RESEARCH ARTICLE

Exploring facilitators and barriers for successful transition among new Saudi graduate nurses: A qualitative study

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Abstract

Aim: This study aims at exploring Saudi newly graduated nurses' perspectives on the facilitators and barriers for successful transition from being a student to being a nurse.

Design: A phenomenological qualitative methodology was employed.

Methods: Focus group discussions were carried out among 35 Saudi nurses at one major university hospital in Saudi Arabia.

Results: Under the theme of barriers to transition three main subthemes emerged, namely "Fear of making medical errors," "Intense Workload and Expectations," "Bullying and lack of support," while under the facilitators of transition the subthemes which emerged were "Supportive preceptor," "Training workshops," "Need for transition programs." This research found that formal and informal techniques for strengthening institutional variables and improving individual factors are critical for new graduate nurses' effective transition into professional responsibilities.

KEYWORDS
clinical setting, novice nurses, perspectives, qualitative, transition

1 | INTRODUCTION

Newly graduating nurses continue to develop as professionals throughout the shift from being students to nurses, rendering this a key moment in their new career. However, it is during this transition phase that a significant number of new nurses decide to leave the profession (Wong et al., 2018).

For instance, in the United States, new graduate nurses' turnover rates vary from 30 to 70 per cent, in Canada, 28–30 per cent, and in Korea, 24.5–35.3 per cent (Sandler, 2018). Nursing deficits are presently a problem in many healthcare systems across the globe. Heinen discovered, for example that nurses' intentions to quit have an impact on turnover, which ranges from 5 to 17 per cent in European nations (Heinen et al., 2013). In research of 857 new nurses in Lebanon, 62.5 per cent said they planned to quit their present nursing position

(El-Jardali et al., 2013), which points towards the importance of studying and highlighting the background and consequences of this phenomenon.

Saudi Arabia is equally concerned about these challenges. The nursing workforce in this country is primarily made up of foreign nurses, with Saudi nurses accounting for just 18% of the overall employment (AlYami & Watson, 2014). The nursing deficit was revealed to be strongly associated with high new nurse attrition in a retrospective analysis of nurses who were hired and shortly quit from a Saudi Government Hospital (Alonazi & Omar, 2013). A scarcity of nurses at a hospital nearly always results in inferior patient care quality and reduced performance outcomes. In this context, the Saudi government adopted the "Saudi Health-care National Transformation Program (NTP)-2020," which focuses on improved governance, and improved healthcare quality, particularly among

health practitioners. However, it has been stated that NTP 2020 is having difficulties implementing it. These concerns may have an impact on nurse performance and the effectiveness of Saudi health-care delivery, thus yielding in a more challenging transition and high attrition among new graduate nurses associated with the challenging work environment is becoming increasingly demanding for both existing and incoming staff (Alharbi, 2018).

Previous research has shown that negative transition encounters from student to nurse, such as theory–practice discrepancies, a lack of being appreciated or recognized, and harassment or aggressive conduct by senior employees, are all prevalent causes for new graduate nurses quitting the nursing profession and thus yielding in high turnover rates and consequently in nursing shortages (Ingvarsson et al., 2019; Sparacino, 2016). This set of events is known as a "reality shock," and it occurs when newly graduated nurses are confronted with a disparity between what they anticipated and what they really encounter at work. To stress the effect of shifting from student to nurse, Kim and Kim (2021) used the term "transition shock," a phenomenon that they explained to influence their intent to leave or intent to stay.

This transition has been the focus of multitude of research in the area of nursing education, practice and policy, where various regulatory efforts of this transition phase have been implemented (Baldwin et al., 2021). These efforts include, adaptive learning methodologies (Chen et al., 2021) on the educational level, transition programmes such as preceptorships, internships and residencies on the practice level (Day et al., 2020; Wilson, 2021) and governmental initiatives that mediate the transition on a policy level (Ministry of Health and Long-Term Care, 2016). However, recent research still shows that new graduating nurses feel significant degrees of stress, emotional tiredness, dissatisfaction and remorse about their decision to pursue a career in nursing (Maria et al., 2020; Naylor et al., 2021). As a result, a thorough review of the literature to explore the elements that help and hinder new graduate nurses' effective transition is required.

