Succeeding in the First Year of Practice

Heed the Wisdom of Novice Nurses

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The transition from student to nurse has been described as traumatic, confusing, and shocking. The difficulties encountered by the graduates have led to the premature termination of their first position, and sometimes they leave nursing altogether. To coach new nurses in preparation for their first year of practice using an appreciative inquiry framework, this study focused on the new graduates’ perspective of the processes that enabled them to successfully integrate into their new role. From the analysis of 36 interviews, three themes were identified: “They were there for me,” “There are no stupid questions,” and “Nurturing the seeds.” New nurses know what works for them; educators need to heed their wisdom.

The attrition rate for nurses’ first positions is 35%-60% (Beecroft, Kunzman, & Krozek, 2001), raising the question, “What do the majority of new graduates figure out that the nurses who leave are still searching for?” The answer to this question has been elusive, because effective processes in supporting the transition into practice have only begun to be systematically investigated. It is not clear how the novice nurse survives the transition into practice, provides the best possible care for patients, builds on school knowledge, and, most importantly, learns to thrive during the first year. Most studies on this topic report the stresses, difficulties, and problems encountered by the new nurse in practice (Bowles & Candela, 2005; Boychuk-Duchscher, 2001; Gerrish, 2000; Lavoi-Tremblay et al., 2008). However, in this study, the researchers used an appreciative inquiry approach (Hammond, 1998) to examine novice nurses’ past successes rather than their problems to form the research question: “What do novice nurses and their employer need to know to assure that the new nurse succeeds in integrating into their new role?” The specific aims of the study were (a) to learn the processes necessary for a successful transition and (b) to describe effective supports for new nurses to develop the knowledge, skills, and attitudes needed to progress through the first year of practice.

LITERATURE REVIEW

The transition from student to nurse has been studied over the past decade in two waves. The first wave dealt with individual nurses’ response to the transition, and the second wave evaluated institutionally based programs designed to support the transition. The first group of studies used in-depth interviews and surveys to arrive at similar findings: Initially, the new role was extremely stressful with many studies reporting challenging conditions; however, gradually, role conflict was tempered over time by developing competence, gaining confidence, and finding clinical support (Boychuk-Duchscher, 2001; Casey, Fink, Krugman, & Propst, 2004; Etheridge, 2007; Gerrish, 2000; Halfer & Graf, 2006; Lavoi-Tremblay et al., 2008). New nurses described transition as having feelings of incompetence; having an overwhelming sense of responsibility; being fearful of physicians; and finding difficulty in organizing, prioritizing, and delegating. In Nevada, a survey of nurses who graduated in the last 5 years revealed that 30% of new graduates left their first position and, by the end of their second year, 57% had moved on (Bowles & Candela, 2005). This high turnover can negatively influence patient outcomes, staff morale, and work productivity. In addition, the organization bears the burden of replacement costs and the process of rehiring new recruits. The authors concluded that producing more nurses was one approach to the nursing shortage; however, patient care deficiencies and a nonsupportive work environment should be addressed as well (Bowles & Candela, 2005).

In a study of new graduates, their dissatisfaction with the work environment included lack of a consistent preceptor, work load issues, struggles with dependence on others, and feeling undervalued (Casey et al., 2004). Similarly, in a nonexperimental survey, 66% of 226 nurses with less than 2 years of experience reported high levels of burnout because of limited access to resources, support, and opportunities, which in turn diminished their organizational commitment (Cho, Laschinger, & Wong, 2006). However, after the first 18 months, new graduate nurses used an appreciative inquiry approach (Hammond, 2005; Boychuk-Duchscher, 2001; Gerrish, 2000; Halfer & Graf, 2006; Lavoi-Tremblay et al., 2008). New nurses described transition as having feelings of incompetence; having an overwhelming sense of responsibility; being fearful of physicians; and finding difficulty in organizing, prioritizing, and delegating. In Nevada, a survey of nurses who graduated in the last 5 years revealed that 30% of new graduates left their first position and, by the end of their second year, 57% had moved on (Bowles & Candela, 2005). This high turnover can negatively influence patient outcomes, staff morale, and work productivity. In addition, the organization bears the burden of replacement costs and the process of rehiring new recruits. The authors concluded that producing more nurses was one approach to the nursing shortage; however, patient care deficiencies and a nonsupportive work environment should be addressed as well (Bowles & Candela, 2005).

