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Ways of being: Preparing nursing students for transition to professional practice

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Abstract

Background: *The new graduate registered nurse (NGRN) does not work in isolation but within an organizational environment. Unfortunately for the NGRN, transition to practice programs are often variable and under resourced which means that promised support is unlikely to eventuate. Many NGRNs learn the skills required to navigate the nursing culture “on the job” without support and by trial and error.*

Methods: *A grounded theory method was used to identify the strategies used by nine NGRNs to thrive during their transition to professional practice.*

Results: *Ways of being emerged from the data to explain the social and emotional strategies NGRNs use during the first year of practice. The Ways of Being model includes ways of feeling, ways of relating and ways of doing.*

Conclusions: *University preparation needs to ensure that the NGRN is provided with the skills to successfully navigate the workplace. Use of the Ways of Being model could help achieve this.*

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Keywords: new graduate nurse; self-care; self-advocacy; transition to practice; novice; coping strategies; self-efficacy; resilience; hardiness; empowerment; ways of being.

Internationally, the approach to transition to professional practice for the new graduate registered nurse (NGRN) has been to provide a specialised program for this purpose upon entering the work force (Whitehead, Owen, Holmes, Beddingham, Simmons & Henshaw et al., 2013). The NGRN therefore expects that they will be welcomed and need little personal preparation for the transition other than the knowledge and skills learnt at university. This knowledge traditionally focuses exclusively on patients/clients and not on NGRNs as individuals. Unfortunately, for the NGRN, promised support is not always provided in graduate nurse transition programs (Howard–Brown & McKinley, 2014; Whitehead et al., 2013). As a consequence it is not uncommon for the NGRN to fend for themselves when confronted with a challenging work environment during their transition to professional practice (Berry, Gillespie, Gates, & Schafer, 2012; Chandler, 2012; Clark & Springer, 2012; Feng & Tsai, 2012; Hart, Brennan & de Chesnay, 2012; Laschinger & Grau, 2012; Parker, Giles, Lantry & McMillan, 2014; Thomas, Bertram & Allen, 2012).

Many NGRNs are frustrated by the lack of support and being left alone without the strategies to thrive (Parker, 2014). Successful NGRNs have related that many of the supports implemented were self-initiated (Mellor, 2009). At the moment, health care is portrayed as perfect and that transition programs are perfect and the health system is perfect. The discrepancy between preparation and the realities of practice was first identified by Kramer (1974) and termed reality shock. It has also been found that the hospital culture is much more of a challenge than technical knowledge and clinical skills to navigate (Duchscher, 2009; Halfer & Graf, 2006;). Hence, preparation of the NGRN as an individual, with regard to the relevant resilience strategies necessary to provide self-support, during the transition to professional practice is critical. Previous research suggests that these skills primarily involve negotiating the nursing culture i.e. Crigger & Meek (2007) found that many NGRNs may be driven by shame to avoid revealing that they do not know something in their early clinical placements and hence compromise patient care by not asking for help.

From previous studies it is known that there are important conversations that still need to be had by nurse teachers with nursing students to ensure the NGRN thrives through empowerment, engagement and relevance of the education process.

NGRNs often do not have opportunities to discuss the concept of moral distress and how to address conflict between the care they have been taught and that which they are being pressured to perform (Day & Rickard, 2012; Gallagher, 2010). NGRNs need to respond appropriately to an experienced registered nurse (RN) whom, for example, when consulted about the need to call the medical emergency team directs the NGRN to alter the record so it is in a positive range and the team is not called (Purling & King, 2012). The NGRN may not have had a performance review for an extended period (Goodwin-Esola, Deely & Powell, 2009) and needs to know how, in these circumstances, to obtain timely feedback or be cognizant of how to self-monitor if their request is not forthcoming. This may include looking for the positive and recording incidents to provide evidence of successes to shift their emotions and self-image.

The main aims of this study were to further develop a body of knowledge surrounding the capacity for NGRNs to take an active role in the process of transition rather than being bystanders and reacting to the scenarios that present on a daily basis. Recommendations are made which will assist universities to better prepare NGRNs to take control and become professionals and leaders who can objectively experience the transition and learn from it.

