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ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

‘Happy, excited, terrified’ feelings from the floor: a phenomenological inquiry into the lived experiences of nurses who transition from student to registered nurse

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Abstract

Background: There has been a recent focus in the literature on newly graduated nurses and the reasons why many are leaving the profession in the first year of practice. Some have reported physical, emotional and social upheaval, with a number deciding not to continue.

Aim: This research aims to explore the lived experiences of graduate nurses during the first six months of their new role within a person-centred graduate programme, and to enable graduate nurses to explore and learn from those experiences by participating as co-researchers in the programme.

Methods: This study is underpinned by person-centred and participative research methods. Graduate nurses became co-researchers and participated in the collection and analysis of data relating to their own and their colleagues’ experiences, using a hermeneutic phenomenological approach.

Results:

- Healthful and empowering relationships in the workplace provided a psychologically safe space for graduate nurses to grow into their role
- Providing paid protected time supported the transition from novice to confident staff nurse
- Being co-researchers provided the graduate nurses with awareness of the need to evaluate their practice and to use evidence to inform practice

Conclusion: This study suggests newly qualified nurses need more than skills training to progress in their new registered nurse role. Protected time, empathetic colleagues and a person-centred culture enabled the nurses to socialise into their new roles. Nurturing graduate nurses, providing time and a psychologically safe space, has the potential to benefit the individual and also the organisation in attracting and retaining staff.

Implications for practice:

- Nurturing graduate nurses can play an important role in supporting the sustainability of the nursing workforce and enhancing person-centred care
- Structured facilitative and person-centred graduate programmes that integrate theory, clinical skills and psychological awareness are important in enabling graduate nurses to gain confidence personally and professionally
- Further research and creative and participative programmes are needed to support graduate nurses to remain in the profession

Keywords: Graduate nurses, person-centredness, supported protected time

Introduction

Despite the international emphasis on recruitment of students to undertake a degree in nursing, many graduates at the end of their four-year programme are choosing to leave nursing to pursue careers often unrelated to nursing or caring (Lovegrove 2018; Germuska, 2022). The journey from student nurse to graduate nurse has been described as stressful and a 'reality shock' (Hsiao et al., 2021 p 450). Nursing shortages are proven to affect the quality of patient care, and in recent years nurses have also faced tougher challenges during the Covid 19 pandemic. This has left nurses and graduates nurses feeling shocked and burned out, and expressing feelings of hopelessness and high levels of compassion fatigue (Cao et al., 2021).

This study examines the experience of nine graduate nurses starting a one-year structured programme in an acute hospital in the west of Ireland. The development of graduate programmes is not new; many hospitals in Ireland and internationally have attempted to design programmes to support newly qualified staff in the complex transition from student to graduate nurse (Lovegrove, 2018; Tallaght University Hospital, 2021). The programmes vary in content, with differing views on the ideal formula of education, personal development, reflection and psychological support.

Often filled with enthusiasm, confidence and hope for the future, newly registered nurses may find themselves unprepared for the transition to the reality of clinical practice (Gong et al., 2022). The first year of practice as a qualified nurse is a critical time in terms of support and development; the newly qualified nurses are thrown into the mêlée of clinical practice, where there may be staff shortages and heavy workloads (Eklund et al., 2021).

Gong and colleagues (2022), explore the factors that influence graduate nurses' decision to leave the profession. They say organisational factors, such as the practice environment, social support and empathy indirectly but significantly contribute to the intention to leave. The authors go on to specify that graduate nurses' experiences in their first year influence their future career plans. Anderson and colleagues (2022) emphasise the importance of a culture that will support and purposefully integrate the newly qualified nurse into the team.

