

The transition challenges faced by new graduate nurses in their first year of professional experience

Dr. HUNG Shuk Yu Maria

School of Nursing,
Tung Wah College,
Hong Kong, China

WONG Lai Mei

Hospital Authority,
Hong Kong, China

LAM Kam Ki Stanley

School of Nursing,
The Hong Kong Polytechnic University
Hong Kong, China

Abstract—Though nurses form the largest group of healthcare professionals in most of the healthcare systems, the transition from an academic to a real-world setting is characterized by high stress and reality shock, which contributes to a high turnover rate during the first year of practice. This qualitative study aimed to illustrate the transition experience of new graduate nurses and to identify the factors affecting their adaptation processes. Registered nurses who had completed university nursing training program and possessed about a year of professional nursing experience in Hong Kong were recruited for semi-structured, face-to-face individual interviews. The data was saturated after 14 new graduate nurses had been interviewed. The participants experienced complicated perceptions with fluctuating feelings ranging from frustration to a sense of accomplishment during the transition period. Four interrelated human and work related factors were illuminated to influence their adaptation to transition: 1) professional accountability and competency, 2) personal adaptation attitude and ability, 3) interpersonal relationships with colleagues and 4) institutional/workplace support and orientation. The findings demonstrated a close link between perceptions and the interrelated factors affecting transition experiences and adaptation processes. Education and healthcare institutions should provide more training and support in the promotion of emotional well-being, the improvement of professional knowledge and skills, and in-service adaptation enhancement programs before and during the transition. Further comprehensive studies with longitudinal designs are recommended to explore the perceptions of new graduate nurses.

Keywords: *adaptation; new graduate nurse; qualitative; transition experience*

I. INTRODUCTION

Though nurses form the largest group of healthcare professionals in most of the healthcare systems, nursing careers can be very challenging. The transition from an academic to a real-world setting appears to be both stimulating and stressful for new graduate nurses (NGNs) around the world. Numerous studies have discussed the difficulties inherent in the role

transition from student nurse to staff nurse [1-7]. Washington [5] believed that a lack of clinical experience and complex nursing procedures could induce performance anxiety. Clark and Springer [4] demonstrated that knowledge deficits and a fear of harming patients could overwhelm an NGN and further inhibit the transition process. Wangenstein et al. [1] found that NGNs had a positive attitude toward the transition challenges although the initial period was difficult, the nurses appreciated the experience.

Several studies have also reported that NGNs may encounter unrealistic expectations and harshness from their colleagues [8-11]. Rude and unreasonable behavior toward NGNs from their seniors is not uncommon in the nursing culture. The NGNs observed in the study by Lee et al. [12] noticed inappropriate actions among their nursing colleagues, such as blaming them for their mistakes and criticizing them in front of others. An unwelcoming atmosphere and a lack of support from the experienced nurses caused the NGNs to feel frustration, depression, and helplessness [3, 8, 13].

The resignation rates among NGNs nationally and locally are relatively high [14-15]. The high-stress level and reality shock characterizing this role change contribute to a high turnover rate during the first year of practice [8, 13]. A local study by Akhtar and his team [16] examined the magnitude of job burnout among nurses employed by the Hospital Authority (HA) of Hong Kong. As compared with American nurses, the local nurses had higher scores for emotional exhaustion and lower scores for personal accomplishment. The younger and less-experienced nurses in Hong Kong had the highest levels of emotional exhaustion and the strongest intention to leave the nursing profession. Another local study and other evidence reported severe nursing workforce shortages in hospitals in recent years [15, 17] that may exacerbate this situation. The high patient-to-nurse ratio was one of the leading causes of the heavy workload and job burnout among Hong Kong nurses for years. NGNs are the future of the nursing profession, yet there is limited study exploring the transition processes experienced by

NGNs in Hong Kong, especially regarding the factors that affect their adaptation. This study aimed to explore the transition experiences of NGNs and to provide an in-depth account of the factors influencing their adaptation processes for improving the transition process and retention rates shortly.

II. METHODS

A. Study design

This exploratory qualitative study was performed to illustrate the perceptions and factors affecting the NGNs' adaptation to transition.

