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"IN AT THE DEEP END" - A PRELIMINARY ANALYSIS OF FOCUS GROUP DISCUSSIONS WITH NOVICE NURSES IN LEBANON

by

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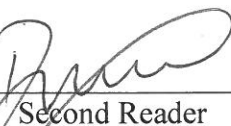# "IN AT THE DEEP END" – A PRELIMINARY ANALYSIS OF FOCUS GROUP DISCUSSIONS WITH NOVICE NURSES IN LEBANON

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AN ABSTRACT OF THE PROJECT OF

Murielle Edmond Madi   for   Master of Science in Nursing

Major: Nursing Administration

Title: "In at the deep end" – A Preliminary Analysis of Focus Group Discussions with Novice Nurses in Lebanon

The transition of novice nurses to the workforce is a challenging process. Nurses are leaving the familiarity of their university for clinical areas that are not always receptive to receiving them. There are structural challenges in this transition that are not always recognized.

The aim of this study is to identify how nurse graduates from four of Lebanon's leading universities make the transition from student to professional nurse. It explores as well whether there are distinctly local factors in Lebanon that affect the career goals and career intentions of novice nurses.

This is an exploratory, descriptive, non-directive qualitative study. Participants were recruited from four top Lebanese universities and focus groups took place in the respective universities.

A total of 21 novice nurse participants in their first year of practice were recruited from the participating schools of nursing and medical centers. Data was collected in focus group discussions conducted at the four universities. Thematic analysis was used to undertake a preliminary analysis of the data.

Six themes in the category of structural challenges were identified. Opinions about these themes varied among the nurses. Some challenges are related to the Lebanese culture and have not been reported previously in the literature. Novice nurses find the transition to the workplace uneasy. Establishing working relationships with preceptors and experienced nurses in particular is troublesome. Graduates from only one of the four universities stated they needed more clinical education. The impact of shift work on relationships with family and friends was the major culturally specific challenge faced by the nurses. Changes need to be made to the university curricula and to the hospital settings to facilitate the transition of graduate nurses to the workforce.

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CHAPTER ONE

INTRODUCTION

Graduating from nursing school and transitioning to the work place are important milestones for nurses, as they are for many other professionals (Tastan, Unver, & Hatipoglu, 2013). The move from the familiar and protected environment of academia to the independent work place can be challenging (Erickson, 2015). Although the nurses have completed their nursing school education, they are still in the learning phase as novice nurses entering the hospital setting (Teoh, Pua, & Chan, 2013; Jewell, 2013; Erickson, 2015; Pfaff, Baxter, Jack, & Ploeg, 2014; Horsburgh, & Ross, 2013; Shrestha, & Joshi, 2014). The start of the professional life has been described as a highly stressful period filled with challenges and situations that can have disagreeable results on the personal and professional lives of nurses (Rafii, Seyedfatemi & Vardanjani, 2012). The transition that takes place calls for energy and courage to overcome it successfully (Rafii, Seyedfatemi & Vardanjani, 2012). Thus, it is essential for new nurses to realize that the transition period is difficult and that it should not be confused with a wrong selection of profession (Rafii, Seyedfatemi & Vardanjani, 2012; Thrysoe, L.,Hounsgaard, L., BonderupDohn, N., & Wagner, L., 2011; Lee, Hsu, Li, & Sloan, 2013). This nursing rite of passage is common to most nurses. It starts with the orientation phase and can have an effect on the whole nurse's career. It is a journey where the nurse has to learn how to deal with her new role, with the emotions that accompany it and with the integration in a new setting that includes other nurses who have been in the profession for a longer period of time (Jewell, 2013; Parker, Giles, Lantry, & McMillan, 2014).

The difficulties and challenges that come along with the journey of transitioning from a nursing student to a practitioner have been discussed extensively in the literature. However, in Lebanon, the topic has not yet received sufficient attention.

A. Theoretical Background

According to Mun et al., transition is defined as the speed of the novice nurse to become comfortable in the new work environment (Mun et al., 2015). A novice nurse is defined as a beginner who should practice according to the work place rules and policies as s/he has no previous experience on which to base the work choices and decisions (Jewell, 2013).

B. Study aim

The aim of this qualitative descriptive study is to identify how novice nurses make the transition from student to professional nurse in Lebanon, and the challenges in such transitions. It seeks to explore whether such challenges have distinctively local implications for nurses' career goals and career intentions.

CHAPTER TWO

LITERATURE REVIEW

A search of the recent literature revealed that there are several challenges associated with the novice nurse's transition from the classroom to the work field. Transitions have been described to start with an ending, evolve to a period of confusion and end with a new start. The development from a nursing student to a novice nurse can be challenging and uneasy as it engages a series of different emotions. According to Jewell (2013) and Rafii, et al. (2012) feelings of excitement typically accompany the new nurse when closing the nursing school chapter and opening the new work chapter. Nevertheless, this feeling resolves to emotions of doubt, indecision, insecurity and fear when the nurses realize that they left the safety net of the nursing school to move to the reality of the healthcare setting (Jewell, 2013; Rafii, et al., 2012). The transition to the work place comes along experiencing drastic life changes from cutting old personal habits to heading to a new unfamiliar territory (Lee, et al., 2013; Teoh, et al., 2013).