Background and context

The Person-centred Practice Framework (McCance and McCormack, 2017) is a theoretical model developed and redeveloped specifically for use in healthcare practice and used internationally to guide the development of person-centred cultures (McCormack et al., 2021, p XXVIII). The hospital in this study has, over a seven-year period, supported the nurturing and sustaining of a person-centred culture through embedding person-centredness into policy, education, nursing documentation and the development of person-centred facilitators (Timlin et al., 2018). Although no specific data have been published in Ireland, the shortage of nursing staff is widely reported internationally (Gaines, 2022), with, for example, the most recent official NHS figures reporting that more than one in 10 nursing posts (11.8%) are unfilled in England (NHS Digital, 2022). The hospital reports improved recruitment and retention of nurses as a result of the person-centred culture, with nursing vacancies standing at less than 3% in general areas and slightly higher in specialist areas such as operating theatres and intensive care. While no direct relationship has been established, it is believed that nurturing a person-centred culture has resulted in nursing staff feeling safe and happy in practice, and choosing to stay in the organisation or return after further training or gaining experiences elsewhere. The importance of a sustained and focused culture is important for all staff but the exposure of novice nurses to ineffective cultures has been highlighted as having a significant impact on satisfaction and retention (Lovegrove, 2018). Within our hospital, graduate nurses are exposed to the person-centred culture and practice from their first morning, not only through the learning process but also through language use and ways of working and being. The hospital has supported graduate nurses since 2004 through the provision of structured support and education – in previous years, the programme focused on didactic education and technical skills, delivered in partnership with the local university. However, the graduate nurses

involved found it difficult to balance shift patterns with further academic and skills-based learning, much of which they felt simply repeated their undergraduate education. The programme was revised in 2017 following discussion with former participants, who suggested that their real needs were less related to academic learning and more to teamworking, time management, critical decision making and practical 'how to' skills. The new programme was negotiated with hospital leadership to include paid protected time, which was suggested as a way to ease the nurses into their new role without the pressure of filling a 24/7 roster. It is important to stress that the graduate nurses within this study were present in the clinical environment throughout the protected time period and were allocated responsibility for patients as a registered nurse delivering person-centred care and safely managing the complexity of nursing practice. They were not counted as part of the rostered staffing numbers, which gave mentors time and space to facilitate learning. This protected time, where the nurses were supernumerary for 12 weeks, helped their mentors oversee and support them to gradually share responsibility for a patient caseload. Protected time also enabled the graduate nurses to focus on personal and reflective skills, and to understand and support the shared values and vision for nursing practice in the hospital.

The aims of the graduate nurse programme are to nurture, guide and build confidence for newly qualified nurses in a fast-paced, technologically advanced acute hospital setting, guided by the principles of person-centred practice (McCance and McCormack, 2017). Central to the development of a person-centred culture is recognition of the importance of relationships and relational connectedness (Cardiff et al., 2020; Middleton et al., 2021). To this end, while focusing on the nurse as a person transitioning from novice to competent, we concur with Anderson and colleagues (2022) that support needs to focus on empathy and the relational aspects of self-development and learning. Middleton and colleagues (2021), suggest wellbeing is enhanced by a feeling of being psychologically safe and being part of and connected to others in a team. It is widely recognised that awareness of the emotional wellbeing of nursing staff, and especially novice staff, is critical both for the individual nurses and the future direction and sustainability of the profession (Cao et al., 2021; Gong et al., 2021).

Over recent years as a result of focused facilitation at the hospital in this study, person-centredness is now thoroughly embedded in the culture, from the electronic medical record to the orientation programme for all new members of staff, nursing and non-nursing. The framework Critical Allies and Critical Friends, also known as Facilitation on the Run, (Hardiman and Dewing, 2019) is used as a tool to guide novice facilitators to facilitate learning in the workplace, helping staff explore their values, beliefs and ways of working. The hospital's practice development team wished to enrich their contribution to the education process for new staff by further enhancing the existing graduate programme to focus specifically on nurturing graduate nurses to feel confident, empowered and connected, using facilitation strategies (Hardiman and Dewing, 2019). The graduate programme is now seen as an important element in the development of novice nurses, encouraging them to stay within the organisation and take advantage of opportunities for further education and career development. Listening and responding to feedback from participants on earlier graduate programmes, we agreed to remove the rotation of nurses from clinical areas as a standard within the programme. This gave the nurses space to establish relationships and feel part of a team. The allocation of a graduate nurse to a ward or department was made by the practice development team based on the stated preference of the nurse and best fit with regard to skills, competencies and character. There was also an option to move directly into specialist areas, such as intensive care and operating theatres.

