The graduate nurse experience: A New Zealand perspective

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Abstract

Introduction: The move from senior student to novice/advanced beginner registered nurse has been noted to be a stressful period. This longitudinal study follows the experiences of five cohorts of graduate New Zealand registered nurses throughout their first year of practice (n = 530).

Methods: Data were collected via self-report survey using the Casey-Fink Graduate Nurse Experience Survey© at three points throughout the first year of practice.

Results: Exploratory factor analysis (EFA) resulted in a 5-factor solution for 24 items from section two of the survey: professional support, professional role, professional concerns, professional communication and personal stress. Most respondents (93%) were female, New Zealand Europeans (80%) working in either surgical or medical clinical areas. Professional support from preceptors and exposure to positive role models contributed to a sense of being supported for 81% of the respondents. Satisfaction with choosing the professional role of nursing remained constant with over 90% agreeing or strongly agreeing they had made the right career choice. Across time, respondents reported few professional concerns and few concerns about professional communication. Concerns about personal stress were consistent, with 50% reporting stress related to issues such as finances, childcare and job performance.

Conclusion: Contrary to other research, a honeymoon period was not evident (other than the initial high satisfaction with salary), rather the nurses' satisfaction with nursing remained high throughout the year.

Keywords: graduate registered nurses; longitudinal study; transition to practice

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Introduction

The aim of pre-registration education programs is to prepare nursing students to be safe, confident and competent registered nurses (RNs) (Nursing Council of New Zealand, 2020). However, the move from senior student to a novice/advanced beginner registered nurse has been noted to be a stressful period, especially during the first 3 months (Benner, 1982; Casey et al., 2011; Feltrin et al., 2019; Fink et al., 2008; Sandler, 2018; Shinners, 2019). The phenomenon of "reality shock" for new graduate nurses was first documented in 1974 (Kramer, 1974), and although many measures, such as more undergraduate clinical time and transition programs, have been put in place to mitigate transition stress, this period of transition continues to be a challenging time for new graduates (Burry et al., 2020; Epstein et al., 2020).

Literature review

Duchscher's (2009) theory of transition shock, built on the concept of Kramer's reality shock, indicates that graduate nurses transition through three transformative stages throughout their first year of practice. Due to the challenges experienced in the first year of practice, many new graduates begin to question their choice of career and, as a result, either exit the profession within their first year of practice or indicate an intent to do so (Jamieson, 2012; Sandler, 2018). Dyess and Sherman (2009) argued that reality shock was worse at the turn of the century than when it was first identified in the 1970s, while Kim's (2020) cross-sectional study of 184 nursing students in Korea reveals that reality shock is still prevalent today.

Although many new graduates enjoy a "honeymoon period", by one year post graduation, many RNs are beginning to question their commitment to a long-term nursing career (Jamieson, 2012). Cosgrave et al.'s (2018) grounded theory study of 26 community mental health professionals (which included nurses) in rural Australia showed that early career health professionals were more likely to consider leaving their profession when compared to more experienced workers. As noted by Brook et al. (2019), the exit of early career nurses is of huge global concern given the need to sustain the nursing workforce.

Globally, the first year of practice for graduate nurses has been the focus for many researchers. In the United States of America, Fink et al's. (2008) longitudinal survey of 434 graduate nurses noted that only 7% felt independent in all the clinical skills they identified. High levels of both personal and professional life stress were evident, especially during the first 6 months of practice. At 12 months, 42% still reported transitional difficulties, citing role change, lack of confidence, high workloads, fear of making mistakes and orientation stress as factors that impact on them. Casey et al.'s (2004) findings from their longitudinal study of 270 graduate nurses revealed that at 12 months post-graduation, 41% still felt uncomfortable performing several clinical skills. In addition, they noted that "graduate nurses do not feel skilled, comfortable and confident for as long as 1 year after being hired" (p. 303). Other areas of concern reported were

the graduates' lack of confidence communicating with the medical team and feeling uncomfortable caring for dying patients. Many (47%) were also dealing with high levels of personal life stressors. With regards to job satisfaction, while 73% felt well supported by peers, preceptors and managers, it was found that as their work experience increased, their job satisfaction significantly decreased. Several other factors were evident during the first year of practice, such as low confidence levels at first, lack of acceptance and respect by other nurses contrasted with positive experience with other nursing colleagues, plus an inner struggle of wanting to be independent versus needing to seek help.

