After the graduate year: a phenomenological exploration of how new nurses develop their knowledge and skill over the first 18 months following graduation

AUTHORS

Lisa McKenna
RN RM PhD
Senior Lecturer, School of Nursing and Midwifery, Monash University, Peninsula Campus, Victoria, Australia.
lisa.mckenna@med.monash.edu.au

Jennifer M. Newton
RN EdD
Australian Research Council Post Doctoral Industry Fellow, School of Nursing and Midwifery, Monash University, Peninsula Campus, Victoria, Australia.

Acknowledgements

KEY WORDS

ABSTRACT

Aim

This study sought to explore how new nurses develop their knowledge and skill over the first 18 months following graduation, as well as factors promoting or inhibiting their development.

Background and Purpose

The graduate year requires the new nurse to make the transition from student in an academic setting to nurse employed within the health workforce. To facilitate the transition, many public and private hospitals in Australia offer formalised twelve-month duration graduate nurse programs that provide graduates with rotations through a number of clinical areas; preceptor support; and study days. Initially twenty five participants were followed for a period of eighteen months, incorporating the graduate year as well as the next six months when they no longer had support from a structured program. Findings from the focus groups after completion of the final six months are reported in this study at which time nine participants from three hospitals continued in the study.

Method

A qualitative approach using focus groups was adopted to allow for rich data to emerge. Four different hospitals in Victoria, Australia allowed graduates to be recruited into the research project. These included public and private hospitals, as well as metropolitan and rural hospitals. For the phase of the study being reported here, focus group interviews were conducted between 16 and 18 months following commencement of the graduate program. Data from all focus groups were analysed using Colaizzi's (1978) framework.

Findings

Three main themes emerged from these focus groups: 'sense of belonging', 'knowing' and 'moving on'. It is only after the completion of a graduate year that new nurses gain a sense of belonging and are able to complete their socialisation into the clinical workplace.

Conclusions

The development of nurses beyond the graduate year does not end with the completion of their transition program. They may still be working to develop a sense of belonging, independence in their practice and exploring their future development. Further work is needed to explore the period beyond the graduate year in the development of the registered nurse.

INTRODUCTION

To prepare as a registered nurse in Australia, an individual must successfully undertake a three-year university degree program. On completion of their course, most new nurse graduates apply for employment within a structured, one-year graduate nurse program offered by health care facilities. The programs provide clinical support for new graduates, structured study days, and rotations through different clinical areas to facilitate the nurses' transition into professional practice. While much has been written about the experiences of new nursing graduates, little is known about their experiences once the support of transition programs is no longer present.

This paper presents the findings from the final phase of a qualitative study designed to follow the experiences of graduate nurses for the first 18 months of their professional practice. Findings from the first twelve months have been previously published (Newton and McKenna 2007; McKenna and Green 2004). This paper discusses the period from completion of the graduate year until 18 months after initial registration; a period that has received only scant attention in the literature to the present time.

LITERATURE REVIEW

The graduate year in nursing has been the focus of much research attention with a range of socialisation and practice issues being highlighted. It has been described as a period in which the new graduate nurse must deal with translating classroom learning into patient care while learning how to work within a health care facility (Oermann and Garvin 2002) and confront new organisational and bureaucratic work structures (Maben et al 2006; Hamilton 2005). Values embraced in academic contexts may be challenged by those encountered in practice settings (Duchscher and Cowin 2006). In a context that may lack clear role definition (Chang and Hancock 2003) graduates are often fearful of making mistakes; lack confidence; feel incompetent; and fearful of facing new situations (Oermann and Garvin 2002) and dealing with doctors (Duchscher 2001). Resulting

stresses and difficulties may lead to dissatisfaction, burnout and high turnover rates among this group (Altier and Krsek 2006).

Various studies have explored specific phases in the development of nursing graduates identified as occurring in the first year of professional practice. Ellerton and Gregor (2003) reported on a small group of new nurses at three months after graduation, while Duchsher (2001) followed a similar group of graduates through the first six months. In the first phase of the current study, Newton and McKenna (2007) found that graduates in their first six months of clinical practice were grappling with the realities of practice and their own survival; understanding hospital processes and procedures; and their place in the clinical setting. Graduate nurses used the formal graduate year program as an umbrella to take shelter under. In the second six months, graduates were beginning to know how to manage situations and acknowledged an understanding of their practice. In an earlier study, McKenna and Green (2004) found that graduates largely focused on themselves in the first six months but by twelve months were able to focus on the bigger picture of patient care.