Aims

This research aimed to explore the lived experiences of graduate nurses within a focused supportive programme during the first six months of their role as a registered nurse. It also aimed to provide an opportunity for the graduates to explore and learn from those experiences by participating as co-researchers in the programme.

Facilitated learning

The graduate programme used Facilitation on the Run (Hardiman and Dewing, 2014, 2019). This framework offers facilitators – in this case members of the practice development team – an easy-to-use and consistent way of being with and enabling the graduate nurses. The framework comprises two models of facilitation, Critical Allies and Critical Friends. These provide practical stepping stones to enable facilitative and person-centred relationships to flourish in clinical practice (Hardiman and Dewing, 2019; Mackay and Jans, 2022). On commencement of the graduate programme, the practice development team spent time building relationships and trust with the graduates, using practice development and creative tools to explore their values and beliefs. This enabled them to develop and express their understanding of ‘person-centredness’. This relationship was then continued in practice, supported by the clinical education facilitators alongside workbased mentors during practice (Hardiman and Dewing, 2019).

Method

The research process was underpinned by principles of collaboration, inclusion and participation (CIP), the Person-centred Practice Framework (McCance et al., 2017) and person-centred ways of working (Hardiman et al., 2021). The research team was therefore inclusive of graduate nurse participants and experienced researchers. Person-centred nursing research calls for all participants to have an understanding of person-centred ways of working and the use of reflexivity in nursing practice (Hardiman et al., 2021). Therefore before starting the research, the whole team engaged in a number of activities to develop a plan:

- Inviting the 2021 cohort of graduate nurses to participate as co-researchers and/or participants in the project
- Preparing the nurses as co-researchers, providing them with additional learning and support to undertake participatory and person-centred research
- Agreeing a process to best explore their own lived experiences of the programme
- Exploring any potential ethical considerations of the study and completing an ethics application in accordance with hospital requirements

All the 2021 cohort was introduced to the idea of the study and facilitated to learn person-centred research methods. Participation in the study itself was voluntary, with no obligation. Towards the end of the protected time period the graduates were asked if they wished to participate and six of the nine agreed to do so, with four agreeing to be co-researchers. The practice development team and co-researchers subsequently met to discuss and agree on the process and methodology.

This study used a hermeneutic phenomenological approach (Parahoo, 2014) to capture the feelings of the participants and used a creative and collaborative process to interpret those feelings and their collective meaning to others. This was the preferred methodology for the co-researchers, who thought it was easier to understand as they had engaged in hermeneutic analysis as part of their facilitated creative learning earlier in the programme.

The hospital’s ethics committee considered the application and did not require any changes or make any recommendations.

It was agreed that the easiest way to conduct the interviews would be to obtain written consent from each graduate nurse and record the interviews on their phones. To adhere to the agreed ethical process, the practice development team did not participate in the interviews; this was to ease any anxiety among the graduates, encourage authentic answers and reduce potential bias. The interview questions were agreed by the researchers and were open in nature to encourage reflection and allow real feelings to emerge. The interviews were recorded and transcribed verbatim. Semi-structured interviews were conducted by the graduate nurse co-researchers, who interviewed one person each (two graduates had to interview two people). It was a small group and we wanted each graduate to

experience the process of being interviewed and being the interviewer. The practice development lead assigned interviewees to each co-researcher to ensure the separation of interviewer and interviewee roles. They then arranged to meet their colleagues at a time and place of their choosing. Interviews lasted approximately 20-30 minutes each and were facilitated using prompt questions (see Box 1).