B. Setting and Sample

New registered nurses (RNs) who had completed nursing training programs at local universities and had about one year of clinical nursing experience were recruited via a personal network of the research team. The findings were enriched via the purposive and snowball sampling of participants with diverse nursing specialties in different general public hospitals including acute and subacute settings and to maximize the variation across samples.

C. Ethical Consideration

Before the individual interviews began, a detailed explanation was provided to the participants along with an information sheet that described the purpose of the study, the procedure, the time required for the interviews, the voluntary participation process, and the right to withdraw from the study at any time. Ethical approval for the study was granted by the Ethics Subcommittee of the university which the researchers affiliated at the time.

D. Data Collection

Semi-structured, face-to-face individual interviews were conducted, and in the end, no one withdrew from the study. An interview room with a private, quiet and well-lighting environment was chosen. The private setting of the interview allowed both the participants and interviewer to engage in a confidential and fruitful interchange without the chance of interruption. A secure atmosphere and trustful relationship were established during the interview to encourage participants to share their experience in various situations. The participants were asked to relate their experiences during the transition period freely. An interview guide was used to illuminate their perceptions and to identify the factors that affected their transition experiences. As a start, the following open-ended introductory question was used: "What do you think about the transition in the first year of your nursing career?" The participants' responses guided subsequent probing and clarification questions. Each of the interviews lasted about an hour, during which any emotional changes displayed by the participants were closely monitored. The interviews were audio-recorded with the consent and field notes were taken which then incorporated into the verbatim transcripts. All of the interviews and transcripts were anonymous, and all of the records were kept safely and would destroy after five years.

E. Data Analysis

Content analysis was adopted for data analysis in this study. According to Vaismooradi, Turunen & Bondas [18], the

content analysis is used to explore huge amounts of textual information systematically and making it in establishing trends and patterns, frequency and relationship of data. It is helpful in describing the content's characteristics such as who says what, to whom and to what effect and is useful in examining the complex, significant, and sensitive nursing phenomenon. The content analysis composes of 3 phases: preparation, organizing, and reporting. In this study, data analysis was concurrent with data collection. After each transcription, collation of the transcript was checked against the tape and the field notes by the researchers to ensure correctness. Through reading the participants' transcripts for several times and obtaining the sense of the whole, the meaningful units and similar codes such as relevant words, sentences from the transcripts were selected for analysis. Codes were then divided into categories based on the linkage and relationship between codes and organized as meaningful broad clusters. Multiple debriefing sessions were held by the research team members to confirm and validate the categories identified, minimizing the probability of biased decisions and data interpretation. The categories were reviewed, defined, and named by the team. The category system was discussed, and adjustments made until consensus was reached. After 14 interviews had been conducted, data saturation achieved. Credibility was established by member checking of the transcripts. An audit trail was developed to allow others to track the study and to validate the decisions made about the procedures.

III. RESULTS

There were nine male and five female participants in the study (ages ranging from 23 to 25). They had 11-12 months of nursing experience and came from various specialties in different hospitals, including medical, surgical, burn, orthopedic, rehabilitation and intensive care units; as well as emergency department and operating room.

A. NGNs perceptions of the challenges during the first year: from frustration to a sense of accomplishment

When facing the transition challenges during their first year of professional life, nearly all the participants experienced different complicated perceptions with fluctuating feelings ranging from emotional frustration initially to a sense of accomplishment or job satisfaction at last mostly. Few of the participants had thoughts of quitting the nursing profession in their early weeks or months.

1) Experiencing emotional stress and frustration

During the initial transition period, all of the participants expressed different levels of physical and psychological stress symptoms, in addition to frustration, mainly due to sudden role changes leading to perceived self-professional incompetency; facing personal difficulties in adaptation, and establishing undesirable relationships with colleagues and encountering inadequate institutional/workplace support and orientation. These "realities" were beyond their expectations, which led to intense stress and overwhelming feelings accompanied by cumbersome and unmanageable workloads.