Working in the healthcare environment is exigent, stressful and difficult for new nurses because they need to learn how to function independently in a milieu that involves fast pace developments in technology, a decrease in the number of registered nurses, an increase in patient acuities, a stressful work environment and unrealistic expectations from novice nurses as well as several other challenges (Jewell, 2013; Idvall & Ekström 2015). Adding to this the status of the nurse when she first starts working; lacking confidence and support, experiencing tension in the workplace as well as role ambiguity and role stress, the result will be a clash between the new nurse's personal

values and expectations and the professional responsibilities (Jewell, 2013; Idvall & Ekström 2015). According to the literature, the nurses experiencing this transition will report feeling overwhelmed, isolated and unable to fit in (Jewell, 2013; Idvall & Ekström 2015).

Nevertheless, during this period of evolution, the nurse will expand on professional skills, knowledge and values in nursing and will learn to apply the newly acquired characteristics to make decisions and respond appropriately to patient's needs (Lee, et al., 2013; Jewell, 2013; Lim, et. al., 2013). Moreover, the transition period, illustrated by the literature as the first 24 to 48 months of practice had been described as the most vulnerable phase for novice nurses during which they decide whether they want to commit to the job or leave it or even change the profession all together (Parker, Giles, Lantry, & McMillan, 2014).

New nurses are expected to learn quickly in order to fulfill the full registered nurse role as soon as possible in order to replace the nurses that are leaving the work field. This transition creates anxiety for the new graduate who is pressured to evolve from a student with minimal responsibilities to a competent accountable registered nurse in a short period of time (Watt & Pascoe, 2013, Parker, Giles, Lantry & McMillan, 2014; Mun, et al., 2015). This high expectation from the novice nurses and the unexpected responsibilities are different from the nurses' expectations of the work place. This conflict of expectations, leads to confusion and role ambiguity (Fielden, 2012).

Furthermore, evidence shows that nurses with little experience are mainly vulnerable to workplace violence in the form of pressure, bullying, hostility and harassment. These acts will leave the new nurse feeling angry, lonely, isolated,

dissatisfied and thinking of leaving the job (Lee, et al., 2013; Rafii, et al., 2012; Parker, et al., 2014; Thomas et. al., 2012). New nurses are in need for guidance to build their roots in the profession and some experienced nurses are intimidated by the theoretical background the new nurses have thus they try to stop them from evolving through bullying (Parker et al., 2014).

An extensive search of the recent literature revealed several studies conducted in the Middle-East; In Iran, Dubai, Saudi Arabia and Turkey on the topic of interest. These studies have been featured in this literature review. However no study has been conducted in Lebanon that identifies and explores transition of nurses from the classroom to the clinical field. It is yet to be determined if the challenges Lebanese novice nurses face are similar to those identified in the Western and Eastern literature and whether the identified challenged hold implications for the nursing profession in Lebanon. Whereas, one can suspect that they are, it is important to determine that there are local factors that need to be taken into account when considering how best to support novice nurses in their transition to the workplace.

CHAPTER THREE

METHODS

A. Ethical Approval

The study was approved by the institutional review boards (IRB) of the involved universities and consent forms were in accordance with the AUB IRB requirements.

B. Methodological Background

Since researchers involved in descriptive studies are usually not burdened by pre-existing theoretical and philosophical obligations, qualitative and descriptive studies are debatably the least "theoretical" of all qualitative traditions (Sandelowski, 2000). However, such studies are helpful in answering questions of significance to practitioners and policy makers, since they typically provide insights regarding people's concerns, thoughts, feelings, attitudes, etc. toward an event; with data collection being directed toward the 'who', the 'what', and the 'where' of experiences or events using structured individuals or focus group interviews (Sandelowski, 2000). Qualitative methods aim to reach an understanding of a specific phenomenon from the standpoint of the people experiencing it. Thematic analysis entails the search for an identification of similar strings of ideas that extend across a full interview or group of interviews (Vaismoradi, Turunen, & Bondas, 2013).

Interviewing participants through focus groups is a method of qualitative data collection which became popular over the past 20 years. It is a method which execution, purpose, and size are still vague in the literature. Some researchers have highly

recommended the use of focus groups for collecting qualitative data and gaining insights into beliefs and attitudes of individuals and groups (McLafferty, 2004).

Focus groups depend on interaction between participants of the group. These dynamics provide the information sought by the researchers (Kitzinger, 1994). Focus groups are particularly useful for highlighting social realities and experiences of a certain cultural group (Hughes & DuMont, 1993). They help researchers gain knowledge about norms, attitudes, values, opinions, and experiences of the population under study (Hughes & DuMont, 1993). The feelings of group belonging can create the possibility for more spontaneous responses (Butler, 1996), and can provide a setting where the participants can discuss personal problems and provide possible solutions (Duggleby, 2005).

The focus group facilitator's role on this study was to probe for evidence and consistencies, and ask for alternative experiences or different perspectives. The facilitator did not guide or challenge the opinions provided, but rather listened to the participants and encouraged discussion. The focus groups facilitation was done in a non-leading environment, through providing structured questions which were as open as possible to encourage participants to share their thoughts, beliefs, opinions and experiences.