The interviews were then transcribed using the Microsoft Word transcribe function and corrected for accuracy by the interviewer. The audio recordings were then deleted from the researchers' phones.

Box 1: Agreed questions to explore lived experiences

- Can you describe your feelings on your first day/week as a graduate nurse?
- How did those feelings change over time?
- How did those feelings manifest in your working life?
- How did those feelings manifest in your home life?
- What were the interpersonal skills you developed that you expected and/or what skills were unexpected?
- How did that make you feel?
- In what ways did you feel supported/unsupported in practice?

Data analysis

Interpretive phenomenological analysis (Smith et al., 2009) is a theoretical method to enable participants to make sense of the world around them using narrative and creative analysis involving all co-researchers. This method was discussed and used to guide the novice researchers through the analysis process and making sense of the information they had collected.

The verbatim interviews were anonymised and printed out, and a copy of each was provided to each of the six researchers. Each researcher read all six and highlighted words that they found emotive or meaningful to them. The researchers were then asked to write down emerging themes from the transcripts they were reading. To interpret the themes from an alternative lens, the co-researchers engaged in a creative exercise (Figures 1 and 2), followed by a hermeneutic discussion recorded on a whiteboard to view and interpret the themes that were emerging. After a group discussion, there was consensus on four major themes:

1. Feelings
2. Professional/personal support
3. Knowing self and working with others
4. Competence and confidence

Figures 1 and 2: Creative exercise examples



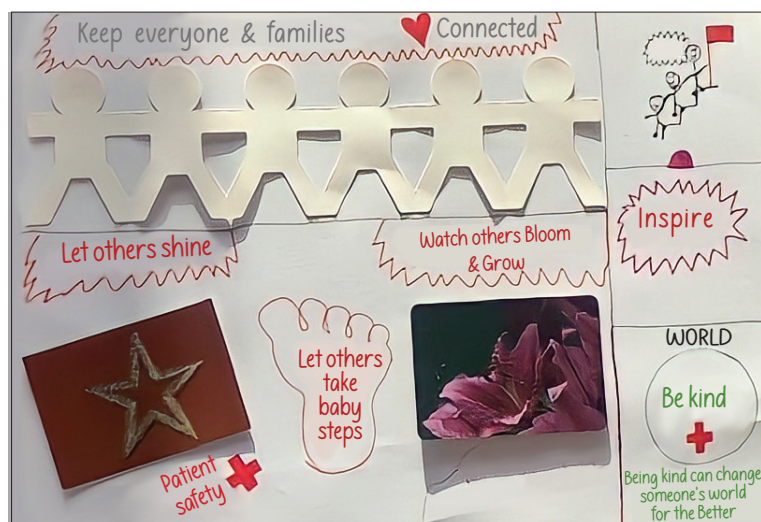


Table 1: Main themes emerging from the interviews

Theme 1: Feelings	Theme 2: Professional/ personal support	Theme 3: Knowing self and working with others	Theme 4: Confidence and competence
Nervous Anxious Self-doubt Terrified Questioned own choices Didn't want to be judged Worried Comparison with previous experience, worries about expectations Caution, apprehension Gap between what I should know and what others think I should know Fear of being asked too much/expectations gap Daunting, fear of change Excited Looking forward, ready for this Relief Supported Respected Comfortable Understanding	Supernumerary status (protected time) Able to ask questions in a non-judgemental way Approachable staff and clear roles – PD team and mentors Limitations acknowledged and respected Expectations clear and matched experience Helpful and supportive teams More education days from programme/ regular support identified as a good way forward, bringing the graduates back in after time on the wards Happy, felt supported by ward, graduate team, managers, each other	Communication, time management and organisational skills improved Grew in confidence to ask questions and learn Got into a routine, and competence in skills Teamworking skills enhanced Applying evidence to what I am doing	Feelings of nervousness and anxiety, then confidence as competence improved Developed more knowledge Confidence increased with familiarity with routine Supernumerary status good for building confidence Made right decision Happy Comfortable, settled Evidence in practice