Despite the number of studies into the graduate year, few authors have explored what happens to graduates following the completion of this initial year of professional practice. One recent study conducted by Halfer and Graf (2006) suggested that graduates undergo a grieving process as they move away from their academic environment and enter a work environment. These authors found that graduates are dissatisfied with their work environment in the first 12 months but that this is resolved by the 18 month time frame.

THE STUDY

Aim

The overall study, of which this reported research is a part, sought to explore the ways registered nurses develop their knowledge and skill during and immediately after their first year of graduate practice. Specifically, the aim of this phase of the study was to examine how these nurses developed knowledge

and skill in the six months following completion of their graduate year; that is, when support from a structured support program no longer existed.

Design

Drawing upon a qualitative paradigm, informed by the tenets of phenomenology (Holstein and Gubrium 2005), the study used focus group methodology. Focus groups interviews were conducted with new nurses in the first 18 months following graduation across four health care facilities at six monthly intervals. Key questions developed from findings of the earlier focus groups guided this final focus group. Focus groups were considered by the researchers to provide opportunities for exploring an area around which little previous work existed, hence uncovering new and unanticipated issues and moving the focus from the researchers and promoting natural talk to emerge (Kamberelis and Dimitriadis 2005). The use of focus groups facilitates group interaction which allows richer data to be sourced than by individual interview (Morrison-Beady et al 2001).

The interviews focussed around participants' perceptions of the most influential impact on their knowledge and skill development and the development of themselves as registered nurses. Key questions (table 1) were developed from the analysis of focus groups at six and twelve months. Focus groups interviews were audio taped and transcribed verbatim. This paper reports the findings emerging from the final focus groups undertaken after the completion of the graduate year; that is, between 12 and 18 months as registered nurses.

Table 1: Final focus group key questions

1. What do you perceive to have had the most influential impact in the development of your knowledge and skill as a registered nurse?
2. Does one need to establish one's self as a registered nurse before one can focus on the patient or their family?
3. From where we met six months ago, what are your perceptions of yourself as a registered nurse?

Ethical considerations

Ethical approval was sought and obtained from the Standing Committee for Ethical Research on Humans at Monash University. In addition, ethical approval was obtained from each of the health care facilities whose graduates were participating in the study. One of the researchers provided information sessions for graduates at each facility during the early weeks of their graduate nurse program and invited them to participate. An explanatory statement outlining the research was provided for interested nurses and signed informed consent was obtained prior to commencing the first focus group six months into the graduate program. Pseudonyms were ascribed to each participant to assure anonymity.

The participants

Initially twenty five nurses from graduate year programs across the four health care facilities participated in the focus groups. Eight participants were located at a large regional hospital; 13 from public metropolitan hospitals; and four from a private outer metropolitan hospital. There were 21 female and four male participants with ages ranging from 21 to 45 years. One participant had completed their university program at an institution outside Australia and the remaining participants had undertaken their degree programs in universities within the state of Victoria. When the final focus groups were conducted, nine participants across three of the hospitals were still actively participating in the study.

Data collection

Focus group interviews were conducted in quiet settings, usually seminar rooms, within hospitals at which the participants were working. The interviews lasted from 30 to 40 minutes and were moderated by one of the researchers. Every effort was made to ensure no unequal power relationships existed between moderator and participants. Although a few participants were known to the researchers from their undergraduate studies, the majority had undertaken their studies at different universities. All participants had been members of the focus groups conducted between four and six months and between 11 and 12 months into their graduate year. Key questions for the final focus group interview were developed from analysis of the transcripts of the earlier interviews.

Analysis

Data from all focus groups were analysed using Colaizzi's (1978) framework. This provided a structure through which transcripts could be coded and themes describing the participants' experiences could be developed. Furthermore, findings could be presented to participants for validation at stages throughout the study. Three themes from the final focus group interviews have been identified and are discussed below.

FINDINGS

Analysis of the data revealed the emergence of three main themes: sense of belonging, independence, and moving on.

Sense of Belonging

Developing a sense of belonging became achievable after completion of the graduate year. During their graduate programs, participants rotated through a number of clinical practice settings. Hence it was not until completion of these programs that participants were able to feel they belonged to a particular setting. The theme of *sense of belonging* was demonstrated by participants in a variety of ways. After rotating around their hospitals during their graduate programs, participants voiced contentment at being able to settle and belong in one ward. Fleur highlighted how this was different to her graduate year:

There is no sense of belonging [as a graduate] as you are moving around so much and now I feel like I belong where I am...