"In the first two weeks, I felt discouraged because I needed to handle dozens of [patients] suddenly ... to be responsible and care for more than ten patients with acute medical

conditions in a duty shift myself. I was so stressful that I could not sleep well every night." (Participant Mr. C).

"I needed to make clinical decisions and prioritize different tasks on my own ... to adapt to all these role changes was challenging and stressful, and I was frustrated..." (Participant Mr. M)

Regarding their ability to adapt to the change in the roles played by nursing students to those performed by professional nurses, the participants commented that they were unprepared, but should have the clinical wisdom and expertise to handle such hectic daily work situations.

"I [was expected to] perform two to three complicated wound dressings for several patients with extensive burns over their bodies in a shift. Each wound dressing took about two hours on average to complete. I could not even take a short break due to the overwhelming workload." (Participant Mr. A)

To relieve these negative physical and psychological symptoms, some of the participants had their strategies for coping, despite knowing that some of them were "inappropriate."

"I used to have vigorous exercise or exciting computer games or movies to distract my stressful feelings or frustration. Sometimes, music therapy is another good choice for me." (Participant Mr. L)

"I started a bad habit: smoking. I know it's not good for my health, but I feel relieved [from stress] ..." (Participant Mr. J)

2) Sense of accomplishment or job satisfaction

Almost all of the participants successfully overcame these challenges and described their overall transition experiences as "fruitful," "unforgettable," and "satisfactory" at the time of the interview, i.e., 11-12 months after graduation. Most of the participants reported achieving a sense of accomplishment and job satisfaction once they had adapted to their work environments.

"I gradually picked up the work. I could engage clinical decision making myself. My confidence level gradually increased. I'm happy and satisfied with my job performance during this period." (Participant Mr. M)

They felt delighted when they were able to apply what they had learned to help their patients.

"I'm glad that I can offer help and care to my patients in both physical and psychological aspects. This rewarding experience gives me job satisfaction, and I'm proud to do so." (Participant Ms. H)

"It's unforgettable. I've learned a lot, from a novice to a necessary workforce in the ward ... My knowledge, skills, and responsibility have increased significantly." (Participant Mr. A)

In summary, except the extreme positive and negative perceptions at the very beginning and end of the first year of their professional careers, most of the participants described the

transition period as an unforgettable and challenging experience. Those NGNs who could not overcome these hurdles left the profession or would leave it soon.

B. Interrelated factors affecting the NGNs' adaptation process

The following identified interrelated human- and work-related factors affecting NGNs' transition and adaptation were: 1) professional accountability and competency, 2) personal adaptation attitude and ability, 3) interpersonal relationships with colleagues, and 4) institutional/workplace support and orientation. The interplay among these facilitating or inhibiting factors constituted the participants' transition experiences and adaptation processes, and the major factors that emerged as follows.

1) Professional accountability and competency

All of the participants believed that professional nurses should possess appropriate professional competency and be confident, responsible, and accountable for all of their patients' care.

"As a professional nurse, I should know my patients' [conditions] very well because other healthcare professionals such as the occupational therapists or physiotherapists would approach for patients' ongoing conditions. I think my role [as a nurse] is crucial. I'm responsible for coordinating my patients' care." (Participant Ms. I)

In addition to patient care, some of the participants believed that a competent registered nurse should be able to demonstrate all duties well, such as proper prioritizing and time management skills. During nursing training, most of the emphasis on nursing procedures and individual patient care, rather than multitasking with organizational and management skills. Some of the participants experienced professional incompetence and found it difficult to meet the expectations of their new roles.

"The main differences between being a nursing student and an RN were the prioritizing skills in managing patients' care more efficiently. Student nurses are assigned to do tasks, but I [as an RN] had to prioritize what I should do in daily operations." (Participant Mr. M)

"After being an RN, I have experienced many challenges including workforce management, time management with prioritizing skills and appropriate resource selection, e.g., dressing materials ... These are significant challenges when handling too many tasks, especially during a terribly busy day." (Participant Mr. A)

A few of the participants admitted to their inadequacies in professional knowledge and were frustrated when they were unable to answer patients' questions.