Previous literature showed that job satisfaction, self-efficacy, skill insufficiency, anxiety, governance, lack of loyalty, discontentment with social interactions, job strain, role conflict, peer assistance, organizational climate, work–life interruption and a dissatisfying working condition have all been identified as factors impacting shift of newly graduated nurses (Kim & Shin, 2020; Whittam et al., 2021). The primary factors in the transition phase were professional confidence and self-efficacy (Santisi et al., 2018). Many newly graduated nurses exhibit low confidence levels in nursing abilities, physician interaction, clinical management and prioritizing; if this persists, they will quit their nursing career (Hussein et al., 2017). These unfavourable job encounters may lead to a loss of self-efficacy or belief in one's professional talents (Chang et al., 2018). Thus, an absence of self-confidence may be a substantial obstacle to interdisciplinary cooperation, and several researchers have shown a link between self-efficacy and burnout (Sharififard et al., 2020; Wei et al., 2021). The amplitude of newly graduated nurses' professional confidence was determined by the conditions of their workplace environment. Physical and psychological strain were the most commonly

observed factors influencing newly graduated nurses' smooth transition all through their first year of nursing (Kim & Shin, 2020; Maria et al., 2020). According to Labrague and McEnroe-Petitte (2018), high levels of mental strain encountered during the shift period are commonly associated with nurses' desire to leave; polite and constructive comments from instructors and/or senior colleagues can help relieve transition stress. Job satisfaction is described as a pleasant sensation that occurs when one's professional aspirations or requirements are met (Frögéli et al., 2018). It is a key aspect in a smooth transition. Nurses' job satisfaction has been linked to the completion of expected requirements in the workplace, as well as gratifying emotional responses to working circumstances and job worth (Yu & Lee, 2018). The ability of newly graduated nurses to transition successfully is aided by structural empowerment. It is described as how many workers believe they have accessibility to four organizational characteristics: information, support, resources and opportunities. Encouraging interactions with experienced nurses, appreciation, input and joint conversations about care delivery are all examples of structural empowerment. Nurses' stressful work environments have an impact on patient care, workplace culture adaptation and intention to leave (van den Berg et al., 2021).

Novice nurses who feel empowered in their place of work were more involved in their work, and their perspective of their worksite had a beneficial influence on fatigue, job satisfaction and patient clinical outcomes (Boamah et al., 2017). According to Spence Laschinger et al. (2019), the more newly graduated nurses were exposed to enabling workplace systems, the better they adjusted. The variables listed above, though, do not function in isolation; they interact and impact the effective transition of new nurses. As a result, a thorough examination of the numerous factors that influence newly graduated nurses' smooth transition is required. The majority of research on new graduate nurses' transitions, on the other hand, was based on a quantitative methodology, resulting in restricted results and a partial understanding of the topic. There is a necessity for a more comprehensive knowledge that analyses and generates qualitative data especially in Saudi Arabia which is exhibiting a notable surge in the new graduate nurse attrition, and where this topic is yet to be more thoroughly explored in academic and professional contexts. Therefore, the research question that this study aims at answering is, "What are the perspectives of new graduate nurses in Saudi Arabia regarding the facilitators and barriers of successful transition from student to nurse?"

2 | METHODOLOGY

2.1 | Research design

The goal of this research was to use phenomenological explorative analytical approach to learn more about newly graduated nurses' transition experiences and to investigate the barriers to and facilitators of a successful transition from student to nurse. Therefore, this study aims at exploring the factors that promote

TABLE 1 Interview questions

Introduction question	How do you feel about the term "new graduate nurses' transition"?
Transition question	What did you think of the first day?
Key questions	What are you currently encountering as you shift from student to RN role?
	What could be done to help you feel more appreciated or incorporated into the unit?"
	What aspects of your work environment are most satisfying?
	What attributes of your workplace are least rewarding?
Final prompt	Do you have anything further to say about new graduate nurses' transition?
Probing questions	Could you give us a better description?
	Could you provide us a better description?

and hinder effective new graduate nurse transition via conducting focus group interviews. The approach used in this study is based on Colaizzi's phenomenological paradigm (Colaizzi, 1978), which leverages participants' perspectives and experiences to explain the event in inquiry, ending in the discovery of shared characteristics among the sample population rather than personal characteristics (Shosha, 2012). The 7 steps of Colaizzi's method were used in this study in order to lead to the development of meaningful themes. This methodology helped the researchers acquire a profound understanding of the perspectives of the nurses as well as thoroughly exhaust the data to develop genuine themes. This research used a constructivist epistemology to analyse the subjects' viewpoints, bearing in mind that they are contextual, personal and influenced by how individuals see the world and respond to events (Schmitt, 2018).

