University of Groningen

From student nurse to nurse professional

ten Hoeve, Yvonne

Link to publication in University of Groningen/UMCG research database

6

The voice of nurses: novice nurses' first experiences in a clinical setting

A longitudinal diary study

Yvonne ten Hoeve
Saskia Kunnen
Jasperina Brouwer
Petrie Roodbol

ABSTRACT

Aims and objectives
To gain greater understanding of which personal and professional demands novice nurses are confronted with, and what can be done to improve the transition from novice to professional staff nurse.

Background
Novice nurses are confronted with a lot of physical, emotional and intellectual changes in the role-transition process from student nurse to professional staff nurse, which are often related to feelings of confusion, uncertainty and stress. Few studies have investigated, on a longitudinal basis, the lived experiences of novice nurses in the clinical setting.

Design
A qualitative longitudinal approach, based on interpretative phenomenological analysis. Unstructured written diaries were used to allow nurses to tell their own stories.

Methods
A sample of eighteen novice nurses was recruited from several wards at a University Medical Center in the Netherlands. The inclusion criteria were a Bachelor's degree in nursing, aged under 30, and no more than one year's work experience. Data were collected from weekly measurements from September 2013 to September 2014.

Results
Eight major themes emerged from the diaries (n = 580): relatedness, competence, development, organizational context, existential events, goals, autonomy and fit. This study revealed that the need for relatedness was by far the most reported theme. Support and positive feedback from colleagues appeared to be crucial for novices starting work in a highly complex environment.

Conclusion
This study showed that one of the strategies novice nurses use to deal with challenging and existential situations is to share their experiences with colleagues. Therefore, novice nurses should always work in a safe environment which enables this.

Relevance to clinical practice
Identification of key issues around understanding novice nurses' first clinical experiences may help to improve their transition from novice to professional staff nurse. The presence and support of supervisors and mentors is inevitable to keep novice nurses motivated for the profession.

INTRODUCTION

The transition from being a nursing student to a professional practicing nurse is a complex process often described as the struggle to develop a new professional sense of self (Arrowsmith, Lau-Walker, Norman & Maben, 2016; Björkström, Athlin & Johansson, 2008; Duchscher & Cowin, 2004).

Striving for this professional self and a new professional identity is linked to novice nurses' experiences in the clinical setting, where they are confronted with new challenges and responsibilities (Bjerknes & Björk, 2012; Duchscher, 2009; Leong & Crossman, 2015). Benner (1984, p. 22) says 'any nurse entering a clinical setting where she or he has no experience with the patient population may be limited to the novice level of performance if the goals and tools of patient care are unfamiliar'. In their first years of practice novice nurses have many personal and environmental experiences and are confronted with a broad range of physical, emotional, developmental and intellectual changes (Björkström et al., 2008; Duchscher, 2009). The role transition to becoming a staff nurse and being responsible for patients is often associated with feelings of confusion, uncertainty and stress (Al Awaisi, Cooke & Pryjmachik, 2015; Gardiner & Sheen, 2016; Kumaran & Carney, 2014; O'Shea & Kelly, 2007).

Novice nurses are usually in 'emerging adulthood', a stage of life where they have to balance the demands of work and personal life, a process in which their performance at work is influenced by demands from their personal life and vice versa. They are confronted with and need to respond to situations which are professionally and emotionally challenging. When they start working in a clinical setting, young nurses transition professionally from student nurse to staff nurse (Arrowsmith et al., 2016; Zhang, Qian, Wu, Wen & Zhang, 2016) and emotionally from adolescence to adulthood (Arnett, 2014). Young nurses are confronted both with ongoing professional and emotional developmental processes and with new demands. Encounters with severely ill patients, especially patients of their own age, are often accompanied by conflicting emotions. These salient events appeal to their professional skills, but they increase their awareness of mortality (Anderson, Kent & Owens, 2015). Support and guidance from experienced colleagues and supervisors seem indispensable to teaching novice nurses how to deal with these emotionally stressful events (Howarth, Holland & Grant, 2006; Jewell, 2013). Furthermore, integration into the team and the need to feel accepted are important conditions for a proper transition from student to professional nurse. Previous research on this topic revealed that being a team member and acceptance from experienced nurses can also positively influence novices' transition through the development of their professional identity (Howarth et al., 2006; Kelly & Courts, 2007).

The increasing complexity of care in the healthcare sector, especially in academic settings, makes the transition from school to practice even more challenging (Björkström et al., 2008; Guarinoni, Petrucci, Lancia & Motta, 2015). Nurses are confronted with stressful circumstances, heavy workload and patients with high comorbidity (Anderson et al., 2015; Taubman-Ben-Ari & Weintraub, 2008), and especially novice nurses are often not yet equipped to cope. Their knowledge and technical competence are often insufficient to prepare them for the transition to clinical situations (Olson, 2009): their

theoretical knowledge and the reality of clinical practice do not match. Feeling under-prepared to meet the expectations of the clinical work environment, new nurses often experience a sense of 'reality shock'. Reality shock occurs on transitioning from the educational to the clinical setting, where there are different priorities and pressures, and the discovery that school-bred values conflict with work-world values (Kramer 1974). This reality shock or stress experience is mainly caused by the theory-practice gap (Bjerknes & Björk, 2012; Clark & Holmes, 2007; Duchscher & Cowin, 2004). Moreover, when expectations and reality do not match, the 'reality shock' of clinical practice may be a potentially predictive factor for burnout and early withdrawal from the profession (Cowin & Hengstberger-Sims, 2006).

Reality shock and the theory-practice gap as part of the transition process have been extensively investigated in previous studies. However, most of these studies were based on the expectations of the researchers and used semi-structured interviews or questionnaires with specific questions about a particular topic (Al Awaisi et al., 2015; Clark & Holmes, 2007; Leong & Crossman, 2015). The current longitudinal study has an open character and focuses on novice nurses' lived experiences in a clinical setting to gain a greater understanding of which demands from personal and professional life they are confronted with, and what can be done to improve the transition from being a novice to a professional nurse.

METHODS

Study design
The study adopted a qualitative longitudinal approach, based on interpretative phenomenological analysis to allow in-depth exploration of the participants' lived experiences. Unstructured written diaries were selected for optimal data collection. Diaries have the advantage of measuring real-life experiences and collecting the participants' own stories, without being theoretically driven. Because we focused on the novice nurses' own stories, we did not formulate any hypotheses in advance, but allowed the nurses to speak for themselves. After completing the diary, they answered some quantitative questions.

Sample and setting
A sample of novice nurses working on several wards at one University Medical Center in the Netherlands was recruited for this study. The inclusion criteria were a Bachelor's degree in nursing, aged under 30 and with no more than one year's work experience. Participants were recruited in cooperation with the head of nursing at the in-patient departments. Twenty-four nurses met the inclusion criteria and they were invited in writing to participate in this study. The nurses who met the inclusion criteria and were willing to participate ($n = 19$) were invited to a meeting where they were informed in detail about the purpose of the study and the associated workload.