Rainbow and Steege's (2018) 1-year longitudinal study of 122 graduate nurses from midwestern United States determined that the nurses reported high stress levels and prevalence of burnout combined with decreased self-compassion. They recommended that the work environment should be improved and that transition-to-practice programs needed to be cognisant of the concerns of these nurses. Baumann et al.'s (2018) qualitative study of 41 graduate nurses strongly recommended that extended transition-to-practice programs should be offered to all graduate nurses while others (Cheng et al., 2014; Vizient, 2017) suggest that transition-to-practice programs should be at least 12 months in duration in recognition of the challenges that graduate nurses experience in their first year of practice. None-the-less ten Hoeve et al. (2018) caution that the transition period remains stressful despite the existence of transition programs. Key factors contributing to the stress were lack of organisational support, concerns about patient safety and poor time management skills (Mangold & Crockett, 2019) as well as learning to manage shift work and the accompanying sleep disturbances (Epstein et al., 2020). Baldwin et al. (2020) and Burry et al. (2020) agree that formalised support for graduate nurses by their employers is crucial.

The New Zealand context

An overview of nursing

Nursing is regulated by the Nursing Council of New Zealand (NCNZ), an organisation established under the Health Practitioners Competence Assurance Act (HPCA) 2003 (Parliamentary Counsel Office, 2003). The role of the NCNZ is to protect the public by legislating and regulating standards for nursing practice. There are three levels and associated scopes of nursing practice: registered enrolled nurse (EN), registered nurse (RN) and nurse practitioner (NP) (NCNZ, 2022). NCNZ (2019) reports that for the year ending 31 March 2019, the RN population was 91% female, with a mean age of 45.6 years; 59% identified as New Zealand European, other European (13%), Filipino (10%), New Zealand Māori (8%), Indian (8%) and Pacifica (4%). The majority of RNs (60%) were employed by district health boards (now known as Te Whatu Ora—Health New Zealand). For the year ending 31 March 2021, there was a total of 62,805 practising nurses: 2,469 ENs, 59,803 RNs and 533 NPs. Newly graduated nurses added to the register in the previous year included: 191 ENs, 1,865 RNs and 73 NPs (NCNZ, 2021).

Pre-registration education for New Zealand registered nurses

Pre-registration education in nursing is offered via universities or polytechnics. Students can enrol in either a 3-year Bachelor of Nursing degree or a 2-year graduate entry master's degree. Pre-registration education programs are accredited by the regulator and must include a minimum of 1,100 hours of clinical experience. Under the auspices of the HPCA 2003, nursing students must: successfully complete the theoretical and clinical requirements of their education program, be deemed to be fit for registration as per section 16 of the HPCA 2003 and pass the state final examination for registered nurses (NCNZ, 2022).

Employment of newly graduated registered nurses

Te Whatu Ora—Health New Zealand, in conjunction with the New Zealand Ministry of Health, recruits graduate nurses into either a nurse entry to practice (NETP) program for nurses working in hospitals, primary care or aged and residential care or a new entry to specialist practice (NESP) program for nurses working in mental health or addiction services (Ministry of Heath, 2023). In line with the recommendations of Cheng et al. (2014) and Vizient (2017), these formalised programs for employees offer 13 months of supported practice. However, there is a dearth of New Zealand research about the experience of graduate nurses during their first year of practice. One small historical case study conducted with seven graduates noted that they were concerned about lack of support during their first year of practice (Haggerty, 2000). Another study revealed a similar theme, adding that graduate nurses often feel scared as they adjust to their new role (Atherfold, 2008). An opinion piece written by a graduate nurse suggested that the prevalence of bullying in nursing is a key concern for new graduate nurses as is the high degree of exhaustion experienced during the first year of practice (Tangitu, 2010). Other New Zealand research focused on the need to prepare preceptors to work with new graduates (Haggerty et al., 2012, 2013).

Given that little empirical evidence exists about the experiences of graduate New Zealand nurses throughout their first year of practice, the intent of this quantitative research was to answer the question "What is the New Zealand graduate RN's experience during their first year of practice?" The aims of the research were threefold: 1) to uncover what stresses and challenges are experienced by graduate RNs during their first year of practice, 2) to understand what factors may contribute to graduate RN retention and 3) to validate the Casey-Fink Graduate Nurse Experience Survey © 2006 instrument in the New Zealand context.

Methods

Design

A descriptive longitudinal design approach was used.

Sample

All graduate nurses in their first year of practice who were employed by one regional district health board and were concurrently enrolled in either NETP or NESP were invited to participate. The sample included graduate nurses from five cohorts of NETP and NESP from January 2015 to January 2018, inclusive (n = 530).

Ethical considerations

Ethics approval was granted from the Human Ethics Committee, Christchurch Polytechnic Institute of Technology (now Ara Institute of Canterbury, Te Pūkenga) (Approval #1669). Submission of the completed survey was taken as consent.

