



A bridge over troubled water? – Exploring learning processes in a transition program with newly graduated nurses

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ABSTRACT

Successful preparation of newly graduated nurses (NGN) is a critical concern for the healthcare sector. This study explores the learning processes enacted in a transition program with NGNs implemented in hospitals in western Sweden. Group interviews with NGNs and ward managers were conducted, with the data analyzed using qualitative thematic analysis. The following themes were identified as the learning processes secured through the program: Recognizing the NGNs' role as novice practitioners, Emphasizing newly graduated nurses as learners, and Progressing towards a comprehensive nursing role. To support these learning processes, the program should provide opportunities to consolidate and reconcile NGNs' experiences as novices in healthcare environments where effective performance is crucial. If NGNs are supported in these ways, the program can make salient contributions to develop the knowledge bases of their occupational expertise.

1. Introduction

The transition from participating in educational programs to engaging effectively in work practice can be a difficult and fraught process (Dyess and Sherman, 2009; Monagle et al., 2018; Murray et al., 2019). Newly graduated nurses (NGNs) report entering overburdened healthcare settings where they are expected to quickly become competent practitioners (Duchscher, 2008; Gellerstedt et al., 2019). Although not a new phenomenon, transitioning to work in healthcare is today even more demanding due to highly specialized and complex hospital care (Dyess and Sherman, 2009). The first year of practice is also a critical time in terms of support to improve retention and satisfaction and to counter attrition of NGNs (Eckerson, 2018; Rudman et al., 2020). Transition programs supporting safe and effective transitions for NGNs into nursing work have been implemented globally in the past few decades (Missen et al., 2014; Wildermuth et al., 2020). More than providing clinical experience, these programs have been shown to strengthen competence in task performance, self-confidence, job satisfaction, critical thinking, communicative skills, and reduction of stress (Glynn and Silva, 2013; Rush et al., 2019; Kowalski and Cross, 2010). Transition programs are also implemented in response to recruitment and retention issues (Eckerson, 2018) and to ensure patient safety and quality of care (Mellor and Greenhill, 2014).

A review found that transition programs should last 10–15 months to successfully prepare NGNs for independent practice (Cochran, 2017). Although differing in duration (i.e., a couple of weeks to one year), the structure and components of transition programs are often similar (Bakon et al., 2018). Typically, they involve introduction, extended supervision, lectures, simulations, mentoring, and reflective activities with peers (Rush et al., 2019). Programs combining different types of learning support activities are most effective in assisting NGNs to transition into clinical environments and nursing roles (Bakon et al., 2018; Cleary et al., 2009). NGNs' commitment to establishing their professional role is reported as essential in the transition (Lindfors et al., 2018). Initial supervision by experienced nurses and guidance by ward managers during orientation are also reported as salient for effective transitions (Lindfors et al., 2018; Rush et al., 2019). However, the efficacy of transition programs can be compromised when they are enacted primarily for filling staffing gaps, rather than for supporting novice nurses' work (Evans et al., 2008; Levett-Jones and FitzGerald, 2005). Hence, organizational support structures are crucial for these programs to be effective in securing transitions (Edwards et al., 2015). This points to the need for learning support at the site of nursing work and for ways of working that assist and ease the transition process, as well as the need to change established learning practices in nursing communities (Høgvold Olsen et al., 2018; Jantzen, 2019).

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Given the international shortage of nurses and the challenges for NGNs' learning for and through practice, transition programs have attracted scholarly attention. However, reviews have found that it is difficult to compare programs and identify their efficacy, given the lack of clarity regarding design and educational content (Bakon et al., 2018; Levett-Jones and FitzGerald, 2005). Consequently, to optimize the effective educational contributions to NGNs' transitions, their purposes and contributions need to be understood more fully (Gordon et al., 2014; Rush et al., 2019). This paper aims to contribute by exploring the learning processes enacted in a 1-year transition program for NGNs in a hospital care context. It commences by considering the conceptual tools required to illuminate effective work-integrated learning in the program and then discusses bases for progressing in implementing such interventions in healthcare settings.

