Support Experiences for Novice Nurses in the Workplace: A Qualitative Analysis

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Abstract

Introduction: Since novice nurses need support at the beginning of their work, knowing workplace support resources can help them to experience fewer challenges at the beginning of their work and improve the quality of patient care.
Objective(s): The present qualitative study aimed to explore novice nurses' experiences of supporting the workplace at the beginning of their work.
Design: This qualitative study was performed using a content analysis method.
Methods: This qualitative study was conducted with 14 novice nurse participants using the conventional content analysis method, unstructured in-depth interviews were used to collect data. All data were recorded, transcribed, and analyzed based on the Graneheim and Lundman method.
Results: Two major categories and four subcategories were extracted during data analysis as follows: (1) An intimate work environment with subcategories of cooperative work atmosphere and empathetic behaviors, (2) Educational support available for improvement contains subcategories conducting orientation courses and holding retraining courses.
Conclusion: The present study showed that such experiences as an intimate work environment, and educational support help novice nurses to have a supportive workplace and improve their performance. A welcoming and supportive atmosphere should be created for newcomers to ease their anxiety and frustration. Furthermore, they can improve their performance and provide quality care by giving themselves the motivation and spirit of improvement.
Relevance to Clinical Practice: This research highlights the need for new nurses to have support resources in the work environment, and healthcare managers can improve the quality of care by allocating sufficient support resources to this group of nurses.

Introduction

Nurses are the largest group of healthcare providers, and about 35% of them are novices (Cheng et al., 2014). Novice nurses face various challenges in their workplace including occupational stress, uneven distribution of duties, low pay, and inflexible work schedule (Hussein et al., 2017). They also have intensive shift work, high workloads, and 24-h shifts (Feng et al., 2018). In addition, novice nurses experience stress when they are not ready to work in clinical settings and have to perform complex nursing procedures (Tastan et al., 2013).

An unpleasant workplace may have negative consequences including job dissatisfaction, physical and mental illness, and adverse effects on novice nurses' individual and social family life (Gholampour & Pourshafei, 2018). According to some studies, most of the novice nurses' colleagues do not accept them openly (Vogelpohl et al., 2013), may ask them to do practices that are outside their domains (Feng et al., 2018), and may treat them inappropriately (Ebrahimi et al., 2016).

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It is not surprising that experienced colleagues treat novice nurses irrationally (Maria et al., 2020). So it is essential to support novice nurses in their new workplace, previous studies showed that the majority of novice nurses had insufficient supporting resources, which increased errors, conflicts, staff tensions, ineffective patient care, and reduced productivity (Moran, 2012; Tastan et al., 2013; Theisen & Sandau, 2013). It has been well established that a supporting and encouraging workplaces could enhance the creativity and organizational commitment of novice nurses (Tastan et al., 2013). Sodeify et al. (2013) found that positive support led to organizational commitment, productivity, and high self-esteem. In addition, a supporting workplace led to job satisfaction and had a positive effect on the treatment of patients (Ghawadra et al., 2019), and reduces patient mortality among novice nurses consequently (Lyu et al., 2022). Many researchers also believe in individual and organizational support for new graduates at the beginning of their work (Ebrahimi et al., 2016). Therefore, supporting resources must be identified to reduce the problems of novice nurses and improve the quality of patient care. Most of the previous studies addressed the insufficient support received by novice nurses and their supporting challenges, but very few studies examined possible supporting resources for novice nurses.

