

A Descriptive Phenomenological Study on Professional Role Transition of New Graduate Nurses in Selected Hospital, Bangalore

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ABSTRACT

Background: Nursing is the largest, the most diverse, and one of the most respected among the health care professions. Nurses play an integral role in the healthcare system and they have been correctly referred to as the heart of healthcare. The climate and culture have perhaps the largest impact on a new graduate nurse's transition into the workforce. New graduates often have a difficult time distinguishing between prioritizing patients and prioritizing care.

Objective: The objective of this research was to describe the experiences of new graduate nurses during their professional role transition in their first twelve to eighteen months of experience in critical care areas.

Methods: A Descriptive phenomenological approach was selected for the study. Based on the Descriptive phenomenological approach four step was used: bracketing, intuiting, analysis and describing. The investigators identified and clarified their interest in the study and maintained initial reflective note and memoing.

Results: The initial stage, (1-3 months) of professional roles transition of new graduate nurses was marked by a high level of stress, fear and disappointment with the disparity between what is anticipated and what is expected from them. Through their professional journey during

next 4-5 months, they found themselves moderately stressful, confident and being trusted by their seniors. By the end of 12 months all the graduates have gained confidence and higher level of decision-making abilities and wanted to empower themselves through higher education.

Interpretation and Conclusion: The findings of the study shown that life experiences of newly graduate nurses gradually change as they transit from novice to skilled nurse.

Key words: Transition, Professional role transition, and new graduate nurse.

INTRODUCTION

Background

The noun transition is derived from the Latin verb transire, meaning to go across. Transition, as passage from one life phase, condition, or status to another, is a multiple concept embracing the elements of process, time span, and perception. The completion of a transition implies that the person has reached a period of greater stability relative to what has gone before.¹

According to Benner, the transition from novice to expert occurs as a result of experiential learning in clinical practice. Benner described the process of clinical judgment and skill development at five

levels of proficiency: novice, advanced beginner, competent, proficient and expert.² The transition from student to nurse has been described as traumatic, confusing and shocking. The difficulties encountered by the graduate have led to premature termination of their first position, and sometimes they leave nursing together.³ Newly graduated nurses are entering the work force and finding that they have neither the practice expertise nor the confidence to navigate what has become a highly dynamic and intense clinical environment burdened by escalating levels of patient acuity and nursing workload.⁴ The process of transition to professional practice among nursing graduates has been reported most notably by Kramer (1974). This process evolves in a fairly predictable manner from the honeymoon phase, where graduates are excited and exhilarated; through a shocking assault on their professional values that leaves them disoriented and disillusioned; and to the recovery and resolution phases, marked by a return of a sense of balance (Kramer & Schmalenberg (1978).⁵ Hence new graduates, who are the novice task oriented nurses, will eventually learn various methods of caring for a variety of patients. As they gain more and more experience, they will transition to the advanced beginner and then to the competent levels of nursing. Each nurse encounters various experiences and each nurse will make the transitions to the next level at their own pace.

Objective of the Study

The objective of this research was to describe the experiences of new graduate nurses during their professional role transition in their first twelve to eighteen months of experience in critical care areas.

Research question

What is the lived experience of new graduate nurses during their Professional role transition in their first twelve to

eighteen months of experience in critical care areas?

MATERIALS AND METHODS

Justification for Qualitative Paradigm

In this study, the researchers wanted to explore the experiences of new nursing graduates as they began their professional nursing career and to develop in-depth understanding of the nature of transition of their professional role and provide meaning to these experiences. Thus, the researchers believed that a qualitative approach would be the most appropriate framework to explore and understand the meaning of the phenomenon of transition of their professional role. It occurs during the initial years of the graduate's introduction to professional practice

Research Design

A descriptive phenomenological research design was utilized as both the philosophy and methodology.

Setting of the Study

The study was conducted in Sri Sathya Sai Institute of Higher Medical Sciences, Bangalore.

Population

The study population consists of registered nurse who completed more than 1 year of experience in the critical care unit within the age group of 20-30 years in a selected hospital in Bangalore.

Samples and Samples Size

The sample consisted of four female new graduate nurses who had graduated from accredited Bachelor of Science nursing programs.