The instrument

The validated Casey-Fink Graduate Nurse Experience Survey©, designed to capture the experiences of the first year of practice of graduate RNs, was used for this research because it was fit for purpose. Permission to adapt the Casey-Fink Graduate Nurse Experience Survey© for the New Zealand context was received by its creators (email communication with Kathy Casey and Regina Fink, 17 September 2013). Minor adaptations were made to language, such as changing "physician" to "doctor" and "electronic record" to "patient notes". To ensure face validity in the New Zealand context, the adapted survey was tested with 10 randomly selected graduate nurses employed by the local district health board. No changes were made. The adapted Casey-Fink Graduate Nurse Experience Survey© consisted of four sections. Section 1 elicited demographic information, such as gender and ethnicity. Section 2 was designed to promote responses about comfort and confidence with the nursing role, such as the respondent's confidence communicating with doctors. This section consisted of 24 items with a 4-point Likert scale response from strongly disagree to strongly agree. An additional question asked respondents what factors were causing their stress. Seven causes of stress were listed, such as finances and childcare. Respondents were able to indicate more than one cause of their stress from the list provided. Section 3 was designed to measure satisfaction with aspects of the nursing job, such as salary and annual leave. It consisted of eight items with a 5-point Likert scale response from very dissatisfied to very satisfied. Section 4 sought to explore the respondents' concerns related to their transition from student nurse to the registered nurse role. This section had four questions about transition concerns, improvements needed for support, the most satisfying aspects of the work environment and the least satisfying aspects of the work environment. A list of responses was offered for each question, and respondents could choose more than one response for each question.

Data collection and analysis

Data were collected at three points throughout the first year of practice for five cohorts of graduate nurses, equaling 15 data collection points: data point one within 1 month of employment, data point two at 6 months and data point three at 12 months. The five cohorts consisted of 135, 63, 114, 84 and 134 graduate nurses, equaling a total of 530. Management and analysis of quantitative data were performed using the statistical package SPSS for Windows Version 25.0 (IBM Corporation, Armonk, NY). Descriptive statistics and frequencies were the main statistics of interest. An exploratory factor analysis (EFA)—principal axis factoring with Varimax rotation—was used for validating the instrument as done previously (Casey et al., 2004). Findings from the five data sets were consistent and, therefore, have been combined for reporting purposes.

Validation of the questionnaire

The Keiser-Meyer-Olkin (KMO) test is commonly used to measure the suitability of data for factor analysis. The test measures sampling adequacy for each variable in the model and for the complete model. KMO value varies from 0 to 1. The KMO values between 0.8 to 1.0 indicate the sampling is adequate. The KMO score of 0.876 (sampling adequacy) and Bartlett's test of sphericity ($p < 0.001$) indicated that the EFA was useful for the data. In the exploratory factor analysis, a 5-factor solution was found for 24 items from Section 2 of the survey, which accounted for 52% of the variation in total scores. The research team members reviewed the items and reached a consensus in naming the factors. The factors were labelled professional support, professional role, professional concerns, professional communication and personal stress. The specific constitution of the factors is summarised in Table 1. Reliability estimates for the factors ranged from .68 to .85.

Return rate

The return rate for the first of the 15 data collection points (i.e., the first data collection point of the first cohort) was 27% (n = 37/135). The data for this was collected online. Given the relatively small return rate and the likelihood that a longitudinal study would incur a drop off in returns over time, the survey was converted to a paper-based survey. The paper-based survey was handed out by one of the research team members at the beginning of NETP and NESP study days and collected later to allow participants time to complete the survey. The information sheet noted that participation was voluntary. This resulted in an 81% (n = 109/135) to 100% (n = 114/114) return rate across the remaining 14 data collection points.

Table 1

Survey Section 2: Factor Loadings Based on Explanatory Factor Analysis for Comfort and Confidence Scales

	Professional Support	Professional Role	Professional Concerns	Professional Communication	Personal Stress
I feel my preceptor provides encouragement and feedback about my work	.857				
My preceptor is helping me to develop confidence in my practice	.830				
There are positive role models for me to observe on my unit	.563				
I have opportunities to practise skills and procedures more than once	.530				
I feel staff are available to me during new situations and procedures	.529				
I feel supported by the nurses on my unit/area	.520				
I am supported by my family/friends	.457				
I feel my work is exciting and challenging		.833			
I am satisfied with my chosen nursing specialty		.823			
I am able to complete my patient care assignment on time		.633			
I feel prepared to complete my job responsibilities		.535			
I feel the expectations of me in this job are realistic		.469			
I am having difficulty prioritising patient care needs			.752		
I feel overwhelmed by my patient care responsibilities and workload			.724		
I am having difficulty prioritising patient care needs			.699		
I feel I may harm a patient due to my lack of knowledge and experience			.477		
I feel confident communicating with doctors				.687	

