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Vulnerability of Newly Graduated Nurses in Clinical Setting: A Qualitative Study

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ABSTRACT

Purpose: The aim of this study was to gain an understanding of the problems and difficulties facing new graduate nurses in the transition to the clinical setting, from the perspective of experienced nurses. Methods: Qualitative study was conducted using conventional content analysis method. The participants were 18 experienced nurses in six teaching and governmental hospitals in Iran. Analysis of data highlighted the vulnerability of newly graduated nurses in the clinical setting. This has been revealed by categories including: lack of competency, poor social skills, lack of self-esteem, emotional turmoil, imbalance in demands and resources, inadequate support, and cultural problems. Conclusions: It is essential to review undergraduate curriculums, develop support programs that make up for the existing failures, and eliminate sources of distress in order to protect the personal and professional well-being of new graduates and improve retention.

Key words: Vulnerable population, transition, graduate nurse, readiness, qualitative research

INTRODUCTION

Nurse shortages and nurse turnover rates, especially during the first two years on the job, are major nursing challenges in most countries across the world [1] that lead to a reduced provision of services and a lower quality of nursing care [2, 3], and cause increased workloads, fatigue and exhaustion, a reduced satisfaction and increased turnover rates [2, 4], thus imposing heavy costs on education institutions, the healthcare system and the community overall [5].

One way to avoid nursing shortages and to prevent nurse turnover is to revise how newly graduated nurses are treated in the clinical setting and to create a better context for their growth, promotion and increased satisfaction and

thus succeed in their retention. The first step to achieving this goal is to assess and identify the adequacy of academic and practical preparations, the characteristics and the problems of newly graduated nurses in the workplace [6-8].

It is particularly important to assess the proportions of newly graduated nurses as the output of education organizations. A proper understanding of new nurses' strengths and weaknesses helps develop support programs according to their needs and suitable for the new environment and also review and modify undergraduate courses and enhance educational and clinical services in the preparation of students for entering the clinical setting and facing real work conditions [7, 9, 10].

Undergraduate nursing courses aim to provide appropriate academic and practical contexts according to the community and the professional needs of nursing. Studies have presented contradictory results on the preparation of newly graduated nurses in areas such as gaining competence, taking responsibility and accepting accountability [11]. Many researchers have reported the inadequacy of new nurses' academic and practical preparations for clinical work [1] and a gap in theory and practice of the subject [12].

Furthermore, the organizational structure, characteristics and conditions into which newly graduated nurses enter have major effects on their performance and satisfaction with the clinical setting. Limited resources have made policy-makers and managers in the health sector use the strategy of "more work at lower costs and with fewer workforce" to improve their organization's productivity. This strategy has negatively affected the quality of care and has subjected nurses to criticism as major care providers [13]. The increased number and acuity of patients, the lack of time for the proper handling of duties and the absence of induction programs have only made conditions more difficult .

In addition to organizational conditions, the characteristics of colleagues and the support they provide to newly graduated nurses for their better provision of safe patient care also affect the clinical performance of newly graduated nurses and their adaptation to the new environment [10, 14]. The lack of support received through colleagues and the expectations beyond the capabilities of newly graduated nurses are evident in many studies [7, 15]. Transition newly graduated nurses into new role without adequate support from the organization and colleagues' results in a loss of motivation, isolation, inadequacy, stress and ultimately job dissatisfaction [16].

Studies conducted on the problems of newly graduated nurses in Iran and worldwide have mostly been quantitative and have used translated researcher-made tools from foreign literature with no regards to the local context or for proper psychometric assessment [17, 18]. The few qualitative studies conducted have addressed these problems from the perspective of new nurses [1], and no studies have investigated the problems of newly graduated transition perorganizational and professionalistic approach, from the perspective of experienced nursing personnel, which they have sufficient understanding of the rules and regulations, dos and don'ts of the career, and organizational and professional standards.