Description of Tools

The tools used for the study comprised of **Section I: Demographic characteristics of the staff nurse.** The demographic characteristics of the staff nurse included age in years, gender, professional

qualification, degree, total years of experience and present designation.

Section II: Semi structured interview schedule. The semi structured interview schedule is prepared based on the focus group interview conducted in first phase and the transitional theory consisting of three phases: being, doing and knowing. The data management included the following four essential steps:

1. Raw data management

With permission of the participants, the interviews were audio taped and then were transcribed in to verbatim. The extreme care was taken to avoid transcription errors. This gave the investigator the ability to compare responses. Similar concepts were coded according to their meaning and relevance to the study

2. Data reduction

• Data reduction

The transcripts were read several times by the researchers. A set of preliminary codes were developed. A code book was maintained by researcher to describe exact definition of various categories used to code the data. The researcher also maintained the 'memos' during and after data collection. The interview was transcript into the software; similar data were clustered together with the unique color.

• Memoing

During the data collection, the investigator jotted down memos. The majority of the notes/memos written by the investigator described the participants' moods, non-verbal behaviour, level of anxiety when answering the questions, things they said before and after the actual interview and anything else the researcher noted and thought would be significant information for the study.

• Data reduction II

The preliminary codes were redefined by reducing overlapping and redundancy of codes and these codes were clustered together and reduced into eight codes.

3. Data interpretation

The refined codes were analyzed and interpreted. Meanings were given to the

clustered codes and themes emerged from data and themes were interpreted by the researcher to answer the research question.

4. Data representation

The codes and the themes were interpreted by researcher and a narrative description of data is provided. Narrative and the thick description of data are provided. A rich and vivid description of research context the people who participated in the study and the process observed during the inquiry is provided throughout the study.

Trustworthiness

The degree of confidence, qualitative researchers have in their data, assessed using the criteria of credibility, transferability, dependability, conformability and authenticity.

Audit trial

Six classes of records are useful in creating an adequate audit trial: (1) the raw data (e.g. Interview transcripts); (2) data reduction and analysis products (e.g. theoretical notes, working hypothesis); (3) process notes (e.g. methodological notes); (4) materials relating to researchers intentions and dispositions (e.g. reflexive notes); (5) instrument development information (e.g. pilot forms); and (6) data reconstruction products (e.g. drafts of the final reports)

Peer debriefing

Peer debriefing exposes researchers to the searching questions of others who are experienced in either the methods of naturalistic inquiry, the phenomenon being studied or both.

Identification/Recruitment of sample and protection of human subjects.

Inclusion criteria included the Nursing staff who are, able to communicate in Hindi, English or Kannada and having experience of more than one year in intensive or coronary care unit. Purposeful sampling was utilized to identify prospective participants. Formal written permission was taken from the authorities of Sri Sathya Sai Institute of

Higher Medical Sciences. The purpose of the study was explained to the participants and written consent was obtained. Semi-structured Interview technique was used to collect information regarding demographic variables and semi structured interview schedule was used. The duration of the interview was 45 to 60 minutes.

The data was collected by conducting two individual interviews with the study participants.

Phase I: Focused group interview was conducted at Karunalayam Convent, Bangalore.

Phase II: Two sessions of individual interview were conducted at Sri Sathya Sai Institute of Higher Medical Sciences, Bangalore

Development of the tool

The researchers have prepared an outline of semi structured interview based on the theory of stages of Transition by Judy Boychuk Duchscher. A focused group interview was conducted for 4 staff nurses for 60 minutes having more than one year of experience in Karunalayam Convent, Bangalore. Open-ended questions were utilized to ensure full, rich data. Notes were made by the other investigator during the interview process. These notes were later transcribed. The audio recorder and subsequent transcripts were kept in a locked area at the investigator's place. The audiotapes were destroyed upon completion of content analysis. Based on the responses of the participants a semi structured interview schedule was prepared

ANALYSIS AND RESULT

Characteristics of the participants

The participants in the study were in the age group of 20-25 years. All four of them were female nurses, one of them was married and three were single. Among the participants two were from CCU, one from CTVS ICU and one from Neuro ICU. All the participants graduated from a four year B.sc Nursing Program and they were working in critical care unit in Sri Sathya Sai Hospital,

Bangalore. All the nurses reported that their clinical posting was not as their choice but as per their Nursing Director. All the participants had more than 12 months of work experience in the critical care unit and designated as staff nurse.

