

Newly graduated nurses' experiences of the intervention graduate guidance nurses: A qualitative interview study

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Abstract

Aims: This study is describing newly graduated nurses' experiences of the intervention graduate guidance nurses.

Background: Newly graduated nurses need support to become established in the profession. The intervention was initiated to empower and support in the professional role.

Methods: A qualitative case study was conducted with semi-structured interviews, using a thematic content analysis.

Results: One overarching theme 'Organizational prerequisites', consisting of three themes, occurred: 'Activator' involved that the graduate guidance nurse was the activator creating a clear structure, and the wards became more attractive workplaces. 'Supportive nursing' meant that the graduate guidance nurse constituted an important support function which ensured patient safety. 'Professional development' created the opportunity for professional growth.

Conclusion: Newly graduated nurses' experiences show that the creation of an organisational structure enabled the graduate guidance nurses to be an important support and contributed to professional development.

Implications for nursing management: In health care organisations, strategic decisions, management support and clear goals are important to create the organisational conditions to improve safer care. Support from experienced nurses is a large enabler in supporting newly graduated nurses developing in their profession. The results of the current study can be transferred to other similar health care organisations and can be supporting managers who plan to initiate support to newly graduated nurses.

KEYWORDS

acute health care, clinical supervision, experienced nurses, newly graduated nurses

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1 | BACKGROUND

In the increasing complexity of acute health care settings where more patients with comorbidities require much care, newly graduated nurses (NGNs) need higher levels of support (Hussein et al., 2017). Experienced nurses' support and supervision of NGNs is described as one of the most crucial elements for learning and professional development (Bakon et al., 2018; Kyndt et al., 2016; Pennbrant et al., 2013). Willman et al. (2020) show that NGNs need experienced nurses who are available for questions and support in their daily work.

The establishment of NGNs in the profession has been examined in many studies. According to Mellor and Greenhill (2014), the opportunity to orient themselves in the profession with supervision and access to structured introduction has a major impact on how NGNs perceive the start of their professional life. Several studies have shown that the first period of time in the profession, up to 1 year after graduation, is the most challenging (Lindfors et al., 2018; Rudman & Gustavsson, 2012; Sterner et al., 2017; Wong et al., 2018). However, studies show that when NGNs are in the orientation period, they are most vulnerable and need the most support and guidance (Cao et al., 2021; Lee & De Gagne, 2022).

The concept of 'expert nurses' originates from Benner's (1982) nursing theory of knowledge development, where nurses are in five different stages from *novice to expert*. In these stages, the nurse develops the professional role through knowledge and practical experience (Benner, 1982). Nurses in the *skilled and expert* stages are able to anticipate events and can apply preventive measures. They have special skills and can perceive situations as a whole and focus quickly on the most important aspects of a nursing situation (Benner, 2001). According to Lindfors et al. (2018), the initial supervision during the introduction of NGNs is a key factor in how the transition between nursing education and professional life will develop.

Supervision in this context is an educational relationship between the NGN and one or more experienced nurses (Lindfors et al., 2018). Furthermore, supervision aims to provide support and enable the NGN to move through the transition in order to become confident in their professional role and increase their own competence (Tracey & McGowan, 2015). NGNs value supervisors with the ability to create a safe environment in which they can develop their skills without being questioned (Hunsberger et al., 2013; Pennbrant et al., 2013). Similarly, a safe environment is fostered when NGNs are given the opportunity to practise various practical elements and link these to theoretical knowledge. This develops their nursing skills (Pennbrant et al., 2013). Sterner et al. (2017) found that training in emergency situations was particularly valuable for nurses who had less than 1 year of professional experience. Those nurses found emergency situations requiring quick decisions to be particularly difficult, while factors such as good interpersonal relationships and organisational structures could support a well-functioning team (Sterner et al., 2017).