	Professional Support	Professional Role	Professional Concerns	Professional Communication	Personal Stress
I feel comfortable making suggestions for changes to the nursing plan of care				.661	
I am comfortable knowing what to do for a dying patient				.603	
I feel comfortable delegating tasks to the enrolled nurse/hospital aid/ nursing student				.584	
I feel comfortable communicating with patients and their families				.554	
I feel at ease asking for help from other RNs on the unit				.335	
Graduate course is causing me stress					.878
Childcare is causing me stress					.847
Postgraduate study is causing me stress					.832
Personal relationships are causing me stress					.828
Finance is causing me stress					.810
Job performance is causing me stress					.778
Living situation is causing me stress					.522
I am experiencing stress in my personal life					.369

Results

Demographics

Most respondents (93%) were female, with 80% identifying as New Zealand European. In the main, respondents worked in either surgical nursing units (33%) or medical nursing units (34%). Most (83%) completed their nursing degree at their local education provider. See Table 2 for more detail.

Comfort and confidence subscales

Details of comfort and confidence subscales are noted in Table 3.

Table 2

Survey Section 2: Demographic Information

	Valid responses across three time periods (%)
Gender	
Female	93
Male	6
Missing data	1
Ethnicity	
New Zealand European	80
New Zealand Māori	5
Other	12
Missing data	3
Area of speciality	
Surgery	33
Medicine	34
Mental health and addictions	12
Community	5
Other	13
Missing data	3
Location of educational institution for undergraduate nursing degree	
Local	83
Out-of-town	15
Missing data	2

Table 3

Survey Section 2: Comfort and Confidence Subscales

		Baseline		6 months		13 months	
Professional support (8 items)		**Count**	**%**	**Count**	**%**	**Count**	**%**
I feel my preceptor provides encouragement and feedback about my work.	Strongly disagree/Disagree	37	10%	66	19%	59	18%
	Agree/Strongly agree	347	90%	289	81%	265	82%
My preceptor is helping me to develop confidence in my practice	Strongly disagree/Disagree	38	10%	68	19%	59	18%
	Agree/Strongly agree	353	90%	287	81%	264	82%
There are positive role models for me to observe on my unit	Strongly disagree/Disagree	4	1%	4	1%	5	1%
	Agree/Strongly agree	420	99%	352	99%	319	99%
I feel my manager provides encouragement and feedback about my work	Strongly disagree/Disagree	64	16%	94	26%	82	25%
	Agree/Strongly agree	336	84%	172	74%	242	75%

		Baseline		6 months		13 months	
Professional support (8 items)		**Count**	**%**	**Count**	**%**	**Count**	**%**
I have opportunities to practise skills and procedures more than once	Strongly disagree/Disagree	50	12%	41	12%	20	6%
	Agree/Strongly agree	348	88%	315	88%	303	94%
I feel staff are available to me during new situations and procedures	Strongly disagree/Disagree	20	5%	28	8%	18	5%
	Agree/Strongly agree	392	95%	329	92%	308	95%
I feel supported by the nurses on my unit/area	Strongly disagree/Disagree	16	4%	17	5%	15	4%
	Agree/Strongly agree	397	96%	339	97%	309	96%
I am supported by my family/friends	Strongly disagree/Disagree	11	2%	18	5%	7	2%
	Agree/Strongly agree	445	98%	338	95%	319	98%
Professional role (5 items)							
I feel my work is exciting and challenging	Strongly disagree/Disagree	36	5%	23	6%	28	9%
	Agree/Strongly agree	426	95%	333	94%	298	91%
I am satisfied with my chosen nursing specialty	Strongly disagree/Disagree	37	9%	32	9%	32	10%
	Agree/Strongly agree	417	91%	321	91%	291	90%
I am able to complete my patient care assignment on time	Strongly disagree/Disagree	32	8%	26	7%	19	6%
	Agree/Strongly agree	369	92%	327	93%	305	94%
I feel prepared to complete my job responsibilities	Strongly disagree/Disagree	60	14%	31	9%	7	2%
	Agree/Strongly agree	373	86%	321	91%	316	98%
I feel the expectations of me in this job are realistic	Strongly disagree/Disagree	39	9%	38	11%	30	9%
	Agree/Strongly agree	382	91%	317	89%	291	91%
Professional concerns (4 items)							
I am having difficulty organising patient care needs	Strongly disagree/Disagree	366	88%	333	93%	311	95%
	Agree/Strongly agree	50	12%	24	7%	15	5%
I feel overwhelmed by my patient care responsibilities and workload	Strongly disagree/Disagree	274	67%	248	71%	247	77%
	Agree/Strongly agree	136	33%	102	29%	73	23%
I am having difficulty prioritising patient care needs	Strongly disagree/Disagree	382	85%	302	85%	292	91%
	Agree/Strongly agree	67	15%	53	15%	30	9%
I feel I may harm a patient due to my lack of knowledge and experience	Strongly disagree/Disagree	359	80%	311	88%	301	93%
	Agree/Strongly agree	91	20%	43	12%	22	7%
Professional communication (6 items)							
I feel confident communicating with doctors	Strongly disagree/Disagree	54	12%	29	8%	5	2%
	Agree/Strongly agree	404	88%	326	92%	318	98%