Making Meaning of Transition

The researchers/ we have made an attempt to make a meaning of professional role transition of new graduate nurse and have used the theory on the stages of transition by Judy Boychuk Duchscher as a framework. The theory composed of three stages of new graduate nurse's experience as he or she transit from novice nurse to skilled nurse in critical care.

The stages of Duchscher consist of three stages: The first stage is titled, "doing, the second stage is titled "being "and. The third stage is titled "knowing". Each stage has some themes that represent the meaning the new graduate nurses gave to their experiences as they transitioned.

The transcript were analyzed, read several times by the researchers, similarities were identified and similar data have been clustered together into a group of codes. The codes were refined by the researchers after reading it again. The refined codes were emerged into themes that includes "being scared", "reality is different", "learn learn learn", "being stressed", "gaining confidence", "trustworthy", "yes I know", "to be empowered".

Transition Stage Model

DOING STAGE

All of them started their nursing carrier in critical care unit and were working as full time nursing staff. The initial transition from a structured, relatively predictable life into a new set of expectations and responsibilities posed numerous challenges to their professional life. Although initially excited to work as new graduates from student, the participants quickly realized that they were unprepared for the responsibility and the workload of their new roles.

Being scared

The new graduate nurse engaging in a professional practice role for the first time is confronted with a broad range of physical, intellectual, emotional, developmental and sociocultural changes. Enhanced level of responsibility and accountability required from a new graduate nurse was overwhelming for them and they were scared to take care of unstable and mechanically ventilated patients and found the practice setting as a scary one till they became familiar or gained confidence.

Being stressed

The graduates felt stressed “about absolutely everything. They were constantly challenged by their wavering confidence, their limited experience with the application of their skill and knowledge, and a lack of predictability and familiarity with the many variations in clinical contexts. High levels of stress were reported by the nurses while caring for patients who were clinically unstable; being expected to multitask while providing direct care to patients, caring for patients who were critically ill or dying; dealing with families who had numerous questions or demands or interacting with doctors. As a result, graduates universally expressed anxieties about their task.

Reality is different

All the participants encountered difficulties in their professional transition as there was a disparity between what they had anticipated regarding their roles as nurses and what they were being expected to do in the “real” world. They found difficult to adjust to the intense and heavy workload, multitasking such as providing direct care to the patients, carrying out physician’s order, attending phone calls, communicating with patient and their family members. They found themselves incapable of taking decisions independently and felt that they were not appreciated for their work. The new graduate nurses felt a need for more practice and guidance during their student period.

Learn, Learn, Learn

The new graduate nurses found themselves unprepared for the roles and responsibilities of a fully practicing nurse. The first stage of entry into professional practice was with full of challenges as graduates worked through the processes of discovering, learning, adjusting, and accommodating. They used to learn from seniors, doctors, searching books and internet to clear their doubts & adjusting new environment of critical situation for enhancing quality care.

Thus, In this initial stage all the participants were scared and stressful due to workload, adjustment with new responsibilities, learning for inadequate practical skills & providing care without harming the patient. They also explained about their expectation that was totally different from the reality but they tried to adjust through day to day learning.

BEING STAGE

The finding revealed that they were comfortable with their new roles by nine to twelve months of their experience and felt that their competency, skill and confidence were improved. They realized themselves as being trusted by their senior staffs and other health care members.

In view of the experiences felt by the graduate nurses, the researchers have developed Gaining confidence and Trustworthy as the theme.

Gaining confidence

During the second stage the new graduate nurses found themselves comfortable with their roles and responsibilities and this new level of comfort permitted them to use their critical thinking and decision making skills to plan and implement appropriate and effective interventions while providing care.

Trustworthy

During the initial stages of transition the new graduate nurses found that they were constantly checked by their seniors and were not trusted. As they passed their initial months a sense of self trust and felling of

trustworthy was developed within them and they were assigned with major roles and responsibilities.

KNOWING PHASE

The finding revealed that the final stage of transition was marked by an enhanced level of knowledge and confidence, a desire for higher education and professional growth to improve their professional identity from a learner they became more experienced to take independent decision at this final stage of their professional role transition.