Data collection

Using the Qualtrics package, data were collected from weekly measurements from September 2013 to September 2014. The nurses were asked to describe in their diaries a personal or work-related experience which was really important to them. We also asked them if they had shared this experience with their colleagues and/or supervisor. After completing the diaries, they answered quantitative questions measuring their level of exploration and commitment to the profession, but these were not used in this study.

Data analysis

The diaries were thoroughly read by three researchers, to obtain a contextual understanding of the described experiences. We started the analytical process with open questions, such as 'what experiences did the nurses describe? How did they act and feel? What situations were they confronted with?' The data were inductively explored using content analysis to identify themes as they 'emerged' from the data (Pope & Mays, 2008). Theoretical concepts, recurring themes and subthemes were identified using grounded theory and a constant comparison method (Charmaz, 2014; Miles, Huberman & Saldaña, 2014). When new themes emerged from the data, they were assessed and either absorbed into existing themes or identified as a new theme. The statements within each theme were read, discussed and compared critically. Subsequently, based on the themes and subthemes identified, the texts were deductively coded using the ATLAS.ti package. Three researchers independently coded the diaries, which were then compared to obtain inter-coder reliability and to avoid obtaining only the subjective judgments and interpretations of one researcher (Pope & Mays, 2008). To improve inter-coder reliability, the different coders' data were uploaded to the Coding Analysis Toolkit (CAT) in Atlas.ti (Friese, 2014). This resulted in a fairly high degree of agreement between the researchers (80%). Where there was disagreement, the 'mismatches' were discussed and codes were renamed, merged or deleted.

Ethical considerations

Approval for the study was obtained from the Ethical Committee Psychology of the University. Oral and written information about the research was provided, and participants signed a consent form. Because the researchers had no hierarchical working relationships with the participants, they could feel free to be honest in the descriptions of their experiences. Participants were informed that participation was voluntary and that they could withdraw from the study at any time without consequences. Finally, confidentially was guaranteed and secured by coding all the diaries and keeping the codes and the participants' names separately.

Trustworthiness

Credibility was confirmed by selecting the appropriate data collection method of diaries. Participants wrote their diaries in their own practice environment at a convenient moment. Dependability was established by detailed data analysis and description. Conformability and consistency of analysis were established through discussions of preliminary findings, until consensus was reached. A description of the context, participant selection, data collection and analysis process is provided to enhance our findings' transferability.

RESULTS

Background characteristics

Nineteen novice nurses from various hospital departments participated. Soon after the start of the study, one of the nurses dropped out. The remaining 18 participants were female and were aged from 21 to 26. The participants differed in their preliminary training, graduation year and staff position. See Table 1 for all characteristics.

Table 1 - Background characteristics of participants (*n*=18)

	% (n)	Mean ±SD
Gender female	100 (18)	
Age		23.06 ±1.43
Full-time education	61 (11)	
Dual education	39 (7)	
Working experience (max. 12 months)	56 (10)	
No working experience	44 (8)	
Staff nurse	44 (8)	
Float pool nurse	56 (10)	

Themes and subthemes

We received 580 completed diaries (range per participant 19-50, mean per participant 35). Eight major themes were identified: relatedness, competence, development, organizational context, existential events, goals, autonomy and fit (Figure 1). The need for autonomy, relatedness and competence – three of the themes which emerged from the diaries – resemble the concepts from the Deci and Ryan's Self Determination Theory (SDT). SDT provides a coherent and comprehensive basis for understanding personality development (Deci & Ryan, 2000). Autonomy is related to a person's need to feel in control of his/her own behaviours and goals Relatedness comprises the need to experience a sense of belonging and attachment to other people, while competence reflects the way that people need to gain mastery of tasks and learn different skills (Deci & Ryan, 2000). Orem's nursing theories regard competence as both the possession of knowledge and the power to put this knowledge to use in concrete situations (Orem, 2001, p. 16), which is why we divided this theme into situations in which novices demonstrated having the required competence and situations in which they felt competent. Development and goals can be viewed as two different but coherent themes, where development is about ongoing experiences, and goals are about the future. The organizational context in which novices begin working is mainly described in terms of workload and complexity of care. The existential theme is about novices' first experiences with illness and death. Finally, fit is about the extent to which they find that the profession suits them. An overview of all themes and subthemes and authentic examples is presented in Appendix A.

Competence

* Display
* Perception

Development

Organizational Context

* Complexity care
* Work pressure
* Unrealistic expectations

Autonomy

* Control
* Lack of control

Novice Nurse Identity

Fit

Relatedness

* Patient
* Colleague
* Supervisor
* Physician

Existential

* Illness, death, suffering
* Young age
* Guilt

Goals

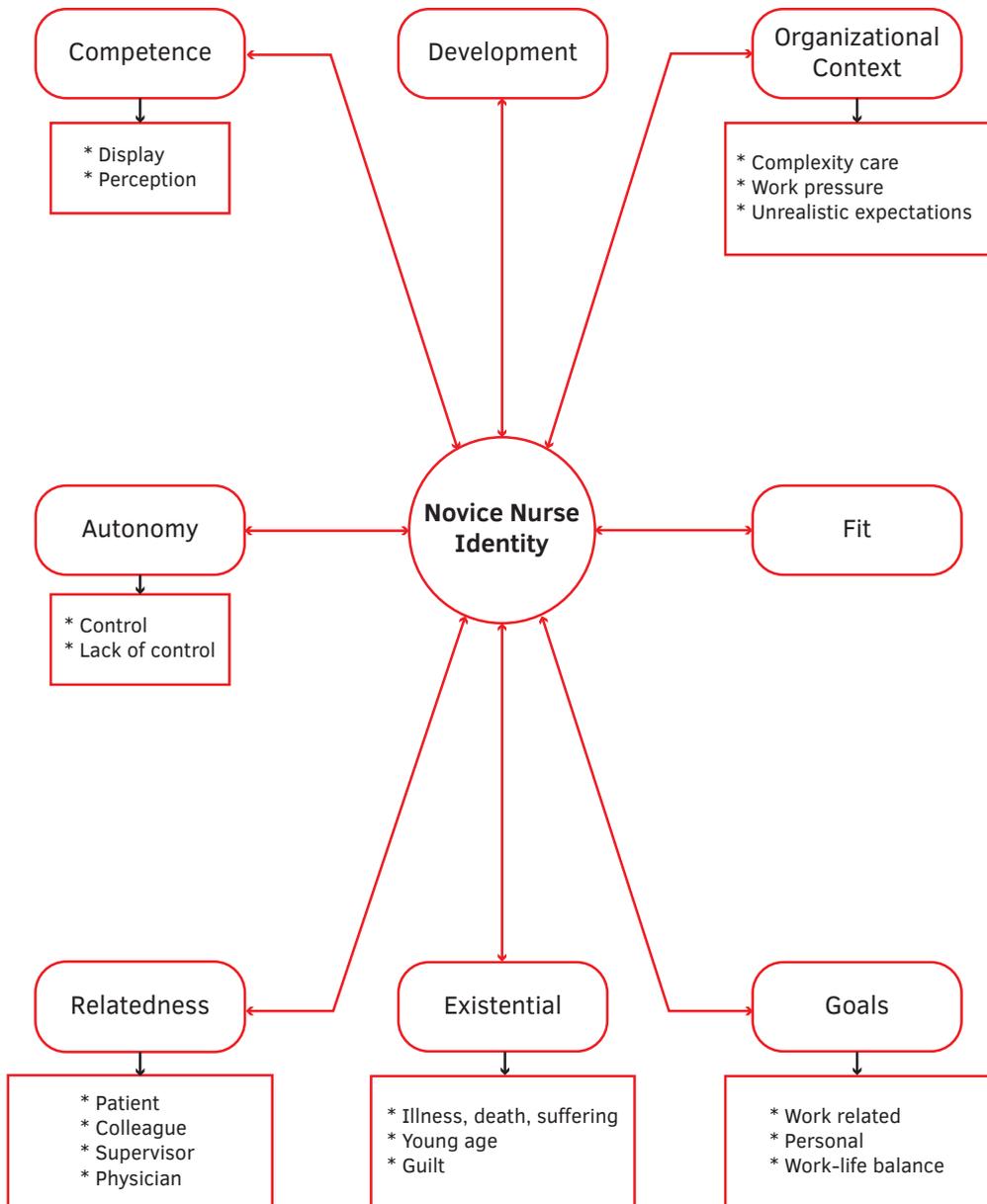* Work related
* Personal
* Work-life balance