1.1. Theoretical framework

What constitutes effective occupational practice and how it might be learnt requires an understanding of occupational requirements, their situational manifestation, and how novices can engage and learn (Billett and Choy, 2013). Given the goal of supporting NGNs' learning processes directed towards expert-like performance, it is necessary to acknowledge that they go beyond completing a nursing degree. Expertise comprises possessing (a) the canonical knowledge of the occupation (i.e., what individuals are required to know, be able to do, and value), that comprise the conceptual, procedural, and dispositional foundations of occupational practice; and (b) the situated manifestations that comprise an ability to understand and respond to local requirements to secure effective outcomes (Billett et al., 2018). So, for nursing, this comprises developing the foundations of patient care and safety required by nurses regardless of where they practice, and understanding how that care is manifested and can be practiced in specific hospital wards to address the medical emphases and the needs of patients in those wards. This occupational expertise is developed through extensive and diverse experience of such work activities and interactions. This view of expertise focuses on developing individuals' personal epistemologies – what they know, can do, and value – that comprise both the canonical knowledge of the occupation and the understandings, practices, and values associated with the particular circumstances where the knowledge is to be applied.

Based on their participation in these situations, NGNs navigate and negotiate how to engage in learning opportunities, workplace practices, and personal ways of developing expertise (Billett and Choy, 2013; Clarke, 2005). So, there is a need to accommodate the canonical knowledge required for nursing, the specific requirements of the healthcare settings, and individuals' contributions as active meaning-makers. These precepts are considered here as educational components of how transition programs can secure effective learning outcomes for NGNs.

1.2. Setting

The occupational preparation requirement for undergraduate nurse training in Sweden is a 3-year bachelor's degree. The 12-month transition program for NGNs referred to here was developed to secure the required nursing competence in hospital care in a Swedish region with approximately 3800 hospital beds. An NGN is defined as a nurse with less than 4 months of work experience after becoming registered. A steering group representing all six hospital administrations in the region developed the transition program. It was subsequently implemented as a mandatory requirement in hospitals between 2015 and 2018, and 180–300 NGNs complete the program each year. The program formed a service evaluation and did not require ethical approval according to Swedish law.

The program structure and content are like many of those described in the international literature (Bakon et al., 2018; Innes and Calleja,

2018; Rush et al., 2019) and include the following educational components: (a) introduction at the ward and a senior RN as supervisor, (b) training days including lectures and/or simulations, (c) process-oriented reflection seminars (14–16, 2-h sessions centering on NGNs' work experiences, led by an experienced RN), and (d) clinical rotations. Lectures and reflection seminars were often arranged on the same day. However, there were local variations and approaches adopted for these activities. The number of training days (6–12) and content of lectures, and the extent of time allocated for clinical rotation within the program varied across hospital administrations (from 2 weeks up to 7 months); using simulations meant fewer lectures. All NGNs were permanently employed and all activities in the program were conducted in paid working hours.

2. Materials and methods

Data gathering about the program's effectiveness was through group interviews with NGNs and ward managers. Group interviewing was chosen to gain rich insight about the program and learning processes that can be reached in interaction, where participants relate and discuss their various experiences of a common phenomenon (Millward, 1995). The managers were interviewed in pairs, except for two who were interviewed individually due to accessibility. The data comprised transcripts of nine group interviews with a total of 31 NGNs and eight ward managers from all six hospital administrations in the region (see Table 1). The NGNs were invited to participate by the program coordinators, or via their ward manager, either by an email sent to all NGNs within the program at each hospital administration, or directly in person. Each group interview consisted of NGNs from the same cohort, except from two groups where the participants were mixed from different cohorts. Most NGN informants were close to completing their program (all had completed at least 8 months) and two had already completed. The ward managers were invited to participate by program coordinators, and they were all first-line managers with experience of the transition program in their wards. The program coordinators booked times for the interviews. In total, eight NGNs from Hospitals 1, 3, and 5 failed to appear at the interviews due to current workload at the wards. The participants worked in different types of medical specialties, including emergency care, stroke, inpatient psychiatry, neurology, surgery, pediatrics, and medicine.

The participants gave their informed consent to participate after receiving written and verbal information about the study aim and design, that their participation was voluntary, and that their data would be deidentified. The interviews occurred at the hospitals where the participants worked and lasted between 56 and 120 min, depending upon participant numbers. More participants at Hospital administrations 1 and 4 were included, as many NGNs were in their programs. No NGN was interviewed at Hospital administration 6 as this site had only recently commenced their program and no NGNs had completed it. The study is exempt from the Swedish Act concerning the Ethical Review of Research Involving Humans (SFS 2003:460).