By studying previous documents, it is clear that the majority of novice nurses complained about inadequate support in resources (Gardiner & Sheen, 2016). In Iran, Sodeify et al. (2013) showed that Iranian nurses did not have a positive perception of the supportive workplace. Nasrabadi et al. (2004) also discovered that most Iranian nurses were suffering from job burnout and that they should prioritize their well-being before assisting patients. Both the presence and absence of supporting resources for novice nurses must be investigated, as without strengthening supporting resources, novice nurses will be unable to improve their job quality. The novice nurses, themselves, are the best source of information, who have experienced the presence or absence of supporting resources at the beginning of their work during a year. In-depth qualitative research is the most appropriate way to analyze and deeply examine novice nurses' experiences with supporting resources (McInnes et al., 2017). The best kind of study is a qualitative study because this type of study is based on the living experiences of people who have experienced a specific phenomenon and it tries to understand the dimensions of those experiences in the cultural and social context and investigate specifically for that community (Squires & Dorsen, 2018). On the other hand, research that is conducted with a quantitative method cannot explain the important aspects of such experiences (Mohajan, 2018). As a result, this study was done with the purpose to support experiences for novice nurses in the workplace.

Review of Literature

Benner introduces the concept that nurses develop the skills as well as the understanding they gain of caring for patients over time through a strong and deep scientific and educational foundation (Benner, 2021). Benner (2021) also states that through support in the workplace and experiential learning, the transfer of learning to workplaces is developed. Maddalena et al. (2012) approved that novice nurse, who was welcomed and supported by colleagues, had a positive experience at the beginning of work. Maria et al. (2020) suggested since novice nurses have low self-confidence, the support they receive strengthens their self-confidence. While, unpleasant and unsupportive environments make them feel frustrated, depressed, and helpless (Gardiner & Sheen, 2016). Supporting novice nurses can reduce their job problems, prevent them from leaving their job, and reduce their stress at the beginning of their work (Phillips et al., 2014). Ghaffari (2016) showed that altruism led novice nurses to continue working despite unfavorable working conditions.

Vogelpohl et al. (2013) emphasized insufficient supporting resources for novice nurses, and participants complained about insufficient support in their workplace. According to the review of the literature, some professional colleagues reprimand and criticize novice nurses in the presence of others when they make mistakes (Lee et al., 2013). Therefore, they can lose their motivation and satisfaction when starting their job, so they decide to quit their jobs which is why novice nurses quit their job more than experienced nurses (Kovner et al., 2014). Choi et al. (2011) conducted a qualitative study on nurses' workplaces and reported that unfavorable workplaces made nurses feel frustrated and quit their job. Nazir and Ahmad (2016) also, believed that workplace misconduct made individuals consider their workplace inappropriate, and quit their jobs. The purpose of this study is to explore support experiences for novice nurses in the workplace.

Methods

Study Design, Inclusion Criteria, and Sample

A qualitative descriptive study with a conventional content analysis approach was used to analyze data and extract categories and subcategories (Speziale et al., 2011). In this study which was carried out from August 2021 through June 2022, participants were selected from three hospitals. In this conventional content analysis, 14 novice nurses were selected using purposeful sampling in which the researcher is looking for participants who have rich experience with the purpose of the study (Holloway & Galvin, 2016; McInnes et al., 2017).

According to the study inclusion criteria, participants were clinical nurses with 6 months to 1 year of work experience who wanted to explore their experiences. However, those nurses who did not want to continue participating in the study were excluded. Both male and female participants of a variety of ages were included in the study (Table 1).

Table 1. Demographic Characteristics of the Participants (n = 14).

Participant code	Age (year)	Gender	Duration of work experience	Hospital ward
P1	22	Male	6 months	Emergency
P2	24	Male	7 months	Emergency
P3	25	Male	7 months	Emergency
P4	30	Female	9 months	Children
P5	28	Female	1 year	Neonatal
P6	27	Female	7 months	Neonatal
P7	26	Female	9 months	Children
P8	25	Female	8 Months	ICU
P9	25	Female	7 months	ICU
P10	23	Female	11 months	Surgery
P11	24	Female	10 months	Surgery
P12	25	Female	8 months	CCU
P13	23	Female	9 months	CCU
P14	24	Female	10 months	Children

Research question

In this study, the research question was that "How do novice nurses experience support in their workplace?"