Figure 1 - Major themes

Experiences
The findings obtained from the diaries were grouped into the aforementioned themes and subthemes which emerged from the thematic analysis of the reported experiences. The analysis showed that these experiences differ in nature and scope, and that both positive and negative experiences were described. Direct quotations from a sample of the participants illustrate how the experiences were voiced by the nurses. Many diaries described more than one experience. A total of 1321 experiences were reported and the percentage distribution on the themes is shown in Figure 2. We ordered the themes by frequency and described the characteristics of the experiences reflecting the themes.
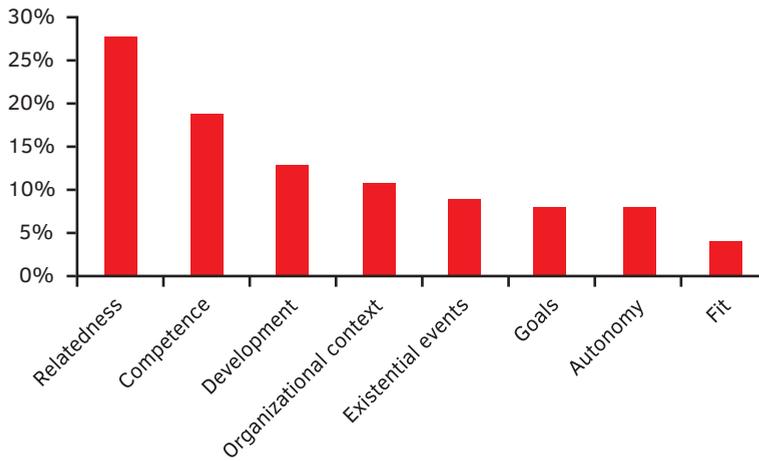

Figure 2 - Reported experiences (n=1321)

Relatedness

Experiences concerning relatedness were most frequently described and could be classified into experiences with patients, colleagues, supervisors and physicians. Many of the nurses (13) reported positive experiences with patients and the impact of these experiences on their self-confidence and self-concept. They felt respected and trusted by their patients, which also furthered their commitment to the profession. These interpersonal moments and being able to achieve something for a patient also seemed to have a motivational quality for both of them.

Last week I experienced something that I hope I will experience more often in the future: gratitude from a patient. I received a card on which she wrote that I had supported her very well over the weeks. This wonderful gesture really gave me a boost to keep going (nurse 14).

Furthermore, many novices (*n*=14) reported negative experiences with patients. The most frequent form was verbal harassment, such as harsh criticism in front of others, insults and humiliating remarks. Sexual harassment from patients was also reported.

My patients have a rather 'big mouth'. I believe that not all patients are respectful and sometimes I am amazed at how they speak to me. Some patients do not see that this is my job and that I want to keep enjoying my work (nurse 18).

One of my patients flirted a lot and I found this quite annoying. I immediately told him that I wanted his behaviour to change. The consequence was that I was less willing to help him compared to my other patients (nurse 9).

Relationships with physicians were mentioned by 9 nurses as collaborative and pleasant. Compliments from physicians gave their self-confidence a particular boost. Two of the nurses wrote:

Many mistakes were being made on admission. I reported this to our attending physician. He dealt with it and the next day I discussed the entire case with him, so I could tell my own story. This was very pleasant (nurse 10).

The physician said that I had made the right decision. I was glad that the doctor gave me this compliment. It gave me great confidence! (nurse 16).

On the other hand, many nurses (*n*=10) reported frustrating working relations with physicians. They reported feeling ignored, belittled and complained of not being treated like professionals.

When I had to take care of a baby with abnormal vital signs I had to hold my ground against the doctor. He waved away my concerns, which gave me the impression that he did not take me seriously (nurse 14).

The most frequently mentioned relatedness experiences referred to colleagues and their team. Perceived positive support from colleagues, reported by 14 nurses, were mostly related to stressful and demanding situations. The readiness of colleagues to lend a hand made them feel confident, but asking for help was often experienced as difficult when their colleagues were perceived as also overwhelmed with work. The following description is an example:

I recently had a patient who needed a lot of care and I had to ask two colleagues to help me. I sometimes feel very troubled that I have to ask for help all the time, because they were also very busy. But it is nice that these colleagues are always willing to help me (nurse 4).

One of the nurses wrote that a colleague's support was very helpful in dealing with their emotions after the death of a patient:

In the morning I talked with my colleagues about this experience, and later I drank a cup of coffee with a colleague from the nightshift to distract myself (nurse 17).

The following comments show a consistent thread in novice nurses' recognition of what they learned from working in a good team. Positive experiences of feeling supported by the team (*n*=14) contributed to enjoying work and they expressed that working as a team is essential for providing good care.

It was a bad day on a very busy ward. But I saw how nurses are able to help and support each other. I experienced real teamwork and really enjoyed it, because you realise that you are not alone (nurse 4).

Because we continue to work together as a team, we are able to care for all patients extremely well (nurse 14).

In contrast, others reported situations where they lacked the support of colleagues (*n*=13). One of the nurses wondered why colleagues refused to help when patient care situations became chaotic and stressful.

But no one had time (they said) and then I discovered that one colleague was just chatting, very relaxed, in a patient's room while I was working extremely hard. I was really fed up at that, because I am always there for my colleagues (nurse 14).