The interview schedule was informed by processes adopted in, and findings, from previous research. Items here included initial questions:

Table 1

Overview of hospital administrations, number of informants and group interviews.

Hospital administration	Number of NGNs participating (number of group interviews)	Number of managers (number of interviews)
1	8 (3)	2 (2)
2	4 (1)	
3	4 (2)	2 (1)
4	12 (2)	2 (1)
5	3 (1)	
6	–	2 (1)
Total	31 (9)	8 (5)

“How do you develop knowledge and skills as a nurse?” and “How do you understand the relations between undergraduate education and nursing work?”. Subsequently, the process was focused through listing the program’s aims and educational components and by requesting that participants describe and discuss their perceptions and experiences, for example, “In what ways do you think the component x supported your learning?”. The interviews were audio-recorded and transcribed verbatim.

2.1. Analysis

The interview texts were analyzed using thematic analysis as proposed by Braun and Clarke (2006). First, the transcripts were read through several times to scrutinize the contents; second, particular informative quotes addressing this study were identified. These quotes were then divided into meaning units: parts of sentences, whole sentences, or parts of text describing the same content. The units were inductively sorted and given codes referring to common concepts, thus, systematically advancing the analysis. These initial steps were conducted separately by AE and MSN, and then we shared and discussed codes and detailed notes, and collating codes into themes. To ensure rigor in the coding and that no data were missed, the transcripts were reviewed separately once more with consideration given to other possible broader themes and their level of abstraction. AE and MSN iteratively discussed the ongoing analysis until consensus was reached. Finally, AE, MSN, and SB discussed the tensions between the themes (what they include and exclude), with the aim to clarify the coherence of each theme, as suggested by Castleberry and Nolen (2018). In these ways the data were subject to thematic analyses, cross reference, and peer verification. None of the authors was involved in the construction or implementation of the transition program.

3. Results

The interview data analysis identified three themes representing salient learning processes within the transition program. These processes, if supported, are deemed essential for developing occupational expertise: (a) recognizing NGNs’ role as novice practitioners, (b) emphasizing NGNs as learners, and (c) progressing towards a comprehensive nursing role. Each of these is elaborated in the following sections.

3.1. Theme 1: Recognizing NGNs’ role as novice practitioners

This theme describes how the program seems to contribute to NGNs being recognized as registered, but novice, practitioners. This includes a personal understanding of the general knowledge gained during undergraduate education and the deficits related to specific situated knowledge. It also encompasses an understanding of the role of being an independent nurse separated from being a student. Altogether, this recognition was strongly influenced by interactions and social support from colleagues and managers. This recognition seems crucial also to the ability to engage as a learner and to have a realistic view of their capability and what is expected from them as a novice practitioner. Moreover, being novices required the NGNs to manage the dual roles of performing their tasks as a nascent practitioner, yet also feeling secure enough in the working group. Expectations of efficiency in clinical work, where nurses must prioritize between equally important tasks, were challenging when practicing their professional role, given what they had learnt in their undergraduate education. Both NGNs and ward managers emphasized the importance of a structured and deliberately designed program to recognize the role as a novice practitioner:

There is a big difference between what we learn in school and how things are actually done. And this transition program has been very good, you are allowed to be new. (NGN, 4)

I find that the new nurses are extremely good academically, but it is extremely tough for them to get into the practical work. You need support and time and help and guidance because you are constantly facing difficult situations and tricky patient cases. (Manager, 1)

These quotes illustrate the canonical knowledge the NGNs learnt in their undergraduate education, but also the need for specific situational experience for practicing the occupation. This situation-specific knowledge, including procedures and premises for work, occupied much of the NGNs’ attention when navigating in their role as a novice practitioner. This was particularly significant during the introduction period at the ward. Consequently, the need for introductions at the ward to explicit and clearly describe particular ward routines was highlighted as crucial in recognition of being a novice practitioner:

You need to learn their routines. We know the medical technology, you can insert a PVC [peripheral venous catheter], we can hang the liquid droplet. But exactly what they are specialized on is what we need to learn. (NGN, 4)