Research Method

This is a qualitative study that uses grounded theory to identify the strategies used by NGRNs to thrive during their transition to professional practice. Grounded theory originated and was first articulated by Glaser and Strauss (1967). Grounded theory involves viewing the research data obtained as the basis for generating new theoretical constructs (Glaser et al., 1967). However, where it is found that recognized theory fits the data with minimal distortion then verification or extension is a possible outcome (Glaser et al., 1967; Strauss & Corbin, 1990).

Rigor of the study was provided using the four criteria of Guba & Lincoln (1989) i.e. credibility, transferability, dependability and confirmability. To provide credibility, predetermined closed questions were used to collect informant data and open-ended questions were used to elicit richness of ideas, feelings and strategies. Interviews were transcribed verbatim. To assist transferability, field notes were taken to supplement richness of the data and provide context (Charmaz, 2014). An audit trail is available for confirmability (Guba et al., 1989). Transferability is reflected in

the rich description of the situated context of the nine informants and the diversity of their transition experience. To provide reflexivity interviews were shared between the primary researcher, who is a university lecturer and an experienced interviewer who was about to undertake her transition to professional practice as a NGRN. The first interview was conducted with both interviewers present in order to contextualise the questions to be asked and to provide confirmability (Guba et al., 1989).

Ethics approval was gained from the Southern Adelaide Clinical Human Research Ethics committee (SAC HREC EC00188) Project No. 337.13. Site specific approval was gained from all participating health units. Informants were provided with a letter of introduction, an overview of the nature of the research being conducted and their role. Consent forms and the list of questions were provided to informants so that opportunity was provided for consultation with colleagues, friends or family. Informants were also informed at interview that participation was voluntary; they could withdraw at any time and decline to answer any question.

Data Collection

Nine informants volunteered to participate throughout rural and metropolitan South Australia. Informants were those who had recently completed their transition to professional practice program. See Table 1 for a more detailed account of each informant and their situated context. Pseudonyms have been used.

TABLE 1
CHARACTERISTICS OF STUDY PARTICIPANTS

Informant ^a	Age Range (y)	Family	Undergraduate BN Program at Flinders University	Prior Non-baccalaureate Practical Nursing Qualifications	Practical Nurse in the Same Institution as GNTP	GNTP	Hospital Location Type (No. of Beds)	Areas of Practice During GNTP	Hours per Week (Shifts)
Caroline	40-50	Yes	Yes	Yes	No	Yes	Rural public (30-60)	Aged care; general medical-surgical; emergency	32
Alison	40-50	Yes	Yes	No	No	Yes	Rural public (30-60)	General medical-surgical; renal; chemotherapy	32
Jenny	20-30	No	No	Yes	No	Yes	City public (300-499)	General medical; day surgery	32
Leslie	40-50	Yes	Yes	No	No	Yes	Rural public (30-60)	Operating room; general medical-surgical; emergency	32
Natasha	30-40	Yes	No	Yes	Yes	Yes	Rural public (30-60)	General medical-surgical; operating room	32
Heather	40-50	Yes	No	Yes	Yes	Yes	City public (300-499)	ICU; medical ward	24-32
Sandra	20-30	No	Yes	No	No	Yes	City public (500-700)	Neurology/CVA; neonatal	32
Rachel	40-50	No	No	No	No	Yes	City public (500-700)	Hematology; ICU	32
John	40-50	No	Yes	No	No	Yes	City public (500-700)	Cardiac; recovery	32

Note. BN = bachelor of nursing; GNTP = graduate nurse transition program; ICU = intensive care unit; CVA = cerebrovascular accident.
^a Pseudonyms have been used.