Table 3.1. Processes of Data Analysis in Thematic Analysis

Analysis Phases and their Descriptions
Familiarizing with data: Transcribing data, reading and rereading the data, noting down initial ideas
Generating initial codes: Coding interesting features of the data systematically across the entire data set, collating data relevant to each code
Searching for themes: Collating codes into potential themes, gathering all data relevant to each potential theme
Reviewing themes: Checking if the themes work in relation to the coded extracts and the entire data set, generating a thematic map
Defining and naming themes: Ongoing analysis for refining the specifics of each theme and the overall story that the analysis tells, generating clear definitions and names for each theme
Producing the report: The final opportunity for analysis; selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a report of the analysis

Source: Amended from (Vaismoradi, Turunen, & Bondas, 2013; p. 402)

C. Research Design

This study was not associated with any specific qualitative research tradition. Rather, it is an exploratory, descriptive, non-directive qualitative study designed to identify and describe from the perspective of the participant the challenges that novice nurses face during the important transitions of: 1) classroom learning to clinical setting; 2) from undergraduate student to registered nurse. While no research study is free of theoretical assumptions, a neutral approach to conducting qualitative studies has been selected to enable group participants to describe their experiences from within their own frames of reference. Therefore, we did not ask about lived experiences, seek to discover

a grounded theory or investigate cultural phenomena as such, interpret psychodynamics, or deconstruct symbolic meanings. Our preference was for understanding what participants had to tell us in their own words.

D. Sample and sample size

There are no strict rules for determining the sample size for qualitative research, in general. However, the aim to be kept in mind is that the number of participants should be sufficient to enable in-depth investigation of the topic of interest by yielding potentially rich data about the experience of individuals (Tuckett, 2004). Productive focus groups usually consist of 6 to 10 participants (Morgan, 1996) or 6 to 12 participants (Langford, Schoenfeld, & Izzo, 2002). In this study, it was chosen to recruit 6 to 8 participants when available into each focus group so that it would become more manageable and no time constraint would be suffered from.

Four focus groups were conducted, one at every venue, each including two to nine participants according to availibility, with a total of 21 novice nurses participants recruited in convenience samples from the respective schools of nursing and medical centers. Novice nurses were defined as registered nurses in their first year of employment who have completed orientation. The participating universities were The American University of Beirut (AUB), the Lebanese American University (LAU), the Balamand University and The Makassed University.

E. Recruitment

Once IRB and administrative approval was obtained from the research sites (IRB approval was sought from any site for which an IRB or ethics committee has

jurisdiction), novice nurses were emailed by the administrators on behalf of the collaborators. The investigators did not collect names or other identified information about the participants. The novice nurses, who liked more information about the study, contacted the research team on the telephone number and/or e-mail address present on the flyer. Focus groups at non-AUB sites were conducted on nursing school premises, subject to administrative approval. Collaborators were present at each of the four schools of nursing. The collaborators were: at AUB, Dr. Michael Clinton; at LAU, Dr. Myrna Dumit; at the University of Balamand, Ms. Ursula Risk and at the Makassed University, Mrs. Sawsan Ezzedine. All the investigators and collaborators were CITI (or equivalent ethical training) certified, in accordance with IRB's regulation. Recruitment of novice nurses recently graduated from four of the top universities in Lebanon took place with the assistance of their former nursing schools.

F. Inclusion Criteria

Registered nurses, who are graduates of the schools under study, in their first year of practice who have completed a hospital orientation program.

G. Exclusion Criteria

Novice nurses who are not currently enrolled in advance nursing courses (e.g. MSN degree, postgraduate certification).

H. Focus Groups

The focus groups were facilitated by experienced faculty members. Each focus group consisted of 2 to 9 persons and lasted for 60 to 90 minutes. The members for each

group were graduates of the same school. The facilitators did not conduct focus groups with graduates from their own schools. The focus group meetings continued until no new information was forthcoming or when the conversation was exhausted to avoid data redundancy (Morgan, 1996).

I. Process

Each focus group was conducted in five stages:

1- First, the facilitator introduced him/herself to the group and had the participants introduce one another first names only;

2- The facilitator reminded the participants of the purpose of the study, and confirmed all present at the focus group had voluntarily consented to participate;

3- The facilitator asked the participants to endorse the following ground rules for the discussion.

a) Encouraged all members to participate by respecting all contributions and took care not to dominate the discussion;

b) Were sensitive to feelings of distress and agreed to a break in the discussion if anyone appeared visibly upset;

c) Respected the obligation to maintain privacy by not telling anyone who attended the discussion;

d) Protected anonymity by not referring to anyone outside the group by name, or title, or in any way that could potentially identify that person, and by using pseudo names to attribute verbatim statements cited in reports and manuscripts arising from the research;

e) Respected confidentiality by not repeating anything they heard to anyone outside of the group;

4- The facilitator was open to the opinions, beliefs and attitude of the participants;

5- The facilitator summed up what was said to avoid confusion about what the participants intended to say.

J. Questions for Focus Group Discussions with Novice Nurses

1- During undergraduate education, expectations are raised about how nursing should be practiced. How well do you think your undergraduate program prepared you for your first year of practice as a registered nurse?

2- What is it like for you to move from being a student to being a registered nurse?

    a) What challenges are involved? Tell me more about them.

    b) Are these challenges experienced by everyone?

    c) How do you deal with those challenges?

3- In retrospect, were the challenges you faced when first learning to practice as a student the same or different from those you are facing now?

4- Can you identify any facilitating factors that helped your transition to clinical practice?

5- What advice would you give to novice nurses?

6- Is there anything your school of nursing could have done to help you make the transition to becoming a registered nurse?

7- What about the hospital you work in? Is there anything the hospital can do to help you with the transition?