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satisfaction improved significantly among 84 nurses surveyed if they understood leadership expectations, could organize and prioritize, had access to resources, and were aware of professional development opportunities (Halfer & Graf, 2006). Etheridge (2007) examined the development of the nursing thought processes at 1, 3, and 9 months and reported new nurses' initial lack of confidence in their knowledge and experience, which led to fears that they would not know how to understand patients' issues, how to act independently, and when to call a physician. By 9 months, however, first-year nurses acknowledged their improved ability to make patient care decisions and increased confidence in patient assessments.

The second wave of studies evaluated preceptor experiences and innovative programs to address the difficulties of transition. The preceptor was recognized as a key individual in the transition process. Formal classes in clinical teaching, guidance in mentoring, and using evidence-based practice were cited as necessary to precept the novice nurse. Having all staff involved in precepting, recognition of the preceptor's responsibilities, and appropriate rewards were necessary to promote the preceptor role (Baltimore, 2004; Beecroft, Hernandez, & Reid, 2008; Speers, Stzyzewski, & Ziolkowski, 2004; Stone & Rowles, 2002). The results of evaluation of programs such as structured orientation and extended residencies designed to support the transition process indicated increased new nurse satisfaction and improved retention (Fink, Krugman, Casey, & Goode, 2008; Herdrich & Lindsay, 2006; Pine & Tart, 2007; Rosenfeld, Smith, Iervolino, & Bowar-Ferris, 2004). The barriers to successful transition into practice included limited orientation (Guhide, 2005; Marcum & West, 2004); an overwhelming amount of decision making (Gerrish, 2000); and experience of loss, doubt, confusion, and disorientation (Boyuchuk-Duchsch, 2001). Considering that new graduate nurses may be experiencing several major life transitions (e.g., school to work, old neighborhood to new town, single to married, and undergraduate to graduate school), it is predictable that entry into a new position may be fraught with difficulty. Nonetheless, most novice nurses weather the changes and succeed as nurses.

THEORETICAL FRAMEWORK
The framework for this study was appreciative inquiry (Hammond, 1998). Appreciative inquiry focuses on the positive aspects of a system and leverages them to correct the negative. It is the opposite of traditional problem solving, which takes a reductionist approach by identifying, diagnosing, and solving the problem. The appreciative inquiry philosophy purports that all parts of an organization or situation are defined by the whole; thus, it is not useful to study separate pieces but to focus on the whole to learn what works (Hammond, 1998). The appreciative inquiry approach considers the past in light of what has worked well, thus identifying successes and highlights. A core assumption of the Appreciative Inquiry framework is that solutions already exist and can be identified by addressing what is working, describing moments of success, and harnessing the resulting positive attitude to build strengths.

METHODS
Design
A qualitative, descriptive design was used to investigate the experience of first-year nurses in making the transition from school to practice. The research team consisted of a professor and six student research assistants representing six nursing programs: traditional undergraduate (4-year program), RN to BS (registered nurse to baccalaureate of science), second bachelor's, CNL (clinical nurse leader), DNP (doctor of nursing practice), and PhD. After the study was approved by the author's university institutional review board, each member of the research team chose a convenience sample to interview.

Sample
Each team member interviewed four to six first-year nurses. The sample comprised 36 nurses who had graduated from associate degree (20%) and baccalaureate (80%) programs. Most of the sample was from New England (70%), with the remaining 30% from other parts of the United States. Location did not seem to differentiate participants' perceptions of their experience.

Data Collection
Data on new graduates' experience were collected in semistructured interviews guided by five questions: (1) "What was it like to make the transition from school to work?" (2) "What relationships have been important to you during the first year?" (3) "What knowledge did you think was essential to come into practice during the first year?" (4) "How did you develop your nursing skills?" (5) "What attitudes did you need to develop in working with patients, on a team, or in an organization?" Some of the interviews were taped and transcribed; during others, the interviewer took brief notes and filled in descriptive data immediately after the interview.

Data Analysis
Verbatim transcripts were analyzed by inductive content analysis (Hsieh & Shannon, 2005). For this study, inductive content analysis consisted of eight steps: (1) reading the entire text to obtain a sense of the whole, (2) making memos of initial impressions, (3) more careful, word-by-word readings, (4) highlighting significant statements...
that appeared to capture key concepts, (5) analyzing statements for labels that appeared in several interviews, (6) transforming labels to themes, (7) developing descriptions of each theme, and (8) identifying quotes that represented the themes. This step-by-step analysis, an iterative process, occurred after each interview.