Negative experiences with the team were reported by 8 nurses, as they reflect not being welcomed and even being confronted with horizontal workplace violence, either verbal or nonverbal. The violence was sometimes perceived as systematically directed at them personally:

I came into the team room to ask for a patient's file. As I entered, I felt an uncomfortable atmosphere. The moment I walked out I heard my colleagues laughing. It sounded derogatory, as if they were ridiculing someone. In a flash I thought that it was directed at me...

This team really has a problem. A lot of frustration, distrust, a negative atmosphere and discontent. They pull each other into a downward spiral. Because of this discontent, there is an unwillingness to train new colleagues like me (nurse 2).

In addition to receiving support from colleagues, some nurses (*n*=9) reported that being able to support a colleague at times of high work pressure was essential, not least to increase their own job satisfaction.

This week I worked extra hard during the morning shift, so that I could offer to assist my colleagues. This was really appreciated and it was a positive experience for me (nurse 16).

The importance of positive feedback and support from supervisors was reported by 15 nurses. A supervisor who supported them and with whom they could discuss experiences with patients, colleagues or physicians, seemed invaluable.

It was a stressful and busy week. I took care of a few-months-old baby. The father was frustrated, because he had to wait two hours before he was attended to. His baby needed a drip, but unfortunately it did not flow correctly, and that made him even more frustrated. I did not know what to do anymore. The head nurse took me aside, and I could let off some steam for a moment. She then talked with the father, and fortunately he became less aggressive (nurse 6).

One nurse described that the relationship with her supervisor was pivotal for her self-confidence and enjoyment of work:

I received an email from my supervisor. She is leaving. I have had a good relationship with her, and her involvement and personal touch made me feel that there was someone really looking after me. And now she is leaving and I feel like I'm all on my own (nurse 2).

Negative support from the supervisor was described by 4 nurses.

This week I had my evaluation with my supervisor. There was only room for criticism during this conversation, no positive points were mentioned. I was very upset and I did not feel welcome anymore after that conversation (nurse 3).

Sharing experiences with colleagues and supervisors
The results of the quantitative questions showed that a majority of the experiences (62%) were discussed with colleagues. The experiences that were shared focused mainly on negative experiences with patients and unrealistic expectations. Only 19% of the experiences were discussed with supervisors and those experiences which were discussed focused mainly on negative experiences with colleagues and the team, professional development and excessive workload.

Competence

This theme was divided between accounts of demonstrating competence (display of competence) and accounts of feeling competent (own perception).There are descriptions of situations where novices expressed that they felt incompetent but still did what needed to be done. The majority of experiences were positive. Positive displays of competence, possessing nursing knowledge and being able to apply this knowledge in practice were described by 15 nurses.

When the doctor came in we noted that the patient's breathing was becoming increasingly shallow. 'I think you should start mouth-to-mouth resuscitation'. So I did, without any doubts, and with no experience. In the end the situation stabilized. They told me that I had done well and had remained very calm (nurse 2).

Negative displays of competence were reported by 6 nurses and were mostly related to maladministration of medication. These mistakes appeared to have an enormous impact.

I distributed the wrong medication on two of the three night shifts. I was really upset. I want to be attentive and neat in my work and then I make mistakes in that of all things (nurse 4).

Most participants (*n*=17) experienced challenging situations which they were nevertheless able to manage. Being able to manage a whole shift despite having responsibility for a large number of patients seemed to increase positive perceptions of personal competence Their perceptions were expressed in statements such as:

Twelve children is pretty tough. However, the night shift went quite well. That gave me a good feeling in any case, obviously I can handle it (nurse 2).

A number of nurses (*n*=13) recognized their limitations and they reported feelings of inadequacy when they were confronted with situations for which they felt ill-prepared. They frequently remarked that they worried they might make mistakes due to their limited knowledge and experience. Lack of confidence and unfamiliarity with the new ward also contributed to their anxiety and stress.

This weekend I had to care for a baby during the night shift. I could not understand what exactly was wrong with the baby. I just could not explain this case. You often stumble across these kinds of situations at the beginning of your career, because you have limited experience. But sometimes I find it difficult, because I actually expect it of myself to already have that knowledge. Otherwise I think I cannot provide good care (nurse 12).

Development

A common thread running through the diaries was the need for continuing professional development. Development was felt to be indispensable by all novice nurses (*n*=18) to improve their competences, self-confidence and feelings of autonomy. They expressed satisfaction with educational opportunities and career development which contributed

to their professional growth.

This week I followed some very interesting courses at work. I learned a lot and now I observe my patients with greater knowledge and depth (nurse 6).

Short and sweet: I have noticed that I am becoming more confident in my work on the ward compared to the very beginning. This is a very positive experience! (nurse 13).

In contrast, some nurses (*n*=4) reported that due to a lack of guidance from supervisors, they were unable to meet their learning goals.

I have not worked much with my supervisors in recent weeks. I have noticed that I don't learn much that way. I have '130' colleagues and, in my opinion, they often see training as a one-off activity and do not seem to want to invest a lot of energy in the process (nurse 15).

Organizational Context
This theme encompassed aspects of the organizational context, such as complexity of care, work pressure and unrealistic expectations. Being confronted with the complexity of care was reported by 10 nurses and reflected their awareness of responsibilities they were not yet able to meet.

Everything is complex, intense and exceptional in this hospital. The responsibility I carry as a novice is really absurd…I can hardly manage. I stagger through my shift, and when something unexpected happens (a very sick child, an admission) I 'collapse' (nurse 2).

Low work pressure was related to increased personal relaxation and having time for patients and students (*n*=12). These moments are associated with feelings of satisfaction and fulfillment.

It was a quiet week, so I could do many other things, such as training my student. I was very glad I had time to do this (nurse 1).

It is a less busy ward, and after a few days working on the new ward, I calmed down. I had more time for patients, instead of feeling stressed about not being able to finish everything (nurse 14).

The majority of participants (*n*=17) mentioned 'unreasonable' workloads, caused by staff shortages for instance, resulting in nurses not being able to provide adequate patient care. They reported feelings of exhaustion and an aversion to going to work.

I recently spent a few days on a ward where the workload was extremely high…I could not finish my work on time, and felt dissatisfied and had the feeling that I forgot a lot (nurse 4).

It have been so busy the last few weeks, that I have not felt like going to work anymore (nurse 10).

Some nurses criticized the organization for not providing adequate support and they believed it irresponsible to let young inexperienced float pool nurses work with severely ill patients. One of the nurses did not want to be part of an organization where quality of care could not be guaranteed. She felt powerless to change her unsatisfactory work environment and even considered leaving:

I'm really passionate about my work, except not in this environment. Perhaps we are all still too young, with not enough experience. This really is an absurd job. I'm leaving this hospital (nurse 2).

Many novice nurses experienced a mismatch between the expectations others had of them, and their ability to perform. They expressed feelings of anxiety about whether they could meet expectations, especially when they were responsible for a large number of patients. Some nurses described the reality of clinical practice as overwhelming and they described the workday as a routine in chaos. These 'unrealistic' expectations were both related to cognitive ($n=9$) and physical ($n=15$) overload.