Interviews with informants were undertaken at a time and place convenient to the informants and away from the work environment where possible. Interview duration was 45 to 90 minutes. Interviews were undertaken face to face or, where this was not convenient for the informant, via telephone. All interviews were digitally recorded on a voice recorder with their consent. The interviews were guided by an interview guide that included closed and open ended questions such as:

1. How has your role changed from student to registered nurse? (Prompts: How different do you feel? What are the skills that you have acquired? What are the barriers to your learning?)
2. Did you feel you were well prepared for the RN role? If not, why? If yes, Why?
3. What does the term “resilience” bring to mind? (Prompts: This elicits the person’s own language)
4. Tell me about the challenges you have experienced as a new graduate (Prompts: e.g. fitting in, time management, maintaining ideals, ethics)?
5. What strategies did you use to help cope with these challenges (Prompts: e.g. role models, preceptors, mentors, friends, family or other creative strategies)
6. Why do you think these strategies helped you?

Findings and Discussion

Following immersion in the data and the process of theoretical sensitivity (Strauss et al., 1990), multiple ways of being, all of them socio-emotional in nature, emerged as the overarching theme. See figure 1 below:

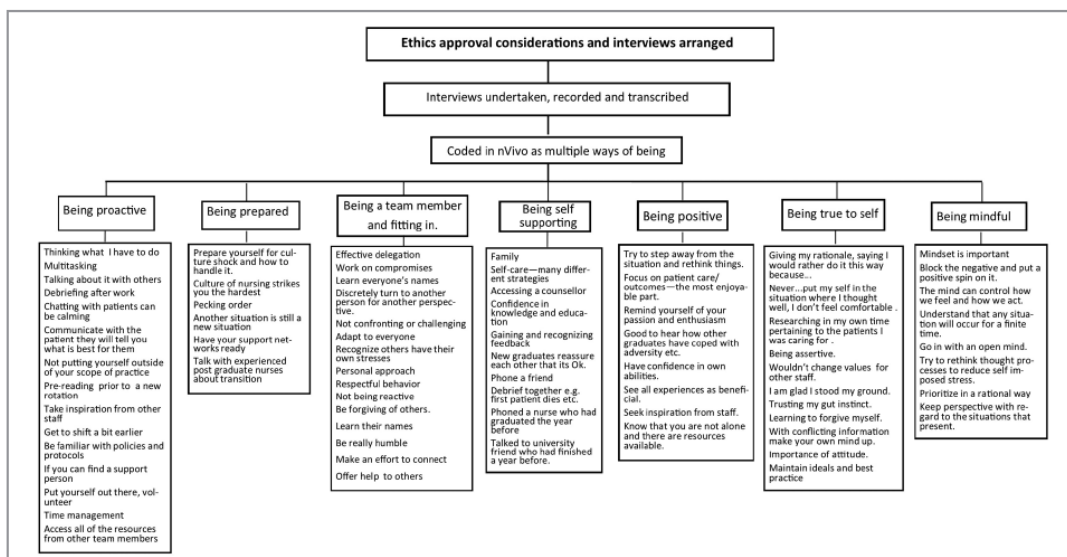


Figure 1. Data collection and coding pathway.

Consideration was given to developing a model specific to these results, however a search of the literature using the key words “ways of being” revealed a pre-existing social and emotional learning model, “Ways of Being”, which had been developed by Blyth, Olson and Walker (2015). As this model clearly represented the emerging themes, it was then applied to the study’s findings. The model is complimentary and a good fit. Indeed, Blyth et al. (2015) encourage practitioners to map skills onto the theoretical model as a means to increase awareness and understanding about effective social and emotional supports for their learners.

The holistic concentric circular Ways of Being model (Blyth et al., 2015) represents identity, awareness and navigation in feelings, relating and doing. There are six key aspects of the model: ways of feeling, ways of relating, ways of doing, ways I am, ways I am aware and ways I navigate. These six nonlinear key aspects include relevant skills, experiences, capacities, attitudes and beliefs for social and emotional wellbeing. See table 2 below:

TABLE 2 WAYS OF BEING MODEL: SIX KEY ASPECTS AND DEFINITIONS	
Aspect and Definitions	
Social and emotional dimensions	
Ways of feeling	focuses on how someone makes sense of their own emotions
Ways of relating	is about relationships with others and teams
Ways of doing	considers how tasks and goals are approached
Sublayers	
Ways I am	integrates self-efficacy, agency and hope
Ways I am aware	considers awareness of self, others and goals
Ways I navigate	reflects the process of navigating opportunities and challenges to get things done