RESULTS
Analysis of participants’ responses to the five questions on transition, relationship, knowledge, skills, and attitude revealed three themes: (1) “They were there for me,” (2) “There are no stupid questions,” and (3) “Nurturing the seeds.” These themes are described below with illustrative quotes from participants’ interviews.

“They Were There for Me”
The nurses who reported gradually developing the skills and knowledge to feel effective in their position attributed their progress to the staff, preceptors, and other new graduates. From recruitment, wherein the nurse managers in a group interview, made each new graduate feel like they were being sought after, to orientation, wherein a participant reported that it was announced “we don’t expect anything from you today, tomorrow or next week, just show up on time.” Once the pressure was off, the participant observed that everyone in orientation felt as though they were not being judged and they could relax enough to learn. In that same orientation, one of the first discussions focused on handling stress about starting to practice, a topic everyone was thinking about. The approach proffered was “Be kind to your peers and include people.” As a result, the orientation group organized a rafting trip, and all 25 new nurses showed up.

The participants who felt the most secure in leaving the protected structure of orientation described units on which all of the staff nurses took the initiative to check in with them, proactively offered support, and reminded them to ask any and all questions. These new nurses never felt alone. They knew there was always someone to help them think through an issue or walk them through a procedure. The participants who thrived in their new role knew how to access print, virtual, or in-person resources. Participants described nurse managers and charge nurses checking in regularly, monitoring their progress, and recognizing their accomplishments. Managers who actually set aside time to meet with new graduates were most appreciated. The novice nurse described starting with a basic assignment and gradually adding another patient only when she and the preceptor believed they were ready. Most preceptors enthusiastically enacted their role as socializer, teacher, and confidant with several having formal preceptor training. The preceptors who provided the best supervision had time for hands-on teaching, intentionally role modeling team communication or patient interactions, and provided frequent consultation, feedback, and recognition. The most important aspect of the preceptor role was creating a personable, safe relationship. Everything else—skills, knowledge, or attitude—would follow. “Though this sounds silly, the social aspect was really important. My preceptor would make a point to walk out to the car with me to debrief. It was great. She made a point to include me in social stuff, like at lunch she’d say, ‘Come on over here and sit with us.’ It is hard for new grads. Nobody wants to hang out with them!”

Having other new graduates on the unit was ideal, “It has been so helpful to have kept in touch with other graduates as we start our new careers and lives. I always know that whatever I am going through, that all my friends are experiencing the same things! It is very comforting.”

The participants who left their first position described their experience as the polar opposite to that of the new graduates who made it though the first year. In the beginning, new nurses were not welcomed and often no one was aware that a new nurse was even expected on the shift. Those who did not feel welcomed remembered every detail of what was described as a humiliating experience, wherein the culture was competitive rather than collaborative. Support was not offered, and new nurses felt like outsiders. Two older change-of-career nurses observed that they were too closely supervised and did not receive any words of encouragement. The few nurses who entered long-term care or rehabilitation nursing reported fragmented, abbreviated orientations that left the new nurse unprepared for the patient load that was expected in their first few weeks of practice. Their entry was abrupt, and assignments were not based on new nurse readiness. Rather, they felt that they were expected to somehow manage on their own. The staff offered no support; in fact, experienced nurses criticized and even taunted new nurses. Several left before they finished orientation or within the first 3 months. These participants reported no time to look up resources, no one to consult, and no one to answer their questions.

“There Are No Stupid Questions”
Analysis of interview data revealed that a culture of inquiry consisted of a unit wherein information was easily shared, questions were expected, new ideas were sought, and evidence was a central aspect of daily practice. The expectation to ask questions was directly communicated to the nurses who succeeded in practice. The phrase “there is no stupid question” was heard throughout the interviews. As one new nurse observed 6 months into practice, “There is a science, but it is very gray. There is no right way. There are a dozen different
ways to do it; you have to ask questions.” Working in a team with members from several disciplines means there are multiple perspectives. A nurse participant in an interdisciplinary team talked about the blurring of roles where, on rounds, everyone, not just the physician, suggested a diagnosis, treatment, or medication based on critical thinking and questioning each other’s perspectives. Ultimately, questions provide the safety net for new graduates to practice.