These concerns emphasize the importance of supporting the integrating experiences in specific clinical settings with canonical knowledge formed during undergraduate education. The components of introduction and supervision and acceptance from experienced nurses were deemed crucial to gain confidence and to clarify expectations in the role as a novice. Developing confidence is here a part of progressing an NGN’s role that requires extensive experience of ward work within the program:

Security comes when, ok, now I have control over a little bit of everything. It takes time no matter what you can, and you can’t force anything ... you have gained more confidence somehow. You know more about what is expected of a nurse, so I go to work knowing more of what my responsibility is. (NGN, 4)

Hence, NGNs experienced goal conflicts when the transition program was presented as a structured and safe entrance yet demanded high levels of performance and they were often responsible for the same number of patients as more experienced nurses. Yet, NGNs also reported requesting work arrangements in which, with support from supervisors, they could expose themselves to challenging tasks to become independent practitioners. This conflict is captured in the following quote:

When you’re new and coming out and just the first day of work, it feels like: well, now I’m a student again, or like you don’t end up in the role of nurse. – It becomes very paradoxical when you are ... fresh and green, but you are expected to do everything like a nurse who has worked for 50 years. (NGN, 1)

The program also provided opportunities for regular meetings with other NGNs, especially in the process-oriented reflection seminars. This assisted NGNs to evaluate their transition experiences and become more objective about their performance on entering work practice and viewing themselves as novices. The seminars also assisted in clarifying experiences by confirming their role, as captured in the following quote:

It’s [seminars] really not just about the hospital or the transition program itself, but it’s about my role as a nurse. It gave me strength that I am not alone. Because somehow, you know it somehow. But hearing other people’s experiences made it clearer. (NGN, 3)

Noteworthy here was that the themes discussed, and the function of the seminars, changed throughout the year. In the beginning, a primary focus was addressing feelings of insecurity and lack of knowledge, that

is, being a novice practitioner; this progressively changed to a greater consideration of specific patient cases and different ways of organizing ward work. This is taken as an indication of progress, that is, progressing from NGNs' focus upon their role to patient care.

3.2. Theme II: Emphasizing newly graduated nurses as learners

This theme describes how the educational components supported NGNs to engage as learners. It emphasized the need for structured introductions when commencing the program which, according to the ward managers, had been put aside because of demanding workloads. Yet, the combination of performing everyday work, formal training days, and opportunities for reflection was understood, by both NGNs and managers, as the program's strength. The need for emphasizing continuous learning and reflection in various activities was deemed crucial for obtaining a deeper understanding of the profession. This was captured by the following quotations:

It [the program] gives us time, not just to keep working, but we have these lectures and seminars, which allows us to take the step back and think about what we are really doing. (NGN, 4)

They need to reflect on things more structured, and you need to learn over time. You cannot learn everything during the introduction weeks, it is quite impossible. (Manager, 3)

These quotes emphasize the NGNs' valuing of having dedicated opportunities to systematically build on their experiences and consolidate learning from them. The process-oriented reflection seminars were also valued by NGNs as they were familiar and competent with this activity from their undergraduate education. The seminars supported the translation of their situational experiences into collective knowledge through sharing.

The simulations, in which NGNs worked together on acute cases, were valued as examples of developing and confirming their skills in a stressful but safe environment. Acting, observing, and debriefing were all reported as supporting learning through establishing procedures for ways to solve problems and to work under stress. However, the simulations engaged NGNs alone, not with other professionals or their co-workers. Consequently, NGNs identified a need for further interprofessional training to support development of situational capacities in their daily work.

Being novices, NGNs expected to deepen their knowledge through lectures in the program. However, the lecturers were often reported as repeating basic content from undergraduate education. Also, gaps between the lecture content and everyday work activities were identified as a general issue for NGNs' engagement as learners. Lectures relating to their specific patient group, or introducing specialties or departments were, however, reported as valuable for illuminating the situational practice in the wider hospital context.