2.2 | Setting and sample

A purposive sample of 35 nurses from one major university hospital in Saudi Arabia was employed into this study. Out of the 41 targeted nurses, 35 responded to the invitation to participate in the study thus yielding a response rate of 85.36%. The 6 nurses who did not take part in the study were asked about the reason for choosing not to participate and they reported that it was their workload. Nurses who had been employed for less than a year and were in their first position were eligible to participate. Nurses who would already worked in a different vocation or on a separate ward were excluded from the study. In order to get profound and comprehensive data, it was sought to choose nurses with the most variety (in terms of unit of work, age, gender and family status). The sample size required for the phenomenological study's focus group discussion was established following Krueger and Casey's (2015) guidelines, which suggested that five to eight persons each session were sufficient for focus group conversations. The focus group's objective and methodology were clearly explained to newly graduating nurses at the approached university hospital, and new graduate nurses subsequently joined the group. A total of five focus groups were organized, each with seven nurses.

2.3 | Recruitment and data collection

Nurses were approached via email after investigators were given admission to a webmail database. Nurses were sent a standard request to engage in the research, as well as a description of the study's goals, and if they agreed to participate, they were asked to complete an informed consent document. After an introduction, study participants were requested to participate in semi-structured focus group discussions utilizing virtual meeting technology. Upon recruitment of the needed sample, data collection extended from 2 November 2021 till 23 December 2021.

2.4 | Interviews

The focus group discussions were held by two PhD-holding scholars who serve as assistant professors at university. One male and one female researcher questioned the nurses, and both had prior experience performing qualitative analysis. The researchers had no prior relationships with the interviewed nurses. However, the nurses were introduced to the researchers by mutual colleagues after receiving the email inviting them to participate. The interviews were conducted by the investigators utilizing virtual meeting technology, which allowed them to conduct interviews until data saturation was achieved. In order for the respondents to be accessible and offer accurate accounts of their experiences, an appropriate timetable for the interviews was agreed upon with them, especially given their busy schedules. To eliminate the opportunity of a moderator's dominance, the researchers conducted the interviews in alternation. There were no repeat interviews, and each focus group session lasted between 35 and 45 min. The participants were divided into five groups. Focus group discussions with colleagues boosted interaction because the favourable group dynamic aided knowledge transfer (Patton, 2014). Observational notes were made during and after the conversations to record the researchers' findings of nonverbal cues and the respondents' views on the respondents' conversations, which aided data analysis. According to Krueger and Casey's (2015) questioning manual, introduction questions should be straightforward for participants to answer quickly and should

not be questions about the topic of conversation; starting questions should expose the subject of conversation and should allow respondents to think briefly about the topic before getting engaged in the discussion; transition queries should move the participants' discussion towards trying to discuss key inquiries; and key questions should be the most important questions of the discussion. The succeeding questions were adapted from Krueger and Casey's (2015) guide (Table 1).

