

Lived Experiences of Newly Qualified Fijian Nurses during clinical placement eleven months after registration in Fiji.

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Abstract

This study reports on the experiences of Fijian Nurses, who are new graduates, in their first eleven months of clinical placement. The study makes use of a qualitative phenomenological methodology. Nine (9) new nurses from two schools of nursing in Fiji who worked at the Colonial War Memorial Hospital participated in this study. Six participants were male and three were female. The data was collected through semi-structured interviews and analyzed through thematic analysis. Four themes emerged from the data: 1) emotional reactions, 2) reality shock, 3) organizational factors and 4) competency. There was a mix of strengths and weaknesses identified under these themes. The importance of adequate support especially qualified preceptors, proper orientation and a stress-free environment during the clinical placement is evidently the departing message for educators, institutions and health departments.

Introduction

The student nurses upon graduation embark into a journey of transition from being a student nurse to a professional, registered nurse. Owing to this transition from a closely supervised learning journey to an authentic working world, demands greater decision-making and confidence as they engage with patient care. This calls for a caring and supportive learning environment for these new graduates.

Shrestha and Joshi (2014) reported that students felt a sudden loss of close supervision from instructors and new nurses found transition as a very challenging event for them (Ostini & Bonner, 2012). Others reported that new nurses felt they were in a reality shock while transitioning from being student nurses to registered nurses (Duchscher, 2008; Ndaba, 2013). A shortage of human and material resources, overcrowding, lack of support and being placed in clinical settings beyond their cognitive comfort levels led to a reality shock for nurses (Duchscher, 2008). In another study, the new nurses felt "inadequate and requested for support upon entry into the service" (Dlamini, Mtshali, Dlamini, Mahanya, Shabangu, & Tsabezde, 2013, p.153). The authors further added that there are no programs aimed to equip new nurses during transition instead they were left to manage their wards themselves rather than being provided with an orientation and support.

A number of studies reveal unreasonable expectations from new graduates and a lack of proper mentoring (Birks, Burkot, Bagley & Mills, 2018; Evans, Boxer & Sanber, 2008; Maitland, 2012). Maitland (2012) pointed out that new graduate nurses felt anxious owing to an unfair expectation from them to perform as a professional nurse, coupled with a lack of support and time with preceptors, and lack of time allocated for study. Similarly, other researchers also found a lack of support and resources, proper orientation resulting in fear and anxiety amongst the new graduates (Lea, 2013; Ostini & Bonner, 2012). More importantly, the ratio of new graduate nurses with registered nurses with appropriate skillset to act as preceptor is another point of contention (Birks, Burkot, Bagley, & Mills, 2018; Lea, 2013). On the other hand, while highlighting challenges, Evans, Boxer and Sanber (2007) emphasised that the newly graduated nurses performed well when the support was available to them.

The transition experiences in the aforementioned studies indicate a mix of challenges and some strengths, thus it was deemed essential to explore the lived experiences of newly qualified Fijian nurses during their clinical placement period.

Methodology

This study focused on two research questions with the aim to understand how clinical placement influences newly graduated Fijian nurses and thus focused on the following questions.

1. What is the nature of experiences affecting newly qualified registered nurses in Fiji's main teaching Hospital?
2. How do these experiences affect newly qualified registered nurses in Fiji's main teaching hospital?

A phenomenological methodology grounded in interpretive paradigm was applied to explore the experiences of newly registered nurses in clinical placement. Nine (9) individuals based at the Colonial War Memorial Hospital (CWMH) participated in this study. The ethics approval was granted by the USP's Faculty of Arts, Law and Education Research Committee (Approval No: FALE 23/16) and National Health Research Ethics Review Committee, MoHMS, Fiji (Approval No: 2016.126 CD). An approval to conduct the research was obtained from the Medical Superintendent of the Colonial War Memorial Hospital. The participants read the information sheet and signed the consent form. It was agreed that participants could withdraw from the study at any time they felt uncomfortable but they did not.

