



## Clinical education

## New graduate nurses' experiences about lack of professional confidence



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## ABSTRACT

Professional confidence is an essential trait for new graduate nurses to possess in order to provide quality patient care in today's complex hospital setting. However, many new graduates are entering the workforce without it and this remains to be explored. This study describes how new graduate nurses accounted for their lack of professional confidence upon entry into professional practice and how it developed during their first year of practice in the hospital setting. Two face-to-face, individual interviews of 12 participants were utilized to capture the lived experiences of new graduate nurses to gain an understanding of this phenomenon. After manual content analysis seven themes emerged: *communication is huge, making mistakes, disconnect between school and practice, independence, relationship building, positive feedback is important, and gaining experience*. The findings indicate that the development of professional confidence is a dynamic process that occurs throughout the first year of practice. New graduate nurses must experience both positive and negative circumstances in order to move toward the attainment of professional confidence. Knowing this, nurse educators in academia as well as in the hospital setting may better support the development of professional confidence both before and during the first year of practice.

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## 1. Introduction

Professional confidence is an essential trait for new graduate nurses to develop to provide quality patient care in today's complex hospital setting (American Association of Colleges of Nurses (AACN), 2008; Clark and Springer, 2012; Perry, 2011). Patients admitted to the hospital have higher acuties, comorbidities, and multi-system disorders thereby intensifying the role and responsibilities of today's graduate nurse (Smart et al., 2014; Sturmberg and Lanham, 2014). Nursing education programs provide the foundation for student nurses to develop professional confidence and upon entry into practice; new graduate nurses are expected to display professional confidence in their roles in the hospital setting (AACN, 2008; Baldwin et al., 2014). Unfortunately, many new graduate nurses report a disconnect of clinical knowledge learned in nursing school and how it needs to be applied in actual nursing practice, thus leading to lack of professional confidence (Dowson et al., 2013; Dyess and Parker, 2012; Henderson and Eaton, 2013). The purpose of this descriptive qualitative study was

to explore how new graduate nurses accounted for their lack of professional confidence and how it developed during their first year of practice in the hospital setting. The main research question was as follows: "How do new graduate nurses account for their lack of professional confidence and how does it develop during their first year of practice in the hospital setting?" To answer this question, participants were asked about circumstances that both challenged and promoted the development of professional confidence.

## 2. Literature review

The transition into nursing practice has been widely investigated and dates back to Kramer's Theory of *Reality Shock* (1974), which described the difficulties and stressors experienced by new graduate nurses during their first year of professional practice. Duchscher (2008, 2009, 2012) extended Kramer's work (1974) and generated a grounded theory that described the progression of novice nurses as they began employment as registered nurses, which is called *transition theory*. According to this theory, this process consists of the following phases: doing (first 3–4 months), being (next 4–5 months), and knowing (final 8–12 months). During the doing phase new graduate nurses realize that they are

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unprepared for the intensity of the role of registered nurse and experience anxiety, self-doubt, and lack of confidence in their ability to give safe, competent care. Being, the next phase, consists of steady and rapid advancement in knowledge level and skill competency, but self-doubt and low confidence peak between five and seven months (Duchscher, 2008, 2009, 2012). A major accomplishment in the being phase is the transfer of dependence on others to reliance on oneself. Knowing occurs at the 12 month mark and signifies the completion of professional role transition. In this phase, new graduate nurses establish a professional identity, a stable level of confidence, and a belief in themselves as contributing members of the nursing profession (Duchscher, 2008, 2009, 2012).

Previous research has also focused on the preparation of nurses in undergraduate programs related to the development of professional confidence. Factors that promote professional confidence in undergraduate education include: faculty qualities, such as providing positive feedback, being approachable, assigning challenging patient care, fostering a welcoming and friendly clinical environment, and teaching practices such as mentoring, role modeling, and simulated patient scenarios (Cummins and Connelly, 2016; Posluszny, 2014). However, despite attempts to promote professional confidence, studies revealed that many new graduate nurses lack professional confidence upon entry into professional practice (Duchscher, 2012; Dyess and Parker, 2012; Henderson and Eaton, 2013). This fact places new graduate nurses in a tenuous position when they begin practice as new registered nurses, and the first year has been reported as one of the most stressful and challenging times in a nurse's career (Martin and Wilson, 2011; Rudman et al., 2014). Inadequacies of new graduate nurses include lack of nursing skills, inability to communicate effectively with physicians, and poor organization, clinical decision making, and priority setting skills (Baldwin et al., 2014; Phillips et al., 2013, 2015; Thrysoe et al., 2011). These inadequacies have resulted in extended hospital orientation programs to accommodate new graduate nurses' needs for a smoother and seamless transition into professional practice (Henderson and Eaton, 2013; Rush et al., 2011). Nurse internships or residencies are another method of integrating new graduates into practice. These programs are generally one year in length and expose new graduate nurses to a variety of hospital units, shifts, and experiences (Al-Dossary et al., 2014; Edwards et al., 2015; Phillips et al., 2013, 2015). In spite of this research, few studies have examined new graduate nurses' (NGNs) lack of professional confidence, from their own personal perspectives. This study sought to fill the gap related to why new graduate nurses' lack professional confidence and how it develops during their first year of practice.