They all expect a lot from me, while I'm actually still quite overwhelmed by the intensity and complexity of the ward (nurse 12).

The last couple of nights we had 26 patients on the ward. There were two emergency admissions, five post-operative patients, two psychiatric patients and two patients who had to have emergency surgery. The following day I could not sleep well because I was afraid I had forgotten something (nurse 5).

Existential
Confrontations with existential events were frequently reported. When faced with severely ill and dying patients, most nurses ($n=16$) reported that they were overwhelmed with strong emotions and that they did not know how to control their feelings. They felt unprepared to deal with end-of-life care and expressed their feelings of hopelessness and emotional distress. Confrontations with patients close to their own age, with life-threatening diseases, affected how they provided patient care.

There was a little boy with a brain tumor with metastases in the spinal cord. He is such a sweet and nice little boy. I wanted to talk to the parents, but I could not handle that emotionally. I just hope that all goes well with him (nurse 12).

There is a man on our ward who is a month younger than me. He has testicular cancer and probably metastases. I just delivered the care I would give to any other man in this situation. Yet something feels different because he is so young (nurse 9).

Some nurses ($n=7$) described experiencing feelings of guilt when they felt they had fallen short in the care for their patients, or negative feelings regarding their patients.

There was a patient who snapped at me all the time, so I did not think very positively about her. When I heard she had been resuscitated I was very shocked. I immediately felt guilty about the fact I had thought negatively about her (nurse 4).

Goals
Goals can be work-related and personally-related. Work-related goals were reported by 13 participants and were about career opportunities and professional development. A minority of the nurses (*n*=5) reported personal goals, such as the desire to buy a house or start a family. Goals are regarded as a part of their ongoing chosen direction within their professional and personal life plan.

I'm trying to figure out what will be my next step professionally. I am hesitating between studying to be a Nurse Practitioner or a Physician Assistant. I'm going to approach my teacher about the precise criteria and will discuss this with my head nurse (nurse 18).

I really want a permanent contract because my boyfriend and I want to buy a house (nurse 7).

Finding a good balance between work and private life seemed important for these novice nurses. Both positive (*n*=8) and negative (*n*=9) experiences with achieving a work-life balance were mentioned.

Everything in my new house is in place. I was also busy with my studies. Fortunately, the work was a good distraction and it all went well! (nurse 8).

I have problems separating work and my private life. I have discussed this with my colleagues. Even the most experienced nurses are worn out when they come home and dream about their work. This is exactly what I experienced (nurse 2).

The other young nurses and I work a particularly high proportion of night shifts. I know that night shifts are part of the job, but right now I work so many night shifts that my social life is suffering (nurse 18).

Autonomy
The experiences reported related to autonomy revealed that many novice nurses (*n*=15) were confronted with situations in which they felt they had control over their work and that they felt satisfied with these experiences. Many of the descriptions related that feelings of control included authority in patient care, the power to make decisions in a relationship with the patient and the freedom to take clinical decisions and actions.

Last week there was an acute situation and I was all alone. What I had hoped for happened: I remained calm, found the problem, solved it and was ultimately able to calm my supervisor, who was very stressed (nurse 15).

In many situations, however, this enjoyment was overshadowed by a lack of control or loss of control over work. Many nurses (*n*=15) reported that they were not on top of their patient care and felt insecure about the demands on them.

I often don't feel completely sure about my work. I am afraid that I'm making mistakes and forgetting things regarding my patients. I have the feeling that other nurses do everything right and I still make some mistakes (nurse 4).

Fit
This theme includes novice nurses' positive feelings, such feeling well suited to the profession, being content in their work (*n*=14), and negative feelings, such as wondering whether it is the right job for them and feelings of discontent (*n*=10).

I'm very happy with my work. I really like the nursing profession. The role of a nurse suits me well, because I like working with people, helping them, listening to them and reassuring them (nurse 12).

This week I've often questioned whether this is the job I actually want to do for the rest of my life. I've found it difficult to feel enthusiastic about my job (nurse 6).

DISCUSSION

Previous research suggests that novice nurses have to endure a lot in their early careers. To really understand what situations they are confronted with, it is essential to let them express these first experiences. In the diaries the nurses reflected on their own actions, which allowed them to reconstruct and make sense of that experience. The importance of reflections has been emphasized in earlier studies (Benner, 1984; Bulman, Lathlean & Gobbi, 2012; Takase, Yamamoto, Sato, Niitani & Uemura, 2015). To our knowledge, this study is the first to assess longitudinally which experiences really matter to novice nurses when they start working in clinical practice. Personal and professional experiences, both positive and negative, turned out to be important in their transition from student nurses to professional staff nurses. Our results showed that the positive experiences generally outweighed the negative ones.

Relatedness experiences were reported most frequently. Support and positive feedback from patients, physicians, colleagues and supervisors appeared to be crucial for novices starting work in a highly complex environment. Positive experiences with patients and the perception that they really made a difference to them turned out to contribute to their personal and professional identity development. However, the patient-related experiences were predominantly negative. Novices experienced aggressive behavior, feelings of not being respected and even sexual harassment. Both positive and negative experiences with patients seemed to be related to self-confidence and self-concept. This finding supports the argument that there is a connection between nurses' views of themselves, what they achieved for their patients and the respect they received from their patients (Pask, 2003). Compliments and respect from doctors also boosted their self-confidence. However, relatedness-experiences with physicians were also predominantly negative. The participants reported situations where physicians would refuse to come when summoned to life threatening situations, treated them with disrespect and even bullied them. Earlier studies indicated that positive perceptions and compliments from physicians made novice nurses feel respected and contributed to job satisfaction

(Kovner et al., 2016; Numminen, Ruoppa, Leino-Kilpi, Isoaho, Hupli & Meretoja, 2016) and negative experiences were associated with feelings of uncertainty and even plans to leave the profession (Heinen et al., 2013; Vogelpohl, Rice, Edwards & Bork, 2013). Support from colleagues and supervisors was reported to be essential for their self-confidence and their professional identity. Even though not all experiences were discussed with colleagues (62%), the diaries revealed that talking about experiences was important to enable novices to handle the ups and downs on the ward. Experiences with colleagues and team were mainly positive: they experienced support in demanding and critical situations. Some novices explained that good working relationships and feeling welcomed in the team seemed to be more important than the patient group they were working with. These findings are in line with (Olson, 2009), who found that supportive and empathetic relationships with colleagues play an important role in how at home novice nurses feel in their profession, and how confident they feel with how they perform. Our findings also support the conceptual framework proposed by (Duchscher, 2009), which suggested that novice nurses' transition process during their first 12 months of practice needs extensive collegial support. Negative experiences with colleagues and the team were reported less often and were mostly caused by high work pressure. Negative experiences, such as horizontal violence and bullying, are usually expressed in the form of psychological harassment, intimidation, humiliation and the sense of abandonment. Nevertheless, these experiences were crucial for the novices' wellbeing and enjoyment of their work. When the support expected does not materialize, this may lead to decreased self-confidence and enjoyment of work (Duchscher, 2009). Despite the fact that support from supervisors was found to be essential, only a minority of the experiences (19%) were discussed with them. This may be due to a variety of issues, such as absence or inaccessibility of supervisors, an unsafe work environment or fear of a negative assessment. This is consistent with young nurses' experiences in the study by (Flinkman & Salantera, 2015), who described that supervisors and nurse managers were distant and rushed, and did not always understand the problems of practical nursing work.