Although developed initially with a youth focus, the Ways of Being model (Blyth et al., 2015) nonetheless provides a powerful framework for comprehensive consideration of the strategies required to succeed in the culture of nursing. Social and emotional competence is increasingly being recognized as important for success in any field (Mooney, 2007; OECD, 2015; Weissbourd, Bouffard & Jones, 2013). These competencies currently exist in a number of disparate ways such as social intelligence (Walker & Campbell, 2013), emotional intelligence (Mayer & Salovey, 1993; Johns Hopkins University, n.d.), mindfulness (Ponte & Koppel, 2015), grit (Duckworth & Gross, 2014; Robertson-Kraft & Duckworth, 2014) and resilience (McAllister & Lowe, 2011). The Ways of Being model (Blyth et al., 2015) unifies these. The increased emphasis on social-emotional skills is imperative as they are now considered more important by employers than technical skills (OECD, 2015). Social

and emotional capital is not only valuable for success when making the transition from student to RN but also their quality of life academically, at work and in their personal life (Beland, 2007).

Figure 1 maps strategies used by NGRN informants according to the Ways of Being model (Blyth et al., 2015). Firstly, within the social and emotional dimensions, are ways of feeling, ways of relating and ways of doing. Secondly, within the sub- layers are ways I am aware and ways I navigate. At the center of the model is the development of identity expressed as ways I am. Identity is considered most significant and purported to influence social and emotional development at all levels (Blyth et al., 2015).

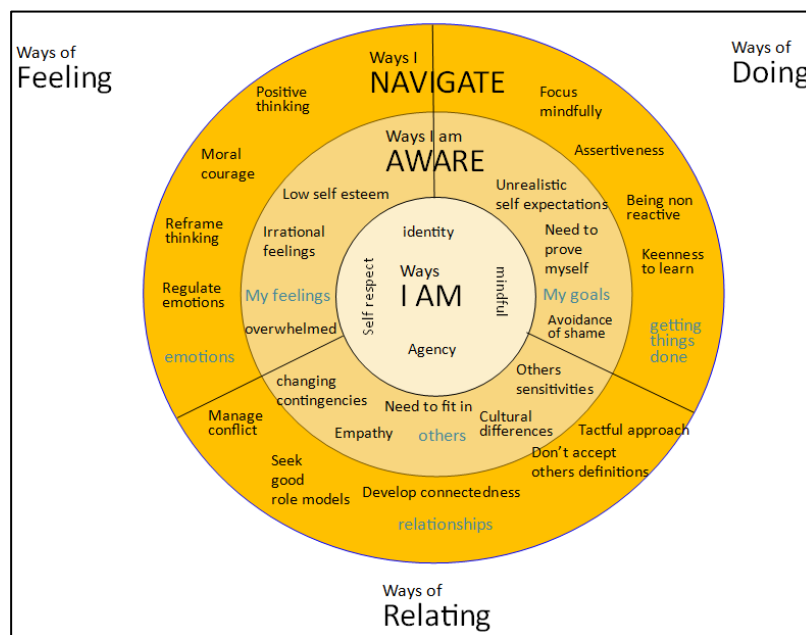


Figure 2. Ways of being model: Ways of being strategies used by new graduate registered nurses to reconcile the ‘ways they are aware’ with ‘the ways are’ and the ‘ways they navigate’ (adapted with permission from Blyth et al., 2015).

The strategies for success as identified by NGRNs are discussed in more detail below using the six key aspects of the Ways of Being model adapted from Blyth et al. (2015). However, before doing so it is important to note that the strategies used by NGRNs interviewed for this study developed over a relatively short time and resulted from trial and error. Their initial responses to events during their first few months may have been reactive. However, by being proactive and persistent, the NGRNs developed resilience. Along the way they may have sought professional assistance e.g. Heather, from a city hospital, found herself in a negative work environment and sought assistance through the Employee Assistance Program. After

doing so she changed her approach to navigating the nurse/doctor relationship on occasions where she does not understand the rationale for a medical decision.