This study employed the semi-structured interview design with broad open-ended questions and the researcher probing to derive more constructive information from the participants. A quiet room in the hospital was chosen as the most appropriate place for the interview with the participants and all interviews were audiotaped. The interview lasted at an average of 45-60 minutes long. Field notes were also taken during the interview. The interviews were transcribed by the first author. The first author thematically analyzed the data and sorting the data into codes and themes. The themes were revisited after a week and also checked by the second author. The process resulted in four main themes namely *emotional reactions*, *reality shock*, *organizational factors* and *competency*.

Findings.

The four themes and sub-themes (Figure 1) emerging from each are discussed in this section. At the outset, it must be noted that the absence of preceptors was realized as soon as a couple of interviews were conducted.

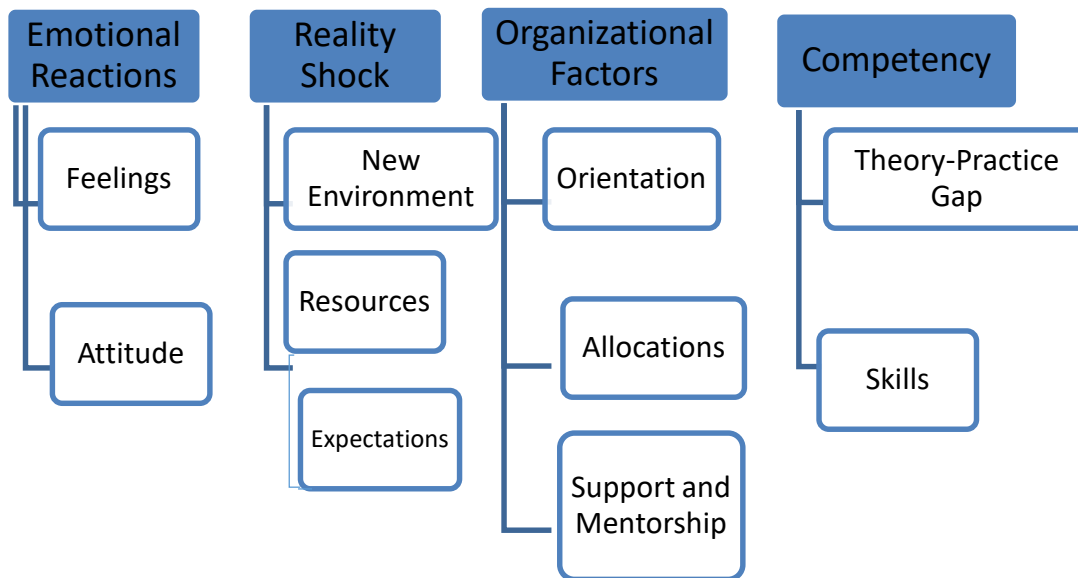


Figure 1: Themes and sub themes

Emotional Reactions

Feelings

The participants reported feelings ranging from negative, to being mixed, to positive, during this transition. The negative feelings comprised of being nervous, scared and /or apprehensive on the first day when they started work. Being posted to an acute ward or an intensive care unit was hectic, and very challenging to a few of them.

Working in the new environment where they had never worked before was nerve-wrecking, scary and challenging. At the same time, it reminded them that this could be due to the transition from student to registered nurse. They felt nervous working with babies in the high dependency units, calculating medications on their own and asking for help from the senior nurses seemed more intimidating. The unreasonable expectation to know everything as the Bachelor of nursing graduates made them feel disconnected and scared to ask for assistance from the senior nurses. While they felt that the environment was not conducive to learning they also believed that with time this experience could improve for the better.