"Occasionally, I felt stressed and frustrated, as I could not answer patients and relatives' questions accurately. They asked about the reasons for the disease they had and what the prognosis was." (Participant Ms. H)

One participant even thought of quitting the nursing profession due to feelings of self-inability and lack of confidence.

"I feel much stressed even now. The thought of resignation continues to build up. After all these months, I still have many things that I do not know how to handle. Sometimes I am frightened and panicked. I doubt my ability." (Participant Ms. F)

2) Personal adaptation attitude and ability

Nearly all of the participants noted that an active and self-initiative attitude were strong factors that facilitated their adaptation. They understood that a positive attitude and extra effort were required to gain updated professional skills and knowledge.

"I have marked down things that I am unfamiliar with and taken them home for study. If you are willing to learn and ask them [colleagues] politely, they will offer you a helping hand." (Participant Mr. E)

Most of the participants recognized that the knowledge they had gained from basic nursing training was inadequate for handling complicated clinical situations. Also, some of the participants perceived the gaps in their academic knowledge and skills as weaknesses in real clinical situations, leading to the sense that they lacked adaptation ability.

"Sometimes, I find that what I've learned in the university cannot be applied to clinical situations, e.g., some of the academic theories and assessments are not used or performed by us in clinical [cases]." (Participant Ms. F)

The participants expressed using different coping strategies to improve their abilities. In addition to self-study, some of the participants learned by observing other experienced colleagues.

"I would read reference books to gain more knowledge. There are some [text books] in my ward. Sometimes, I follow my senior [colleagues] tackling problems and communicating with family members." (Participant Ms. I)

3) Interpersonal relationships with colleagues

All of the participants highlighted that interpersonal relationships with colleagues were vital in their transition and that the supportive morale mainly facilitated their adaptation. They cherished the support provided by senior colleagues, even when they made mistakes. Indeed, the attitudes and behavior of their senior members were influential in both alleviating and exacerbating their anxieties.

"At times I am not aware that I have done something wrong; luckily, my senior reminded me and taught me how to avoid the same mistake again. I knew I was being supported. That made me feel less stress than being scolded." (Participant Mr. A)

"A good relationship (with colleagues) would be better ... If they're supportive, we can adapt more quickly and be happier. If they were "mean" to you, it would be much difficult." (Participant Ms. F)

However, NGNs were also sensitive to those who treated them with disrespect. A few of the participants said that they experienced verbal bullying from colleagues.

"We [nurses] have to handle numerous tasks and assignments by ourselves. Sometimes, I could not complete them on time and had to hand them over to my colleagues on the next shift. They blamed me in front of others. I felt frustrated and helpless." (Participant Mr. E)

The NGNs responded to this lateral violence passively and felt isolated. However, one of the participants thought that bullying was a norm to accept.

"We are juniors. I believe sometimes we ought to be bullied. We should adapt, show endurance, and be patient to overcome." (Participant Mr. G)

One of the participants appreciated the supportive relationships established with other NGNs who could share their difficulties and feelings.

"There were a few of us [NGNs] working the same duty shift. When I was unhappy, I would share with them ... It was a good way to [get] relief." (Participant Ms. I)

4) Institutional/Workplace support and orientation

Most of the participants valued mentorship programs and workplace orientation workshops because they facilitated their smooth adaptation to the work culture and provided training for practical skills and knowledge. Most of the NGNs believed that structured support and constructive feedback from mentors were beneficial.

"Yes, it [the mentorship program] was essential. I was unfamiliar with the ward practice and didn't know the staff. With the assigned mentor, at least I could have someone to approach and ask questions without fear of being scolded." (Participant Ms. F)

"My department's mentorship program allowed me to invite a senior nurse as my mentor. She taught me a lot. She reviewed my progress periodically. She gave me advice and positive feedback. There was a file listing what I should learn ... It was easy to follow and facilitated systematic learning." (Participant Ms. N)

Some of the participants appreciated the orientation workshops organized by the hospitals and found them useful.

"The workshops were specially organized for newcomers. The speakers provided updated nursing information and [explained] how the hospital and departments are operated. We could have a better understanding of our work." (Participant Mr. L)

However, a few of the participants were dissatisfied that they had not attended orientation workshops and seldom had matched duty shifts with their assigned mentors, which hindered their adaptation.