Studies by Chachula et al. (2015) and Kyndt et al. (2016) showed that NGNs need to be respected, have access to educational role models, be part of a collaborative department and receive

constructive feedback and support from their colleagues in order to develop competencies and experience job satisfaction (Chachula et al., 2015; Kyndt et al., 2016). Dyess and Sherman (2009) found that for NGNs to feel confident, it was important that they received confirmation that they were performing tasks correctly. The NGN also saw great value in discussing and reflecting on nursing situations with experienced nurses (Dyess & Sherman, 2009). It is important for experienced nurses to work to develop trust and caring relationships with NGNs. By establishing supportive relationships for NGNs, learning can become less stressful (Brunelli et al., 2022).

Globally, there is a shortage of almost six million nurses (World Health Organization [WHO], 2020). Nurses are important to ensuring quality of care and patient safety. The widespread shortage of nurses poses a significant challenge to the health sector nationally and internationally. The professional competence of nurses is essential to ensure that high-quality nursing care is provided and that patient safety levels are maximized (ICN, 2019). Experienced nurses are a prerequisite for ensuring patient safety; likewise they are a prerequisite for providing NGN support in the professional role (Willman et al., 2020).

NGNs continue to enter a work environment characterized by nursing staff shortages, increasing patient acuity and at times limited access to clinical support (Hussein et al., 2017). Support to NGNs can contribute to retention with the profession and thereby improve care and patient safety (Cao et al., 2021; Willman et al., 2020). In the autumn of 2019, Region Skåne's administration Skåne Hospital North-east in southern Sweden decided to start an intervention at two hospitals, with the aim of strengthening and supporting NGNs and retaining NGNs in the profession. Similar efforts have been made elsewhere (Hussein et al., 2017; Wiersma et al., 2020), but this was a novel approach in the Region. The goal of the intervention was to ensure competence development and empower NGNs to provide care taking patient safety into account based on their experience and competence. The aim of this study was to explore NGNs' experiences of the intervention graduate guidance nurse (GGN).

2 | METHOD

A qualitative inductive case study with semi-structured interviews was analysed by a thematic content analysis. This study was reported according to the Consolidated Criteria for Qualitative Studies (COREQ) checklist (Tong et al., 2007).

2.1 | Intervention

The intervention GGN involved employing five experienced nurses to strengthen and support the NGNs. In this context, the experienced nurses had worked in the profession as nurses for between 10 and 28 years. Three of them were also specialist nurses with at least 8-year experience in specialist nursing. These experienced nurses, called GGNs, would be responsible for ensuring that the skills and competencies of the NGNs were developed and for helping to create a

conducive learning environment. GGNs had three main areas of responsibility:

- To be available on the ward to provide clinical support, for example, to provide clinical supervision and to support the NGNs in their nursing work.
- Facilitate and ensure educational activities such as lectures, workshops, clinical skills training and simulations.
- Provide opportunities for structured reflection.

Initially, all NGNs were given a questionnaire to fill out. This was done to identify the needs of NGNs in the areas of education, clinical supervision and reflection. Based on the needs identified, action plans were created for which the GGN was responsible. The GGN was also tasked with identifying where exactly the NGNs needed support within their day-to-day work as nurses. This was done by the GGN recording the situations in which the NGN asked for help and how long each supervision took. Based on this information, targeted interventions such as workshops or simulations were created. The GGNs were free to develop the support together with the NGNs they supported. Therefore, the number and content of workshop training sessions and simulations varied, both during times and on the different wards.

The intervention was carried out in project form for one year, from 1 April 2020, to 31 March 2021. A project plan was developed, and the intervention took place in one emergency department and four wards at two hospitals in the southern Region in Sweden. For the intervention to be successful, the hospital management decided that the GGN would not be part of the regular ward staff.

2.2 | Participants

The overall inclusion criterion was NGN who had been employed in one of the departments where the GGN intervention took place for at least 5 months. The NGNs in this study were required to have worked as nurses for a maximum of 3 years. This was based on their proximity to undergraduate education while working as nurses in a nursing unit (Veerapen & Purkis, 2014). The managers of the departments where the GGNs were employed were contacted and verbally informed about the study, after which written consent was given. Recruitment for the study was carried out with the help of the heads of the wards concerned.

When the NGNs were asked to participate, an information letter about the study was provided. The information letter stated that the NGNs who chose to be included in the study were guaranteed confidentiality. Those who wished to participate in the interview were asked to register by email to the first author. However, all interested participants chose to register via the GGN instead. The time and place for the interviews were chosen by the participants.