K. Coding and analysis

For the coding and analysis, I read each transcript from the different universities several times, noting concepts that are regularly repeated across the four groups as well as the concepts that are used in one group and not others. Then, I used this data to make a line by line coding of transcripts. I identified the most frequently repeated codes then I chose the vignettes that most clearly indicated the use of the concepts that have been coded taking care to choose some vignettes that provided contradictory evidence. Then, I shared a preliminary analysis with a faculty member, Dr. Michael Clinton, who undertook an independent review of codes and vignettes. Then, we met together and discussed the codes and vignettes and amended them to reflect agreement on interpretation.

Table 3.2. Demographic Characteristics of Focus Group Participants (N=21)

Characteristics	Numbers
Gender	
Female	16
Male	5
Age in years	
Range	20-30
School	
AUB	9
LAU	2
Makkased	5
Balamand	5
Specialty	
CCU	1
CCU-ICU	1
ICU	1
Not in Practice	1
Oncology	1
Pediatrics	3
Pediatrics ICU	2
Unspecified	11

CHAPTER FOUR

EMERGENT FINDINGS

The analysis of the focus groups interviews for the four participating universities' novice nurses yielded three domains of challenges; the structural challenges, the intergenerational challenges and the personal challenges. This paper will only contain an extensive exploration of one of the domains that is the structural challenges.

After exploring the data, several themes pertinent to the structural challenges faced by the new nurses emerged. The first theme was _undergraduate preparation for the realities of the nursing practice_. The nurses commented that they learned enough at their universities to prepare them for their clinical role. However, one nurse reported that they needed more preparation in order to feel more comfortable with the skills that are required from nurses on a daily basis.

> Now we are working so hard so that we can actually learn to master the skills that we have to do on a daily basis and it is taking much time, we could have been better if we were more prepared. I am not saying that we were not prepared at all but we needed more, it is obvious (Universtiy1, participant 4)

> I feel that I have a good education and I am well prepared for working on a medical-surgical unit (University 2, p.1)
> We had the education and knowledge enough to start the clinical training (University 3, p.3)
> At the university we studied for three years and we were well prepared to go to the hospital (University 4, participant 2).

When nurses graduate and start working as RNs their main reference is their educational background. The nurses explained that what they were taught prepared them

generally for their work in clinical units. However, they were not prepared enough for narrower principles that govern their daily work on the different units. Depending on the unit where the nurse is working there are different tasks that must be completed. During the undergraduate years, students focus more on broad competencies, not on what is required in specific units. Therefore, the challenge new nurses face when they start working is to identify the unit specific actions required of them in the work setting. The second theme to emerge in this category was *undergraduate preparation for clinical practice*. It should be noticed that the graduates from one of the participating universities did not mention clinical education during their focus group discussion.

> Skill wise we needed a lot more, a lot of practice, a lot of encounters with real scenarios. You know we had the Simulation lab, it is something helpful but to really see how patients actually act to what you are doing is way different (Universtiy1, p.4)
> On some units training was not enough and we did not do nursing acts except with supervision of preceptors or when we observed what was going on only (University 3, p.3)
> I looked around and I thought the graduates for example from the X University who have been here for one year have skills that I couldn't even dream of. And when I asked them, they told me that during their undergraduate years, they taught them practice skills deeper and wider than they did here (Universtiy1, p.3)

The universities in Lebanon have different curricula. Some of them put more emphasis on theory and others on clinical instruction; although all nursing graduates are required to take a common examination, the Colloquium, before they can be licensed. Arrangements for clinical education vary by program. The students of one university are given more opportunities to practice nursing skills independently. As a result there are graduates from different universities working in the same hospital that have different skill levels. The graduates of one school believe they have skill deficits compared with

peers from another university. The increasing use of simulation as a mode of learning is brought into question in the first statement above.

The third theme that fits in the structural challenges category is _insufficient exposure to work schedules_. As part of their program, nursing students attend the clinical setting during week days for partial work shifts that are mostly day duties. Thus the new nurses are explaining that it is important for students to train during the different shift hours in order to be prepared and to learn to handle the different responsibilities during each shift. Nevertheless, one RN reported that one university prepared its students for the twelve hours shift since the first year of undergraduate studies.

> The school should have prepared us for the shift hours, we come as day duty from 7 to 1 and in leadership I think we went from 3 to 9. I think a night shift should be included and the evening shift should be completed and the day duty should be extended till the 3.30 to the inter-shift report. Because when I started working I had a difficulty staying awake during the night shift. When you are exposed you know how to handle things transportation wise; you know the checking of the RNs in the night duty, the checking on a Sunday night, there are different responsibilities for every shift. Plus you would know if you prefer day, evening or night, the inter-shift between the doctors, the inter-shift between the RNs, you know how the RNs work when the manager is there and when he/she is not (University1, p.6)
> I think we were all prepared for the 12 hours shifts because we used to do them from year one. You start in year one so you get used to it (University 2, p.1)
> The training during the course of study was from 7 am till 12 noon, we had no idea what goes on in the afternoon on the units (University3, p. 3)

Students are not exposed to the more demanding schedules of the workplace and as a result find it difficult to adjust. As one new nurse expressed, students are not trained to work night shifts and thus face difficulty staying alert and focused on the job during the early hours of the day. Moreover, transportation during the night is a problem

that students do not face and therefore are not forced to solve until they start working. Another nurse said that because the students are not present during the more demanding duties they have no idea what happens and thus what actions they need to take. This is why it is important that students learn to work the different shifts so that they get acquainted to each shift's responsibilities and to decide where they find themselves better especially at the beginning of their work life.