Qualitative studies provide the possibility of an in-depth assessment and a clear and comprehensive understanding of events by using various methods for the investigation of events, norms and values and the collection of data from the perspective of participants [19]. Given the cultural, social and educational difference between Iran and other countries, conducting qualitative studies on this subject appears essential. The present study aims to understand the problems of newly graduated nurses in a transition period in the clinical setting from the perspective of experienced nurses.

MATERIALS AND METHODS

Study design

In this study was used qualitative method with conventional content analysis approach. This method is usually used to explain a designed occurrence and when the accessible theory or research, is narrow about that phenomenon [20].

Participants

Purposeful sampling was used for selection of participants. In this study, participants included 18 nursing expert personnel (female (n = 14), male (n = 4)), all of them had bachelor's degrees, job experience ($M \pm SD = 13 \pm 7.81$ years), and in 25-50 year age range ($M \pm SD = 35.72 \pm 7.64$ years) (see Table1). Researchers were known to the participants. The inclusion criteria were the following: willingness to take part, minimum two years work

experience, full-time, and close relationship with at least two newly graduated nurses in the past year. Unwillingness and disability continue interview meant exclusion from the study. Study setting included internal and surgical units, intensive care units and emergency wards in six governmental, general and teaching hospitals in Tabriz and Hamadan cities in northwest of Iran. Newly graduated nurses after four years of education at the University employed in practice. They were receiving a short period of orientation program after engagement. Managers and experienced nurses were expected of them that to work as an experienced nurse. Data collection lasted one year in 2014-2015.

Table 1 demographic characteristic of the study participants (N = 18)

Participant code.	Age (year)	Gender	Occupation	Work experience
P1	50	Female	Supervisor	27
P2	44	Mail	Head nurse	22
P3	27	Female	Nurse	4
P4	27	Female	Nurse	5
P5	35	Female	Nurse	11
P6	28	Male	Nurse	5
P7	40	Female	Nurse	18
P8	40	Female	Nurse	18
P9	25	Female	Nurse	3
P10	46	Male	Supervisor	26
P11	30	Female	Nurse	8
P12	42	Female	Nurse	17
P13	31	Female	Nurse	8
P14	40	Female	Head nurse	16
P15	38	Female	Nurse	15
P16	35	Male	Nurse	11
P17	40	Female	Supervisor	18
P18	25	Female	Nurse	2

Ethical consideration

Ethics approval was sought form Regional Committee of Medical Research Ethics in 19 Feb 2013, and was granted for research involving human subjects. In addition, permission to access the study site and participants was granted from hospital managers. Prior to commencement of the study, participants were informed of investigation goals, voluntary participation, and privacy of data. Written consent was obtained from participants for contribution, recording of interviews, and unknown publication of results.

Data collection

Interviews are done while the participants were at work. Data were first collected through unstructured in-depth interviews at the beginning of the study, with the general question, "Tell me about your experiences of working with new nurses", and continued with semi-structured questions such as "What problems newly graduate nurses faced with when they first enter the clinical setting? What support programs does the organization provide for them? What obstacles are you and your colleagues faced with in helping them?" And lasted between 30-90 minutes. The researcher obtained the personnel's permission for conducting field observation and taking field notes.

Data Analysis

Data analyzed by using conventional content analysis [20]. This method comprised of six steps: (a) Familiarizing yourself with your data: Transcribing data, reading and re-reading participants' stories, perceiving initial ideas. (b) Generating initial codes: Coding word by word and line by line. (c) Searching for themes: Condensing the codes into potential themes. (d) Reviewing themes: Relating themes to each other, with extracted codes and the entire data set. (e) Defining and naming themes: Ongoing analysis, refining themes, generating clear definitions and names for each theme. (f) Producing the report: Final analysis, moving between transcripts and themes, selection of vivid stories for each theme, conducting the report.

Rigor and reliability

Peer check approach was used to Confirmability of data; for this goal, the investigator coded the data which were evaluated by the team investigate. Audit trail was used to enhance the dependability. In this method, the investigator keeps the preliminary codes and categories until the finish of the investigate process. Moreover, the analysis of the data of the experienced persons with the investigate team improved the reliability of the study. The transferability of the study too depended on theassessment, evaluation and endorsement of the findings of the persons in the same

setting. Maximum variation in sampling was used to enhance transferability [20]. Allocation of adequate time to this study and Intimate communication was used to enhance of the data credibility.