A paradox of using a structured program was that NGNs advised that their learning did not occur within specific timeframes. They requested flexibility within the program and acceptance of continuous learning, which the following quote illustrates:

You get your registration and then you go to the transition program. Then it is all the time: "but you are so new, you are so new". When that year has passed: now you're done. (NGN, 1)

This emphasized the importance of having continuous access to someone experienced to ask when new situations or tasks arose, and of being guided in their learning. NGNs highlighted having proximal access to experienced nurses as a primary source for learning how canonical nursing knowledge is enacted in particular wards. This was reported as a source of knowledge to secure advice or verification immediately when challenges occur; specifically, with seriously ill patients or when NGNs

first experienced a specific task. Moreover, analyses revealed different approaches for how NGNs as learners used supervision; that is, seeking correct advice before acting, securing feedback on their actions on nonroutine tasks, or gathering knowledge from different colleagues to develop their own strategies.

The NGNs reported a high degree of variation in this supervision in the wards: typically, they would follow one specially appointed or several different senior nurses. The managers described these different approaches as primarily based on senior nurses' availability. The managers also emphasized this aspect as a general work environment issue, where they had a responsibility for creating environments that allowed NGNs to comfortably request advice and assistance, including outside the timeframe of introduction weeks, as illustrated below:

You feel that you can ask and you are allowed to be new. Because it is quite a long time that you are new, and it is okay to be new at work and to get the support you need. (Manager, 1)

Although the program focused on the need for structured support in learning, some NGNs reported that the program was a disappointment in terms of its failing to recognize them as learners. Sometimes the implementation of the program was not well coordinated in relation to the wards, which was contradictory for learning:

It [the program] is a workforce instead of an opportunity to learn. – When we go off to training it was regarded negatively, "Ah you are leaving again, we will lose three heads here". (NGN, 2)

This sentiment illustrates that NGNs experienced value conflicts between learning in the formal components of the program and becoming part of working groups, where colleagues sometimes prioritized work tasks. What this suggests is that recognizing and positioning the NGNs as nascent practitioners, but essentially as learners, is important across the entire transition program, and in the wards.

3.3. Theme III: Progressing towards a comprehensive nursing role

This theme captures how the educational components initiated and stimulated learning processes for the NGNs' professional development by facilitating the reconciliation of different experiences. These variations offered different routines and organizational prerequisites and ways of organizing care and of progressively performing routine and nonroutine work.

NGNs reported that the program's specific strength resided in components contributing to broader nursing knowledge beyond the ward routines and diagnoses in which they engaged. Hence, experiencing variations was discussed in terms of personal practice and through the lectures and in reflection seminars with other NGNs' experiences. The reflection seminars provided an understanding of manifestations of nursing practice around different diagnoses and staff situations. Also, lectures led by nurses or doctors from specialized wards contributed to a broader knowledge of nursing. Therefore, the combination of ward work, lectures, and the reflection seminars generated both canonical and situated nursing knowledge. This knowledge development was, in turn, understood as important for NGNs' capacity to conduct highly complex patient care:

... you should have some knowledge of everything. No matter what department you are in, no one has only one illness. (NGN, 5)

It was good to see how things work in the other wards, what patient groups they have and what an ordinary day looks like. It also helps us to communicate because there are many [patients] that move between wards. (NGN, 2)

The clinical rotations provided variations in practice yet were challenging, because changing wards meant negotiating new social contexts

and relations. This risked discouraging effective learning processes by causing insecurity. This risk was especially apparent when NGNs did not select their second placement or when they lacked an introduction or conducive group climate at their new placement. In addition, some rotations were inhibited because of staff availability, or because NGNs could not choose their preferred wards. Here, NGNs also found themselves caught in the goal conflicts between opportunities for learning and organization of everyday patient care. NGNs often reported rotations as challenges for the hospitals, as they can break the continuity of nurse workforce in the wards. The managers referred to the “loss” of a nurse when the NGN’s departure created difficulty in organizing ward work. Moreover, when transitions and orientations to new wards are not effectively conducted, it can lead to dissonance and uncertainty:

... the idea of change department was a pain. Partly because I was ... not uncertain, but to come into a ward and the working group and routines ... it takes an eternity and learn. (NGN, 3)

It should be more individualized; everyone is so unique. Someone may only need 3 months, and someone may need 6 months to feel safe ... if you are not ready for clinical rotation, maybe you will not get so much of it. (NGN, 2)