Interview Structure

In this study, 14 novice nurses participated; these nurses were included in the study by referring the researcher to the hospital departments. After explaining the purpose of the survey to all of them, individual and unstructured in-depth interviews took place with them from August 2021 through June 2022, to collect data. Participants received a written information sheet about the research and its background. After giving time to study the information sheet, an oral explanation of the research plan was given to each participant. They then signed a written consent form. Before the interview, the participants were asked about the place of the interview and the preferred time, and according to the desire of the participants, the place of the interview (home or workplace) was selected. In this conventional content analysis, data were collected through unstructured individual interviews. Interviews were conducted face-to-face in a quiet place at the participants' workplace. The interviews lasted between 30 and 45 min and were initiated with a general question such as: "Can you please tell me about your experiences in the first days of work?" and continued with probing questions to acquire a more accurate understanding of participants' experiences such as "what do you mean by …?" and "Would you please explain more about …?". No new codes were obtained after the 12th interview; however, two more interviews were conducted to ensure data saturation. All interviews were recorded by digital voice recorder and transcribed verbatim carefully and immediately (Hammarberg et al., 2016).

Analysis

Data were analyzed using Graneheim and Lundman's conventional qualitative content analysis. Based on Graneheim and Lundman's guidelines; at first, interviews were transcribed. Then, the recordings were listened to several times, and reviewed the transcripts by the researchers to find the meaning units. In the third stage, initial codes were extracted and formed from the meaning units. The researchers categorized the codes according to conceptual similarities during the fourth stage. Finally, categories and subcategories emerged considering the continuous analysis of units (Graneheim et al., 2017).

The Lincoln and Guba criteria were used to guarantee the trustworthiness of the data. The researcher tried to increase research credibility by collecting valid information. A researcher involved in data analysis, coded and compared the data separately. In addition, external experts checking to audit the interview process, coding, and analysis warranted the research dependability. Prolonged engagement, sufficient interaction with the participants, and approval of the codes by them were used to achieve confirmability. The study transferability was provided by a rich and complete description of the results. In addition, the demographic characteristics of the participants and the study area were explained in detail, so that the reader could decide how to use the study results (Lincoln & Lynham, 2011).

Result

Sample Characteristics

Fourteen novice nurses working in three different hospitals were interviewed. The participants were 22–30 years old. Three of them were male while 11 were female, and 80% were married with work experiences between 6 months and 1 year (Table 1).

Research Question Results

After the interviews were coded, repeated codes were removed, similar codes were merged, 2315 open codes were obtained, and finally, two major categories with four subcategories were extracted (Table 2).

Two major categories include: (1) an intimate work environment with subcategories of cooperative work atmosphere and empathetic behaviors, and (2) educational support available for improvement with subcategories of conducting orientation courses, and holding retraining courses.

Category1: An Intimate Work Environment

According to the participants' experiences, a friendly work environment led to intimate communication among novice nurses, colleagues, and managers. A favorable workplace

Table 2. Categories and Subcategories.

Categories	Subcategories
An intimate work environment	Cooperative work atmosphere
	Consolation in times of trouble
	Empathetic behaviors
	Sympathizing behaviors
Educational support available for improvement	Holding introductory and orientation courses
	Holding retraining courses

improves the quality of care and facilitates the professional performance of nurses. It also affects staff occupational consequences and efficiency. This category includes subcategories of cooperative work atmosphere and empathetic behaviors.

Cooperative Work Atmosphere

The participants acknowledged that their work atmosphere is more cooperative in stressful and difficult situations such as emergency care. One of the participants said:

> I was caring for a patient in the intensive care unit who had undergone gallbladder surgery. Suddenly, his platelet count fell and bleeding began from the cut, at which point I shouted that the patient was bleeding. All of my colleagues came to assist me; they applied a pressure bandage, administered IV therapy, and transfused blood. As a result, we were able to keep the patient's bleeding under control, and I was overjoyed when my colleagues assisted me (Participants #5 and #7).