2.5 | Data analysis

The contents of each discussion were transcribed and printed. To verify accuracy, each transcript was checked against audio. The researchers went over the transcripts and played each recording several times to get a good understanding of the information. The investigators read the data precisely over and over again, extracting relevant data, coding repetitious data and finally summarizing the data as themes, thus according to the Colaizzi method. There are seven steps to the Colaizzi technique: (a) read the entire interview; (b) extract substantial declarations; (c) develop concepts; (d) assemble the group of themes; (e) I themes into a thorough description; (f) determine the underlying basis of the phenomenon; and (g) contact respondents for additional information (Colaizzi, 1978). Because the interviews were conducted in Arabic, the transcriptions were forwarded to two professional translators who are specialists in the subject, who performed translation and back translation before sending the translations to an external expert for verification. The transcriptions were anonymized and coded where each participant was assigned pseudonym. The transcriptions were placed in a sealed envelope in which it was delivered to the translation professionals and were received back in a sealed envelope. A standard qualitative content evaluation approach was used to analyse the data. We chose the parts of the discussions that related to the respondents' experiences with the nurse transition. Both researchers did their own assessments, following which they met and examined their findings until they came to a consensus on the emergent themes. The quotes were given a narrative and perceptive description that caught the spirit of the data, and then those words were combined, reorganized and collated into qualitative themes, which the researchers believed would provide a precise and thorough understanding of the nurses' experiences (Corwin & Clemens, 2020).

2.6 | Trustworthiness and credibility

In order to improve the study trustworthiness and avoid biases from forming, the researchers used many methodologies in line with previous research in the field of qualitative research (Anney, 2014). The conclusions have gained credibility as a result of the researcher's long interaction with the data and strong communication with the participants. As a consequence, the researchers spent around

TABLE 2 Participant characteristics

Variable	Category	N	%
Gender	Male	17	48.57
	Female	18	51.43
Unit	Medical surgical unit	5	14.29
	Cardiac care unit	7	20
	Intensive care unit	8	22.86
	Emergency unit	8	22.86
	Operation room	7	20
Age ($M \pm SD$)			22.45 ± 1.87

2 months on the project. Members checking was used to examine the coherence of concepts derived from data with the opinions of participants. Conformability was assessed by an external reviewer with competence in qualitative research. Peers were provided the recovered codes and categories for external assessment, and their appropriateness was examined and validated, and agreement was established. Moreover, data transferability and authenticity were aided by the maximum variance sampling. The researchers recorded and disclosed the whole study protocol to assure dependability, enabling others to conduct follow-up research. Concurrent data analysis enabled the hypotheses to be thoroughly probed through simultaneous interviews, resulting in a comprehensive comprehension of the events. Both researchers used the same questioning methods and asked the same questions, and they made sure to thoroughly investigate any new notions to avoid any blind spots in the findings. Several statements were used to summarize the research findings, giving the study participants a personal voice (Speziale et al., 2011).

2.7 | Ethical considerations

The researchers received clearance from the university's Research and Ethics Committee (ECO-R-107). The goal of this study was to explore the experiences of new graduate nurses regarding the facilitators and barriers of smooth transition. The study's aims had already been explained to participants, and they had all signed a formal informed consent statement to take part. The participants were consented about the recording of the virtual meetings. The recordings were enclosed in a password-protected folder. This project was carried out in accordance with the international Declaration of Helsinki's ideals and standards.

3 | RESULTS

The sample of this study comprised 35 newly graduated nurses from one university hospital in Saudi Arabia, where 17 (48.57%) of them were males while 18 (51.43%) were females. The mean age of the participants was 22.45 ± 1.87, where 5 (14.29%) worked in the medical surgical unit, 8 (22.86%) worked in the intensive care unit,

7 (20%) worked in the cardiac care unit, 8 (22.86%) worked in the emergency unit and 7 (20%) worked in the operation room (Table 2).

3.1 | Barriers to student–nurse transition

The first theme that the phenomenological analysis focused on was the barriers that the participating new graduate nurses perceived in their transition from the student phase to the Registered Nurse phase. Upon carrying out the interviews, the participants highlighted three main subthemes: "Fear of making medical errors," "Intense Workload and Expectations," "Bullying and lack of support."

3.1.1 | Fear of making medical errors

The vast majority of the nurses that participated in the focus group discussions reported an intense fear from harming the patient through making medical errors due to their limited experience in patient care delivery, where they have said that their clinical training is not enough to give them full insight and perspective on all aspects of patient care especially the small intricacies that can easily affect the health of the patient. For instance, one of the nurses said, "… I am always hesitant regarding my nursing activities because I always doubt myself if I am doing the right thing or not which makes me ask more questions to check and increases my stress level…" (N5). Another nurse also proclaimed, "… it is really frustrating to feel incompetent and work with lack of confidence fearing to make a mistake at all times and terrified to actually arm the patient rather than do them any good… it really slows down my work as well as makes me feel inferior when I go asking about what to do in this or that situation…" (N29). Another nurse also shared a comparable testimony, "…I think the most challenging part of it all was dealing with my fear of hurting patient… this obsessive insecurity that my actions might actually be wrong really puts me in an embarrassing position every time and holds back my performance…" (N17).