Here, the personal bases of NGNs’ learning journey were evident. That is, their confidence and readiness to engage across wards were shaped by their earlier experiences and learning. These sentiments also reflected that some NGNs requested flexibility regarding rotations, based on individual differences in readiness. The managers also experienced challenges when NGNs were reluctant to engage in clinical rotations that sometimes led to a failed rotation; yet, in other cases, the managers could support them to succeed:

I said that I like you to test, but without forcing her. And finally, she did it, stayed in that position for 6 months and came back and felt very proud. I think she learned a lot, and that you cannot always take the easy way out. (Manager, 1)

The NGNs also reported that rotations, importantly, contributed to broadening their knowledge within different diagnoses and across different organizations of care in the wards. Experiencing these variations was considered as stimulating curiosity and strengthening situational knowledge (i.e., how nursing practices are performed in different wards). The rotations could also develop relations across wards and understanding of patient movement through the hospital (e.g., from emergency room to medical ward), thereby developing canonical knowledge of nursing and depth of understanding of healthcare. These sentiments are captured below:

One problem is the understanding between the emergency room and the wards. You don’t understand each other’s work. But then you get the clinical rotation and think that we might not have good cooperation, you go there and see what we can do to facilitate cooperation. (NGN, 5)

In retrospect, it feels like you have grown a lot, like you become new again and not being so comfortable. (NGN, 1)

Hence, it is suggested that the learning curriculum (i.e., the rotation through different clinics) in hospitals can be quite powerful both in developing canonical nursing knowledge and also in understanding situational manifestations across different wards. As noted, this repertoire of experiences is seen to be generative of nursing occupational expertise.

4. Discussion

The findings show that implementing a transition program with a

focus on NGNs’ needs for support in developing expertise in their professional role will be helpful when they initially engage in nursing practice. Also, as Gellerstedt et al. (2019) found, NGNs and ward managers value a structured introduction for bridging the role from being students to becoming nurses. The program should continue for a full year and should not conclude post ward introductions, which acknowledges the time needed for NGNs to develop their nursing practice knowledge in ward-specific contexts. Working with access to supervision in the ward and structured opportunities to meet other NGNs in lectures, simulations, and seminars were considered as particularly central components for understanding and managing novice nurse roles. Individual and collective reflection was an essential aspect across these different activities throughout the program, and for bridging canonical and situational knowledge. The program transferred responsibilities for introductions from individual NGNs to the organization to create supportive structures. Thus, the educational components helped to structure the NGNs’ experiences which were deemed to make specific contributions for supporting their readiness to engage and learn.

However, NGNs requested greater sensitivity in understanding and responding to their needs as learners, as indicated previously (Strauss et al., 2016). They highlighted how the program promises much but does not fully support the development of their confidence and competence. So, here, there was a tension in the program between recognizing their role as novices (i.e., growing in confidence and valuing themselves as a part of the team) and being learners. Criticism emerged regarding the content and level of lectures, clinical rotations as a mandatory yet unstructured element, and learning opportunities in daily work being sometimes limited due to high expectations of work performance. As reported previously (Duchscher, 2008; Pennbrant et al., 2013), being part of working groups was an important element of effective transitions. This could be hampered by the clinical rotations, leading to neither the NGNs nor the ward staff viewing NGNs as permanent colleagues. NGNs could find themselves caught between the need for efficiency in everyday care and participating in educational components that could jeopardize their learning. Another possible explanation for the uncertainty NGNs experience is the seeming conflict between canonical and situational expertise, where occupational standards and procedures are captured in books and undergraduate education, but situational requirements differ across wards. Here, it is important to acknowledge NGNs primarily as learners and this needs to be center stage. All this suggests that program goals must be clearly stated and integrated in the organization – not least because how NGNs interpret these situations will affect how they come to engage in learning (Billett et al., 2018).

So, there is evidence suggesting that opportunities to share experiences amongst novices is essential for developing understandings of work and its variations in practice. Networking and knowledge sharing with other NGNs and across wards were also found to be helpful for structuring their knowledge, creating hospital contacts that facilitate work, and understanding specific healthcare activities and organizing work. Structured opportunities for debriefing difficult and everyday experiences could assist NGNs to ease their transition, as congruent with work by Monagle et al. (2018). These opportunities build nursing canonical knowledge and understanding of variations of its manifestation in different wards, which provide foundations of expertise (Billett et al., 2018). These knowledge bases introduce new learning patterns that go beyond a strong, established, expert-novice relationship in specific wards (Høgvold Olsen et al., 2018). They also capture how components supporting the manifestation of conceptual and procedural knowledge in actual practice are shaped by specific instances of situated practice (Billett et al., 2018).