Question the doctor that's what I do, **“Why are you doing that?”** and my line is and which I've noticed at my hospital is **“look I'm the nurse looking after this patient and I know that you're the doctor but nurses and doctors think differently so explain to me your reasoning of why you're doing it that way because next time I'll learn and I'll be able to pick that up for next time”**. So it's not coming back on them, it's coming back on you, as you want to improve your knowledge. (Heather)

In this way the NGRN retains respectful and productive relationships. The NGRN now has clarified the rationale and understands the overall goals of care more effectively. As a result many other nursing activities can be provided, such as patient education, in an informed and appropriate way. NGRNs who can navigate their emotions and relationships achieve the best outcome for patients/clients (Kaufman & McGaughan, 2013).

Ways of feeling

The NGRNs readily described their feelings and tried to understand their own emotions when prioritizing care. Self-management strategies included letting go of not being able to do everything. These understandings require emotional competence and self-regulation. For example, Alison described how she created a mindful space to purposively stop irrational thoughts:

So you've got a screaming brain going on, you're freaking out, you know more haste is less speed basically, you just stop and think **“Right what's my priorities here, I need to give these antibiotics and they need to be timely. Right we're going to get all them done”**. Next, you can worry about bed making, changing sheets, you know, those other little bits and pieces that you can prioritise and, you know, a bit further down the track. (Alison)

Emotional competence can be achieved by replacing anxiety with more productive thoughts:

So, I think that it became a good coping strategy to have something else to focus on, like the next day or the next patient interaction, or whatever to get it out of my head – so, I'd push all that anxiety and repetition out by replacing it with something else that was productive. (Leslie)

The self-management strategy of reflection enables objectification of the experience of being a NGRN. As Rachel recounts:

And being honest with your reflection on yourself and the situation that you're in. **I know I gave myself a lot of – I am only new – I can't be expected to know everything because I am only new to this role, and nobody should expect me to know anything more than a new RN. That's why I've got new written all over me.** (Rachel)

It is important that NGRNs are able to recognize their ways of feeling and the impact on patient care. The findings of this study demonstrate that NGRNs adopt strategies to make sense of their emotions in order to provide effective and timely care to their patients (Jones, King & Wilson, 2009). To achieve this degree of emotional regulation is essential to nursing practice (Bulmer-Smith, Johns Hopkins University, n.d; Profetto-McGrath & Cummings, 2009). This requires being mindful of the irrational or overwhelming feelings (freaking out) and choosing to stop and reconstruct this feeling state in a more positive and objective way. Emotional intelligence can affect decision making and is considered more important than IQ with regard to future success (Yale Center for Emotional Intelligence, 2013). The skills to endure hardship, the skills of emotional intelligence and managing conflict are all strategies that assist NGRNs (Hart et al., 2012). According to Freshwater and Stickle (2004), emotional intelligence should be central to learning to care for oneself and others. Freshwater and Stickle (2004) strongly advocated that the value and development of emotions be included as a priority in the nursing curriculum in order to produce emotionally intelligent practitioners.

Ways of relating

For NGRNs, interactions and relationships with others did not always go as well as they would like. They are still learning to navigate their interactions with others and develop relationships. The predominant strategy NGRNs used was to constantly be mindful of others perceptions. They adopted the role of sensitive negotiator and protector of their nursing colleague's self-esteem. This heightened sensitivity of some health care team members to being questioned about any aspect of patient care required the NGRN to take a tactful, non-threatening and gentle approach; if the answer is not obtained from one person then they sought it from others, but the message was to definitely do so discretely (Boychuk Duchscher, 2012).

As Caroline vocalized, there are many strategies for interacting with other members of the nursing team:

It depends on the person themselves and I ask lots of questions as some people can find that intimidating even though you are doing it just for your own knowledge base and trying to develop rationales for things, but for some people it may be their personality or they have been in an environment for a certain amount of time and if someone new comes asking questions...it challenges them...even though you are not criticizing them you are just trying to say well what is your understanding of the situation.
(Caroline)

Empathy for the experienced staff members and awareness of the possible effect of asking questions on their levels of comfort is important. The nurse who is intuitive of others perspective and mindfully takes this into consideration better navigates their work relationships. Asking questions in a positive way and being keen to learn can also develop connectedness and build warm relationships with other staff members.