At the first ward, there was a total of 25 NGNs possible to recruit for the study. Two of these NGNs were on parental leave and were therefore not asked to participate. A total of 11 NGNs signed up to

participate in the study, but due to external circumstances, only four were able to participate.

In order to achieve data saturation, an additional ward was included. That ward met the inclusion criterion of having GGN intervention for 5 months during the data collection period, which made it possible to include them. There were 18 NGNs in that ward who met the inclusion criteria. Six of these signed up to participate in the study. A total of 10 NGNs participated in the study, three men and seven women. They had worked as nurses between 6 months and 2 years and 7 months.

2.3 | Data collection

Data collection took place between November 2020 and February 2021. The data were collected by the first author through interviews using a semi-structured interview guide. This approach allowed the participant to freely describe their experiences. A pilot interview was conducted to test whether the questions in the interview guide met the study's purpose, which they did, and no changes were made. Ten interviews were conducted, including the pilot interview. When no new information emerged and participants' descriptions of experiences tended to be repeated at the ninth interview, the author chose to terminate the interviews after the tenth interview. Data saturation had then been achieved.

All interviews started with the opening question 'What are your experiences with GGN?' and were followed by the following questions (Table 1). The interviews were conducted in locations chosen by the participants. The sites chosen were the participants' workplace and the author's workplace. The interviews lasted between 12 and 74 min and were recorded and transcribed verbatim. The transcription of the interviews was done subsequently by the first author.

2.4 | Data analysis

Data analysis was conducted using a six-step qualitative content analysis inspired by Graneheim and Lundman (2008). *Transcription*: The interviews were transcribed, and the text material was read through repeatedly to get a complete picture. *Meaning units*: Systematic review of the textual material to identify meaning units that responded to the purpose. *Condensation*: The meaning-bearing units

TABLE 1 Semi-structured interview guide

Semi-structured questions
1. What are your experiences with GGN?
2. What are your experiences with lectures, workshops, CASE, clinical skills training and simulations for which GGN is responsible?
3. What are your experiences with the clinical supervision provided by the GGN?
4. What experiences do you have with the structured reflection that the GGN is responsible for?

were shortened and became descriptions at an abstract level. *Coding*: Generation of codes from the condensed sentences. *Categories*: The manifest content of the codes created categories and subcategories. Finally, an *overarching theme* emerged from the latent content of the text (Graneheim & Lundman, 2004). To achieve high reliability, parts of the analysis process were conducted by both authors. One of the interviews was coded and categorized independently, resulting in high congruence. In the step of developing codes and categories, these were discussed until consensus was reached. Subsequently, labels for subcategories and the overall theme were also discussed.

3 | RESULTS

One overarching theme, 'Organizational prerequisites', emerged. The theme consisted of three categories and eight sub-categories (Table 2). The overarching theme comprised the whole result. All categories and sub-categories address the importance of involving the organisation at all levels. To establish the intervention in the management was crucial to realize the intervention and obtain positive results.

3.1 | Activator

The category Activator is created of the subcategories *facilitating structure* and *attractive workplace*. The participants described that there was a clarity and structure when the GGN is not part of the line organisation of the wards. That gave the GGN time and space to be present and available to them.

3.1.1 | Facilitating structure

The participants described that the GGN was the activator creating a clear structure. They considered that this was made possible when it was decided that the GGN would not be included in the regular staff (the line organisation). The participants felt that this decision provided the conditions for the GGN to be available and present. The participants also considered that this decision gave the GGN time and

TABLE 2 Theme, categories and subcategories emerged from the qualitative analysis

Theme	Category	Subcategory
Organisational prerequisites	Activator	Facilitating structure
		Attractive workplace
	Supportive nursing	Present assistance
		Emotional support
		Patient safety
	Professional development	Nursing competence
		Feeling of security
		Learning

opportunity to strengthen and support them. Participants felt that it was important for the GGN to be clinically on the ward.

I also think it's clearer because she's out of business and just there for us (P7).