Developing occupational expertise takes time and extensive repertoires of experience (Billett et al., 2018; Clarke, 2005). Access to supervisors to inquire about prioritization in nursing tasks and to discuss performance was highlighted for developing canonical knowledge and situated capacities. Hence, implementation of transition programs in

pressured healthcare settings brings many challenges (Irwin et al., 2018) that, in turn, can affect the learning processes in both positive and negative ways, depending on what support is provided.

Evidence from literature and NGNs' data suggests that beyond understanding nursing concepts and practices, it is essential that NGNs learn how nursing is manifested in different healthcare situations and wards. The clinical rotations were found to be the most divergent component, able to support or to hamper the learning process (Innes and Calleja, 2018). Uncertainty about clinical rotations reflected a conflict between learning particular ward-based work and the broader professional nursing role in hospital care, as reported previously (Glynn and Silva, 2013). However, although rotations were perceived as demanding and causing insecurity, some NGNs emphasized how they contributed to broader competence. Here, the findings indicate that clinical rotation could benefit from a more well-structured organization, support from ward managers and colleagues, and from being more sensitive to individual needs. Learning about variations in nursing work is essential for developing adaptable nursing capacities to cope with demographic changes, more patients with multiple illnesses, sudden adjustments of care organization (as in the case of Covid-19), and so on. Hence, combinations of experiences that support developing canonical knowledge and understandings of manifestations of nursing knowledge are salient. This conclusion raises a further issue regarding what types and competences are needed in the nursing profession, and how learning processes in that direction can be stimulated.

4.1. Limitations

The study's findings should be considered with some cautions in mind. The hospital administrations had, to some extent, different premises for implementing the program, which could affect how the learning processes are understood. The sample of NGNs and ward managers was selected based on their willingness to participate and their availability. It is possible that more participants who were motivated by their perceptions of the program as of being value (which was probably the case of the managers), or those who were most critical of the program, agreed to participate. However, the consensus among NGNs and managers was convincing.

4.2. Implications for practice

Consistent with Gordon et al. (2014), this study identifies factors that need to be simultaneously addressed if transition programs can effectively contribute to an expert and sustainable nursing workforce. Transition programs have dual aims of supporting novices' learning and managing nursing retention – a mission that requires nursing management to be creative in these processes (Cochran, 2017). The ward environment, management, and workload influence transition and organizational commitment, indicating the need for fostering a safe learning environment for NGNs. The program provides opportunities for developing competence in both specific orientations and routines, and in ways of organizing nursing that should be encouraged.

5. Conclusion

Transitions from undergraduate education to hospital care work require not only individual knowledge acquisition and learning through experiences in practice, but also supervision and collective engagement to understand how this knowledge translates into practice. The transition program contributed formal arenas for sharing knowledge and learning across sites that are crucial for developing occupational expertise in a wider healthcare context. For the programs to be more effective than traditional orientation in supporting learning processes, NGNs need to remain in their role as legitimate novices and learners to be able to successively progress into a comprehensive nursing role.

We need to further investigate how the specific educational

components (e.g., simulations, process-oriented seminars and clinical rotations) and interprofessional activities could support learning processes most effectively during different phases of transition. The study also poses further questions on how the learning processes stimulated in the program are integrated after program is completed.

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Ethical approval details

All participants gave their informed consent to participate after receiving written and verbal information about the study aim and design, their voluntary participation, and the fact that their data would be disidentified.

CRedit authorship contribution statement

Annika Eklund: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Visualization, Writing - original draft. **Stephen Billett:** Formal analysis, Methodology, Supervision, Validation, Writing - review & editing. **Maria Skyvell Nilsson:** Conceptualization, Formal analysis, Investigation, Methodology, Supervision, Validation, Writing - review & editing.

Declaration of competing interest

The authors declare that they have no conflict of interest.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.nepr.2021.102982>.

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