Hermeneutic analysis of emerging themes

Feelings

A significant issue highlighted by the graduate nurses was fear of asking questions and being judged. They discussed being worried about the change from student to qualified nurse and also the change of environment and ways of working. Feelings of excitement and fear of change were mingled with a concern about being thrown into a situation they were not prepared for. The graduates expressed self-doubt and worry about getting things wrong. Some spoke about being worried that the expectations of the staff in the clinical area would not match their capabilities. One stated they were excited about the challenge of a new working environment but at the same time terrified. Words like *nervous*, *worried* and *daunted* came up in several of the interviews; *fear* and *terrified* appeared in several of the transcripts. The language used by the graduate nurses to describe their initial feelings was clear, strong and emotive at times. As the interviews progressed, words like *relief*, *understanding*, *support* and *respect* started to emerge. It became evident through the interviews and subsequent discussion that with support from the practice development team and their mentors, the graduates gained confidence in their clinical skills, felt able to ask questions, settled into their clinical environment and felt they had become part of the team.

Personal/professional support

The ethos created within the clinical setting can influence how staff fit in with their environment (Houghton, 2014). Organisational socialisation helps new nurses to develop relationships with others while learning skills, policies, procedures and the way things are done on their ward. Within the design of the graduate programme, workplace culture, proven facilitation strategies (Hardiman and Dewing, 2019) and organisational strategies such as the two-week induction and protected time were included to support the transition from student to registered nurse. The interviews highlighted that protected time (supernumerary status) for a number of weeks in the clinical setting was a significant and positive factor in facilitating the 'settling-in' process. This protected time allowed the graduates to learn clinical and communication skills and the ways of working in the ward, while gradually taking responsibility for their own patients over time. It was acknowledged in the post-interview discussion that the protected time also helped the mentors on the wards; the mentors who had responsibility for patients could also offer support without worrying that the graduate nurse was missing elements of patient care or overwhelmed by their work. The assumption that the undergraduate internship (the final nine months of the bachelor of nursing degree) prepared the nurse for the intensity of practice as a registered nurse came as a surprise to all the graduate nurse participants. While one reported that they would have liked more formal education in the protected time period, most stated that time spent in practice with their mentor helped them to learn skills, gain confidence, overcome any reluctance to ask questions and socialise into their new role. The staff in the clinical area and the practice development team were described as supportive, approachable and non-judgemental. This enabled graduates to feel excited by the end of the protected time and confident to get out on their own to care for a full allocation of patients with minimal support.

Knowing self and working with others

It became evident that organisation and prioritisation of the caseload and meeting the person-centred needs of patients was a challenge for the graduate nurses in the early days of practice. An important emerging theme was the feeling of being able to ask questions and an environment that supported them to confidently address what they were unsure about. Feeling safe to speak out and be heard without judgement enabled them to gain confidence and mature as nurses and as people. The awareness of a change in themselves may have been missed by the graduates if they had not been given the time and space to reflect. By participating in the interviews, they were able to reflect and voice that they had changed since internship, leading to a deeper understanding of themselves personally and professionally. An improved quality of life at home and a less frustrating work life was highlighted in the interviews as a direct result of feeling more confident and trusted at work.

The interviews also emphasised the significance of support and mentoring from caring and compassionate staff on the ward. The most important qualities of a mentor were also explored and included not having preconceived expectations, and being approachable, caring, non-judgemental and willing to listen. Experienced co-workers on the ward and in the practice development team played an important role in facilitating socialisation of the graduate nurses. The mentoring relationships are long term and rely on shared values, mutual respect and an authentic presence, mirroring the prerequisites of a Critical Allies facilitation model (Hardiman and Dewing, 2019). This embodied way of working was described by the graduate nurses as staff and the practice development team being *'always there, respectful and refreshing'*.