Everyone needs this person you can ask. A person who works both clinically but also administratively to refine routines and details (P9).

3.1.2 | Attractive workplace

The participants felt that wards with GGNs became more attractive workplaces, and NGNs chose to work there. They also described that the GGN made it possible for them to learn and that they developed, which motivated them to stay in the workplace.

Saw it as a great asset and that it would facilitate my work (P5).

Feels motivated to stay (P2).

3.2 | Supportive nursing

Supportive nursing is created by the subcategories *present assistance*, *emotional support* and *patient safety*. The participants described that the GGN constituted an important support function, was emotionally supportive in difficult situations and helped to ensure patient safety. The physical presence of the GGN made the participants feel calm and secure, which, in turn, contributed to feelings that they could perform their work more safely.

3.2.1 | Present assistance

The participants felt that the GGN was a huge asset as they could be physically present and tangibly supportive in new situations and that they could ask for help and that the GGN had time to help a little extra. The participants described that they could consult the GGN in the clinical nursing. They felt that they could ask the GGN for advice when they got into situations where they did not know how to proceed. The participants described that when the GGN was present on the ward, they were able to discuss, brainstorm ideas and develop their thoughts with the GGN.

I think it is a good arrangement that they are not working clinically. That they are there to support and guide (P3).

She could always answer questions ... she was always close at hand to ask so ... she took that time, and it was allowed to take a little longer and no stress at all and very educational (P4).

The NGN felt that the GGNs were available for support in the emergency situations. Here, they described that they received support by having the GGN physically present. They could get immediate confirmation that they acted adequately in an emergency situation. They were supported through clinical guidance.

Especially when you end up in these critical situations, it really feels good. That's when it feels like. God, how nice that they were here. I do not know if I would have managed otherwise. I don't know what I would have done (P2).

3.2.2 | Emotional support

The NGNs felt that the GGNs provided support in more than practical tasks. They provided emotional support and ensured that they felt safe and well-functioning. They also felt that the GGNs understood their work situation and that they were helping if the NGN felt stressed. Participants described the presence and care of GGNs as helping to prevent burnout.

She makes sure that you feel safe and well-functioning. (P1) Someone who stops the machinery. It does not work if you don't take 10 minutes here now. You may need it. If you do not tell someone, you will get burned out (P2).

3.2.3 | Patient safety

The participants felt that if their nursing skills were not enough, the GGNs could cover these knowledge gaps. They also described that they turned to the GGN when there was something they did not know about. Here, they experienced that the GGN's knowledge contributed to improve patient safety. The participants felt that the opportunities for reflection contributed to growth in their role as nurses and becoming better at ensuring patient safety in their functions.

Fabulous to have someone to go to when I feel that my skills do not cover all challenges and she can help cover up the small shortcomings (P1).

She can show me what I do not know and make it safer for patients (P10).

3.3 | Professional development

Professional development is created by the three subcategories: *the nurse's professional role*, *feeling of security*, in the sense of perform tasks correctly, and *learning*. The participants described that

they felt secure and were strengthened in their professional role by the presence of the GGN, which enabled professional development. The participants considered that the GGN contributed to their competence development by supervising various forms of learning. They found it valuable that the GGN provided them with opportunities to refine procedures and details through trainings. The GGN supported the NGN's progress in the development of the NGN's nursing skills and improved their security by strengthening them in their professional role and being a knowledge support.

3.3.1 | Nursing competence

The participants felt that the GGN made it possible for them to be new in their professional role. They described how the GGN taught them to set up strategies for how their work as nurses would be easier and how they would learn to prioritize. They also experienced that the reflection opportunities initiated by the GGN contributed to becoming more grounded in their nursing profession. One of the participants considered that the GGN was like a bridge into working life.

Being able to be new in your profession and not knowing, because you are far from knowing everything, and then have someone who has long experience, to whom you can go and brainstorm ideas. So only positive thoughts (P8).

Feel that you are growing as a nurse in that role, and that you actually become safer, purely patient safety-oriented (P2).