		Baseline		6 months		13 months	
Professional support (8 items)		**Count**	**%**	**Count**	**%**	**Count**	**%**
I feel comfortable making suggestions for changes to the nursing plan of care	Strongly disagree/Disagree	116	27%	54	15%	18	5%
	Agree/Strongly agree	320	73%	303	85%	307	95%
I am comfortable knowing what to do for a dying patient	Strongly disagree/Disagree	230	50%	157	44%	113	35%
	Agree/Strongly agree	227	50%	199	56%	212	65%
I feel comfortable delegating tasks to the enrolled nurse/hospital aid/nursing student	Strongly disagree/Disagree	103	22%	44	12%	20	6%
	Agree/Strongly agree	356	78%	314	88%	306	94%
I feel comfortable communicating with patients and their families	Strongly disagree/Disagree	12	3%	11	3%	5	2%
	Agree/Strongly agree	429	97%	216	97%	321	98%
I feel at ease asking for help from other RNs on the unit	Strongly disagree/Disagree	6	1%	6	2%	6	2%
	Agree/Strongly agree	453	99%	352	98%	319	98%
Personal stress (1 item)							
I am experiencing stress in my personal life	Strongly disagree/Disagree	206	57%	175	50%	186	58%
	Agree/Strongly agree	193	43%	178	50%	137	42%

Professional support

Throughout the first year of practice, most respondents agreed/strongly agreed that they felt supported. For over 81% of the respondents, encouragement and feedback from preceptors was maintained consistently throughout the year. These results are mirrored with regard to preceptors helping respondents to develop their confidence. Furthermore, the visibility of positive role models remains constant across all data collection points for 99% of the respondents. Encouragement and feedback from managers decreased for respondents across the three data collection points, with a move from 84% to 75% agreeing/strongly agreeing that managers provided feedback. Other factors that contributed to over 88% of respondents feeling professionally supported (opportunities to practise skills/procedures, support for new situations, support by other nurses, family/friend support) remained constant throughout the year.

Professional role

The respondents' answers for the professional role subscale mirror the professional support subscale. Across the three data collection points, over 91% agreed/strongly agreed that their work was exciting and challenging. Satisfaction with choosing nursing remained constant, with over 90% of respondents agreeing/strongly agreeing that they had made the right choice to be a nurse. Likewise, 92% or more of the respondents across the three data points agreed/strongly agreed that they were able to complete their patient care assignments on time. Throughout the first year of practice, the respondents' sense

of clinical preparedness increased, with a move from 86% at the first data collection point to 98% at the end agreeing/strongly agreeing that they felt prepared to complete their job responsibilities. Across all data points, over 89% of the respondents felt that the expectations of them in their role as a graduate nurse were realistic.

Professional concerns

Results for this subscale show that across time, respondents had few professional concerns, with over 88% across the three data points strongly disagreeing/disagreeing with the statement "I am having difficulty organising patient care needs". However, while 33% of respondents did feel overwhelmed by their initial patient care responsibilities and workloads, these concerns decreased over time. By the third data collection point, 77% strongly disagreed/disagreed that they felt overwhelmed. While a minority (15%) of respondents reported concerns with prioritising patient care needs at the first data collection point, this decreased to only 9% agreeing/strongly agreeing that this was a concern for them at the final data collection point. Concerns about harming a patient decreased over time. At the first data collection point, 20% of the respondents agreed/ strongly agreed that they felt that they might harm a patient due to lack of knowledge or experience. By the third data collection point, only 7% agreed/strongly agreed with this statement.

Professional communication

Respondents reported consistently high levels of confidence when communicating with doctors, with over 88% across the three data collection points agreeing/strongly agreeing that they were confident with this. Increasing comfort over time with making changes to care plans was evident for the respondents, with a 20% increase from the first data collection point to the third. Likewise, over time, the respondents' self-confidence increased somewhat with regards to being comfortable caring for a dying patient, with a move from 50% (first data collection point) to 65% (third data collection point) agreeing/ strongly agreeing that they felt comfortable knowing what to do for a patient who was dying. Similarly, over time, the respondents reported increasing levels of comfort delegating tasks to ENs (second-level nurses), with 78% agreeing/strongly agreeing that they felt comfortable doing this at the first data point, with a move to 94% at the final data point. A continuous high level of confidence was evident for the respondents, with over 97% across all three data points agreeing/strongly agreeing that they were comfortable communicating with patients and their families. This continual high level of comfort was also evident for the respondents, with over 98% across all data points agreeing/strongly agreeing that they felt at ease asking for help from others.