3.1.2 | Intense workload and expectations

The second predominant subtheme that was said by the nurses during the interviews related to the notion that newly graduate nurses who took part in this study have faced an overwhelming workload compared with their experience level and on the other hand were pressured by their colleagues regarding their slow performance of tasks; expecting them to have the same performance as a senior colleague. For instance, one of the nurses stated, "…concerning I am still starting out in my career, I still need to learn and I lack the refined management skills to meet all the needed and overwhelming tasks and the caseload…nobody understands that they always tell me that I am late on my tasks and my peers in the unit are always acting angry at me rather that actually supporting me to adapt…" (N31). Another nurse also had the same experience, "…the workload is quite intense

and it does not take into consideration that we are still taking baby steps to professionalism…colleagues are not motivating as well with their sour attitude towards our skills and performance, which makes one really frustrated and wants to quit their job…" (N4). A further account was shared, "… wat really makes me frustrated about my career now is the way everyone expects you to be so professional and ready to take on the most complex cases while you are still settling into the environment and getting to know the system…" (N10).

3.1.3 | Bullying and lack of support

The final subtheme that was prevalent among the nurses pertaining to the barriers of smooth student to nurse transition was the bullying that the participating new graduate nurses received from their peers as well as the lack of support they had to deal with whenever they asked for help from peers. For example, one of the notable testimonies was, "… eventually I became very reluctant to ask for help or inquire about something from a fellow RN on the unit as every time I asked for help I was faced with rejection or mockery and it feels really bad to be mocked about not knowing something even if it is normal not to know something sometimes…" (N1). Another nurse also had a similar account, "… I feel really bad about myself every time I come back home from a shift as I really take in a lot of bullying and heckling when I am on the unit because I am still new… I do not feel like I belong and I feel like a burden to my fellow colleagues as they do make it clear that they do not want to deal with a new nurse trying to learn…" (N23).

3.2 | Facilitators of student–nurse transition

The other main theme that was prevalent among the nurses who took part in this study related to the facilitators of student to nurse transition, where three subthemes also resulted from thematic analysis; "Supportive preceptor," "Training workshops" and "Need for transition programs."

3.2.1 | Supportive preceptor

The first subtheme that has risen upon the interviews with the participating nurses while focusing on the facilitating factors of transition, related to the preceptor that was assigned to the new nurse upon employment, where the participants found that their preceptor helped them feel safe and supported through their transition. For instance, one of the nurses said, "…one of the main reasons why I am still going at it and persevering to become a professional nurse is my preceptor… he is such an inspirational person… he is an inspirational role model… he offers me knowledge and helps me to improve my practice…" (N18). Another nurse also proclaimed, "…my preceptor really understands my points of strength and weakness and we are collaborating on enhancing my competencies… this makes me really

happy and motivated to become a professional nurse." (N34). Further account was shared, "… if it wasn't for my preceptor I wouldn't have stayed… I might have quit since day one…but he really helps with the stress and give me foresight on wat to expect and tells me that I am going to turn out just fine…" (N2).

3.2.2 | Training workshops

The participating new graduate nurses highlighted the importance of the training workshops the hospital is offering them on a monthly basis which provides them with knowledge and skill updates needed to keep their competencies in check and in line with the latest evidence. The nurses regarded this as an opportunity to be integrated into the system. For instance, one of the accounts shared was, "… the monthly continual education sessions and training workshops that the hospital provides us with really helps in feeling incorporated and feeling that I am improving the way I perform in the unit… (N21). Another nurse also shared a similar account, "Another thing that really helps me to transition smoothly into professional practice is the sessions we get on a monthly basis… I get to socialize with my peers as well as learn new concepts that ups my practice to golden standards…" (N35). A further testimonial was shared by another nurse, "… getting in new knowledge from the sessions keeps me in a mental state that pushes me to enhance my knowledge and skills to become the nurse I always wanted to be and professionally care for patients…it helps me to cross that transition barrier…" (N1).