Participants mentioned feeling challenged working in the acute wards for the first time:

"...challenging as we never worked here before. Maybe this was the transition part from being a student to a staff nurse." (P-4)

"It was a very high dependency (unit and) they expected (us to know all) about the different procedures and we were dealing with babies that's why I felt very nervous" (P-9)

The satisfaction of learning new knowledge and skills, engaging in patient care and the desire to succeed, paved a way for positive feelings among some participants. They felt they had to be responsible as registered nurses which in turn made them feel better. Towards the end of the internship, participants began to feel good about being a nurse, started to enjoy their work and felt proud to serve different patients each day. This was expressed in different ways:

"I think that I am very overwhelmed, (and) as a registered nurse it is a blessing" (P-2)

"The feeling is quite good; I am very happy" (P-3)

Attitude

The attitude of some senior nurses, patients and their relatives affected new graduate nurses' emotional reactions. They reported senior nurses had preconceived judgments about new nurses who were the first cohort of bachelor graduates which, in turn affected their attitude towards new graduates. The attitude equated to bullying behavior by senior nurses which often resulted in unacceptable behavior towards the new nurses. Some new nurses felt they were treated unfairly for instance, they would be sent out of the wards to get items to be used in the wards and expected to carry out all the responsibilities on their own.

A new graduate mentioned having a degree made it difficult to get closer to senior nurses as a source of knowledge giver. The participants shared that the comments from senior nurses would imply they were not happy to assist the new graduates, for instance:

"There were some staff who like to be grumpy. If we ask anything they would say, you guys are bachelors you should know everything" (P-4).

"She was a bit strict on us, harsh and not friendly. I would say, it was kind of a bullying relationship" (P- 8)

"What I would like to see change in PICU (Pediatric Intensive Care Unit) is mainly the attitude of some of the staff, their approach, how they [Senior nurses] approach to some of us junior nurses" (P-3).

The attitude of some patients and their relatives also affected the new nurses which was communicated in several instances through different mediums such as social media, off-hand comments:

"I would say it's challenging to have more in their [patients] part and they [patients] expect more to be done to them since they are paying for their services. I also feel bad looking at the unfavorable descriptions that people put in the media about nurses, it's really heart touching when you work so hard for the patients, then you get this kind of feedback...the attitude of patients and relatives make our work more difficult and their demands more stressful at times" (P-6)

Reality Shock

New Environment

New graduates found the new environment challenging, as the majority of them make their initial transition to professional practice within the hospital environment where the reality was different from their expectations. Participants reported being scared, apprehensive, and nervous because of the new environment. Nurses who graduated from Sangam Nursing School were posted to certain high dependency units which was a completely new environment for them and they felt scared. Moreover, FNU nursing graduates also had similar feelings because they had never worked in these areas owing to infection control measures.

As mentioned by the participants:

“The first day was in NICU, I did practical in Labasa, I went to the biggest hospital (for my orientation and) it was a bit of a scare” (P-1)

“The first day was very hectic, coming to a new ward, [was a] learning experience for me, was very nervous about the work I had, I was very scared”. (P-2)

“We started our rotation with pediatrics, I was very apprehensive but eager to learn and work” (P-3).

Resources: Human Resources

Human resources was another challenging issue, as there was staff shortage in almost all areas of the clinical placement. To begin with, there were no preceptors but senior nurses who had a job allocation and patient care to cater for had to supervise the new nurses too. This resulted in senior nurses not being able to devote enough time with the new nurses. As a result, new nurses had to carry out new procedures on their own. The pressure to cope with sudden change in responsibilities and change of shifts with no prior preparations was perceived stressful.

However, the participants acknowledged that even though senior nurses were not preceptors, they had a wealth of knowledge and skills and were glad that they took time to supervise and guide them.

Resources: Material Resources

A lack of material resources was a concern, which hindered patient care in some wards. Some participants mentioned that important equipment used on a daily basis were not in good condition, needed fixing or replacement or required borrowing from other wards or sometimes even go without carrying out the procedure. New nurses considered it time consuming and unethical as it would cause a delay in patient recovery.

On the other hand, new nurses found the protocol ward books and the in-service workshops beneficial for them, where they revised and learned many new things. The workshops also assisted them with gaining Continuous Professional development (CPD) points for their nursing licensure at the end of the internship program. New nurses mentioned that they found good resources on the internet which assisted them in finding solutions for things they were unfamiliar with. Senior nurses in the wards also took time to assist new nurses in teaching and learning activities in the wards.