Confidence and competence

Confidence dropped at the start of the graduate programme for some of the participants, who said they felt they had metaphorically *'gone back into their first-year uniform'*. One stated that they did not want to be *'micromanaged'*. This is noteworthy as it highlights that some graduate nurses are ready to transition from student to registered nurse directly from internship, while others may need more support or time. It is important to acknowledge that the graduate programme should build on the confidence the new nurses gained as interns and not assume they all feel the same level of anxiety. All of the participants initially felt overwhelmed but, as relationships formed and they *'got into a routine'*, organisational and socialisation skills developed and they began to feel part of the team, with what some described as *'a layer of support'*. The graduate nurses became less nervous and anxious, and described feeling confident and being happy with their decision to become a nurse. The language moved from apprehension about expectations and negative past experiences, to feelings of accomplishment, confidence, pride and empowerment.

Findings

As stated earlier, the aims of the graduate nurse programme are to nurture, guide and build confidence for newly qualified nurses in a fast-paced, technologically advanced acute hospital setting, using the principles of person-centred practice (McCance and McCormack, 2017). Following the collection of stories and the thematic analysis, the team met for a further discussion to think about the work's significance for them and for future graduate nurses at the hospital. The lived experiences of this small group of participants will be used to inform future programmes in the hospital.

Healthful and empowering relationships in the workplace

The Person-centred Practice Framework (McCance and McCormack, 2017) identifies the prerequisites of a person-centred culture and also focuses on the attributes of staff as a major contributors to that culture. This study highlights the importance of empowering supportive relationships and strong organisational support for graduates transitioning from student to staff nurse. MacKay and Jans (2022) emphasise the value of shaping healthful cultures to support learning in practice. The term *'healthfulness'* is difficult to define but in this context it can be captured in feelings of wellbeing, respect and psychological safety, where staff feel supported (McCance et al., 2021). Feelings of fear and self-doubt were strong, particularly in the early weeks of clinical practice, but over time the graduates had established relationships of trust with the practice development team, their mentors and their clinical nurse managers. Many were surprised that they were not expected to *'just slot in'* and that the team was investing time and energy in them.

'I found staff conscious and understanding of the skill set of everybody in the team and it made me comfortable.'

'Happy, felt supported by ward, graduate team, managers, each other.'

'To be fair, everyone is all so approachable and more than happy to help. There isn't anyone I couldn't ask for help.'

Person-centred principles and the deliberate use of the Facilitation on the Run framework (Hardiman and Dewing, 2019) supported transition from student nurse and could be applied in the classroom and in practice to ensure everyone's voice was heard and understood. Critical discussion and tailored learning objectives helped inform the practice development team about which clinical area would suit the graduates' clinical interest, aptitude and temperament. They were assigned to a team for a one-year placement. This was not the first year of the graduate programme so the clinical areas were well informed about the programme and the needs of the novice nurse. This may have helped to manage the ward staff's expectations because they had been through the facilitation process before. The benefits of a caring and competent mentor and supportive manager in the transition from student nurse to staff nurse are well documented (Houghton, 2014; Ohr et al., 2020; Mulligan and Frawley, 2022). The graduates described the staff as empathetic and supportive, and said they were welcomed as part of the team and accepted as a fellow registered nurse. They were no longer treated as students but the mentors and staff appreciated that the graduate nurse was still a novice who might need guidance and assistance in the clinical area. Eklund and colleagues (2021) found that without a graduate programme, colleagues expected newly registered nurses to work at a high level of competence after a period of orientation. The findings of this study indicate that a structured graduate programme with realistic expectations can allow graduate nurses to transition to staff nurse without what is often described as reality shock or transition shock (Hsiao et al., 2021).