Personal stress

With regards to experiences of stress, responses were evenly distributed across the year, with approximately 50% of the respondents agreeing/strongly agreeing across time that

they were experiencing stress in their personal lives. Reasons contributing to personal stress include finances, childcare, living situation, personal relationships, job performance, graduate courses and post-graduate study (see Figure 1 for details).

Figure 1

Survey Section 2: Factors Contributing to Personal Stress
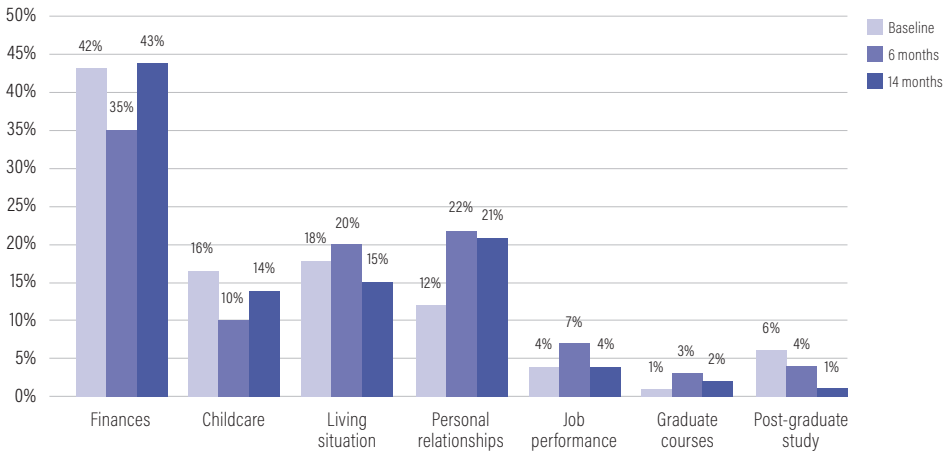
Job satisfaction

The respondents' initial satisfaction with salary (67% very/moderately satisfied at the first data collection point) diminished somewhat over time, with only 40% very/moderately satisfied at the third data collection point, while satisfaction with annual leave availability was constant across time, with 55% to 61% very/moderately satisfied. Likewise, the respondents' satisfaction with hours worked, weekends off per month, amount of responsibility, opportunities for advancement, amount of feedback and opportunities to work consecutive days remained constantly high across the three data collection points. Details are provided in Table 4.

Table 4

Survey Section 3: Satisfaction With Aspects of the Job

		Baseline		6 months		13 months	
Satisfaction with the aspects of the job (8 items)		Count	%	Count	%	Count	%
Salary	Very/Moderately unsatisfied	37	10%	112	26%	93	30%
	Neither satisfied nor unsatisfied	89	24%	105	25%	93	30%
	Very/Moderately satisfied	251	67%	210	49%	122	40%
Annual leave availability	Very/Moderately unsatisfied	18	5%	77	18%	56	19%
	Neither satisfied nor unsatisfied	137	38%	88	21%	80	27%
	Very/moderately satisfied	206	57%	260	61%	164	55%

Satisfaction with the aspects of the job (8 items)		Baseline		6 months		13 months	
		Count	%	Count	%	Count	%
Hours that you work	Very/Moderately unsatisfied	25	7%	40	9%	34	11%
	Neither satisfied nor unsatisfied	83	23%	95	22%	56	19%
	Very/Moderately satisfied	253	70%	290	68%	210	70%
Weekends off per month	Very/Moderately unsatisfied	44	13%	96	23%	49	16%
	Neither satisfied nor unsatisfied	118	34%	101	24%	70	23%
	Very/Moderately satisfied	188	54%	224	53%	182	61%
Your amount of responsibility	Very/Moderately unsatisfied	15	4%	36	9%	21	7%
	Neither satisfied nor unsatisfied	89	26%	87	21%	70	23%
	Very/Moderately satisfied	241	72%	302	71%	213	70%
Opportunities for career advancement	Very/Moderately unsatisfied	12	3%	31	8%	21	7%
	Neither satisfied nor unsatisfied	71	20%	110	27%	54	18%
	Very/Moderately satisfied	274	77%	269	66%	231	75%
Amount of encouragement and feedback	Very/Moderately unsatisfied	12	4%	64	15%	36	12%
	Neither satisfied nor unsatisfied	65	19%	87	20%	56	19%
	Very/Moderately satisfied	260	77%	277	65%	210	70%
Opportunities to work consecutive day shifts	Very/Moderately unsatisfied	18	5%	42	10%	39	13%
	Neither satisfied nor unsatisfied	94	27%	87	20%	59	20%
	Very/Moderately satisfied	234	68%	297	70%	203	67%