I sort of went in and was open and asked questions and I think when you have that sort of attitude that you're really keen to learn...and I think you find people want to open up and talk to you and tell you what they do, and once you start doing that you sort of warm to that relationship. (Natasha)

During the process of professional socialisation NGRNs are extremely sensitive to the gaze of others and strive for connectedness (Malouf & West, 2011). Feng et al. (2012) also acknowledge the concerns that NGRNs have with “fitting in” and the potential influences on their behaviour. Provision of care and attention to relationships was considered an essential part of social/relationship management (Kooker, Shoultz & Codier, 2007). Successful NGRNs assert that it is important they stay true to their beliefs, are comfortable with their own practice and are aware of the cultural influences and relationship dynamics on their practice.

Ways of doing

The NGRNs approached tasks and goals with a willingness to succeed despite the circumstances they found themselves in. The nurses integrated cognitive factors together with ways of feeling. They demonstrated tenacity and responsible decision-making rather than basing their decisions on their feelings of inadequacy or avoidance of shame. Their strategy is more clearly focused on outcomes for the patient/client rather than concerns for how others might perceive them and their practice. This requires moral courage (Lasala & Bjarnason, 2010). As three informants observed:

Just don't be scared to ask. If there is anything you want out of your program or if there is anything you need on the floor for the shift – just yell out and just ask and sometimes you will get a negative response but I think don't let that deter you – just keep going and keep asking and someone will assist. (Natasha)

Deal with what you need to deal with and the other stuff it will come when it comes and don't be afraid to go **“You know what! I've got 6 doubles at the moment there's no way I'm going to be able to do this with me and my enrolled nurse [practical nurse or whoever you're with], you need to give me a hand.”** Don't be afraid to ask for help. (Heather)

I'm not scared to ask for help anymore, if I need help – that's like when they have the board handover and they're like what zone are you in, I'm not scared to say I'm in orange, if I'm in orange and it's going to affect my

patient, the sort of level of care they get, I'm going to say so, but when you're a new graduate registered nurse you feel like you've constantly got something to prove, you feel like if you say you need help you mustn't be doing your job properly. (Sandra)

Rather than being afraid or ashamed to ask for help the NGRNs recommend the strategy of being proactive and persistence. Not worrying about getting everything done and focusing on the important things, or getting things done with the assistance of others was an important time management strategy (Malouf et al, 2011). The focus on achieving safe outcomes for the client is reported as less stressful and assists with prioritization.

Ways I am

It takes time for the NGRN to develop a sense of identity (Hamilton, 2005) as the informants of this study confirm. Initially during the transition to professional practice the NGRNs felt they had limited control over their working life. As they became more experienced they developed a greater sense of agency and were more positive about the future. For example, when Leslie was under siege from patients and staff she felt little sense of control. She then decided to take back her sense of self with a renewed mindset.

And around the same time I had a couple of rude patients that were just hard to deal with. They would just say things rudely to me, like I was their slave, order me around. And I heard someone respond to a patient one day, and I went, **'Oh I can do that.'** And the next time a patient said something rude to me, I said, **'you don't need to speak to me like that, you're allowed to ask in a nice way,'** and I didn't acknowledge it and let myself get walked over...I took a lot of power back just by learning a couple of little sentences and ways of speaking to people without being angry but being assertive. (Leslie)

After hearing how other people stand up for themselves, and then by modelling and doing the exact same thing herself, the NGRN can obtain the power to not let patients dictate and not let other staff take advantage. They can develop a

greater sense of agency. In the following excerpt a different form of personal agency is demonstrated:

