge. Besides, they view the situation from the perspectives of different

stakeholders and do their best to improve their communication skills with others. Therefore, a positive personal attitude may contribute to their perseverance.

Limitations

A few limitations existed in this study. First, given that all the participants pursued the same bachelor nursing programme, it may not represent all the fresh nursing graduates as there are around 600 nursing graduates in the same year. Second, transitional period refers to the first 12 months after graduation, and these eight graduates were interviewed at the 6th month after graduation, so follow-up research is suggested to explore any changes throughout the transitional period instead. Third, the results revealed that coincidentally all these eight participants' attitude are positive but it is uncertain if this is the case across the population.

5. CONCLUSIONS

To facilitate the transition from a student nurse to a registered nurse and further reduce the turnover rate in the nursing profession, the results showed that higher education institutes, hospital administrators, and fresh graduates have responsibilities to facilitate the changes. The shortage of labour in the nursing profession is a common challenge all over the world and it probably cannot be solved in a short time. So how the academics and hospital administrators can help fresh graduates? A few recommendations have been drawn from this study's results as follows. First, academics may consider adding the completion of Basic Life Support (BLS), venepuncture, and blood extraction courses as mandatory requirements for graduation. Second, the existing simulation training may need to be reviewed and enhanced. Third, hospital administrators are suggested to devise a standardized pre-RN training programme for all the hospitals which should include daily ward operation, CPR drill, CMS, IPMOE, electrocardiography and duty handover training. Fourth, the roles and responsibilities of mentors/preceptors is also suggested to be devised, a learning contract can be employed to facilitate the mentors/preceptors and graduates to set goals and objectives together which can provide a clear direction to both parties. Thus, mentors/preceptors can easily monitor the graduates' learning process. Lastly, responsible hospital administrators may meet the graduates regularly to provide a platform to understand more about their needs and concerns. As a result, the responsible hospital administrators may provide inputs in the meetings with academics for programme enhancement. This mechanism is able to form a cycle with continuous improvement of nursing programmes as well as clinical supports for the fresh nursing graduates.

CONFLICTS OF INTEREST DISCLOSURE

The author declares that there is no conflict of interest.

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