"There was an assigned mentor, [but] we only paired up for the first week. We're not often matching with the same duty. I couldn't ask or learn from her while I was encountering problems." (Participant Mr. E)

Inadequate workforce arrangements during shifts that affected the mentorship program were frequently addressed during the interviews.

IV. DISCUSSION

1) *NGNs' perceptions*

Understanding the negative and positive perceptions experienced by NGNs during their transitions is important. In line with other studies, the participants in this study encountered reality shock in their first few months of professional work, which caused them tremendous stress. They felt unprepared, unsupported, and frustrated, and the experience could be physically and psychologically debilitating [2, 6, 8, 12, 13]. The sources of stress and performance anxiety expressed were caused by a lack of self-preparedness; insufficient clinical experience; poor communication with patients, families, and peers; and complex nursing procedures [5]. Consistent with this study's findings, the literature notes that NGNs experience the most stress and have the highest intention to leave their profession within the first year of employment, or as early as the first 3-6 months [6, 142]. Cho et al. [19] suggested that the high turnover rate could be lowered by increasing NGNs' professional satisfaction through improved interpersonal relationships, real work atmospheres, and work content. Many of the participants in this study had fortunately attained a sense of achievement and satisfaction and described their first-year experiences as fruitful and unforgettable, suggesting they had passed through the difficult transition journey successfully despite the continuous workforce shortages and high turnover rates in Hong Kong over the past decade. However, NGNs' psychosocial well-being should not be neglected. Tsang et al. [15] recently conducted a longitudinal mixed-method study with the aim of easing the psychosocial and professional transition for first-year NGNs. The study results demonstrated decreased occupational stress, increased self-competence, and enhanced self-efficacy, most notably during NGNs' first year of employment, leading to a high retention rate.

2) *Professional accountability and competency*

During the transition from nursing student to RN, the sudden increase in responsibility and accountability—including administrative and institutional skills, prioritizing patient care needs, time management, and clinical decision making—were significant concerns of the participants in this study. They were found to intensify their stress and anxiety levels in line with observations from other studies [15, 20-22]. O'Shea and Kelly [21] found that NGNs were not well prepared for managerial and organizational management roles, despite a significant amount of time spent on them. To improve their organizational skills, the nursing students should learn how to prioritize and organize multitask situations during their training. Higgins et al. [22] highlighted the unrealistic expectations of newly qualified nurses in providing the best patient care, which they were unable to achieve in actual clinical situations due to inadequate staffing. The result in line with the participants' experience in this study caring for more than ten patients with acute medical conditions in their first two weeks of the transition period. Concerning a local survey research, there has been a severe shortage of nurses in Hong Kong, with nurse-to-patient ratios in public hospitals ranging from 1:10 to 1:23 for the day and night shifts, respectively [17]. These ratios are much higher than those reported in Australia and European countries, which range from 1:3 to 1:6, respectively [23]. This ongoing nurses' shortage leads

to heavy workloads and further hinders nurses' self-expectation of offering the best possible patient care in such hectic and understaffed ward situations. Another study reported significant NGN resignation rates in 2011 (8.85%), 2012 (14.5%), and 2013 (6%) at a local public district hospital [15]. The primary reason for NGNs' turnover was related to stressful conditions with insufficient workplace support during the transition period [24]. Clark and Holmes [20] argued that sufficient time was required for skill consolidation before developing confidence, which echoed our study findings. Most of the nurses in their study felt unprepared for practice at the date of registration. However, conditions had improved within six months, which is consistent with our participants' experience. For well-prepared participants with self-confidence, the increase in responsibility brought them a sense of satisfaction and success. Bjerknes and Bjørk [3] found that NGNs were firmly aware of their patients' needs and well prepared to provide excellent care. They entered nursing practice with empathy for their patients and enthusiasm for their profession.