Expectations

There were mixed expectations from the participants as their views on staff were different. Even though they had different expectations, new nurses were quickly able to adjust to those differences. They mentioned issues such as lack of team work in some wards, the work pace in other units, the different attitude of some professional nurses and patient expectations. New nurses also mentioned not being able to become part of the team could result in a negative clinical placement and reduced learning opportunities which is similar to Birks et al., (2017) findings. Expectations to carry out patient care was very high for the new nurses even though responsibilities and support was not given in a consistent manner during internship. New nurses felt that there should have been a better support system to guide them during the transition.

Organizational Factors

Organizational factors played a very important role in the lives of newly qualified nurses during the transition period. They mentioned the support system, which was not up to standard, and was inconsistent. Different wards had their own style of orienting the new nurses, in which some team leaders would leave the new graduates to find their own way in the ward.

Orientation

Participants mentioned that the one-week orientation at the beginning of the clinical placement was very constructive but they needed more time to explore the wards. Some new nurses really enjoyed the one-week program as they learnt new things during this time, for example, the infection control program and the filling of the Unusual Occurrence Report (UOR) forms.

New nurses felt frustrated when they were rostered to do night shift during the first week into transition, without proper orientation of the ward and lack of supervisor. However, some nurses felt they did not need any orientation as they had worked in those areas during student training days.

Allocations

New nurses felt they were rostered too early to high dependency areas, in which they had not worked before in their student training days and had felt they were not ready to work in such demanding areas. However, some new graduates felt they were satisfied with the support provided by the senior nurses in different wards. They mentioned that they faced challenges but it was a good experience to learn autonomy through transition and be ready to serve the people in their country.

Support and Mentorship

It was evident from the interviews that senior nurses provided overwhelming support to the new nurses in some cases, but their own workload limited their efforts to assist. The new graduates felt that the guidance of a qualified preceptor would have helped ease this situation. A need for preceptors who are suited to teach the new nurses is an essential tool during transition (Anderson, Broadbent, & Moxham, 2018). Working with senior nurses who had assisted the graduates during their student training days was considered helpful and motivating as they felt comfortable asking questions without fear. Participants also felt relaxed when they worked with their peers during the shift as it was easy to interact and work with them. The new nurses were content with the support and the guidance provided by some senior nurses in their first clinical placements, which boosted their learning process.

Competency

The knowledge and skills taught at the education system was adequate as they were able to use this knowledge efficiently during the transition. However, there were some procedures which they mentioned as challenging due to lack of appropriate resources and equipment in certain wards. New nurses also mentioned that they were a little reluctant to take up responsibilities because they were not given such tasks during their training. They found drug calculation challenging and felt they wanted more assistance from the senior nurses, anticipating that they will make a mistake and the patient's life would be at risk. However, they were grateful for the guidance provided by some senior nurses during the shift.

Theory-Practice Gap

Theory to practice gap was another issue mentioned by new graduates whereby they felt that senior nurses had vast knowledge and skills with a Diploma in Nursing whereas the new graduates with a Bachelor of Nursing had none. Senior nurses would expect new nurses to be at par with all procedures and the ward routine. New graduates also mentioned that certain procedures were taught differently in school and they had to adapt to the different pattern and update themselves with the change in the clinical placement. A huge gap was felt by new graduates in terms of responsibilities placed on them as they were not given the opportunity whilst they were student nurses.

As participants shared:

“Every day you come across a new situation and every day is a learning practice. That is the good part of it. Weakness is when you come across something you did not learn in school” (P8)

“I think in terms of preparation we learn most of the theory. We learn more theory but less clinical but come to clinical, there is a lot of things we have to learn.” (P-2)

Birks et al. (2017) report that participants in their study felt that RNs should place greater responsibilities for student nurses to gain confidence in nursing. Similarly, in this study, one participant mentioned:

“Doing our practical... we don't take responsibilities and patient care very seriously because there is a registered nurse who will take care of anything that we might do wrong, but now all the responsibility lies on us” (P-1)

Skills

The new graduates felt that they had learnt many procedures and skills during the transition and mentioned that they should be given more time to practice procedures in the clinical laboratory during student training days too.