These sentiments were echoed by Cathy:

I am in the one ward now so it is really nice to have that feeling of belonging.

It was not only having a stable clinical practice setting that contributed to participants' sense of belonging. Participants recognised feeling part of the practice setting through being treated differently by nursing and other staff following their graduate year. Again, Fleur described this aspect.

... you are given so much more respect and treated as an equal.

... most doctors listen to you more now that they know you've been floating around for a while (Casey).

You know what's going on. You're aware of it. You're not afraid to jump in, you just do it (Louise).

This sense of belonging would seem to be a critical aspect of workplace socialisation and in particular enables workplace learning to occur (Billett 2006; Eraut 2004). Being engaged within a workplace fosters confidence and in the case of this group of graduates, a growing independence as practitioners.

Independence

From completion of the graduate year to eighteen months following graduation, it also emerged that participants were showing signs of being more independent in their practice. *Independence* was demonstrated through levels of knowledge attained; confidence developed; and increased responsibility by this stage. The support of the graduate program was long gone and the ability to shelter had disappeared so participants expressed a realisation of the need to be more independent. Louise stated:

... we have to stand on our own two feet now; rather than saying, I'm a grad and acting dumb. You just have to stand on your own two feet so it makes you do it better.

Participants indicated that the graduate program did provide a buffer between being a student and a registered nurse that had a protective function. When the graduate year was complete, the protection was gone and the nurse became an independent registered nurse.

I have a lot of respect for other nurses and I think that even though the graduate program does give you a lot of experience, it is not until you are actually working as a registered nurse and you have that responsibility that you realise what a big responsibility it is... (Cathy).

For Gabby, the level of her confidence was linked to the way she was now able to handle situations that arose to a point where she was now able to support more junior staff members:

I can tell by talking to one of the [new] graduates that I have come a long way and I think my confidence in my ability to handle situations too has probably increased a fair bit. I know recently, a new graduate came to me and asked me to go and talk to a family that she wasn't feeling comfortable talking to because they were a bit agitated.

Independence was also perceived as assuming more responsibility for the delivery of patient care. This included more autonomous decision making and less need for seeking clarification with a greater level of confidence than had been previously experienced.

You are more confident in yourself and therefore you are taking the responsibility of patient care yourself. You are not needing to clarify every little thing...you are more confident in yourself and in what you are doing (Fleur).

The graduate program was identified as being a major factor in Bob's development of confidence in himself:

... the experience I think equipped me and I suppose facilitated me to go to that next step...you've got to feel confident to embark on I suppose any endeavour...

Certainly, a wealth of knowledge is attained during the course of the graduate program. This is a different type of knowledge than what is learned in the classroom. Rather than being theoretical, the knowledge is more practical and institutionally relevant as the following quotes illustrate:

I feel like I've come a fair way. When you talk to any of the new graduates and they ask you a question you think, I know that (Marie).

My knowledge base has increased. Like before you don't know what to think about anything; it's just done... Just opening up a bit more and looking at it in a more holistic sort of view I think (Louise).

You do see a difference, not that far along but between us and the new graduates you see huge differences (Casey).

In discussing informal learning in the workplace Eraut (2004) distinguishes between individual and social perspectives on knowledge and learning. Cultural knowledge is acquired through work-based practices and activities and it would appear this acquisition of cultural knowledge enables the graduate to gain independence and move on in the role of a registered nurse.

Moving On

By this stage many of the participants had reached a position of *moving on*. They were reflecting on their experiences of being graduates and now saw themselves providing education and support for others.

I feel communicating with staff and patients and I just see my role as being one where I take on that responsibility so much more than what I would have as a graduate (Cathy).

I take all the students. I am one of the preceptors down there. So the roles are reversed and now I actually think what I was like back then (Fleur).

For other nurses, moving on brought further career progression and a number of the nurses had already begun postgraduate studies to move their careers into the next phase.

I'm doing pre-enrolment in emergency so I'm not a graduate anymore but I'm still under a program of sorts (Casey).

I've started postgraduate studies now (Marg).

I am back into the student role again as a student midwife (Cathy).

Other participants sought out mentors, since moving on from the graduate program meant that preceptor support no longer existed.

Identifying with someone you perceive to have the necessary attributes and skill...then you develop the rapport and learn from that and challenge yourself; you've got to challenge yourself so you can learn a lot more (Bob).