The fourth theme appropriate to this category is _the unstable work-life balance_. Some new nurses agreed that their more experienced colleagues are given the better shift hours and they are left with the duties that make it hard for them to have a normal life outside of work. Also, the nurses complained of the fact that working evening and night shifts results in living on the opposite time of the world and they are not able to spend time with their friends and family.

> Most of my shifts are evening shifts which is not really helpful. I try to change them but the seniors want the day shifts so I can't. When I go to work, everyone is coming back, it is something really frustrating. I go back home and I want to go out, to see my friends and my best friends, it's been months without seeing them. It is on personal life specifically where my challenge is (Universtiy1, p.9).

> It is not a challenge; it is more of a problem. Because I used to work day shifts during the first three months and then I shifted to night shifts. And I used to work around 5 days a week. Working night shifts, you are the opposite of the entire world so you would have no time to see your family. When I am sleeping, they are awake and when they are sleeping I am awake or at work. So I did not see my family much, I did not see my friends much, if at all… So yes that was a challenge. And working different shifts is a challenge (University 2, participant 1).
> Like last Friday I had my engagement. I asked for a holiday during the engagement so I can get a suit; get a haircut, to prepare things. They told me that I can't take a holiday, because there are RNs who have experience, who are given holidays to follow up on their university work (University 4, participant 3).

Novice nurses like other nurses have personal lives and need to navigate the difficult challenges of working shifts and maintaining a social life. Since they are new to the workplace they face at least two problems. First, they have not yet found a way to manage work-life balance; and, if not more important is the low priority given to their needs and requests compared to those of the experienced RNs. Novice nurses are assigned to the most unpopular shifts because more experienced nurses hold an advantage in scheduling their shifts which leaves the new nurses missing major events in their private lives to the extent of missing their engagements at times. In addition, since they are not allowed to plan their shifts the way they prefer and end up with odd duty hours most of the time, new RNs are also unable to attend friends and family gathering and outings which results in frustration and will ultimately lead to dissatisfaction at work.

This inappropriate work-life balance for RNs is an obvious challenge that is affecting the RNs satisfaction with their jobs and thus needs to be considered.

The fifth theme in this category is _working without the support of preceptors provided by university_. Some new nurses communicated a difficult orientation phase and disagreements with their preceptors. On the contrary others owe what they learned during their first months in the field to their preceptors. In addition, one of the nurses suffered from an incomplete orientation because the assigned preceptor was moved to a night shift rotation while as a new nurse, the RN had to pass only day duties.

> I had difficulty with my preceptor, we clashed many times then I decided to work hard. We were clashing but then at the end of the orientation I saw what she was doing for me. When I finished the orientation I compared myself with what I started and I saw that without her I know nothing (University 1, p. 6)
> My problem was that I had a preceptor assigned to me and she was to spend with me three months. However, they changed her shift to night shift because they were understaffed and I was left alone for a period

of time until they figured out they had to assign another preceptor and I had two, three preceptors in around a month and a half (University 2, p.1)

The period of orientation helped me a lot when I worked under the supervision of a nurse preceptor from the unit. She followed on what happened with me (University 3, p.1)

During the orientation, some RNs with experience would gladly help you learn new stuff. They would explain to you over and over until you get it […] if it wasn't for some RNs, when we started we could not have done lots of things. They were like our instructors during the orientation (University 4, p. 3)

When the novice nurses join the unit, they need nurture and guidance from their preceptors. However, this is not always what happens. Some RNs reported that they were helped a lot by the experienced nurses who answered all their questions, followed up on their work, and showed them the unit mechanics. Others did not have the same experience; one of the RNs had a mixed incident. At first, the RN was unhappy with the preceptor then after finishing up with the orientation and starting alone, the nurse realized that the preceptor was behind all the acquired knowledge. The preceptors being themselves RNs on the units are aware of the floor mechanics. Therefore, they might be strict with the new RNs on some aspects such as the speed of finishing up work or the importance of patient identification for example. The new nurses being foreign to the environment might not understand at first and thus get offended. After a while, when the RN become acquainted to the unit he or she will identify with the preceptor's point of view. Moreover, preceptor choices need to be made more accurately. When a new RN is assigned a preceptor, the unit administrator needs to assure that this preceptor stays with the RN for the whole orientation period and not shift his or her duties to the RN's opposite duty hours. This structural error might have a positive effect on the short term because the unit will suffer less from the nursing shortage. However, on the long term, there would be an RN working on the unit who does not have stable roots and no

one to refer to in case of uncertainty. In fact, this specific RN has left the job which

might be possibly explained by the improper orientation that is the right to every new

RN.

The last theme in this category is _insufficient preparation for coping with_

"reality shock". The interviewed nurses expressed that they learned thus expected a

reality of practice that they later realized was optimal. When they started working, they

witnessed a different actuality and they were shocked to a high extent.

> For me the transitional period between student and becoming a
> registered nurse was the most devastating period in my life. I had the
> reality shock to an extend I wanted to quit. I went and told them I
> don't want this anymore. Reflecting back, I was not prepared enough
> to be a nurse (Universtiy1, p.3).
> I think that I found the difference between how our program was built
> and what the reality is because when we went to the hospital and the
> practice we found there is a big difference between us and the real
> world. I found that we learn optimal things, the best knowledge,
> everything perfect… While the real world was not like this, we were
> shocked (University 2, p.2).
> This is what shocked us when we started work. We passed through
> and trained on all units and different specialties, but we did not see
> that things are of this magnitude. If I saw things the way they really
> are, I would have thought about continuing my nursing studies twice
> (University 3, p.3).
> But even in the university they can't teach you how RNs really work
> because at university they want to teach you things the ideal way. So
> that's why during the first months at the hospital you will feel
> difficulties but with time you will get used to it (University 4,
> participant 3).