RESULTS

Analysis of data highlighted the vulnerability of newly graduated nurses in the clinical setting. This has been revealed by categories including: lack of competency, poor social skills, lack of self-esteem, emotional turmoil, imbalance in demands and resources, inadequate support, cultural problems. Theme, main- categories, and sub-categories have been listed in Table 2. The study findings showed that all the problems with which newly graduated nurses are faced in the clinical setting can end in their greater vulnerability, caused by the following factors:

Table 2 the process of obtaining main categories, sub-categories

Them	Main categories	Subcategories	Frequency of code
Vulnerability of newly graduated nurses	Lack of competency	Lack of sufficient knowledge	30
		Lack of sufficient clinical skills	26
	Poor social skills	Management weakness	12
		Poor in critical thinking	9
		Withdrawal of colleagues	13
		Communicate weakness	32
		Unconventionality	15
	Weakness of self-esteem	Unable to conflict management	8
		Feelof Incompetency	21
		Blame themselves and feel guilty	6
	Emotional turmoil	Ignore the their rights	5
		Lack of emotional readiness to work	8
		Fear	11
		Anxiety	24
	Imbalance in demands and resources	Lack of facilities	10
		Shortage of manpower	30
		Giving responsibility despite of incompetency	7
		Inadequate support	6
	Lack of physical fitness	Resistance to accepting them	5
		Feel of stability threat	15
Lack of adequate training programs		4	
Cultural taboos	Anemia	5	
	Weakness	9	
	The ban on working with men	12	
		Extensive role of women in family	

Lack of competency

This concept reveals the vulnerability of new nurses. They lack sufficient knowledge and are frequently seen to make careless mistakes. At times, they use a trial and error approach when performing their nursing duties. Patients, especially chronic patients, figure out that they are novices when they see their incapability to perform a task and their verbal and non-verbal behaviors, and do not accept to be cared for by them, which further disheartens the new nurses. Three nurses stated the following:

Many newly graduated nurses are very poor in terms of clinical competence and are incapable of performing such a simple task as catheterization or ECG (P6), and patients quickly figure out that they are beginners (P3) and resist to be taken care of by them. (P18)

In the first few months, they are unable to perform the case method of patient care delivery and prefer functional method. At this point, they still lack a holistic perspective and are incapable of multi-tasking. They have poor time management skills and stay behind to finish their work when the shift is over. They cannot analyze the problems of their patients and the ward or make the right decisions. In other words, they lack critical thinking skills and are unable to delegate any part of their work to others, and therefore end up performing most of the responsibilities by themselves.

Poor social skills

In describing their experiences of working with new nurses, many participants emphasized the new nurses' lack of social skills. They cannot establish a good communication with the doctors, and shy away from visiting the patient alongside the doctors and giving them to the patient's medical history. They cannot answer a simple phone call, and

avoid patient follow-up on the phone. They need help and guidance in expressing their needs and wants, communicating with the supervisor, the head nurse and the patients and their company. Sometimes, newly graduated nurses disrespect their colleagues as they are not familiar with the principles of hierarchy. Newly graduated nurses are often unable to properly handle conflicts and give up their rights for fear of retaliation, the lack of knowledge about their rights and fear for their job prospects. Conversely, some shows inappropriate emotional reactions, such as arguing and leaving their shift. Two nurses stated the following:

They have not yet learned to respect their superiors. (P9), so they cannot have the support of colleagues whom they have occasionally disrespected. (P16)

Weakness of self-esteem

The majority of newly graduated nurses give up their rights because they lack self-esteem and because they fear the retaliation of their colleagues, and fail to report their colleagues' aggression toward them or their other violations. Due to this lack of confidence, they constantly double-check their own jobs and call the ward personnel when their shift is over to ensure that their job is done and to ease their obsessed minds. They blame themselves and feel guilty if there is a problem with a patient. Because of their lack of self-belief, they shy away from asking questions during their first few days on the job. Two nurses stated the following:

Newly graduated nurses have little self-esteem, which is very sad. They give up their rights, (P13) and do not report anyone who is intentionally hurting them for fear of retaliation. Generally, they can be ordered around very easy. (P8)

Emotional turmoil

The experiences of the more experienced nursing personnel show that newly graduated nurses are not yet emotionally and mentally prepared for working in the clinical setting and have not yet learnt the appropriate methods of dealing with problems and conflicts. It has frequently been seen that when they create a problem that they cannot properly handle on their own, they display childish behaviors such as sobbing, sulking and retreating to a corner. Two nurses stated the following:

They still have childish behaviors, and with the smallest of remarks, they throw a tantrum and cry, or start an argument, and then become sulky. (P5)

During the first few months, they experience severe anxiety and fear, which is projected through their verbal and non-verbal behaviors and signs such as impaired sleep pattern, mental obsession with not having properly performed their tasks at work, shaky hands, speaking in a husky and shaky voice, not accepting to take care of critically ill patients and an enormous fear of being left alone in the ward.

Imbalance in demands and resources

The majority of participants acknowledged nursing staff shortages in hospitals caused by the increased productivity policies, the lack of funding and inequity in the allocation of resources to doctors and nurses. Staff shortage is compensated for by employing nursing students and new nurses. This new inexperienced workforce is faced with a large and diverse number of patients with advanced care needs, a broad range of medications and complex, modern equipment, while they have not acquired many of the skills required for dealing with them yet.

Staff shortages also affect support programs provided to newly graduated nurses when they first enter the clinical setting. Due to the increased workload, the older personnel do not have enough time to support and oversee the new nurses, who, in most hospitals, begin work within three days of getting briefly familiarized with the ward, and patients are subsequently left to nurses with insufficient experience who are unable to promptly make the right decisions.

According to the guidelines administering hospitals, newly graduated nurses should not be left in charge of a shift during their first year on the job; however, this rule is not respected due to staff shortages, and before adjusting to their new roles and getting prepared to work in the clinical setting, newly graduated nurses are left in charge of shifts and thus have to also handle the stress of management and supervision. The patients and the personnel are therefore left in the hands of individuals who themselves need help. Two nurses stated the following:

They had left this new nurse in charge of a busy ward on the night shift after only a week from her induction program, and she could not handle the tasks and so she would cry. When I asked the head nurse, she said it was the hospital director's order, (P1). And we have to put newly graduated nurses in charge of a shift in their first few months because of the staff shortage we're dealing with. (P2)

Inadequate support

Resistance to accepting newly graduated nurses is projected through expressions and behaviors such as, feeling a sort of repulsion toward them, not accepting them into the established work groups and detaching oneself from them. Two nurses stated the following:

It's an inadvertent act. There is a sense of repulsion toward them (P3). We send them on a wild goose chase so they won't come sit with us. (P6)

Also in the doctor-oriented society of Iran, the management of hospitals is left to doctors, who often have no expertise in this area. The absence of a specific person dedicated to providing them with help and support, the lack of adequate training and induction programs, the disregard of the management for training novice nurses at their entry into the clinic, difficult and compressed shifts, looking upon newly graduated nurses as complementing the plan and refraining from cooperation with them for changing their shifts are examples of the inadequate support provided to nurses. Even sometimes they experienced hierarchical and lateral violence in a clinical setting. One nurse stated the following:

There is no specific person dedicated to training newly graduated nurses in the ward. Everyone chips in and helps. But, with the ward being so crowded, you can barely manage to do your own work. (P7)

Despite the rules set by organizational guidelines for supporting new nurses, the rules are rarely implemented due to staff shortages and the want of a supportive attitude in the managers, who are mostly doctors with no managerial skills or even, at times, the slightest understanding of nursing and nursing duties.

