



## Barriers to support for new graduated nurses in clinical settings: A qualitative study



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### SUMMARY

**Background:** New graduated nurses often find the transition to registered nurse a traumatic experience and studies suggest that within some countries this process is inadequately supported. The reasons for this inadequacy remain unclear.

**Objectives:** The current study was conducted to identify barriers impeding the provision of support to new graduated nurses in clinical settings within Iran.

**Methods and participants:** This is a qualitative study conducted through unstructured and semi-structured interviews with 18 licensed nurses (experienced nurses) recruited through purposive sampling. Data were collected at various hospital centers in Iran. All interviews were recorded and transcribed and analysis was completed through the use of content analysis.

**Results:** Barriers to support new graduated nurses included a lack of support-seeking behaviors, management weaknesses, ineffective communication, personal characteristics, and cultural barriers.

**Conclusions:** Understanding the problems and barriers likely to prevent goal attainment is an important step toward reaching those goals. The present study provides a greater and more focused understanding of the barriers impeding the support of new graduated nurses within clinical settings. These barriers mainly include deficiencies in the organizational structure, management, and personal characteristics of colleagues and new graduated nurses. This study will have been a successful undertaking if it can help resolve these barriers.

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### Introduction

The transition from the student role to employment is often a stressful experience (Gerrish, 2000). Experiences previously seen as routine and mundane can become a source of stress. New graduated nurses are rapidly exposed to extensive change, new rules and regulations, new responsibilities, new colleagues, and a new environment, all of which can create considerable amounts of stress (Duchscher, 2009). They enter a new environment that often contrasts markedly with the dominant culture, values, and structure instilled into them in the academic environment they emerge from (Kelly and Ahern, 2009).

### Background/Literature

Although, once qualified, students become legally allowed to work as independent practitioners within clinical settings, studies suggest that the majority of new graduated nurses lack the academic and

practical competence, judgment, and decision-making skills required for providing high quality and safe patient care unsupervised in clinical settings, and that they often perform poorly in their interactions with colleagues, patients, and patients' companions (Abedi et al., 2005; Duchscher, 2008).

An important element that facilitates the transition to the new role is the support programs offered by employers during the first few months of the job (Cook et al., 2010; Spoelstra and Robbins, 2010). To provide safe patient care, new graduated nurses require comprehensive support from their employing organization and colleagues (Scott et al., 2008). Supporting new graduated nurses is inversely related to their stress (Kelly and Mathews, 2001) and also leads to a successful professional socialization for them (Roth, 2008).

New graduated nurses need intellectual, practical, and emotional support and appropriate feedback to relieve them of concerns they may have over their performance of tasks, their ethical distress, fear, insecurity, and anxiety. They suddenly realize that the support system they used to have during their university years is no longer in place and thus find themselves relatively isolated in the face of significant responsibilities and problems. The absence of a support system in their new role can lead to a loss of confidence, a sense of inadequacy

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and guilt, inner conflicts, disappointment, and job dissatisfaction and might even lead to their leaving the profession altogether (Cooper et al., 2005; Melrose and Gordon, 2008; Duchscher, 2009; Nash et al., 2009).

The majority of studies confirm the lack of adequate sources of support for new graduated nurses during their period of transition and the lack of induction and training programs for them (Maben and Clark, 1998; Pigott, 2001). These studies also emphasize the excessive expectations others have of new graduated nurses that fall beyond their capabilities, their difficult and compressed shifts, their non-acceptance into the established work groups and the lateral violence directed at them (Pigott, 2001; Laschinger et al., 2010; Vogelpohl et al., 2013).

Despite the studies conducted both in Iran and abroad on problems faced by new graduated nurses, the majority only address the nurses' own lack of readiness for entry into clinical settings and the absence of adequate sources of support for them (Pigott, 2001; McKenna et al., 2003; Smith and Pilling, 2007; Begley, 2007; Laschinger et al., 2010; Wolff et al., 2010; Vogelpohl et al., 2013). No studies have yet been conducted for making a comprehensive examination of the barriers against providing support to new graduated nurses. In a few studies focusing on other issues related to nursing, some barriers have been noted, including labor productivity policies, funding limitations, staff shortage, increased workload, and time limitations (Wheeler et al., 2000; Evans et al., 2008; Dyess and Sherman, 2009).

