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Editorial: Reflections on being a new nurse: 10 insights after four weeks as a registered nurse

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Reflections on being a new nurse: 10 insights after four weeks as a registered nurse.

"It's no use going back to yesterday, because I was a different person then." Lewis Carroll, Alice in Wonderland.

There is quite a considerable body of literature around the transition from student to registered nurse. The transition period is an unavoidable chapter of professional life faced by all nurses, and is a crucial period during which the newly graduated nurse gains the 'skills, knowledge and values required to become an effective member of the nursing workforce' (Department of Human Services 1994: 21). It is well recognised as a period of intense stress for new nurses (Clauson 2015), and has been associated with retention (Duchscher 2009). Furthermore, it has been noted that newly graduated nurses are particularly susceptible to the negative effects of burnout during this transition period, with 'alarming levels' reported (Laschinger, Cummings, Leiter *et al* 2016:83), this being an additional contributing factor to staff turnover.

Phrases such as 'sink or swim' (Jackson 2008a:2669, Clauson 2015:48), 'reality shock' and 'transition shock' (Duchscher 2009:1103), have been used to describe the initial experiences of practice as a fully qualified nurse. This transitional period is a time when those of us who are more experienced; having survived that transition period ourselves, have a very important role to play. We can each make an enormous difference to the experience of newly qualified nurses. Collegiality is always important in nursing, but particularly so during the crucial transition period. It is a period when a new nurse can greatly appreciate and benefit from the support of nursing colleagues.

One of us (DJ) is a veteran nurse, and the other (EB) is a newly qualified nurse. During her fourth week of practice as a registered nurse, EB reflected on her first four weeks, and offered the following 10 insights into her experiences over her first month as a registered nurse:

1. The weight of responsibility and accountability has hit me like a tonne of bricks. It is vastly different from being a student. As a student I felt it but in a different way, now, I feel it deeply inside, in my stomach. I check and re-check drugs, I have a small reference manual in my pocket which I refer to in the safety of the drug room and I spend time questioning my decisions to make sure I can justify them. I had to stop myself from calling the ward at 11pm about a patient I had left earlier that evening. A colleague gave me some good advice - spend a short amount of time at the end of the shift going through what you have done and make sure there are no loose ends or queries in your head. Then go home and forget about

it, the patients are cared for 24 hours a day. My colleague reminded me to be present in the moment whether on or off the ward.

2. I feel overwhelmed, tired and lost, but perhaps not as lost as I was expecting - which has surprised me. Asking for help is crucial. Having supportive colleagues is wonderful. I am constantly asking people questions, I feel annoying but I also know I need to ask. It has been good to see other people around me asking questions too.
3. However much I learnt during my degree there is still so much to learn and read about now. Every shift there is more to add to my notebook of what to look up when I get home. This can be particular drugs, conditions or procedures. Either way, there just seems to be more and more things I do not know!
4. Time and caseload management is definitely something I find challenging and I need to work on. I constantly have seven things I need to do at once. Being able to talk through prioritisation in my head is a skill I am developing but it can be quite overwhelming.
5. Having a supportive structure around me has been positive. Being supernumerary gives me some time to get to know my new working environment and the myriad processes I need to master. Even just knowing where the different dressings are kept takes time! Having a preceptor and being part of a foundation programme has helped. I was relieved to find out I had a year during which I could call myself a “new nurse”.
6. When people look at you in your uniform they have no idea how new you are. On my first day I felt like there should be a neon sign above my head signalling my “new nurse” status. I am conflicted as to whether I want people to know how new I am. I think I want to know my colleagues around me will be supportive; however, I do not want patients or their loved ones worrying that I may not be doing as good a job as more experienced colleagues.
7. I’ve cried. I’ve cried a lot. I’ve worried I am not a good enough nurse. I have also been advised that I must remember I cannot do everything and that it is important to ask for help, and delegate tasks where appropriate. I do not find this easy, I still feel “too new”.
8. There is a lot of paperwork, and many different places information must be recorded. So many things to remember at once. I will be ever grateful to the colleague who took the time

to talk me through it all in a calm manner so I at least had a chance of getting it right. My new colleagues have been very patient and encouraging – I am thankful to them.

9. At induction I felt bombarded with material, and the volume of information to take in is enormous. A lot of it does not make sense or feel real. Then I went to HR and security to sign papers and pick up my staff ID. Then, to the depths of the hospital to pick up my uniform. Then it was on to the ward to get stuck in. It really was a lot to take in over two days!
10. Being a new nurse and starting a PhD is amazing, scary and quite possibly crazy but I would not have it any other way. I am proud of becoming a nurse – I will always remember the first time I saw myself in my nurse's uniform it was an emotional moment, the hard work had paid off. There is still so much hard work and learning ahead but I am excited about the future and being able to work with patients. I do need to be better at organising fun days off though!

These insights revealed feelings of inadequacy, anxiety, insecurity, and emotionality; all elements described by Duchscher in 2009 as being associated with beginning practice as a registered nurse. However, these insights also reveal that despite these very challenging issues and the incredibly steep learning curve, there is great pride in becoming a qualified nurse and a real determination to do the best possible job. Strategies such as use of reflection, questioning, being thorough and meticulous, to manage the stressors are evident.

Tensions associated with 'new-ness' are also apparent - on the one hand, wanting to embrace the new-ness, wear it, and allow others to know of it; and, on the other, a concern to (somewhat) cover or conceal it, so that patients or carers would not feel in any way vulnerable or disadvantaged because of the inexperience of their nurse. In her qualitative analysis of the experiences of newly graduated nurses, Clauson (2015:31) also noted this and commented that 'the title of new graduate resonated strongly' throughout the storied accounts of her participants. Clauson goes on to note that her participants experienced their 'new graduate' title as a positive factor that provided them with a sense of safety and support, and permitted them to ask for assistance without attracting the negative opinion of others.

The importance of supportive colleagues is also very clearly evident in these insights. It is noteworthy that, despite their busyness, experienced nurses were perceived to be taking the time to reach out and offer support, advice and encouragement. It is important that we remember that successful nursing teams need be able to accommodate people of various experience levels, and

different points in their careers, and provide opportunities for professional growth (Jackson 2008b). Because of the various challenges facing nursing, there has been a quite sustained and concentrated focus on the quality of the nursing work environment, and on the nature of professional relationships that can occur within the workplace between nurses, particularly early in career (Jackson 2008a).

It has been noted that the various supportive relationship models used by nurses are premised on the assumption that nurses are prepared to influence and support the professional growth of their colleagues and peers in a spirit of collegial generosity (Jackson 2008a, 2008b). Recognition of their needs as newly qualified nurses and acts of kindness in the workplace are enormously important to newly qualified nurses. Positive and supportive working environments, featuring supportive relationships between nurses, that demonstrate recognition and acknowledgment of the learning and support needs of new nurses are associated with optimal transition experiences for new nurses (Laschinger, Cummings, Leiter et al 2016:83). While there are various supportive structures in place to support newly qualified nurses, including preceptor and mentoring programs, foundation and graduate programs, it is important to remember that all nurses have a role to play in supporting new nurses as they transition into the profession.

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