3.2.3 | Need for transition programmes

The final theme that emerged from thematic analysis was the need for specially designed programmes by the hospital targeting the needs of newly graduate nurses through their challenging transition. The participants indicated that these programmes would foster the nurses' need for direction, support and motivation. For instance, one of the nurses said, "A fully designed program with designated people responsible for our growth and integration into the system is highly needed as it would help us to deal with the pressure of work as well as level all the expectations from all sides…" (N22). Another nurse also proclaimed, "… if there would be a special program that would induct us gradually into our work and prepare all the staff as well as managers o how to receive us until we grow into the job it would saves us a lot of stress and a lot of thought about leaving our jobs…" (N9). A further similar testimony was shared, "…I agree regarding the need for a transition-focused program tackling both professional and psychological challenges that we go through on a daily basis…" (N27).

4 | DISCUSSION

This study focused on the transition perspectives of new graduate nurses in Saudi Arabia, using qualitative research findings to investigate at the hurdles and facilitators of making passing the transition phase from student to nurse. The results of this study have answered the research question and have been supported by previous literature. Earlier research has also found that fresh graduate nurses' transition to professional responsibilities improved with time, implying that, amid extreme stress, they remain to develop and build and display a good proper practice transition (Shatto et al., 2016). As a result, the transition experience of newly graduated nurses in Saudi Arabia should be monitored on a regular basis. Fear, work strain, high role expectations and emotional challenges associated with bullying were identified as impediments to smooth transition in our qualitative analysis. Previous quantitative data, which demonstrated that nursing stress was a substantial negative transitional element, backed up these results (Dan et al., 2018; Hallaran et al., 2021). New graduates are most likely to feel physical stress and mental discomfort during their first year of practice (Frögéli et al., 2018; Spence Laschinger et al., 2019). Fears about competence, education and interaction with doctors, clients and senior nurses, as well as workload, job expectations and unsupportive workplaces, all contribute to this stress. If these tensions are not alleviated, new graduate nurses may struggle to make a smooth transition and will become emotionally exhausted, eventually abandoning the field (Wakefield, 2018). Excessive levels of stress have been linked to a higher rate of nurse turnover in previous research (Broetje et al., 2020; Feddeh & Darawad, 2020; Kelly et al., 2021). Furthermore, new graduate nurses indicated that the intense workload, which comprised huge caseloads with critically ill patients' clients, made it difficult for them to manage their duties (Charette et al., 2019; Hussein et al., 2017). They also found it very difficult to strike a balance between senior nurses' exorbitant role expectations, their own self-imposed practice requirements and the demands of other healthcare providers. Even when working autonomously, most new graduate nurses anticipated to get adequate and helpful criticism (Ingvarsson et al., 2019; Ulupinar & Aydogan, 2021). Some new graduate nurses, on the other hand, described being bullied, subjected to workplace violence and being disregarded or ridiculed (Hawkins et al., 2019; Rosi et al., 2020). These negative attitudes make novice nurses hesitant to seek assistance from older nurses, preventing them from progressing from inexperienced to proficient nurses (Kalyani et al., 2019; Ten Hoeve et al., 2018). Those who do not receive appropriate assistance and do not feel appreciated in the nursing profession are more likely to leave (Senek et al., 2020). As a result, efforts are required to remove the obstacles that prevent new graduates from making a successful transfer. Preceptors, a friendly and encouraging workplace environment, and a phase transition programme were highlighted as drivers of a successful shift in our qualitative study. Structural empowerment was revealed as a key positive element for a successful transition in previous quantitative investigations (Dan et al., 2018; Hallaran et al., 2021). Previous research has demonstrated that a high level of confidence enhanced by institutional strategies improves graduate nurse work satisfaction and reduces turnover (Mousazadeh et al., 2019). Mousazadeh et al. (2019) discovered that practising nursing skills autonomously was the most efficient strategy to boost confidence. Successful transitions were also aided by a supportive and friendly connection between new