Role transition concerns

While some respondents voiced concerns with issues related to their transition from student nurse to the RN role, over time these concerns lessened. Of most concern at the first data collection point were the expectations of the role, with almost half (49%) of the respondents expressing concern. By the third data collection point, this concern had lessened for many, with only 21% expressing concern with this. Similarly, at the first data collection point, up to 50% of the respondents were concerned about orientation issues, lack of confidence and their fears about the role. By the third data collection point, these issues had lessened. By contrast, concerns about workload remained steady throughout the first year of practice, with 30% of respondents concerned at the first data collection point, 37% at the second and 33% still concerned at the third data collection point. See Figure 2 for details.

Respondents were asked what improvements could be offered to make them feel more supported throughout their first year of practice. Half (51%) of respondents at the first data collection point suggested more socialisation to their clinical units would be helpful, however by the third data collection point, this was only of concern for 18% of the respondents. Similarly, 45% of respondents at the first data collection point noted that the orientation process needed improvement; by the third data collection point, this was only

of concern for 25%. For 40% of the respondents, increased support at the second data collection point would have been welcomed. See Figure 3 for details.

Figure 2

Survey Section 4: Transition Concerns, Student Nurse to Registered Nurse Role
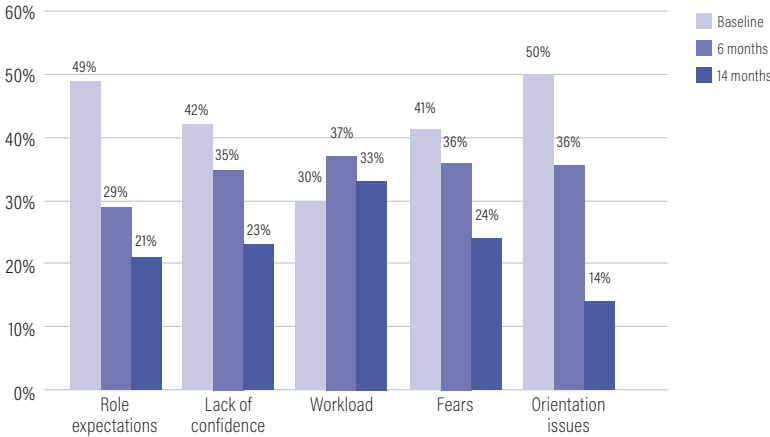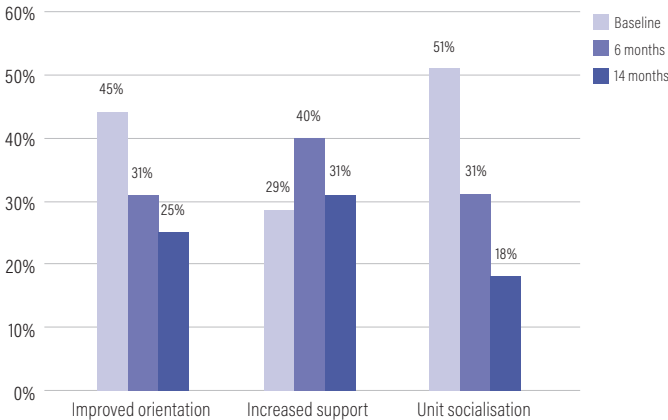

Figure 3

Survey Section 4: Improvements to Feel More Supported

Overall, the most satisfying aspect of the nursing role for the respondents was their "first impressions" of a positive work environment, noted by 53% at the first data collection point. However, by the third data collection point, only 10% reported a sense of satisfaction with their work environment. Other aspects of the nursing role, peer support, patients and families, ongoing learning and the professional role were only considered to be satisfying aspects of the nursing role by a minority of the respondents (see Figure 4 for

details). Similarly, the less satisfying aspect of the nursing role (the work environment, systems and interpersonal relationships) were noted by a consistent minority of the respondents (27–38%) across their first year of practice. Details are provided in Figure 5.