Some new nurses agreed that at school they are taught to practice in an ideal

setting that is easier for learning. They train in controlled environments such as

activities in the simulation lab where the atmosphere is calm. Additionally, when they

go to the units they are taking care of the most compliant and cooperative patients that

their preceptors choose for them. However, when they start working, they learn that the

work setting is different; fast paced, unorganized and uncontrollable at times and they

are surprised. They realize that this is not what they thought they had signed up for and they have no idea how to keep up; as a result they think about quitting. However, as one new RN reported this difficult phase is surmountable and the nurses will become more familiar with the new setting after a while.

Table 4.1. Structural Challenges of Novice Nurses

Themes for the Structural Challenges

Order	Title
Theme 1	Undergraduate preparation for the realities of the nursing practice
Theme 2	Undergraduate preparation for the clinical practice
Theme 3	Insufficient exposure to work schedules
Theme 4	The unstable work-life balance
Theme 5	Working without the support of preceptors provided by university
Theme 6	Insufficient preparation for coping with "reality shock"

CHAPTER FIVE

DISCUSSION

This study focuses on novice nurses' perception and interpretation of their transition from the classroom to the work field. All participants who attended the focus groups discussed the challenges they faced during this period and reflected on the areas that need improvement in order to ease this transition. After analyzing the nurses' comments, three main interrelated domains appeared to require enhancement: A **nursing undergraduate curriculum** in much need of an improvement, dictating **a learning process** not without flaws, only capable of providing newly graduated nurses with an incomplete preparation to the **real situation in the work setting**. It is interesting to reflect on the fact that novice nurses from different universities did not always express the same concerns, and many situations that were considered challenging for some were not for others. In addition, participants in the study also revealed some factors unique to the Lebanese contexts of university education and hospital management.

Participants in the study reflected on the importance of the undergraduate preparation for the clinical skills and for the realities of the work setting. A frequently mentioned barrier for an easy transition was the insufficient exposure to the different work shifts. Another important obstacle was the negative effect of the high demands of the job itself on a nurses' work-private life balance. Working without the support of a preceptor from the university was also considered a challenge for many novice nurses

during their orientation phase, as was the insufficient undergraduate preparation for coping which was often coupled with a 'reality shock'.

Congruent with the findings of this study, undergraduate university preparation for nursing work in the clinical setting was reported in several studies from the literature to be more focused on general skills rather than specific unit requirements. Novice nurses from the focus groups explained that they were prepared by their universities to perform the daily work routines such as assessing the patient and giving medications for example. It is until they performed at their true shifts, that nurses found this preparation to be basic and in need of enhancement. Thus, nurses had to make more personal effort to develop their practice in order to meet the required daily tasks on their respective units. In the first three to four months on the job, most nurses will try to grasp the required task at hand, in order to complete it successfully and in due time. It is during this period that many realize that they were not well prepared for the real practice as they thought they were (Mun, Leong, & Crossman, 2015; Jewell, 2013; Nematollahi, & Isaac, 2012). In another study by Rafii et al. conducted in 2012, participants reported that during their undergraduate clinical rotations, they did not have enough time to practice real nursing tasks specifically learning how to prioritize care, how to interact with the healthcare team members and how to take care of several patients at once. It is important to emphasize here, that nursing students rotate on different units every several weeks with different preceptors. Every unit has its own specific settings, rules and daily routines and every preceptor has his or her personal technique of teaching regardless of the preceptor teaching workshops (Jewell, 2013). Therefore a possible solution may be for the schools of nursing to pay more attention to the quality as well as the quantity of clinical experience offered to the students. Efforts need to be made in particular to

provide students with a more realistic experience of what it is like to work as a nurse. This strategy would require a change in the current working conditions of faculty and clinical instructors. Care needs to be taken to carefully select the clinical areas in which students gain clinical experience (Watt & Pascoe, 2013). Maybe it would be better for example that each group of students passes in one medical surgical unit for a longer set of weeks. That way they would become more comfortable and competent by the end of the rotation. It would also be helpful to increase the number of preceptors to an average of one preceptor for each two students; this would maximize the learning time for each student and improve the efficiency of this particular teaching method vis-à-vis a preceptor (Mun, Leong, & Crossman, 2015; Jewell, 2013; Rafii et al., 2012). It is clear from our data that students indeed need more dedicated time from their preceptors as they are increasingly required to adapt to more than just the baseline preparation, once they start real work shifts. Eventually this improvement will allow them to develop their skills much faster and cope better with the needs of the daily responsibilities.