Providing paid protected time

There is an abundance of literature focusing on the negative effects of overload stress, which can be directly related to a failure of wellbeing and compassion in nursing (Gong et al., 2021; Cao et al., 2021). The value of protected time for graduate nurses to grow into their new role and achieve competence was a central and positive finding of this research. This was mentioned in all of the interviews and the post-interview discussion. First, there was a direct benefit to the graduate, which was expressed as relief that they were not simply thrown into their new role and expected to get on with it. The responsibility to manage the complex physical and emotional care needs of patients and develop technical knowhow around medications, equipment and organisational systems can be challenging for the most experienced nurse. This additional time enabled the graduate nurses to gain confidence and socialise into their teams without feeling overwhelmed or unsafe. It also gave them a feeling of being valued and understood by their team and the organisation. The second benefit of the protected time was to give the workbased mentors and the clinical nursing managers time to facilitate and support the new nurses while they were learning. Comments from the graduates included:

'The biggest support was my managers and co-workers respecting my supernumerary status.'

'At the beginning I was sacred but nervous and excited, then as the supernumerary stage was coming to an end, my confidence had grown and I was excited to get out on my own.'

'I feel my confidence grew at home as well as in work... I have matured as a person... I am in a full-time job, earning my own money, it's great to have that independence.'

'It's still exciting, I enjoy every day that is different and going to learn something new each day.'

In the post-interview discussion, many of the co-researchers shared stories from their friends' experiences in other hospitals where there was an expectation of '*getting stuck in from day one*' and the negative impact it had on their friends' plans for their future in nursing. In contrast, the graduate nurses in this study reported feeling ready for independent practice towards the end of the protected time. They stated that the two-week orientation and the protected time enabled them to identify their strengths and weaknesses and develop a greater sense of knowing self while gaining confidence to reach out if feeling uncomfortable or vulnerable. The time enabled them to establish a sense of belonging and a professional identity. The successful socialisation of graduate nurses in the clinical area fulfils organisational goals by maintaining a safe and person-centred culture and helping to retain and attract staff.

Being co-researchers

The hospital's department of nursing strategy includes the use of evidence in practice and developing evidence from practice; this provided the impetus to include the graduate nurses in the research process. Although not all of them wanted to be co-researchers, the practice development team was delighted to welcome the four who did. MacKay and colleagues (2021) discuss the importance of collaborative research for all in the process of learning at all stages of nursing careers. This study's findings suggest the graduates who undertook the person-centred research workshops embraced the additional learning and responsibility with a sense of pride and purpose. In addition, these co-researchers said the experience made them aware of the need to evaluate their practice and demonstrated how to gather and use evidence to inform practice. This was their first such experience and it is hoped it will nurture an interest in research and evaluation as an everyday practice action.

Discussion

In any person-centred environment we expect to see staff who feel supported, respected and valued. The Covid-19 pandemic and the increasing complexity of patients mean some or all of these qualities may be more difficult to achieve. Nurses have expressed feelings of being worn out and some are choosing to leave. If we do not develop organisational strategies that support and strengthen a person-centred culture for all nurses, especially the newly qualified, we will continue to lose them to other professions and careers (Gong et al., 2022). The graduate nursing population make critical decisions about their career in their first year as a staff nurse; some may think about specialising and others plan to travel but some plan to and do leave the profession. Today they have more options and opportunities to change career than ever before. This small study supported a purposeful focus on the graduate as an individual, helping them develop clinical, organisational and interpersonal skills while being supported professionally. The findings suggest that a person-centred culture where all staff feel valued creates the conditions where graduates can flourish and feel happy at work and in their career choice. It is acknowledged some clinical skills and formal teaching is necessary within a structured graduate programme, but this study accords empathy, understanding and person-centredness equal importance. We would recommend that these principles become the keystone of graduate nursing programmes.