Experiences related to competence were predominantly positive, both in terms of having and using competence, and novice nurses' own perceptions of their competence. Negative experiences were mainly related to personal perceptions of their knowledge and skills. Novice nurses experienced situations in which they felt incompetent but nevertheless did what had to be done Even when they acted correctly, they felt very insecure in many situations, and when they made mistakes, for example in administering medicine, it affected their self-confidence enormously. The development of competence proved to be complex and versatile, as it comprises a wide range of attributes such as skills, self-confidence and experience. Our study results also indicated that novice nurses gain competences not only by practicing, but also by observing and learning from more experienced role models. This accords with previous studies which found that to practice nursing competently, nurses need to gather knowledge, experience and confidence (Hengstberger-Sims et al., 2008; Takase et al., 2015).

The findings indicated that all novice nurses experienced development and growth during their first year as a nurse. They appreciated the challenges of learning new nursing skills through training and supervising students. Wangensteen, Johansson and

Nordstrom (2008) noted that novice nurses experienced their first year as a nurse as a period of growth and development, enabling them to adjust to the responsibilities of their new role as nurses. Pool, Poell, Berings and ten Cate (2015) found that continuing professional development appeared to be more intensive for younger nurses, relative to older age groups, with age and tenure highly related.

Experiences concerning the organizational context were mainly negative, and seemed to affect novice nurses' wellbeing tremendously. They expressed many concerns with their work environment, including the high complexity of care, unacceptable workloads and staffing shortages. Nursing work was described as cognitive, emotional and physically very demanding, resulting in dissatisfaction, stress and exhaustion. They mentioned that they were given too much responsibility and that their anxieties were ignored by the organization. Moreover, being unfamiliar with a ward or patient group seemed to increase feelings of uncertainty and stress. They also expressed feelings of impotence to change these unsatisfactory work environments. These findings are in line with other studies on this subject (Duchscher & Cowin, 2006; Flinkman & Salantera, 2015).

Despite the fact that caring for severely ill and dying people is an essential part of nursing, participants frequently voiced feelings of distress and helplessness when they were exposed to these traumatic events. The first patient death experiences, especially with young patients, prompted thoughts of their own mortality. These emotional demands also affected their professional attitudes towards patients, and sharing these experiences with colleagues and receiving support was essential for dealing with these existential events. These findings are in line with Al Awaisi et al. (2015), Anderson et al. (2015) and O'Shea and Kelly (2007), who showed that early encounters with dying patients can be highly stressful and are dreaded.

The transition from student to staff nurse, and from adolescence to adulthood, is accompanied by both work-related (career) and personal (e.g. romantic relationship) goals. Unfortunately, experiences related to the work-life balance were generally negative. Heavy workload, too many nightshifts and existential demands affected novice nurses' personal lives. A lack of balance, whereby the demands of work and personal life are mutually incompatible, is often associated with lower mental and physical wellbeing, and even with higher levels of burnout and turnover intentions (Boamah & Laschinger, 2016; Leong & Crossman, 2015; Yamaguchi, Inoue, Harade & Oike, 2016).

With regard to autonomy, the results showed that being in control of their work seemed to be crucial for novice nurses' professional development. When they experienced that they could handle their work responsibilities, especially in heavy workload and complex patient situations, it gave them a tremendous boost to their self-confidence and the sense of becoming nurses. However, they experienced a lack of control in many situations. This can be attributed to the fact that novice nurses are mainly concerned with finding a place in the organization and with learning clinical competences, and that the acquisition of autonomy is still a long way off. This is supported by Katrinli, Atabay, Gunay and Guneri (2009), who found that autonomy is closely related to job involvement, personal responsibility and organizational identification.

The majority of the experiences related to fitting the profession were positive. Despite feelings of doubt being expressed in some situations, most novices felt that they had made the right choice and really well suited to nursing. This is in contrast with previous studies which found that early experiences in clinical practice did not meet novice nurses' expectations (Flinkman& Salantera, 2015; Kovner et al., 2016).

Strenghts and limitations
This study's longitudinal design and the number of diaries collected were strengths. Another was its open character, with a focus on novice nurses' 'lived experiences'. Conducting the research in only one hospital can be considered a limitation.

CONCLUSION

This study showed that novice nurses go through a transition process with many challenging, existential and stressful situations, and that they adopt different strategies to deal with them. It turned out that one of these strategies was to share their experiences with colleagues and head nurses. This is supported by the finding that relatedness was by far the most important and frequently reported theme in the diaries. Therefore, it is vital to ensure that novice nurses work in a safe environment which enables them to share their experiences and ask for help in stressful situations. In addition, encouraging support from their teams and supervisors may contribute to a better transition from nursing student to staff nurse, and develop professional identity. The next step is to analyse which experiences are most related to novices' commitment to the nursing profession.

Relevance to clinical practice
Positive work experiences in the first year of practice seem highly important for remaining motivated. Relational networks appear to be very important. The descriptions in the diaries showed that novices mostly receive positive support from their colleagues and the team. Only few experiences with supervisors are reported. Given the type of negative experiences of many nurses, this seems an important omission. Negative perceptions of their own competence, confronting situations with death and severe illnesses, negative experiences with physicians, these are all situations that ask for support from a supervisor. The experiences with supervisors that are mentioned are mostly positive, so it seems to be especially a problem of the perceived availability of the supervisor, not of the quality of the relationship. The presence and support of supervisors and mentors are inevitable to keep novice nurses motivated for the profession.

APPENDIX A

Description of themes and sub-themes

RELATEDNESS

Identified subtheme	Description of subtheme	Reported subthemes (n)	Nurses that reported the subtheme (n/%)	Authentic example
Positive experiences with patients	Positive experiences with patients, e.g. getting compliments, nice conversations	25	13/72%	'My patient complimented me on my good care and said: "you will make it!" That was very sweet of her to say. It confirms that you are doing well'
Negative experiences with patients	Negative experiences, e.g. aggression, disrespect from patients	52	14/78%	'I took care of a patient who responded very harshly, so I asked her to speak to me more respectfully. She then told me that I had to become more resilient'
Support from physician	Feeling supported by the physician, e.g. compliments, solving problems together	17	9/50%	'After my very busy shift, the physician complimented me on my attitude and work'
Lack of support from physician	Physicians who refuse to come, insulting, rude or arrogant behaviour	22	10/56%	'On Monday the professor visited the ward and told us that he was not at all satisfied with the weekend's policy. Then he left and I had to figure it out by myself'
Support from colleagues/team	Receiving practical (heavy workload) or emotional (existential events) support from colleagues. Feeling welcomed in the team	127	17/94%	'I had a very nice week, mainly due to my team and my colleagues. I'm enjoying my work more'
Lack of support from colleagues/team	Disloyal behaviour, bullying, gossip	60	15/83%	'During such a busy week I feel that some colleagues are really irritated. The composition of the team also plays a major role'
Provide support to colleagues	Providing practical (heavy workload) or emotional (existential events) support to colleagues	13	9/50%	'I took over a shift from my colleague, because her child went to school for the first time. I think it's important to stand in for each other'
Support from supervisor	Understanding and support from supervisor regarding development, workload and team atmosphere	44	15/83%	'Last week I had my annual interview with my supervisor. She gave me the opportunity to discuss all my frustrations about gossip on the ward. I appreciated that a lot'
Lack of support from supervisor	Lack of understanding and support from supervisor regarding development, workload and team atmosphere	6	4/22%	'I had an annoying conversation with my supervisor. She said that she does not see me very often on the ward, so she cannot see my progress and growth'