In terms of shift work, it's quite hard to get used to at first, but you've just got to make sure you have a decent work, life balance which is quite hard being a nurse. Your sleep is important even though a lot of people think, **'Oh! I can go to work on 4 hours sleep'** ...if you make a medication error then your registration can be on the line. So I think people keeping up their health and sleep is important. (Jenny)

Maintaining a healthy body through healthy eating, exercise and rest can strategically assist NGRNs with maintaining a sense of control over emotions and mental state. Another method mentioned is to observe good role models, how they interact and maintain their effectiveness both personally and professionally. Nurses who have a sense of agency, believe they are effective and imagine their own success are more likely to feel empowered (Simoni, Larrabee, Birkhimer, Mott & Gladden, 2004). The strategy of creating positive interpretations from previously unhelpful thinking assists with development of self-efficacy (Laschinger et al., 2012).

Ways I am aware

The NGRNs were aware that they had a lot to learn and that others on the medical team could help them develop competency. Successful NGRN's are intuitively aware of other people's responses to reactive behavior such as anger. Through humility they can create a cooperative and reciprocal relationship with other staff members. Dean exemplifies this:

You need to be really humble and not angry because then people react very strongly to anger, so be completely so. I think we really need to make an effort as new grad nurses to offer our help or really just enquire...it means to go around and just talk to nurses and remember what they like... it really gives you a different dimension in the relationship...I might help them, and that really helps because those are the same nurses that come back later, when you ask for help they are happy to give it to you. (Dean)

Self-awareness requires social intelligence (Goleman & Boyatzis, 2008). Nursing care is performed within a social context and requires good relationships among professionals. Malouf et al. (2011) discuss the vital need that NGRNs have to “fit in” to their clinical situation. Feng et al. (2012) also reported the importance of the NGRN being accepted by senior staff. Walker et al. (2013) identified social intelligence as a critical work readiness factor. This is further supported by Feng et al. (2012) with the assertion that NGRNs found “learning how to solve the gap between knowing and practising was easier than learning how to behave appropriately and to deal with people in the workplace” (p. 2068).

Ways I navigate

Initially, the NGRNs tended to navigate their emotions, work relationships and tasks alone. After meeting with limited success they were more willing to open up to others and seek additional support. It is possible to achieve excellent results with knowledge of the support networks available and thereby avoid feeling overwhelmed (Mellor & Greenhill, 2014). Natasha did this:

I pulled on Adelaide services so basically rang through to MedStar [a rural medical retrieval service] ...if you're ever in trouble there's always someone else, so for me it was like tapping into them and just explain the situation... I got a lovely man [Medstar staff member] and he was quite willing to help, and he sort of walked me through it and he didn't go off the phone until I was comfortable and even helped with what medication I should be giving and asked me to fax him through the ECG.... He represents the extent of that support network – I suppose just knowing that it's very vast and you're never alone – there's always someone out there that can help you. (Natasha)

Conflict resolution is part of navigating emotions and getting things done. For example, a situation can be de-escalated when the NGRN actively listens to the doctor, provides an understanding response and maintains a calm demeanour.

One doctor came in and one of the higher staff members had ruffled his feathers and given him a real hard time, he come in, he was furious, absolutely furious. And I

talked to him, I said **“It's okay, it's all getting sorted, I'll go do that for you, don't worry, it's fine”**. I didn't actually realise what the other person had done to ruffle his feathers, and yeah I calmed him down and one of the midwives came up to me after and said **“Just letting you know you did really well in that discussion”**. (Alison)

For the NGRN it is important to build social intelligence/psychological capital to assist in the event that an incident might cause personal distress (Duchscher & Myrick, 2008; Taylor, 2012; Walker et al., 2013). Effective communication between clinicians, other staff and students has been identified as a strategy to decrease horizontal violence (Curtis, Bowen & Reid, 2007; Douglas, 2014). Berry et al. (2012) found a negative effect with a significant correlation between horizontal violence and negative work productivity of novice nurses.