“May be increasing more laboratory hours during the school, (the clinical laboratory is where we practice all the procedures), it would be nice to extend the time to practice in the lab.” (P-3)

Discussion

It is evident from the findings that providing a holistic support to address emotional reactions and reality shock, a comprehensive, and practical orientation to help them cope with organizational factors honing their competencies is a key responsibility of clinical placement.

The experiences of newly qualified nurses during transition were dominated with frustration, fear and various emotional reactions during the eleven months in clinical practice. It is evident that new nurses had faced challenges during their transition from student nurse to graduate nurses. They had mixed feelings which was due to working in the new environment where they had never worked before. This was found to be especially applicable to the Sangam Graduates who had no exposure to the CWM hospital. The findings are consistent with (Harper, 2005; Ndaba, 2013) who noted that new nurses were in a reality shock, stressed and overwhelmed with the responsibilities they were exposed to in the clinical environment. Kirkland (2015) also found that new nurses felt overwhelmed, exhausted, frustrated and scared during the first year of clinical placement. Transition to practice was also a stressful journey for the nurses in Singapore where they had to make changes to their lifestyle to meet the demands of work (Jia, Eugene, Hoon, Holroyd, & Fai, 2013).

Furthermore, Evans, et al. (2008) also reported that new nurses faced bullying, inadequate support and staff roster which resulted in a challenging transition phase.

The new transitioning graduates found the new environment to be scary as some of them had never worked in these areas during student training. This reinforces the need to place the new graduates in all the areas of the hospital such that they have some knowledge of the layout and the type of nursing carried out in certain intensive care units. Similarly, lack of resources and time spent in looking for equipment and materials frustrated new graduates as they felt it affected patient care. Poor supply of resources could affect patient care and new nurses need to be provided with appropriate resources to gain experience and confidence in providing efficient patient care as suggested by Clair (2013).

The attitude of some senior nurses, some patients and their relatives unearthed in this study is consistent with other studies (Maitland, 2012; Ostini & Bonner, 2012). This study echoes the need for support from dedicated senior nurses as an essential strategy for the success of new nurses during transition which should be guided and supported by structured programs to enhance a smooth transition and future career development. This is similar to studies elsewhere (Anderson et al., 2018; Birks et al., 2017; Quinn & Ryan, 2017).

Conclusion

The three years of theoretical learning has provided new graduates knowledge and skills for patient care but they need to hone these further in a clinical environment. It is evident that there is a change in responsibilities when new graduates enter the field of professional nursing which needs to be supported with good guidance, empathy, and wisdom from the senior nurses during their internship.

Findings of this study indicate that a standardized and proper orientation package, support in the form of preceptorship and mentorship was the most important aspects of the experiences during transition. Analysis of the data revealed that new graduates felt stressed and anxious due to improper and inconsistent orientations in certain wards. The study establishes the need for a structured preceptorship or mentorship that will support learning, help new graduates feel like a valued member of the clinical team, provide opportunities for diverse clinical experiences and facilitate the transition of newly graduated nurses smoothly. In addition, this preceptorship should be provided by senior nurses who are willing, experienced and knowledgeable to execute the orientation, independent and are free from other responsibilities; this would enable them to provide consistent support to the new graduates.

Resources should be available readily to support new graduates learning environment. Other essential items such as ward protocols, books, good computer and internet connection will serve as learning tools for new graduates in the wards they work. This will enable new graduates to learn and gain confidence and competence to improve professionally and clinically. Most of the challenges experienced by the new graduates were viewed as an opportunity to learn and get accustomed to the nursing profession. Interestingly, none of the nurses in this study felt that they want to leave the profession or intend to migrate as a result of the lack of support they had experienced during transition, but felt they have learnt through the process of transition to become professional nurses.

Recommendations

Recommendations that arise from this study are as follows: (1) a transition preceptorship program needs to be prepared which will assist newly graduated registered nurses to a smooth transition during their internship year, (2) a proper support system needs to be in place to assist the nurses during transition. If senior nurses are given the responsibility of mentoring, then they should be

given reduced workloads. The problem of staff shortage needs to be considered and strategies put into place to solve the issue of support system, and (3) appropriate resources in terms of human, material and literature must be available to the new graduates.

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