The participants believed that their colleagues help them in times of difficulty and heavy workload. In this regards, one of the participants shared his/her experience as follows:

> One of my colleagues helped me take care of my father since I hadn't well-experienced with caring of COVID-19 patients, and with the help and guidance of my colleague, I was able to take care of my father (Participant #9).One day, my mother underwent emergency appendicitis surgery and I was on the night shift at the hospital, and I asked one of my colleagues to go to the night shift instead of me to take care of my mother. And my colleague agreed to do the night shift instead of me, I never forgot the proper behavior of my colleague(Participants #7 and #10).

Empathetic Behaviors

Most of the participants agreed that their colleagues understood them well, so they shared their experiences and feelings with their colleagues.

During my first days of work at the infectious department, I was hurt by a needle stick. I became quite concerned and began to cry. My colleague consoled me and informed me that she was injured by a needle stick, too. Then, she collected a blood sample from the patient, sent it to the laboratory, and stayed by my side until the test result came back negative (Participants #1 and #7).

At the beginning of my work, I needed to share my heart with someone familiar with the problems of the nursing profession, and this time I shared my heart with one of my colleagues, and he tried to listen to me calmly, and listening to my words made me feel very relieved. Be and feel comfortable (Participant #8).

Another of the participants said:

I was Inexperienced of arterial blood harvesting. It was an early morning shift, and I was required to collect an arterial blood sample, but I was unable of doing so and felt extremely helpless and isolated. However, one of my colleagues gently assisted me in drawing blood from the patient (Participant #12).

Category 2: Educational Support Available for Improvement

The participants were satisfied with the training received in their work environment, which facilitated their clinical practice. This category includes subcategories of conducting orientation courses and holding retraining courses.

Conducting Orientation Courses

The participants believed that introductory courses enabled them to increase their knowledge about the rules and principles of the workplace and increased their confidence in patient care. One of the participants said:

On my first day of work, I knew nothing about either the hospital's rules or the patient rights, but through these courses, I became acquainted with professional standards and obligations, patient rights, and nurse rights (Participant #3).

Holding Retraining Courses

According to the participants, retraining courses were effective in their professional development, and they have reminded of the information that was forgotten over time.

I have been working for approximately a year and have forgotten a lot about university courses. Fortunately, the retraining courses reminded me of many things I had forgotten. For example, I had forgotten the distinction between arterial and

ventricular blocks, but I was able to refresh my memory via retraining courses (Participant #2).

Discussion

The current study discovered experiences of novice nurses about supporting the workplace in two categories, and including an intimate work environment, educational support available for improvement.

The present results are related to the concepts of the Benner's theory. In Benner's point of view, novice nurses at the beginning of their work suffer from limitations in clinical judgment, poor analysis of the situation and problem, and making inappropriate decisions for patients, due to their limited knowledge and little experience (Benner, 2021). Thus, novice nurses with a superficial view of issues, little experience, lack of insight, and deep understanding of issues, by making inefficient decisions, cause many problems for the patient and healthcare organizations (Benner, 2021). According to the theory, even an experienced nurse enters a new ward, they needs support and training, so new nurses should be given training at the beginning and they should be familiar with the work environment (Benner, 2021).

An Intimate Work Environment

The first category extracted from the survey results was intimate work environment, the study results showed that experienced nurses had friendly relationships with novice nurses and welcomed them, which increased their mood and motivation in the workplace. Their inclusion as a member of the healthcare team motivated them to engage actively in care delivery.

One of the supporting resources for nurses in this study was the cooperative work atmosphere. Rudman and Gustavsson (2011) studied nurses' job abandonment during their first 5 years on the job, and showed that young nurses quit their job more, and non-participatory workplace was among the factors affecting job abandonment. Creating a participatory workplace atmosphere, managers, in addition to increasing nurses' satisfaction, can increase the quality of care, and reduce hospital costs.