Lack of physical fitness

Some of the participants acknowledged that some newly graduated nurses seem to lack these necessary abilities for working in clinical settings as a nurse, because, caring of patients needed sufficient physical, emotional, and intellectual capital. They suffered from problems such as severe weakness, anemia, which easily manifest in their training and practice.

Some of new nurses suffered from problems such as severe anemia, weakness which is manifested in practice (P11)

Cultural problems

Sometimes, newly graduated nurses disrespect their colleagues as they are not familiar with the principles of hierarchy. Because of the generation gap that exists between them and the completely different cultures in which they were raised, old and newly graduated nurses have different perspectives of life; these differences cause conflicts in their interpersonal relationships. New nurses' style of dressing or behavior is even disliked by the older nurses at times, thus giving way to conflicts.

The personnel emphasized that although Islam has no objections to women working, and although they can maintain social relationships with men by adhering to a set of principles, due to their lack of experience and their fear of endangering these principles and the family pressures exerted on them, newly graduated nurses have no desire to work in the men's ward. During the first few days, they tend to be uncomfortable working with male colleagues. Some of their spouses even object to their working in the men's ward, with male colleagues or on night shifts. These problems further increase their sensitivity and fragility, and the lack of family support and consent and its associated anxiety doubles the stress caused by entering a new setting, but experienced nurse and families have adapted to this situation and decreased sensitivities of them in this area by over a time.

Participants pointed out the extensive and diverse role of women in Iranian families. The absence of women at home, especially at the beginning of the job, creates a dysfunctional family who is opposed to her work. One nurse stated the following:

A few days ago, a very aggressive man entered the ward, angry about his wife working the night shift. I comforted him, and talked to him about nursing and what it entailed, and he confessed to me that he didn't know much about nursing when he married her. I found out that they had also been arguing at home. (P14)

DISCUSSION

The results obtained were indicative of the vulnerability of newly graduated nurses in clinical settings. Vulnerable individuals are exposed to physical, emotional and psychological harm and do not have the physical, academic or practical ability to adjust themselves to the new environment and to take care of themselves; they need special protection and support [21].

According to the findings, newly graduated nurses have not acquired the academic, practical, social and emotional skills and the critical thinking abilities necessary for working in clinical settings. Additionally, managers and work colleagues did not have an organized program for supporting them during this transition period. Therefore, they walk with fear and anxiety into a setting that has no programs to structurally, culturally or politically support them. Not only new nurses are not supported, at times they are even subjected to hierarchical and lateral violence.

From the very first few days, newly graduated nurses have to respond to a large number of patients and to the high expectations of their managers and colleagues. Low self-esteem, the lack of knowledge about their rights, fear for their job prospects and not reporting violations and violence's make the other personnel take advantage of them and leave their own duties to them. The low self-esteem and the inability to perform these duties further dishearten new nurses.

Academic education is a key issue in the transition to practice [22] but the results of the present study showed that newly graduated nurses have not gained the competence and preparation required for working in clinical settings. On the contrary, in a study conducted by Jasper, participants had acquired the competence expected from them in the clinical setting, such as analysis-based decision-making and interpersonal skills; the disparity of findings could be due to the differences in the undergraduate curriculums pursued in Iran and in the UK [23]. It therefore appears that the review and development of appropriate curriculums according to the results obtained and the educational needs assessments and also the experiences of the UK and the US can better prepare newly graduates nurses for working in clinical settings [22].

Poor social skills are also an effective factor in the vulnerability of new nurses. Considering that older nurses have been raised with a more strict culture and value system than today, they are absolutely obedient and strictly obey by the hierarchical system, and expect newly graduated nurses to do the same; yet, the new generation of nurses does not abide by this culture, which causes misunderstandings between the older personnel and the new nurses, that also emphasized by Kelly[9].

The results of the present study show that newly graduated nurses avoided to communicate with physicians, that several studies reported that encountering with physicians has been shown to be a resource of stress for newly graduated nurses and is a challenge in the role transition of them[24, 25].