However, some new graduates may find it difficult to integrate themselves into unfamiliar and chaotic working situations in their first year of professional practice. Tsang et al. [15] suggested that this may be due to universities' tendency to focus on theoretical rather than hospital-based practical training approaches in their nursing programs over the past decade. Although nursing students have fulfilled the minimum requirement of clinical practice hours mandated by the Hong Kong Nursing Council, Tsang et al. [15] expressed concern about NGNs' insufficient clinical practice time in providing patient care. Local government, tertiary education institutions, and healthcare organizations should work together for immediate strategies and long-term planning for training of adequate professional nurses to maintain the high standard of nursing care to patients.

3) *Personal adaptation attitude and ability*

A good attitude toward adaptation was identified as another facilitating factor during the transition. Although all of the study participants had initially encountered certain levels of adjustment difficulties, many of them demonstrated self-initiative and a positive attitude toward adaptation. This finding was consistent with a qualitative study in England, in which focus group interviews were conducted with 42 newly qualified nurses. The results showed that adaptation was easier when they were highly motivated to provide nursing care [25], in contrast with a phenomenological study conducted in Taiwan to examine the transition processes of newly qualified nurses [12]. The nursing culture in Taiwan considered "being new as being weak," which was equivalent to "incapability" and "powerlessness," although the new nurses were "struggling to be insiders" on the team. New nurses encountered considerable difficulties but did not know how to seek assistance from senior nurses. This hierarchical nursing culture further inhibited the new nurses' adaptation and made them incapable of achieving the workplace demands [12]. Although the participants in both studies were Chinese, the participants in this study demonstrated self-initiative in learning and actively sought advice from others. Another qualitative study conducted by Ebrahimi et al. [10] investigated the barriers to support for NGNs in clinical settings in Iran. The results revealed that licensed nurses perceived some

NGNs as not interested in their profession and not “inquisitive,” which led to those NGNs receiving limited support. The licensed nurses assumed that the NGNs lacked motivation and were disinterested in learning based on their verbal and nonverbal manner, indicated by their inactive involvement in clinical obligations and unresponsiveness to training.

4) *Interpersonal relationships with colleagues*

Interpersonal relationships with colleagues and peers are crucial to NGNs’ transition. Most of our study participants experienced negative relationship behavior with senior colleagues, such as isolation and bullying, which caused frustration and feelings of helplessness in the NGNs. As Casey et al. [13] noted, a lack of acceptance and inadequate respect from experienced nurses often led to job dissatisfaction, which hindered transition. A recent study investigated experienced licensed nurses’ perceptions of the barriers to supporting NGNs [10]. They believed that NGNs could not accept even slight criticism and that they were prone to responding to aggressive behavior. Improper interactions with experienced nurses were reported. These experienced nurses perceived NGNs as lazy, untrustworthy, prone to arguing and challenging experienced nurses, and disinterested in working as part of a team. In contrast, the participants in this study verbalized their wish to be accepted as team members and maintained a good rapport with colleagues and other healthcare professionals, as noted in previous research [2, 9]. A negative workplace culture with poor morale in nursing has frequently been reported [7, 26]. Horizontal violence in the workplace is present in various forms, such as verbal, nonverbal, or physical acts that result in the humiliation of another staff member [26]. The participants in this study reported the verbal bullying and negative workplace culture they encountered as disappointing and frustrating experiences. A few of the participants in this study believed that acceptance and tolerance were appropriate in maintaining harmonious interpersonal relationships with colleagues, especially with senior staff, which exposed there might be a problem with accepting and normalize bullying in local nursing culture. Previous studies have demonstrated that junior nurses are most vulnerable to co-worker violence [9, 26]. As Lee et al. [12] reported their research study that was conducted in Taiwan, in contrast to Western cultures, the Chinese may rationalize the horizontal violence as a learning experience to endure which further in line with our study findings. As the new nurses recognized their incompetence, they tended to “mask themselves” and “hide their true feelings” as self-protection methods to avoid conflicts and adverse situations [12]. Indeed, under “rude and conflicting” clinical work environments, NGNs’ professional confidence decreased [26]. Furthermore, these undesirable or even negative relationships and behavior could make NGNs unwilling to approach and seek assistance from colleagues, which may affect patient outcomes [11]. Thus, the establishment of a supportive working atmosphere would help NGNs adapt more quickly to their professional lives.