Figure 4

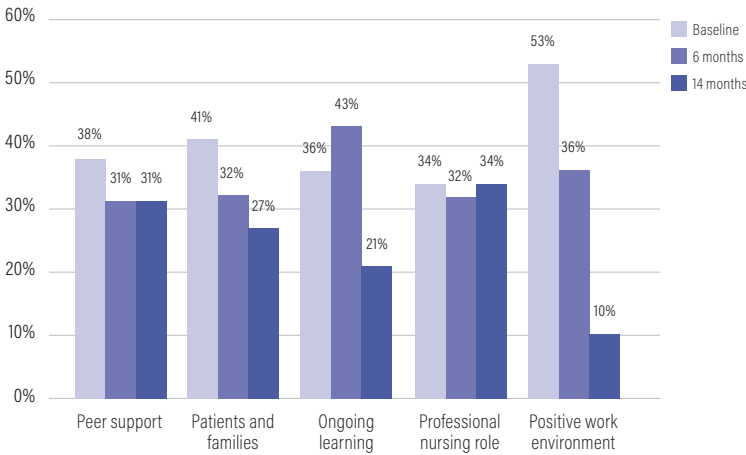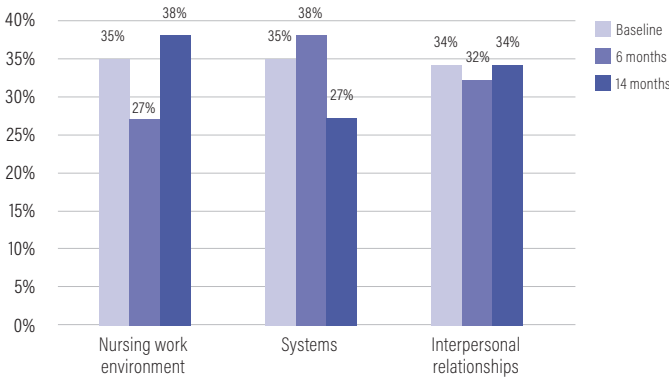*Survey Section 4: Most Satisfying Aspect of the Work Environment*

Figure 5

Less Satisfying Aspects of the Work Environment

Discussion

It is evident from this study that graduate nurses felt well supported throughout their first year of practice. The role of preceptors and exposure to positive role models appear to be important contributing factors. Other factors such as supportive managers and friend/ families were also important during this time. Support offered by managers did decrease

over time, perhaps because managers could see that the preceptors and other staff were well adept at supporting the graduate nurses. Nonetheless, personal development requires ongoing feedback and support from the managers too.

This network of support from both the workplace and the community resonates with communities of practice concepts, whereby the graduate nurses are engaging with others who share common goals and objectives (Wagner et al., 2019). Formalised preceptor support is a key element of the NETP and NESP programs, which appears to be a very important element that has contributed to a positive experience for these nurses. Furthermore, evidence of early exposure to a positive workplace environment is pleasing given the importance of organisational culture and its links to early career employees' intention to stay (Ujváriné et al., 2020). In contrast, concerns are raised because of the lack of a sustained positive work environment and the overall lack of satisfaction with the nursing role, which is at odds with the report of continual satisfaction with professional support and the professional role. This apparent internal conflict could result in graduate nurses questioning their long-term commitment to the workplace and subsequently to the profession. Therefore, it seems crucial that access to preceptors, positive role models and supportive managers continues after the first year of practice. As noted by Moloney et al.'s (2020) integrative review, it is imperative that managers implement strategies to help nurses thrive at work, thereby improving their ongoing workplace engagement and subsequent retention.

The nurses felt well prepared for practice with regard to being able to complete patient care assignments on time. This finding suggests that their undergraduate education program experience was aligned with the expectations of the workplace and that this, coupled with the support offered via the NETP and NESP programs, has prepared them appropriately for their first year of practice. As noted by Chen et al. (2021), formal programs such as these are essential for the graduate nurse as they develop their practice.

Although the notion of transition shock (Duchscher, 2009) was evident, with initial concerns voiced about orientation to the workplace and expectations of the role, these concerns dissipated over time as the nurses' confidence increased. However, given the much-debated topic of the first year of practice being stressful (Casey et al., 2004; Jamieson et al., 2019), it seems pleasing that relatively low levels of stress were reported. This suggests that the NETP and NESP programs have been able to address this concern and supports Casey et al.'s (2004) assumptions that formalised programs of support would be beneficial for graduate nurses.

Implications for education and staff development

Findings suggest that although the first year of practice can be daunting, NETP and NESP programs are effective in encouraging and supporting newly graduated nurses. A thorough orientation to the organisation and the RN role is vital, as is the availability of preceptors and other nursing role models. Furthermore, the graduates greatly value a

positive workplace coupled with ongoing support from managers. The graduates have a desire to be supported in their new role, which they believe they have been well prepared for.

Limitations

While the longitudinal nature of the study and high response rate adds to the robustness of the findings, this was a single site study so it is recommended that generalisations not be drawn for other graduates.

Conclusion

The need for newly graduated nurses to feel supported throughout their first year of practice is of paramount importance for both the graduate and their employer. Further, when the education provider and the employer work collaboratively, well-prepared students can become confident graduates. The formal yearlong New Zealand government-funded programs of support (NETP and NESP) are identified as key factors that enable these newly graduated nurses to successfully navigate their first-year practice.

Conflict of interest and funding

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