COMPETENCE

Display of competence	Showing that they possess the required competences by actually applying them in practice	107	15/83%	'This week I had a patient with an IDUC who suddenly experienced a lot of pain. I suspected immediately that something had snapped in the bladder, because he'd had an operation. I deflated the IDUC balloon and pushed it a little further in. I then refilled the balloon, and the patient felt no more pain'
Lack of display of competence	Showing lack of required competences, making mistakes	10	6/33%	'On a late shift I had one patient who needed oxygen due to a pulmonary embolism. I made a mistake and connected the patient to air, not oxygen. I regretted it enormously when I learned of this later, I was in real shock'
Positive perception of own competence	Having the feeling that they acted correctly, that they possess the required competences	81	17/94%	'I felt competent and confident enough to handle this patient. It was even a kind of adrenaline kick! Because I feel that I am growing as a nurse and that experience was just what I needed!'
Negative perception of own competence	Feelings of falling short and lacking the required competences	49	13/72%	'I must say that sometimes I do not know things. I would like to know everything and sometimes I feel so stupid and a novice who knows nothing'

DEVELOPMENT

Development	The ability to develop in the profession by working in practice and following courses	173	18/100%	'During my first day I experienced that I really like to learn. I long for new challenges and knowledge'
Lack of development	Not being able to meet learning goals	5	4/22%	'Unfortunately, I have not yet been able to learn a lot from the nursing activities performed by my colleagues and supervisors'

ORGANIZATIONAL CONTEXT

Complexity of care	Taking care of patients with complex care needs, comorbidity; high clinical responsibilities	22	10/56%	'I was taking care of very ill and complex patients. This was a valuable experience, but also very demanding. After the shift I was completely exhausted'
Positive work pressure	Workload is experienced as pleasant; time to provide the care they want to deliver	20	12/67%	'I had a very quiet, uneventful week. We had time for our patients and could provide good care'
Negative work pressure	Workload is too great; lack of time to provide good care and be there for patients	52	17/94%	'I had very busy shifts, and had to make choices and get my priorities right. I could not finish all my work'
Unrealistic cognitive expectations	They are expected to do things they cannot actually know	25	9/50%	'The complexity of care made me very insecure, because I had hardly trained on this ward. There are patients with

				very different illnesses and I have not performed many nursing actions myself'
Unrealistic physical expectations	Excessively busy wards, too many patients and insufficient staff, so they cannot provide the required care	33	15/83%	'I was all alone on the ward and took care of 12 patients. Some of them had just undergone an operation. It was very busy and soon I realised that I could not manage to coordinate and provide the required care on my own'
EXISTENTIAL				
Existential: confrontation with illness, death and suffering	Very ill or dying patients, bad news conversations	83	16/89%	'A young woman was transferred to our ward from the ICU. All her fingers and toes were dead, caused by a urosepsis. It was really terrible to see'
Existential: confrontation with youth	Contact with young patients, patients of their own age	14	9/50%	'I notice that I find it hard when I meet patients of my age. It grieves me to see them that way, because I know that most of them are not likely to survive'
Existential: confrontation with feelings of guilt	Feelings of guilt, because they had forgotten to do something, made mistakes or were unkind to a patient	18	7/39%	'When I was changing a bed, the patient fell out of his chair and his head hit the ground. I was very upset and felt very guilty'
GOALS				
Work-related goals	Future career plans	51	13/72%	'It is very instructive to be a supervisor for the first time. I hope to start with the training course soon'
Personal goals	Future plans for private life	13	5/28%	'Now that I am creating my own place at home, I notice that I would like to have a permanent contract'
Positive work-life balance	There is a balance between work and private life: it's all going well	15	8/44%	'My new partner and I are very busy finding a house. So sometimes it's just nice to be back here at work'
Negative work-life balance	There is no balance between work and private life, e.g. caused by high demands, both in private life and at work	32	9/50%	'The previous weeks I was busy at work and busy at home, it was a big headache'
AUTONOMY				
Control	Feelings of control over work or private life	60	15/83%	'Last week I worked late weekend shifts. This was new to me, but I think I had it all well under control'
Lack of control	Not knowing what to do, no control over work or private life	40	15/83%	'I got totally stuck. I took on 3 patients who needed a lot of care, and I really did not know what to do anymore'

FIT

Fit	Being content with the profession and feeling that the work suits them well	34	14/78%	'It is very nice to discover that I had made the right choice and that I am happy with my work. I have never experienced this in previous jobs. I work with pleasure and that affects the care I provide'
Lack of fit	They doubt whether nursing is the right job for them	18	10/56%	'At the moment I do not like my job at all. I wonder if there are other jobs that would suit me better'

REFERENCES

Al Awaisi, H., Cooke, H. & Pryjmachuk, S. (2015) The experiences of newly graduated nurses during their first year of practice in the sultanate of Oman - A case study. International Journal of Nursing Studies 52 (11), 1723-1734.

Anderson, N. E., Kent, B. & Owens, R. G. (2015). Experiencing patient death in clinical practice: Nurses' recollections of their earliest memorable patient death. International Journal of Nursing Studies 52 (3), 695-704.

Arnett, J. J. (2014). Emerging Adulthood: The Winding Road from the Late Teens through the Twenties (Second edition. ed.). Oxford : Oxford University Press.

Arrowsmith, V., Lau-Walker, M., Norman, I. & Maben, J. (2016). Nurses' perceptions and experiences of work role transitions: A mixed methods systematic review of the literature. Journal of Advanced Nursing 72 (8), 1735-1750.

Benner, P. E. (1984). From novice to expert : Excellence and power in clinical nursing practice. Menlo Park, CA : Addison-Wesley.

Bjerknes, M. S. & Bjork, I. T. (2012). Entry into nursing: An ethnographic study of newly qualified nurses taking on the nursing role in a hospital setting. Nursing Research and Practice, 690348.