Although some of the participants in this study confirmed their unfavorable relationships with senior colleagues, others established good relationships and were supported by colleagues and other NGNs. Zinsmeister and Schafer [27] mentioned that support from seniors aided graduate nurses in their transition by helping them relieve stress and gain confidence. Coping with

adverse situations was easier when supportive staff members were present [7].

5) *Institutional/Workplace support and orientation*

The study participants appreciated the mentorship programs and orientation workshops in facilitating a smooth transition. They were able to gain a better understanding of their work and enhance their learning; both findings echoed in previous studies of the effectiveness of workplace orientation [28-29]. Such programs could be designed to accommodate different specialties along with specific knowledge to suit their needs. This study’s participants revealed that “mentors” differed from other senior staff members because they could provide immediate access and more accurate advice and support. With the presence of an assigned mentor as a resource person, NGNs had someone to ask for or who could allay their anxiety and frustrations during the initial transition stage. This finding also echoed those of another study [13] on the significance to pair up with a consistent mentor for questions and to gain valuable knowledge and skills. Although mentors were assigned in this study, some of the participants reported no supervision or assistance due to unmatched duty schedules, which might have led to increased medical incidents that negatively affect patient care [11, 15]. The literature also suggests that a preceptor could be identified to share the full patient workload in the first few months [11]. Though it is a good idea, it seems impossible locally due to the ongoing nursing workforce shortage in the recent decade. Zhang et al. [30] discussed the good aspects of mentoring programs such as rigorous mentor selection and training, appropriate mentor and mentee matching, and satisfactory mentor and mentee relationship maintenance. One of the participants highly appreciated her department’s mentorship program that she had the autonomy in choosing her mentor for supervision and guidance. Good mentorship programs can narrow the knowledge-practice gap, decrease the reality shock [8, 13, 22], and help NGNs adapt to the challenging and complicated clinical environment. According to Tastan et al. [6], more than half of their study respondents indicated that their expectations were achieved by working with their mentors. Ebrahimi et al. [10] surprisingly found that some experienced nurses held a more “traditional view of nursing” and believed that support programs were not required for NGNs, as they should have learned what they need to know in university. NGNs were expected to assume the responsibilities in their new roles without encountering any difficulties after a brief induction period.

V. CONCLUSIONS

Our findings showed a close link between perceptions and the factors affecting NGNs’ adaptation to transition. Although most of the participants in this study expressed stressful, ambiguous, and overwhelming feelings, some experienced a rewarding, encouraging, and enjoyable process of growth and learning. All of the human- and work-related factors identified were interrelated, and the increased professional responsibility and accountability for patients’ care were beyond their expectations and control, which threatened their personal adaptation skills and abilities. Active and self-initiative learning and working attitudes may facilitate integration into a clinical team, and harmonious working relationships and adequate

support from colleagues further enhance the transition experience. However, the opposite is true for poor working relationships and a lack of support from colleagues. Well-designed mentorship programs with orientation workshops may facilitate a smooth transition and should not be neglected by healthcare institutions.

The study findings provide a better understanding of the participants' perceptions and factors affecting the transition experiences of Hong Kong NGNs in general hospital settings. University nursing faculties may consider to revisit and to strengthen the content or curriculum of the nursing programs, including psychological and educational preparation for nursing students, to help minimize the effects of reality shock and to equip NGNs better to adapt to the transition. Specially designed orientation workshops and mentorship programs with paired mentors assigned appropriately to individuals may benefit the NGNs' clinical practice and smooth integration into clinical teams and healthcare institutions. A welcoming and supportive atmosphere should be established for newcomers to ease their anxiety and frustration. Indeed, the nurses' experiences with the transition in this study were influenced by the nature of the job, their professional capability and adaptability, and interpersonal relationships. The study's cross-sectional design provides information about the transition experience at only one point in time. Future comprehensive studies that incorporate a longitudinal design to explore perceptions at different periods would be worthwhile. Besides, the experiences of those who had resigned from clinical instead of only survivors could be considered.

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