In acute hospitals and other healthcare environments, nurses are expected to adapt quickly and work at high levels of productivity and performance (Eklund et al., 2021). Putting new graduates into pressurised environments with these expectations is unreasonable and can have the negative and unwanted outcomes of burnout or diminished job satisfaction (Ohr et al., 2020; Cao et al., 2021; Gong et al., 2021). This in turn may negatively affect patient care. A person-centred culture has been shown to improve outcomes for care recipients and their families, and for healthcare organisations that are struggling to recruit and retain staff (McCormack et al., 2015; McCormack et al., 2021).

The provision of paid protected time may be difficult to negotiate in acute hospitals today given the problems with understaffing and patient safety concerns. However, this research suggests the benefits of providing protected time may, in the longer term, negate the risks of poor professional performance, increase patient safety and potentially prevent nurses leaving the profession in the first year of qualifying. (Cao et al., 2021). The graduate nurses in this study were present in the clinical environment throughout the protected time period and were allocated responsibility for patients as a registered nurse delivering person-centred care and safely managing the complexity of nursing practice. They were not counted in the rostered staffing numbers, allowing mentors the time and space to facilitate learning. There is evidence that this protected time initiative has enhanced the attraction of the hospital for graduates, which has in turn contributed to reduced nursing vacancy rates. This suggests the investment has been worthwhile. It is acknowledged that some graduate nurses initially felt they would not need this level of support and that their supernumerary status in the team may have underestimated their capabilities. As part of the research, a shift was seen after a number of weeks working with a mentor whereby the graduate developed a greater understanding of

what they did not know yet. Overall, the feeling of support and satisfaction within the programme was high and within the first six months the newly qualified nurses were practising with confidence, and they remain valuable members of the team.

Involvement in the research process and the publication of this article was an added bonus as the graduate nurses approached the end of the programme and the momentum of carrying out this research and being co-authors may encourage ongoing interest in research. This autumn, two of the graduates are looking forward to beginning their postgraduate education in critical care and intraoperative nursing. The practice development team will continue to support and facilitate any of the graduates to develop their awareness and skills and to evaluate their practice.

The hospital has expanded its person-centred programme to recruit graduates for all areas, including specialist direct entry programmes in 2022/2023.

Limitations

This is a small study offering a snapshot of the lived experiences of graduate nurses in one hospital. Due to the uniqueness of the hospital context and the small number of participants, we recognise the limitations of placing too much value on some/all of the themes explored here.

Conclusion

In the current climate, it is tempting to downplay the need for education, protected time and person-centred support for newly qualified nurses. Increasing workload and staffing shortages may lead to their being assigned a full workload following a brief orientation. Where this might be acceptable in the case of a more experienced registered nurse in practice, this study suggests new graduates are apprehensive, worried and scared when starting their new roles and need more than skills training and a brief orientation to settle in and become safe and competent practitioners. Protected time, empathetic colleagues and a person-centred culture enabled the new nurses in this research to socialise into their new roles. It is suggested that nurturing and providing psychologically safe spaces and time will benefit the individual nurse and the organisation.

Implications for practice

We believe nurturing graduate nurses plays an important role in supporting the sustainability of the nursing workforce. Structured facilitative and person-centred graduate programmes that integrate theory, clinical skills and psychological awareness are vital in enabling graduates to gain confidence personally and professionally. We believe further research and creative and participative programmes are needed to support graduates to stay in nursing.

In times of crisis, nursing leaders and healthcare organisations must look to the future workforce and create conditions in which graduates can flourish as people and feel good about themselves in their chosen career. This in turn supports a positive and safe environment for the patients they care for. A failure to invest in this way may jeopardise the nurse's future career and the skill mix and safe staffing levels of the organisation.

Expected outputs

It is hoped this research will stimulate others to research the lived experiences of graduate nurses in Ireland and in other countries. In addition, the authors of this paper, including all the graduates as co-researcher will present their findings at conferences and go on to undertake further research.

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