3.3.2 | Feeling of security

The participants described that the GGNs made them feel safe. They described that the GGN could strengthen the confidence that they performed their tasks correctly. If they felt insecure, they knew where to get support, and it was a form of security to know that the GGN was there for them. The participants also felt that they were strengthened and calmed down simply by knowing where they could turn for help.

Yes, this is exactly what you need help with, you get help with, it is not set in stone. I can get help with what I need. So above all it is an extra security (P1).

To be strengthened in the security that I am doing the right thing and you do not think about that much when it comes to routines ... you can come to thoughts that you might be able to improve this. - What are we really doing here? (P7).

3.3.3 | Learning

The participants described that the GGN made learning possible, both through mediated and their own learning. The NGNs experienced that they learned through the trainings, workshops and CASE sessions that the GGN arranged and that this improved their competence. They often received both advice and tips, which they felt developed their skills. The participants felt that they could build up their own experience through the experience of the GGN and described that GGNs were like banks of knowledge and experience. The GGN was perceived as a good supervisor and at teaching how to supervise others. They described that the GGNs were pedagogical and that they did not take over the work but explained and showed how to do it. The participants also experienced that the GGN created a favorable learning environment, and in that environment, learning moments were offered.

It is good to have a little workshop if there are several people and discuss. Because I think if there are several people who talk and create a discussion ... then my experience is that you learn more if there are more people who discuss and work together and get to try things out a little ... (P3).

The GGN has probably created a favorable learning environment ... it gives the opportunity to have a favorable learning environment, I think above all. Before, it was difficult to get learning elements, but now you can get it when the need arises (P1).

The participants described that the GGN started up reflection sessions in the wards. All participants described that reflection was important for developmental purposes and that the reflections could lead to long discussions. The participants described the importance of being able to reflect on situations, especially acute situations, which led to professional development.

Reflection is important because otherwise you learn nothing ... You cannot just go on working; you have to think; what did we do well, what did we do badly. If you do not reflect, there will be a lot of trouble in the department. You also want to avoid that (P6).

4 | DISCUSSION

The results of this study show that the way in which the GGN intervention was organised created favorable conditions. The decision by the hospital management that GGN would not be part of the regular ward staff proved to be successful. The participating NGNs considered this to be crucial in creating a structure that enabled GGNs to be available in the wards, which was made possible because of the GGN not taking part in the regular ward staff.

The GGNs, who are experienced nurses, provided an important support function for the NGNs that participated in the current study. The GGNs had the time to be physically present and were able to support the NGNs both practically and emotionally, which made them feel secure. This is in line with the findings of Willman et al. (2020). Showing that experienced nurses are important in providing support to NGNs during their first time in the profession.

In the process of professional development, NGNs felt that the GGN was important to the NGNs professional development and helped them to evolve on the road from novice to expert (Benner, 2001). Dyess and Sherman (2009) found that NGNs felt more confident in their professional role when they received confirmation that they had performed their tasks correctly. Furthermore, the nurse develops in the professional role through knowledge and practical experience (Benner, 1982). NGNs in this study consulted GGNs in clinical nursing tasks, which developed NGNs' skills. NGNs were able to improve and perform their work because GGNs contributed their knowledge and experience. Aiken et al. (2014) found that nurses' level of education and workload are directly related to serious patient risks. Learning can be less stressful when experienced nurses develop trust and caring relationships with NGNs (Brunelli et al., 2022). The lectures, trainings, workshops, and CASEs organised by the GGN in conducive learning environments also strengthened the NGNs' competences. This reinforces the importance of the role of GGN in the development of the NGNs' competences and their ability to perform work in a manner conducive to patient safety.

The supervision carried out by the GGN was described by the NGNs as educational and instructive supervision situations. Tracey and McGowan (2015) found that supervision was a way to provide support and enable the NGNs to move through the transition to become confident in their professional role and increase their own competence (Lee & de Gagne, 2022; Tracey & McGowan, 2015). Experienced nurses' support and mentoring of new nurses is one of the most central factors for learning (Bakon et al., 2018; Kyndt et al., 2016; Pennbrant et al., 2013). To our knowledge, this kind of intervention is not common in Swedish health care. In her thesis, Willman, (2020) explored NGNs self-assessed clinical competence and professional development, concluding that support increase both quality of care and patient safety, which our participants also stated. In a study from the United States, Wiersma et al. (2020) identify some key issues to be aware of in the transition from newly graduate to experienced nurse, and facilitation is found to be essential. Therefore, we argue that this kind of intervention is useful both for the NGNs and the health care organisations but not least for the patients, increasing care quality and safety.