Moreover, novice nurses in general reported being confident with their theoretical knowledge (Mun, Leong, & Crossman, 2015; Jewell, 2013; Watt & Pascoe, 2013); however, they perceived a lack of skills that allowed them to apply their knowledge in the work setting (Raffi, et al., 2012; Watt & Pascoe, 2013). The findings of this study confirm that novice nurses in Lebanon face the same challenges making the transition to the workplace. These findings also suggest that each of the involved parties; the Lebanese nursing schools, the employers of recently graduated students, and the novice nurses themselves; play a major role in making the transition process easier. In a study by Thomas et al., (2012), novice nurses expressed their lack of preparation through examples such as the underdeveloped skills of intravenous line and urinary

catheters insertions, which is also in concordance with the complaints raised by the participants of this study. Thus as Thomas et al., (2012) suggested, a mixture between theoretical and clinical knowledge is the healthiest combination for a smooth transition to practice. In this study, we do shed the light on another challenge that belongs to the realm of incoherence between theoretical preparation and real work challenges which is the academic variations in clinical education provided in the curricula of different Lebanese nursing schools, leading to nursing students graduating with unequal clinical skills. This situation was criticized by the participants in the study who blamed their nursing schools for the inadequate preparation for the expected RNs' skills. A solution for this problem might be to include a clinical skills section in the common governmental examination, the Colloquium, in order to test the students' clinical skills prior to practice. This will encourage the adaptation of a standardized preparation for clinical skills at the various Lebanese nursing schools. Students must be held responsible for taking the initiative to improve themselves and to prepare for the demands of future work shifts mainly during the simulation lab, so that way when the opportunity arises later during clinical hours at the hospital they should know how to handle the situation at hand.

The nurses in this study also reported that they face major challenges when adapting to the ever changing duties' schedule once they start working. It is during this initial working phase that they start to realize, they were not adequately prepared for the demands of a busy workspace. As students, nurses were exposed to the same shifts repeatedly. They learned the nursing responsibilities during these specific duty hours. Unfortunately nursing schools did not take into account that, post-graduation, the novice nurses should rotate through different shifts distributed on different times of the day; an

aspect that was not covered in their curriculum (Mun, Leong, & Crossman, 2015). Once novice nurses started working they realized that there are different responsibilities to every shift and that it not easy to feel confident when you are a new nurse covering a night shift for the first time and having to take care of ten patients for example (Jewell, 2013; Nematollahi, & Isaac, 2012). A solution for this issue has been suggested in the literature by Thomas et al., 2012. They proposed that nursing students experience the shifts of a senior RN for a period of time before graduating. This will allow the new nurses to have a better understanding of the nurse's role during the various shifts, coupled with better skills and knowledge as well as feeling confident and belonging to the nursing team (Thomas et al., 2012). Students ultimately need to have strong background knowledge of the different shift dynamics and workplace requirements, in a way that allows them to function at any duty after graduating, while applying their acquired basic skills which they would further develop overtime with practice (Parker et al., 2014).

Another problem reported by the study's participants is the instability of a work-personal life balance. This problem can be multi-factorial in origin as reported in the literature. One important factor from the literature shows that new nurses complain of not being able to have a normal life outside the ward because they are still getting used to the high workload. Hence, they return home often tired and not able to maintain healthy social contact with their surroundings. They are not yet capable of enjoying their personal life away from their career and work life, which requires a strong personal effort and experience, to be able to finish duty and enjoy their private life without feeling guilty or anxious of the next day's duty (Nematollahi, & Isaac, 2012; Parker et al., 2014). Some variations from the literature were noted in our study.

Although the above still applies to the Lebanese novice nurses, the major factor reported in this study was that novice nurses are being given the duty hours that are not desired by the senior nurses. Novice nurses complained that they are often given the evening and night shifts, consequently left with no time to see their friends and families. It is important to note that in Lebanon, the schedules are not as organized as in the West. The person who is responsible of putting the schedule can be subjective and more lenient with friends and older co-workers. The literature showed that new nurses complain of not being able to have a normal life balance because they are still getting used to the workload and they come home after work tired and not feeling like going out. They are not yet able to equilibrate their personal life away from their work life. This requires a personal effort with time to be able to finish duty and go out without feeling guilty or anxious of the next day's duty (Nematollahi, & Isaac, 2012; Parker et al., 2014). It is important to note that in Lebanon, the schedules are organized differently than in the West. The person responsible for elaborating the schedule may be subjective and more lenient towards friends and senior co-workers. The solution lies in making the scheduling process more objective and transparent. It would come for the Human Resources personnel to follow up on the schedules of every unit in the hospital and to make sure that every RN is entitled to a rotating schedule that abides by the hospital policy. Holidays need also to be monitored to make sure they are given to everyone equally. Nurse Managers should also be held accountable for the supervision of changes in the schedule that many RNs seek, so that these changes remain just to everyone.

Furthermore, and in concordance with the literature, Lebanese novice nurses voiced their need for support during the transition phase from the institution itself, in the

form of adequate orientation and support from the experienced colleagues, in order to match successfully the theoretical information they already acquired to real life clinical situations, therefore diminishing their feelings of anxiety and confusion (Parker, et al., 2014; Shrestha & Joshi, 2014). The role of preceptors during the orientation phase has been highlighted in the literature and in this study as guides for an effective transition for new nurses, guaranteeing them with more familiarity with the work environment, better assimilation of safe practices, fortified communication skills with the staff and a better understanding of the policies and procedures (Phillips, Kenny, Esterman, & Smith, 2014; Tastan, Unver, & Hatipoglu, 2013; Boehm, & Tse, 2013). The transition period of a novice nurse affects both personal and professional development therefore senior nurses providing support in addition to actively listening, explaining and encouraging is indeed crucial (Jewell, 2013). It is important to remember here that, nurses graduate from different programs. Therefore, the strategies that can be used to make an easier transition to practice may not apply to every setting. Specific strategies to university nursing programs and hospitals workplaces are required. It is clear however that, at all workplaces, more attention must be paid to the orientation phase because it constitutes the base of the nurse's work life (Boehm, & Tse, 2013). Efforts need to be made to assign qualified and enthusiastic preceptors while the numbers of years spent as an RN do not necessarily define the ability of a nurse to be good a preceptor (Phillips, Kenny, Esterman, & Smith, 2014). In addition, an assigned preceptor should not have other responsibilities on the unit other than being the novice nurse's guide in order to follow up on the new nurse's actions, monitor their techniques and intervene when necessary. At the same time, the preceptor needs to let the nurse work independently, under supervision, in order to acquire the confidence needed. The

