



Learning and teaching in clinical practice

## Responsible but unprepared: Experiences of newly educated nurses in hospital care

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### ABSTRACT

The purpose of this study was to highlight the experience of being newly educated nurses working in internal medicine and surgical units. The nurses were asked to recount their initial work experiences using a narrative approach. A phenomenological hermeneutic method developed for life experience research was applied in the analyses. The study participants were surprised by the discrepancy between the ideals and the theoretical and practical knowledge gained during their nursing education, and the assigned hospital tasks designated as routine care. Prominent features of this were a focus on medical diagnostics and treatment, task orientation and efficiency. Holistic nursing was not felt to be a priority within the unit. This led to frustration and feelings of inadequacy and unpreparedness. They also felt that the responsibility was overwhelming. The findings described are discussed in the context of related publications.

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### Introduction

There has been a focus on the extent to which nursing curricula are relevant to the professional realities awaiting nurses upon graduation. Both international and Norwegian studies have shown that newly educated nurses lack competence, and that entering the workforce constitutes a reality shock, with a feeling of 'sink or swim' often being the consequence (Kramer, 1974; Havn and Vedi, 1997). The study 'In deep water' about newly educated nurse's competence when beginning practice in somatic hospital units concluded that there was a competence gap between the nurses' and the employers' expectations. The newly educated nurses experienced that, in their first workplaces, they had relatively limited competence in many areas. The competence gap was connected to an education gap between theory and practice, and also an introduction gap to the competences that are expected of a newly employed professional (Havn and Vedi, 1997). The study showed that, to varying degrees, employers have been able to resolve such deficiencies for newly educated nurses. Subsequent to this 1997 study, and in accordance with European regulations, the practical components of nursing education have been strengthened

and currently make up 50% of the total education (Havn and Vedi, 1997).

Chang and Hancock (2003) found the first months of nursing to be potentially challenging and stressful for new nursing graduates in Australia. Role ambiguity was the most salient feature of role stress. Miyuki Takase (2006) found that role discrepancy was experienced by many nurses and that this partially contributed to nurses' intentions to leave their jobs. Strauss (2009) reported that between 35% and 60% of new graduates leave their first place of employment within the first year and 57%, by the second year.

A Norwegian study in the early 1990s suggested that a gap persisted between the bachelor education and the values prevailing in practice: specifically, that newly educated nurses were not encouraged to apply their learned knowledge and skills (Skaug 1994). In a more recent study, about half (51%) of professionally-active nurses indicated they were satisfied with their education when assessing this in relation to the tasks required on the job (Alsvåg, 2006). Relatively speaking, as part of their education, nursing students may be considered to have gained good practical skills gained in a broad repertoire of authentic patient situations (Sæther, 2003). Solli (2009) observed that the supervision received on the job was very much dependent on the local work situation. RN's (Registered Nurses) experienced improvement in administrative duties, but lacked support for improving their skills in other areas.

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### Study purpose

The purpose of this study was to highlight the experience of being newly educated nurses working in internal medicine and surgical units.

## Methods

### Design

A phenomenological hermeneutical approach was chosen using narrative interviews and text analysis related to the study objectives (Lindseth and Norberg, 2004).

### Participants and setting

Eight newly educated nurses (7 females and 1 male; aged 23–32) working in internal medicine and surgical units at a hospital in Norway participated in the study. They had been employed for 9–16 months. During their nursing education they had practiced as students for a period of 8 weeks in similar units. The criteria for selection were that they had practised nursing for a period up to 16 months (newly educated). All newly educated nurses were invited orally and in writing by the authors to participate in the study. Thus they were provided access through circulation of a request for participation. The first 8 that showed their interest were included in the study. For reasons of confidentiality more individual characteristics will not be described.

### Data collection

In order to keep the study focus broad and to obtain as much information as possible, narrative interviews were conducted (Lindseth and Norberg, 2004). The nurses were asked to describe their experiences of being a newly educated nurse working on internal medicine and surgical units. During the interviews, follow-up questions were asked in order to acquire a deeper understanding when something remained unclear. The interviews were carried out by author one and two. The individual interviews were conducted at the nurses' workplace in a separate meeting room, lasted for 60 min and were recorded and transcribed verbatim.

### Ethical considerations

The project was assessed by The Regional Ethics Committee and considered to be outside the remit of the Act on Medical and Health Research (2011). It could, therefore, be implemented without the approval from the Regional Committee for Medical Research Ethics.

The hospital leadership by the Chief Medical Doctor gave permission for the study. All participants gave their written, informed consent with the understanding that they had the option to withdraw at any given time. All the information collected is considered confidential and is reported anonymously. Each respondent gave permission for the conversation to be tape recorded; the taperecording to be deleted after the study has been published.

### Data analysis

The interviews were analysed and interpreted using a method of interpretation inspired by Ricoeur's phenomenological hermeneutics (Lindseth and Norberg, 2004). This method focuses on the meaning of people's narrated lived experiences. The interpretation proceeds through dialectical movements between understanding and explanation of the partial and the whole, and is carried out in

three stages. This method has been developed at The University of Tromsø and The University of Umeå, and has previously been used by different authors (Lindseth et al., 1994; Sørli et al., 2001; Norberg et al., 2001). It has also been used in a study involving surgical units (Torjul et al., 2005).

The first step is a superficial (naive) reading of the text as a whole in order to gain an overall impression and an initial grasp of the text. This naive reading shows the direction the structural analysis should take.

The structural analysis (Results), in which one separates the text into meaningful units, consisting of a part of a sentence, a whole sentence, and sometimes several sentences, focuses on how information is organized to help explain what the text is saying. It includes a variety of examinations of parts of the text in order to validate or refute the initial understanding obtained from the naive reading. The meaningful units are condensed and discussed between the authors, with the purpose of identifying themes and subthemes. In this process the impression gained from the naive reading is either confirmed or disconfirmed.

The third phase – the interpreted whole/comprehensive understanding (Discussion) – is an in-depth understanding based on the authors' preunderstanding, naive reading, the structural analysis, and new read-through in which the understanding is developed using relevant theory and previous research.

## Validity and reliability

The authors have different health-care backgrounds (public health nurse, anaesthetic nurse and intensive care nurse), and experience in internal medicine and surgical units. This provides varied perspectives and a solid knowledge base. This strengthened our study by allowing an 'inside' as well as an 'outside' perspective. The interviews provided an extensive amount of information and reflection upon newly educated nurses' experiences. The interviews which were transcribed verbatim, read by the authors, and the structured analysis was agreed upon. The analysis was performed by the first author and discussed among the authors in order to reach conclusions.

## Results

### To be unprepared

The nurses said they were not prepared for their professional work as they anticipated, even though the biggest component of their practical training had taken place in internal medicine and surgical units. The orientation period depended on the personal situation in the unit. Their experiences varied from having three duties at the beginning while being mentored by an experienced nurse to having a four weeks training period and then being mentored by an experienced nurse for one year. It happened that it was impossible to get an introductory program because of lack of personnel. This could lead to a feeling like;

..... to be cast out into a different reality and feeling unprepared.

Nurses said that it was frightening to be inexperienced in a demanding and hectic working role, compared to their more idealistic, goal-driven educational years, and that the experience of facing multiple responsibilities and demands did not leave much room to be new and inexperienced. They felt that the experience as a new nurse was quite different from being a student when expertise and supervision were available.

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