Self-esteem is a basic attribute of nurses, which affects all the areas of their work, such as decision-making, learning, performing practical work and their relationship with others. The results obtained, however, showed that newly graduated nurses suffer from a poor self-esteem and do not believe in their own capabilities. Many studies also emphasized this quality [10, 26].

Experts believe that support is a basic need for new nurses, since it increases their capabilities and reduces their stress [27]. The results of the present study show that newly graduated nurses do not receive an adequate support and that hospitals lack support programs for them and the guidelines for supporting them are mostly on paper and have not yet been implemented due to the lack of facilities and resources and the discrimination in their allocation. Nursing managers aim to implement productivity programs and savings in the resources of which they are notified by policy-makers. In the doctor-oriented society of Iran, the directors and management of hospitals are left to doctors, who often have no expertise in this area, and nursing managers are usually chosen from the more obedient personnel who make no objections to the directors' decisions and plans. Many studies conducted in worldwide have emphasized the lack of support provided to new nurses[7, 28].

The interesting point here is that the violations taking place on the job and the aggressions projected by other personnel are not reported by newly graduated nurses due to their fear of retaliation and fear for their job prospects; newly graduated nurses also shy away from asking questions; all these incapacities can threaten the safety of the patient and the nurse herself. This problem seems to be due to the teacher-oriented style of education and the absence of active teaching methods in Iran.

Nursing requires a unique set of physical, emotional, mental and motor abilities. The present study showed that some newly graduated nurses do not possess these necessary abilities for working in clinical settings and suffer from problems such as severe weakness, anemia and an overall lack of interest in nursing, which are easily manifested in their training and practice. These signs are indicative of a faulty admission system for the discipline, where the university entrance exam score becomes the sole criterion for admission into nursing. A complementary selection system is required to incorporate other elements into the admission process as well.

Like many other professions, nursing is also affected by the dominant culture of the society. Given that, in most countries, nurses are female, and given the extensive role of women in Iranian families and the incorrect perceptions held of a true Islamic culture, most families have a negative view of women working, especially the night shift, with male colleagues or in male wards, and stresses peak in families with the nurses' first days on the job. These findings have never been so clearly reported in other studies conducted in the past, which might be due to their less in-depth examination or their participants' lack of trust in the researchers [29, 30].

Recommendations

Eliminating of distress sources such as an unsupportive atmosphere is significant to keep the health of newly graduated nurses and retain them. Understanding the problems and difficulties of the transition period is vital for nurse executives who have ultimate accountability and responsibility for nursing practice. Holding orientations for the older personnel and newly graduated nurses might help resolve the problem to a certain extent. In finally successful transitions are vital to safe for patients and quality care and important to retaining newly graduated nurses, an expensive source to organizations.

Hospitals must consider applying programs that maintain the newly graduated nurses whole first year of the transition period and include support for mentors and preceptors. Critical thinking should be included in the program objectives in the Colleges of nursing.

Limitations

There is a possibility for respondent bias in this study, as those who participated may have been more willing to share their viewpoints and express their experiences of vulnerability.

CONCLUSION

The finding of this study contributes to the overall picture of the problems and difficulties of newly graduated nurses in northwest of Iran. The present study demonstrated the complexities of the factors affecting the successful transition of newly graduated nurses to clinical settings. These problems cannot be collectively resolved with one simple solution. It is essential to review undergraduate curriculums and develop support programs that make up for the existing failures. To resolve these challenges, a high level of cooperation between nursing managers, nursing student selection centers, education institutions, the health care system and national and local governments is crucial. Developing a setting of equity and excellence within orientation processes should also be re-established.

The findings recommend that newly graduated nurses require substantial guidance and support from colleagues, managers, mentors, and preceptors in gaining suitable action, social skills, and decision-making in practice. Educational and supporting strategies are needed to prepare newly graduates, nurses for managing the complex environmental situations in universities and hospitals. Clearly, further research is needed in this field.

Research is needed in the control and management of anxiety, stress, and fear by newly graduated nurses and the effect of their stress on the ability to supply quality care. Finally, Critical thinking should be defined, and curriculum or program development needs should be assessed and evaluated.

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