graduate nurses and older nurses like preceptors, which included collaborative talks regarding patient care (Henderson et al., 2015; Murray et al., 2020). According to several researches, experienced nurses who have demonstrated high levels of authentic leadership are aware of the requirements of new graduate nurses and give structural empowerment (Boamah et al., 2017; Kuokkanen et al., 2016). Transitions would be more pleasant and turnover rates will be lower if newly graduated nurses are appreciated and encouraged with strong structural empowerment (Collard et al., 2020; Wray et al., 2021). The majority of new graduate nurses who took part in this research study believed that a structured transition program is necessary. Reebals et al. (2021) methodically deemed successful methods and initiatives to improve new graduate nurses' transition and found that efficacious intervention strategies increase new graduate nurses' self-belief, expertise, job satisfaction and critical thinking, as well as reduce stress and anxiety. To help new graduate nurses make a smooth transition, official and informal initiatives to build structural empowerment and increase self-efficacy are necessary. The context of the Saudi healthcare system and the reality of new graduate nurses and the high turnover rates, encourages academic, managers and nurse leaders in the country to adopt these results and use them as a starting point to structuring practical and grounded solutions to help in empowering these new nurses and retaining them in the workplace. Our results, corroborated by previous and contemporary research will be used as a guide for further research and future actions to be taken on organizational and hopefully national level, especially with the context of reforms that are up and going in Saudi sectors.

4.1 | Limitations and implications for future research

There are several limitations to this research. We employed convenience sampling from one university hospital, limiting the focus group and hindering the generalizability of the data. A more comprehensive geographical research that encompasses both urban and rural regions and enables cross-national comparisons is required. This research concentrated on newly graduated nurses who had been in the workforce for less than a year. Yet, according to certain research, the degree of transition varies based on the length of time fresh graduates have worked (Shatto et al., 2016). As a result, further research should look at how new graduates' transitions alter over time and what hurdles and facilitators they face at each stage. Notwithstanding these limitations, the data can be used to build targeted interventions to aid new graduate nurses in their transition and adaption.

5 | CONCLUSION

The current study investigated the challenges to and enablers of new graduate nurses' effective transition from student to nurse using a qualitative approach. Fear, workload, excessive job expectations and emotional challenges from bullying were identified as obstacles,

whereas relationship with preceptors, training sessions and a phase transition program were identified as facilitators in new graduate nurses' adjustment to professional responsibilities.

6 | IMPLICATION FOR NURSING EDUCATION

The transition phase for newly graduated nurses, which encompasses the first 6–12 months of employment, is said to be the most delicate and susceptible time to pledge or quit the nursing field (Edwards et al., 2015). Throughout the phase of adjustment to the hospital setting, clinical instructors and nursing educators in hospital environments, as well as team preceptors, should remain to assist newly graduated nurses in developing their practical skills and gaining confidence. Even though newly graduated nurses work independently, team leaders should aim to limit their burden and avoid assigning them to critical patients throughout this time. Transition mitigation such as residency programmes, apprenticeships, preceptorships and orientation-enhanced confidence and competency, career satisfaction, critical reasoning and decreased stress and anxiety among newly graduated nurses, according to Edwards et al. (2015). Regardless of the fact that these programmes are available, many newly graduated nurses continue to get insufficient basic skills training, have limited introductory period, and do not feel appreciated or valued (Spence Laschinger et al., 2019). As a result of this research, nurse managers and instructors should endorse a step-by-step transition program for newly graduated nurses, which should include a wide range of direct and indirect techniques that not only concentrate on practice skills but also interaction and constructive criticism from multi-level sources such as experienced nurses, peer nursing staff, head nurses and coordinators (Dwyer & Revell, 2016). Structural empowerment provides staff with a friendly and encouraging workplace, enabling nurses to better comprehend their job requirements and focus on patient care. As a result, hospital administrators and nursing managers should seek to create a welcoming workplace, such as by eliminating short staffing and work–life conflict (Boamah et al., 2017).

CONFLICT OF INTEREST

The author(s) declare(s) that there is no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICAL STATEMENT

Institutional Review Board approval was obtained as the study has abided by the ethical guidelines of research (IRB number: ECO-R-124).

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