preceptor will always be a reference for the novice RN and should role model professionalism. The new nurses are flexible and could imitate any behavior shown by preceptors or senior nurses quickly. Therefore, when the experienced nurses teach; actively or passively; novice RNs some shortcuts at work, which are considered unsafe, the new nurses would learn them. New nurses however are more prone to errors due to their lack of experience, which puts them at risk for improper behavior as a result of inadequate teaching (Tastan, Unver, & Hatipoglu, 2013; Boehm, & Tse, 2013). When novice nurses start taking shifts, they are afraid of doing mistakes, thus they need to be guided and encouraged until they are able to work independently, confidently and accurately, even if it means that their orientation period needed some time extension.

Novice nurses in this study as well reported that they learn in the university in an ideal setting then they move to the work field and they are surprised to find that the reality of work is different from what they were taught. This issue was found to be problematic in the focus groups statements as well as in the literature. As a result, the strategies that can be used to solve this matter in Lebanon can be the same as the strategies used in the West. The reality shock occurs when novice nurses are faced with the demands and the complexities of the clinical situations such as fast paced duties, too few breaks during shifts and the high expectations from physicians, more experienced nurses, patients and their families (Watt, & Pascoe, 2013; McKenna, & Beauchamp, 2014). In the literature, interviewed novice nurses described their transition experience as being stressful, unclear, exhausting, exigent, and physically as well as emotionally difficult (Phillips, Kenny, Esterman, & Smith, 2014; Watt, & Pascoe, 2013). This reality shock will result in novice nurses questioning their stay in the nursing profession during their first year of practice (Mun, Leong, & Crossman, 2015; McKenna, & Beauchamp,

2014). When nurses start working they are surprised with the workload and the amount of pressure present in the workplace. They are asked to care for several patients that require extensive communication with multiple members of the medical team and other healthcare workers. They might be finishing up their paper work when a call bell rings and they have to stop to go check on the patient. The hospital can be a chaotic environment at times and a scary place for fresh graduates (McKenna, & Beauchamp, 2014; Watt, & Pascoe, 2013). The role of the unit administrator and the other RNs on the unit would be to ease the reality shock phase for the new nurses through continuously encouraging them when they are using their critical thinking and following appropriate policies and to congratulate them even on small achievements. Providing a positive and constructive feedback will make new nurses feel welcomed, supported and will improve their confidence levels. Novice nurses need also to be encouraged to share their fears and concerns with their preceptors and nurse managers in order for them to find solutions together to overcome the obstacles (Jewell, 2013; Mun, Leong, & Crossman, 2015; Thomas et al., 2012). It is clear from our data that students need support to develop coping skills, resilience, and more effective problem solving strategies if they are to make the transition to practice as smooth as possible for themselves.

CHAPTER SIX

CONCLUSION

In summary, the transition to the work place is often accompanied by new experiences and life changes for the new nurses. Novice nurses explained the challenges they were facing during their first year of practice and related these problems to possible causes. They explained how the workplace differed from their expectations although having spent a lot of time at the hospital during their undergraduate clinical rotations. They also voiced their concerns of inadequate university preparation for the realities of practice as well as for the clinical skills. New nurses also discussed the importance of having helpful preceptors and how the more experienced nurses at work affect their transition. Furthermore, they talked about the effect the nursing job and the different work schedules have on their personal lives.

As novice nurses grow and develop in their professional practice, they are advised to remember that is a journey. They need to be encouraged to celebrate each small step along the way and as they gain more knowledge and skills, their self-confidence will experience a natural boost. Schools of nursing are advised to discuss their curriculums together in order to unify the students' clinical experience hours and content. They are also encouraged to call for a clinical section to be introduced in the colloquium examination. Moreover, it would be a good idea to prolong students' clinical rotation in one unit so that they will get more familiar with work. In addition, it would be helpful to make the students' experience more individualized by increasing the ratio of preceptor to students.

Another solution to a better preparation of nursing students for their future job requirements would be to pass some time with an RN during her rotating schedule before graduation, covering several shifts during the day. Nurse Managers and the Human Resources department are also invited to monitor the staff schedule to make sure that novice nurses are given fair duties. During the orientation period, preceptors are encouraged to role model professional behaviors for the novice RNs and to support them. Finally, more experienced RNs as well as unit administrators need to encourage RNs and congratulate them on their small successes in order to give them more confidence and increase their satisfaction at work.

This study took place in the Lebanese culture. Many ideas and suggestions from the participants matched with ideas discussed in the literature of the west. However, some ideas were specific for the Lebanese culture. Therefore, it is advised to conduct further research in Lebanon on the transition of the novice nurses from the classroom to the workplace in order to better understand this topic.

CHAPTER SEVEN

STUDY LIMITATION

This study has several limitations. First of all it was limited to four universities in Lebanon. In addition, the data gathered are cross-sectional and not longitudinal. Furthermore, many of the issues raised in the novice nurses' discussions could have been followed up in individual interviews but were not due to time constraints. Moreover, the coding was undertaken by only two members of the project team. Finally, the data gathered was from the perspective of the novice nurses only. Focus groups were not held with faculty members, nurse administrators, or floor nurses.

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