Bjorkstrom, M. E., Athlin, E. E. & Johansson, I. S. (2008). Nurses' development of professional self--from being a nursing student in a baccalaureate programme to an experienced nurse. Journal of Clinical Nursing 17 (10), 1380-1391.

Boamah, S. A. & Laschinger, H. (2016). The influence of areas of worklife fit and work–life interference on burnout and turnover intentions among new graduate nurses. Journal of Nursing Management 24 (2), E164-74.

Bulman, C., Lathlean, J. & Gobbi, M. (2012). The concept of reflection in nursing: Qualitative findings on student and teacher perspectives. Nurse Education Today 32 (5), e8-13.

Charmaz, K. (2014). Constructing Grounded Theory. SAGE Publications, London.

Clark, T. & Holmes, S. (2007). Fit for practice? an exploration of the development of newly qualified nurses using focus groups. International Journal of Nursing Studies, 44(7), 1210-1220.

Cowin, L. S. & Hengstberger-Sims, C. (2006). New graduate nurse self-concept and retention: A longitudinal survey. International Journal of Nursing Studies 43 (1), 59-70.

Deci, E.L. & Ryan, R.M. (2000). The "What" and "Why" of Goal Pursuits: Human Needs and the Self-Determination of Behavior. Psychological Inquiry 11 (4), 227-268.

Duchscher, J. E. (2009). Transition shock: The initial stage of role adaptation for newly graduated registered nurses. Journal of Advanced Nursing 65 (5), 1103-1113.

Duchscher, J. E. & Cowin, L. S. (2004). The experience of marginalization in new nursing graduates. Nursing Outlook 52 (6), 289-296.

Duchscher, J. E. & Cowin, L. S. (2006). The new graduates' professional inheritance. Nursing Outlook 54 (3), 152-158.

Flinkman, M. & Salantera, S. (2015). Early career experiences and perceptions - a qualitative exploration of the turnover of young registered nurses and intention to leave the nursing profession in Finland. Journal of Nursing Management 23 (8), 1050-1057.

Friese, S. (2014). Qualitative Data Analysis with Atlas.ti. London, Sage Publications.

Gardiner, I. & Sheen, J. (2016). Graduate nurse experiences of support: A review. Nurse Education Today 40, 7-12.

Guarinoni, M., Petrucci, C., Lancia, L. & Motta, P. C. (2015). The concept of care complexity: A qualitative study. Journal of Public Health Research 4 (3), 588.

Heinen, M. M., van Achterberg, T., Schwendimann, R., Zander, B., Matthews, A., Kozka, M., . . . Schoonhoven, L. (2013). Nurses' intention to leave their profession: A cross sectional observational study in 10 European countries. International Journal of Nursing Studies 50 (2),174-184.

Hengstberger-Sims, C., Cowin, L. S., Eagar, S. C., Gregory, L., Andrew, S. & Rolley, J. (2008). Relating new graduate nurse competence to frequency of use. Collegian (Royal College of Nursing, Australia) 15 (2), 69-76.

Howarth, M., Holland, K. & Grant, M. J. (2006). Education needs for integrated care: A literature review. Journal of Advanced Nursing 56 (2), 144-156.

Jewell, A. (2013). Supporting the novice nurse to fly: A literature review. Nurse Education in Practice 13 (4), 323-327.

Katrinli, A., Atabay, G., Gunay, G. & Guneri, B. (2009). Exploring the antecedents of organizational identification: The role of job dimensions, individual characteristics and job involvement. Journal of Nursing Management 17 (1), 66-73.

Kelly, S. & Courts, N. (2007). The professional self-concept of new graduate nurses. Nurse Education in Practice 7 (5), 332-337.

Kovner, C. T., Djukic, M., Fatehi, F. K., Fletcher, J., Jun, J., Brewer, C. & Chacko, T. (2016). Estimating and preventing hospital internal turnover of newly licensed nurses: A panel survey. International Journal of Nursing Studies 60, 251-262.

Kramer, M. (1974). Reality shock: Why nurses leave nursing. St. Louis, MO: Mosby.

Kumaran, S. & Carney, M. (2014). Role transition from student nurse to staff nurse: Facilitating the transition period. Nurse Education in Practice 14 (6), 605-611.

Leong, Y. M. & Crossman, J. (2015). New nurse transition: Success through aligning multiple identities. Journal of Health Organization and Management 29 (7), 1098-1114.

Miles, M.B., Huberman, A.M. & Saldana, J. (2014). Qualitative Data Analysis. A Methods Sourcebook. SAGE Publications, Thousand Oaks, California.

Numminen, O., Ruoppa, E., Leino-Kilpi, H., Isoaho, H., Hupli, M. & Meretoja, R. (2016). Practice environment and its association with professional competence and work-related factors: perception of newly graduated nurses. Journal of nursing management 24 (1), E1-E11.

Olson, M. E. (2009). The "millennials": First year in practice. Nursing Outlook 57 (1), 10-17.

Orem, D.E. (2001). Nursing concepts of practice (6th ed.). St. Louis, MO: Mosby.

O'Shea, M. & Kelly, B. (2007). The lived experiences of newly qualified nurses on clinical placement during the first six months following registration in the republic of Ireland. Journal of Clinical Nursing 16 (8), 1534-1542.

Pask, E. J. (2003). Moral agency in nursing: Seeing value in the work and believing that I make a difference. Nursing Ethics 10 (2), 165-174.

Pool, I. A., Poell, R. F., Berings, M. G. & ten Cate, O. (2015). Strategies for continuing professional development among younger, middle-aged, and older nurses: A biographical approach. International Journal of Nursing Studies 52 (5), 939-950.

Pope, C. & Mays, N. (2008). Qualitative research in health care. Oxford, Blackwell publishing.

Takase, M., Yamamoto, M., Sato, Y., Niitani, M. & Uemura, C. (2015). The relationship between workplace learning and midwives' and nurses' self-reported competence: A cross-sectional survey. International Journal of Nursing Studies 52 (12), 1804-1815.

Taubman-Ben-Ari, O. & Weintroub, A. (2008). Meaning in life and personal growth among pediatric physicians and nurses. Death Studies 32 (7), 621-645.

Vogelpohl, D. A., Rice, S. K., Edwards, M. E. & Bork, C. E. (2013). New graduate nurses' perception of the workplace: Have they experienced bullying? Journal of Professional Nursing : Official Journal of the American Association of Colleges of Nursing 29 (6), 414-422

Wangensteen, S., Johansson, I. S. & Nordstrom, G. (2008). The first year as a graduate nurse--an experience of growth and development. Journal of Clinical Nursing 17 (14), 1877-1885.

Yamaguchi, Y., Inoue, T., Harada, H. & Oike, M. (2016). Job control, work-family balance and nurses' intention to leave their profession and organization: A comparative cross-sectional survey. International Journal of Nursing Studies 64, 52-62.

Zhang, Y., Qian, Y., Wu, J., Wen, F. & Zhang, Y. (2016). The effectiveness and implementation of mentoring program for newly graduated nurses: A systematic review. Nurse Education Today 37, 136-144.

6