The themes emerged are:

Yes I know

All the participants reported a reduction of stress level and an increased individual capacity to cope with their roles and responsibilities to frustrations after nine to twelve month time periods.

To be empowered

During this stage, all the participants in this stage were highly motivated to explore their knowledge & professional experiences through higher education and to be empowered. For many, this served as the point of origin in their search for professional fulfilment outside of their critical care bedside role.

DISCUSSION

A qualitative, exploratory, descriptive longitudinal case study was conducted in rural health services within one area health service of northern New South Wales, Australia. This study found that the new graduate nurse making the transition to professional rural nursing practice moves along the transition continuum described by Duchscher (2008) and that there are particular and unique aspects of the rural nurses role and responsibilities for which new graduate nurses require learning support during their transition to rural nursing practice. This study also found that there is minimal understanding at the individual clinical unit level, local health service level, and at the Area health service level, of the support needs of the new

graduate nurse who is making the transition to rural nursing practice.⁶

Another qualitative study was conducted to investigate the experience of eight new graduate nurses commencing their profession in a 13-bed general ICU in United Kingdom. The finding reveals that that new graduate nurses face challenges regarding completing tasks within specific time frames; as a result, they feel anxious. In addition, they are challenged by being accepted as an ICU team member.⁷

Another qualitative study was conducted to explore the lived experience of time management for new graduate nurse in a neonatal unit in Australia. The overall finding indicated that the new graduates were unable to manage their time due to lack of knowledge and skills, and as a result, felt anxious.⁸

A descriptive phenomenological study was conducted in New South Wales, Australia to describe the journey from new graduate to proficient nurse in the Intensive Care Unit. The study inferred that multiple factors affecting how the participants perceived the phenomenon in ICU. These factors for new graduate nurses were: unclear level of expectation, perceptions of the ICU environment, receiving feedback and interaction with others. The finding also identified key professional and personal changes on the journey from novice to proficient nurse in the ICU. The participants initially expressed feelings of self-blame but, as they became more proficient, and although had not yet reached the expert level, they were able to adopt critical self-reflection attributes.⁹

A qualitative study was conducted to describe and interpret the experience of nurses without any educational theory as they transition from the role of the clinical nurse expert to the novice nurse educator. Analysis of the data yielded 3 themes: (a) clinical nurse experts have expert knowledge to share and have a desire to educate the next generation; (b) the transition process elicits feelings of stress related to not having educational theory; (c)

consistent mentoring contributes to an easier transition to the role. As a result of this study, nursing program administrators can assist the clinical nurse expert by providing additional support in areas of educational theory, examination writing, and analysis.¹⁰

CONCLUSION

The initial stage, (1-3 months) of professional roles transition of new graduate nurses was marked by a high level of stress, fear and disappointment with the disparity between what is anticipated and what is expected from them. Through their professional journey during next 4-5 months, they found themselves moderately stressful, confident and being trusted by their seniors. By the end of 12 months all the graduates have gained confidence and higher level of decision making abilities and wanted to empower themselves through higher education.

The whole journeys of life experiences of participants from novice to professional nurse have markedly influenced them to progress their professional identity.

The researchers identified the new graduate nurses on professional role as they transition from novice nurse to professional nurse. The researchers conducted interview for the participants from which analysis was done and several themes emerged from the experiences felt by them. The themes were being scared, being stressed, reality is different, learn learn learn, gaining confidence, trustworthy, Yes I know and to be empowered. From the emerged themes the researchers have come to know that life experiences of newly graduate nurses gradually changes as they transit from novice to skilled nurse.

Recommendations

1. This study can replicate with a larger sample size to assure saturation of the data.
2. Obtaining input from additional participants will contribute to developing a descriptive phenomenological study.

3. It can also be performed a qualitative study where an experienced nurse leaves their area of practice and they begin to work on a nursing unit completely new to them.
4. Interview such nurses during and throughout the orientation process and see if they identify the same stages as when they were a new graduate nurse.
5. It replicates this study with a larger sample size in one of the other units where new graduate nurses are new allowed to work without having prior nursing experience such a Labor and Delivery, the Emergency Department, or Surgery.
6. It can also be performed comparative qualitative study with new graduate nurses in critical care and with the preceptors of the new nurses.

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