The participants in the present study highlighted the importance of reflection and that it was supported by GGNs. The reflections were important for developmental purposes and provided the NGNs with the skills to perform nursing care that reflected patient safety while NGNs became more grounded and confident in their professional role. NGNs saw the importance of reflecting on situations and especially those acute situations that they felt led to professional development. Sterner et al. (2019) found that reflection can influence the ability to

provide care in acute situations. In the current study, NGNs reported that reflection also led to improved communication and a better work environment (Sterner et al., 2019).

Both organisational and individual factors impact a nurse's intention to stay or leave their job (Cao et al., 2021). Individual factors include changes in personal or family life or health, educational goals, work stress, job dissatisfaction or, conversely, a sense of empowerment in decision-making. Organisational factors that affect retention include work environment, working relationships, working conditions, salary, managerial style and effective supervision (WHO, 2020). NGNs who participated in this study highlighted that the reason they stayed was that professional development was enabled, and this development was achieved through the GGNs. The NGNs also thought that having GGNs at hand could prevent burn-out. The success factors for this intervention are interpreted to be the structure created by the organisational decision and the clarity of the role and the tasks of the GGN.

The first author was the initiator of the intervention and project manager during the project. This may have influenced the analysis due to preunderstanding and required outcomes. Therefore, both authors were involved throughout the analysis process. To strengthen the trustworthiness (Lincoln & Guba, 1986), the analysis was discussed by both authors several times until consensus was obtained (Graneheim & Lundman, 2004). The interviews were conducted by the same person over a period of a few months, which decreased the risk for inconsistency. An open approach with a semi-structured interview guide increases the pre-conditions for credibility. Transferability is always difficult due to contextual factors, but the findings in this study could facilitate other organisations (Graneheim & Lundman, 2004; Lincoln & Guba, 1986), and the result is also supported by other studies (e.g., Bakon et al., 2018; Kyndt et al., 2016; Pennbrant et al., 2013; Tracey & McGowan, 2015).

5 | CONCLUSIONS

The results of the current study show that the first years in the profession are challenging for NGNs and that the GGNs provided an important support function and contributed to the professional development of the NGNs. The NGNs experienced that their professional role developed and that the support from GGNs improved patient safety. This was made possible by the structure created when the GGN was not part of the regular ward staff. This was a strategic decision taken by the hospital management. This decision was a success factor in achieving the positive outcome of the intervention.

6 | IMPLICATIONS FOR NURSING MANAGEMENT

In health care organisations, strategic decisions, management support and clear goals are important to create the organisational conditions to improve safer care. Support from experienced nurses is an enabler

in supporting NGNs developing in their profession. Establishing specific positions for experienced nurses could improve ways to achieve support. The hospital management's decision, except the GGNs as part of the regular ward staff, was successful. The findings of this study could support managers and management, both locally, nationally and internationally. Establish ways to increase and maintain the nursing staff is essential, and this study show that support to NGNs can pay off in a longer run.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest. They also declare that they agree with the content of this manuscript.

ETHICAL CONSIDERATIONS

As the study neither concerns the conditions of the Swedish Act on Ethical Review of Research Involving Humans (2003:460) nor has sensitive content, there is no requirement for an application for ethical review according to Swedish law. The ethical guidelines of the Declaration of Helsinki (World Medical Association, 2013) are the basis for ensuring an ethical approach to studies and were applied in this study. The participants received both oral and written information about the aim of the study. They were also informed that participation was voluntary and that they could end their participation without any explanation. Written informed consent was obtained from each participant prior to the interview.

DATA AVAILABILITY STATEMENT

This study was performed in Swedish, so prints of interviews and analysed material are therefore only available in Swedish. Due to confidentiality, the interviews will not be exposed, but examples of the analysis can be translated and shown upon request.

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