Other factors appear to also be at play in the inadequacy of sources of support for new graduated nurses, which have yet to be identified. A proper understanding of complex phenomena cannot be achieved by the mere identification of one particular cause and by providing a simplified explanation. An in-depth examination and a comprehensive, clear understanding of this phenomenon can be achieved through a qualitative study that employs various data collection methods and examines occurrences, values, and norms from the perspective of those closest to the phenomenon (Streubert and Carpenter, 2007). Therefore, the present study was conducted to identify the barriers against providing support to new graduated nurses in clinical settings.

## Methods and Materials

This qualitative study was conducted using a conventional content analysis approach (Graneheim and Lundman, 2004). The study ran throughout 2014 until saturation was achieved and no new categories or codes were emerging. The participants were 18 licensed nurses (experienced nurses) (15 female, and 3 male), this included one clinical and two educational supervisors, two head nurses, and 13 nurses working within clinical settings. The mean duration of work experience was 15 years, and participants were aged between 24 and 47 years age, with the mean age of 35 years. The inclusion criteria for the study were: working full-time, willingness to take part, at least one year's experience as a nurse, and proximity relationship with at minimum two new graduated nurses in the past year. The study included practitioners working within intensive care units, surgical units, and emergency departments in six hospitals centers in Tabriz and Hamadan. This inquiry took place over the period of one year.

At the beginning of study, data were collected through unstructured interviews with a general question "How do you describe your experiences of working with new graduated nurses who have just started with their job?" and continued with semi-structured questions such as "What prevents you from supporting new graduated nurses? Can you describe a situation in which a new graduated nurse has needed help but you have not given it? What caused your lack of support?" With the consent of the participants and the head of their departments, the researcher recorded the discussion and took field notes detailing observations made on the participants' responses.

## Data Analysis

The interviews were transcribed verbatim and the transcribed data were then subjected to several stages of review to obtain a detailed comprehension of the participants experiences. First, the text was reviewed, and divided then condensed into meaning units, which were labeled with thematic codes. The codes were then compared with each other and were categorized on the basis of their similarities and differences. The categories emerging from this were further reviewed and compared in order to identify super ordinate themes (Graneheim and Lundman, 2004). MAXQDA software 10.0 R250412 was used to help data analysis and classification.

The study included a member-checking process, two participants were asked to check the accuracy of the analysis and coordinate among their own perceptions and the generated categories and concepts. This peer-checking method was engaged to improve the dependability of the findings, assuring the confirmability of the findings. Prior to commencing the study, the authors purposefully avoided reviewing articles that might influence the processes of data gathering and analysis. Lastly, the transferability of the study was confirmed by precisely description in order to other researchers can carry out similar study.

The study received ethical approval by the Regional Committee of Medical Research Ethic of Tabriz University of Medical Sciences, and permission was acquired from managers of the hospitals involved. Prior to commencing, participants were fully informed of the study goals, the planned research process, and the steps taken to ensure the confidentiality of data. Written consent was then acquired from each participant.

## Results

Five themes were extracted from the data. These are discussed in the following sections.

### *The Lack of Support-Seeking Behaviors*

#### *The lack of motivation on the part of new graduated nurses*

According to the experiences of the licensed nurses involved, new graduated nurses' show a lack of interest in their profession and this was seen as a major cause for them receiving limited support. Licensed nurses tended to notice verbal and non-verbal behaviors in the new graduated nurses indicating what they perceived to be a disinterest in the job and responded to this by emphasizing that nothing can be taught by force to anyone without an interest in learning. The licensed nurses considered several behaviors as indicative of this disinterest, including a lack of active participation in the duties of the ward, tending to constantly sit around for prolonged periods of time, indifference toward training, playing with mobile phones and paying no attention to work.

"I help anyone who actually wants help. I help anyone new to the ICU a little bit at first, and if I see that she has no interest, no motivation and shrugs everything off, then I leave her alone" (P3).

#### *Non-inquisitiveness*

When new graduated nurses are not inquisitive and do not ask any questions; nursing personnel cannot identify their learning needs and weaknesses and might think that they have no difficulties with the underlying knowledge of diseases and the care they are required to provide. An important way to show an interest in the job is to ask questions.

"I tell new graduated nurses that you should come and ask questions from the personnel and myself so that we can explain the ward

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