### 3. Research design

A descriptive qualitative design was utilized to explore the main research question "How do new graduate nurses account for their lack of professional confidence and how does it develop during their first year of practice in the hospital setting?" A semi-structured interview protocol was utilized and two sub-questions were employed that explored both positive and negative experiences of professional confidence development for new graduate nurses. Namely, what types of circumstances challenged the development of professional confidence in new graduate nurses and what types of circumstances promoted the development of professional confidence in new graduate nurses? The goal of these interviews was to collect rich descriptions as a means of gaining an understanding of the phenomenon being studied.

Best practices to enhance the trustworthiness of the study included triangulation of data, member checks, sufficient time given to data collection, field testing of the interview protocol, and

an audit trail (Bogdan and Biklen, 2011; Creswell, 2014; Merriam and Tisdell, 2015). The study employed triangulation by using three sources of data: the Introductory Interview, the Interpretive Interview, and written field notes that consisted of noteworthy events in the field, the researcher's thoughts, insights, and any non-verbal cues that the participants displayed during the interviews. The second Interpretive Interview served as a member check to ensure the accuracy of data collected and was conducted after a time period of one week. This time period allowed participants to further reflect on their experiences during the first year of practice adding to the richness of data. A field test was conducted to ensure the appropriateness of the interview questions to answer the research questions. Other practices that enhanced the trustworthiness of the study included the utilization of a peer reviewer to comment on the plausibility of the findings and the use of an audit trail which provided a detailed account of the methods, procedures, and decisions made throughout the study. Institutional Review Board approval was obtained from each of the hospitals from which the sample was recruited. Participants gave written informed consent and were assigned pseudonyms to protect their identity.

#### 3.1. Sample/population

A purposive, convenience sample of 12 new graduate nurses working in the hospital setting for one year or less was collected from the larger population of New York hospitals. Since qualitative researchers are looking for thick, rich data that is high in quality rather than quantity, a small sample size of 12 participants was considered acceptable and data saturation was accomplished with this number of participants (Bogdan and Biklen, 2011; Merriam and Tisdell, 2015). The sample was obtained from two hospitals and included five male and seven female nurses whose ages ranged from 20 to 56 years of age and were graduates of either associate degree or bachelor degree nursing programs. In order to achieve richness of data participants included nurses in various stages of length of employment including: one to three months ( $n = 1$ ), four to six months ( $n = 6$ ), seven to nine months ( $n = 2$ ), and ten to twelve months ( $n = 3$ ). The criteria for inclusion in the sample were registered nurses who had completed undergraduate coursework in the United States, had obtained a license to practice nursing, and who were working in a New York hospital for one year or less.

#### 3.2. Data collection

Data for this study were derived from two sets of hour-long interviews that were audio-recorded and transcribed verbatim. The first were individual, face to face interviews which were conducted using a semi-structured interview method to address the primary and secondary research questions. The second interviews were also individual, audio-recorded and used an interpretive approach to check for meaning and understanding of participants' statements and served as a member check. In-depth, open-ended, questions were used to uncover thick, rich descriptions that illuminated the experiences of new graduate nurses during their first year of practice about what accounts for their lack of professional confidence and how it develops in the hospital setting. Additionally, field notes were maintained that recorded the researcher's reflections, insights, hunches, and any non-verbal cues that the participants displayed during the interviews (Bogdan and Biklen, 2011; Merriam and Tisdell, 2015).

#### 3.3. Data analysis

Data analysis was conducted simultaneously with data collection, at the end of data collection, and during transcription of all

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