The experience [graduate program] equipped and facilitated me to go the next step; you've got to feel confident to embark on any endeavour (Bob).

From the analysis, participants' perceptions of themselves as registered nurses had clearly undertaken a significant development from the graduate year.

DISCUSSION

This phase of the study has uncovered new knowledge about the experiences and learning of nurses in the six months following completion of their graduate year and allows for further understanding of the graduate year. It is recognised that the numbers of participants was small. The subjective exploration of individual realities does not allow generalisations from the type of data accessed in the study. However this final phase of the study raises issues of particular importance that have not previously been identified and which warrant larger, more specific studies.

It was only after completion of the graduate year that nurses in the study felt a sense of belonging and were able to complete their socialisation into a clinical practice area. Participants only started to feel accepted by their peers and be treated as equal colleagues during this time. This finding raises questions about the value of multiple rotations through a graduate year. Clare and van Loon (2003) suggest that the length of rotations is a controversial issue. Whilst the philosophy behind multiple rotations is to offer range of clinical experiences it would appear that it impacts on graduates' socialisation. Graduates may not be as well socialised into clinical settings during their rotations as might be expected as the notion of being different to other registered nurses is reinforced.

Billett (2006) draws our attention to the complex issue of workplace learning and the influences that may impact on the novice. The cliques and affiliations within the workplace and the factions that seek to regulate the "distributions of activities, interactions and judgments about other" (Billet 2006 p.41). 'Being different' would assume to have some impact on the acceptance of graduates and may account for why other nurses in the unit do not fully include graduates into their social grouping, coupled with the knowledge that these graduates will rotate into another unit in the near future.

The graduate year has been identified as one that is stressful for many reasons. While issues such as fear of errors; feelings of incompetence; and new situations have been identified as contributing (Oermann and Garvin 2002), stress may be exacerbated by regular changing of workplace settings and working with new groups of peers with whom the graduates are not well socialised. As novice professionals, while it is important for a significant amount of their work to be new and challenging, it is important to ensure workload and stress does not reduce novices' confidence (Eraut 2004). It would seem pertinent then, for further studies to be undertaken to investigate the impact for new graduates of rotations into different units on their assimilation into the workplace. This recommendation emerged from the earlier stages of this study (Newton and McKenna 2007) and is further reinforced from findings in this phase.

Participants in the current study identified feeling more independent about their nursing work. They recognised a need for this independence as the graduate program was no longer there to support them. This supports the findings from earlier phases in the study that the graduate program acts as an umbrella under which graduates can take shelter. Interestingly, graduates in this study did not see themselves as fully fledged registered nurses during the graduate program, rather they were 'graduates' somewhere between student and registered nurse. At the end of the graduate program, additional support for the new nurse ceases and she/he is left to function on their own. From this study, processes by which the sense of independence develops and is fostered could not be elicited but would be worthy of further exploration.

Finally, the study revealed that as early as 12 to 18 months after their initial registration, participants were seeking to move on in their thinking, as well as for some, into specialty areas of nursing. Promisingly, they identified that it was part of their role to provide

support and education for others as they disengaged from being a 'graduate'. However the need to move to specialty areas for career progression is of some concern. If nurses are not content to stay in general medical and surgical areas to consolidate their clinical practice, these clinical areas may be left to very junior nurses to staff. This leads to questions about overall continuity and quality of care in general wards and the mentoring of new graduates in these areas. It would seem imperative therefore, for the profile of generalist acute care nursing, such as general medical and surgical, to be raised ensuring that experienced registered nurses can be retained in these areas.

LIMITATIONS

This study was an exploration of how graduate nurses across four health facilities within one state of Australia develop their knowledge and skills in the first 18 months of graduation so may not be reflective of graduates' experiences elsewhere. Four of the participants were known to the researchers although this did not appear to impact on the dynamics of the group they were in. The difficulty in sustaining participation in a longitudinal study resulted in a notable reduction of participants by the third focus group interview and the experiences shared by the nine nurses may not provide a representative account of the other 16 graduates who participated in the first twelve months of the study.

CONCLUSION

Experiences of new nursing graduates have been widely examined in the nursing literature. However what happens to the graduate after this time has received little attention. The development of nurses beyond the graduate year does not end with the completion of a transition program. During this time, nurses may be working to develop a sense of belonging, independence in their practice and exploring their future development. Further work is needed to investigate this period and beyond in the ongoing development of the registered nurse in the workplace.

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