Overall, this study found that to succeed the NGRN has to be extremely proactive and use whatever skills and resources they can to gain the outcome they desire. Nobody can be relied upon to lookout for the NGRN so every individual has to create their own environment of support as illustrated in the Ways of Being model (adapted from Blyth et al., 2015). The informant Caroline gives voice to the dynamic interactive nature of “ways of being”:

You have got to be proactive...I have made a huge push to get where I wanted to be...you chase it...you try and create opportunities...it is not going to come to you...no one else is going to know what you want to do... you have got to get it out there and plant the seed... you don't have to be in a rut...nursing has so many pathways...you can just go in different directions but...you have got to seek it...you can't just sit there and complain about it...I am definitely in my happy place now. (Caroline)

Limitations

In this study only nine NGRNs volunteered to be interviewed. Guest, Bunce and Johnson (2006) in their study of interviews and qualitative research, found that themes and variability were often present after only six interviews and saturation was common after twelve interviews. It was also originally planned that all interviews would be face to face; however, a number of interviews took place via telephone for convenience of the informants. In order to address this possible variable, resources on

telephone interviews were accessed (Wilson, Roe & Wright, 1998) and data obtained was equally rich. Interviews took place over an 18 month period (Dec 2013 -Jun 2015) due to availability of informants and access to venues with regard to ethics requirements. It is not likely that the health cultures would change significantly during this time but is a consideration.

Age of participants also required consideration. While some informants were 20-30 years of age, others were in their 50's. The average age of participants was approximately 35 years. Navigating the nursing culture necessarily requires individuals to develop tolerance of uncertainty and to effectively moderate their stressful experiences (Boychuk Duchscher,

2012; Duchscher, 2008). The focus of this research was to identify strategies that assist with transition from student to NGRN. As such, the Ways of Being model (Blyth et al., 2015) provides a template for self-assessment/identification of the desired socio-emotional skills in accordance with the informant's developmental stage and experience of previous stressors. The life context in which informants were functioning is illustrated in Table 1.

Implications for Nursing Education

The resulting Ways of Being model could be used to inform topic development across the undergraduate nursing curriculum. In addition, the model is also a self-assessment tool that can assist nursing students in their preparation for transition. Having some fore knowledge of what can be expected during transition to professional practice and the likely scenarios NGRNs face on a personal level is critical for exiting nursing students. Throughout these interviews, clinical skills were rarely mentioned as obstacles. However, being able to deal with the culture of nursing was ever present. Schools of nursing need to recognize that social-emotional learning skills are as important for university graduate's preparedness to being a RN as clinical skills and evidence based practice. There also needs to be more support to help lecturers and clinical facilitators develop and create links between RN competencies and social and emotional skills so that they are integrated throughout the curriculum.

Implications for Future Research

Further research needs to be undertaken with regard to the adoption of social-emotional learning strategies, including the proposed Ways of Being model, as

an intervention especially in the final year prior to graduation. The relationship between social-emotional learning and outcomes for NGRNs during their first year of practice should also be further investigated. Partnerships with nursing educators and the health care industry would provide opportunities for obtaining feedback and suggestions for improvements to the proposed Ways of Being model (adapted from Blyth et al., 2015).

Conclusion

Throughout this study, NGRNs related the social and emotional strategies used to navigate the culture of nursing. These strategies have been illustrated using the Ways of Being model (adapted from Blyth et al, 2015). The results reinforce the complexity in the relationships between the nurse, the patient/client and other practitioners. Recognizing this complexity is critical (Burger, Parker, Cason, Hauck, Kaetzel & O’Nan et al, 2010; Ebright, 2010) and highly developed social and emotional skills are required to navigate successfully (Kooker et al., 2007).

Organizational culture “is a complex mixture of different elements that influence the way things are done, as well as the way things are understood, judged and valued” (Kaufman et al., 2013, p. 52). As such, it must be recognized that the NGRN does not work in isolation but within an organizational environment. Unfortunately, transition to practice programs are quite often variable and most are under resourced which means that promised support is unlikely to eventuate. As a result many NGRNs have to learn the skills required to navigate the nursing culture “on the job” without support and by trial and error. By further developing skills for social and emotional wellbeing, as suggested by the Ways of Being model (adapted from Blyth et al., 2015), nursing educators can help improve this situation for future NGRNs.

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