Empathetic behaviors are another supporting resource for nurses in this study. Also, Ebrahimi et al. (2016) found that behaviors such as supervising novice nurses when caring for patients, and reassuring newly graduated nurses of their continued presence in clinical practice showed emotional support for novice nurses, which minimized their unpleasant feelings about the work environment. In addition, a good relationship between novice nurses and experienced colleagues caused a sense of emotional belonging in them. Also, Coventry and Russell (2021) showed that instructors' empathetic relationship with novice nurses encouraged and improved their performance. Based on the results obtained, according to the participants of the present study, empathy played an important role in reducing stress and increasing their self-confidence and flexibility. According to Irwin et al. (2021), empathetic behaviors as essential parts of nursing care were reinforced and promoted by motivating experienced nurses. Clinical empathy was also a potentially important factor in avoiding transition shock and developing flexibility, which led to progress in clinical practice.

Educational Support Available for Improvement

The second category extracted from the survey results was, educational support available for improvement, according to the participants in the current study, nursing education had a key role in improving the quality of patient care because it reduced stress and increased job adaptation. They mentioned holding introductory courses as a facilitating source of competence acquisition.

According to the theory, a novice nurse enters a new ward, they need support and training, so new nurses should be given training at the beginning and they should be familiar with the work environment (Benner, 2021). Holding orientation courses at the beginning of employment was effective in gaining professional competence and support. Ten Hoeve et al. (2018) also showed that unfamiliarity with the work environment increased nurses' feelings of insecurity and stress.

Phillips et al. (2014) showed that orientation courses were necessary for novice nurses to become familiar with wards, personnel, colleagues, and procedures. According to studies, holding introductory courses for novice nurses reduced their stress at the beginning of their work. Therefore, nurse managers should provide enough time for holding introductory courses for novice nurses. Holding retraining courses was also another supporting resource for novice nurses to improve in the nursing profession.

Consistently, Maddalena et al. (2012) found that holding retraining courses supported novice nurses educationally and improved patient care skills. Also, Azad et al. (2020) showed that continuing education programs improved nurses' performance directly, increased their productivity, reduced their errors, and led to their job satisfaction.

Since retraining courses enhance the capability, efficiency, effectiveness, and quality of care, nurse managers should respond appropriately to holding retraining courses. Supporting the workplace was effective in nurses' ability to use new knowledge and skills.

Strengths and Limitations

The small sample size in this study is considered as a limitation. Another limitation of this study is that, some participants did not want to use a tape recorder to record the conversation of the participant and the researcher during

the interview. From the results of the present study, it can be concluded that the supportive work environment plays an important role in facilitating the adaptation of new nurses to the problems of the work environment, therefore nursing managers and planners should be encouraged to design and implement a supportive work environment for new nurses.

Implications for Practice

According to the results of the present research, it is possible to understand the importance of support resources and by providing a suitable platform in the work environment for support, colleagues and managers and educational resources can be used in the work environment of nurses and managers. Also, educational planners should help to improve the performance of novice nurses by revising practical and theoretical courses during their student days. A well-designed mentoring program with workshops can facilitate adaptation to the work environment and should not be overlooked by healthcare organizations.

Conclusion

According to the results of the present research, educational support can be available for novice nurses' improvement. The present study suggests that a participatory workplace atmosphere, encouraging support by colleagues, and peer support are among the supporting resources in the workplace that when experienced by novice nurses, can reduce stress and improve patient care among them by creating learning opportunities and providing observational role models, verbal support and encouragement.

Author Contributions

Bahareh Najafi: participant recruitment and data collection, manuscript drafting and participation in data analysis. **Prof. Ahmad Nasiri**: study design, data analysis and interpretation and critical revision of the manuscript.

Data Availability Statement

Data will be available on request due to privacy/ethical restrictions.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Ethical Approval

The ethics committee of Birjand University of Medical Science approved the study (Code of Ethics, NO.IR.Bums.REC.1400.101). Written informed consent was obtained from the participants. The study objectives were to ensure anonymity and confidentiality of the information, and participants were allowed to withdraw from the study at any time.

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