Interstaff disagreements gave the new nurse an opportunity to inquire in a nonconfrontational manner of peers and the certified nursing assistants (CNAs). In several interviews, the CNAs were described as resources for information while others were challenging, confrontational, and unwilling to respond to the new nurses’ questions. One CNA was very direct, “Who do you think you are telling me what to do?” Several participants reported that they were intimidated yet recognized the experience the CNA had and the need to delegate tasks so they could complete their assignments. Although all participants knew the five rights of delegation, actually putting them into practice with real CNAs was much more complex.

New graduates who worked in environments where they were expected to perform immediately, with little support and minimal resources, did not stay. The new nurse believed they were stupid if they asked a question. Questions went unasked, and when asked, they went unanswered.

“Nurturing the Seeds”
All of the participants were satisfied with their education regardless of program, although most expressed a wish that they had more hands on experience while in school. A new graduate recognized that “nursing school is like planting seeds of knowledge; it is not until you begin working and giving those seeds what they need to grow that your knowledge comes to fruition.” Once the new graduates recognized their steep learning curve and that learning took place in a manner wherein one level needed to be built before the next level was added, novices focused on adding one skill at a time. Participants reported that doing a skill over and over again was how they learned. When a new nurse was given an opportunity to observe a demonstration, had time to take the extra steps to learn a new procedure, and was taught how to locate the resources to complement the learning, the new skill was integrated into practice. The essential skills participants identified were not specific procedures or treatments, but the processes of assessment, prioritizing, time management, delegation, communication, and critical thinking. New nurses who left their positions prematurely reported working in an environment that was discouraging, competitive, and bullying: “I felt they were just waiting for me to make a mistake. I hadn’t heard a word of encouragement since I left school.”

DISCUSSION
The aims of this study were to describe the process of transition and the supports required to develop knowledge, skill, and an optimistic attitude. The literature described the transition process as traumatic, with a high attrition rate of new nurses from their first position (Bowles & Candela, 2005; Boychuk-Duchscher, 2001; Gerrish, 2000; Lavoi-Tremblay et al., 2008). It is heartening to know that previous research indicated that after 9 months or so competence increases, assessments have more depth, and decision making is more fluid. Yet too many do not make it to the 9-month mark. The most recent report indicates that not much has changed in the work environment (Morrow, 2009), with the exception of innovations in individual organizations (Fink et al., 2008; Herdich & Lindsay, 2006; Pine & Tart, 2007; Rosenfeld et al., 2004).

In this study, the first-year nurses knew the support they needed to be successful. Through appreciative inquiry, this study emphasized the effective processes that supported the novice nurse, extrapolating knowledge from positive and negative cases. The main findings indicated the critical importance of welcoming the new nurse into an inquisitive, supportive environment where good staff relationships flourished. The wise preceptor and sophisticated staff know that inclusion, supportive behaviors, and constructive feedback are the approach to take to develop the new nurse. New nurses are well aware of their inexperience. Self-judging qualities do not need to be reinforced; rather the new recruits benefit from positive reinforcement, recognition of daily accomplishments, and opportunities to be included as part of the staff.

IMPLICATIONS
In all academic disciplines, new doctoral faculty often reflect on the fact that they are well educated in the content of their discipline but few have been schooled in the process of teaching the material. The same could be said for expert nurses who routinely teach patients, yet there is a learning curve to become a clinical teacher. Preceptors need the opportunity to develop teaching strategies, discuss teaching/learning issues, and build on educational evidence. Classes on clinical teaching, posing the right question to encourage critical and quality thinking, time to discuss the current research on teaching/learning, and opportunities to move into a more formal teaching role by partnering with a local college build a learning environment for the new nurse. Just as the novices learn from peers, regular preceptor support groups would be ideal to encourage preceptor development.
All nurses, not only the identified preceptor, need to know the importance of accepting and including the new nurse and what that process looks like in their practice on their specific unit. A formal interactive discussion about their own initiation into nursing can offer support to each other and for the novice nurse. A class on the process of mentoring and the roles of a mentor can be enlightening to professionals at all levels. Management, charge nurses, and CNAs need opportunities to discuss supporting the new nurse. Bringing someone new into the fold is a team effort with rewards for everyone involved.

References