



Newly-graduated nurses' work-integrated learning: A qualitative study from an educational and occupational perspective

Anna Andersson^{a,*}, Ulla Hällgren Graneheim^{a,b}, Maria Skyvell Nilsson^a

^a Department of Health Sciences, University West, SE-46132 Trollhättan, Sweden

^b Department of Nursing, Umeå University, SE-90187 Umeå, Sweden

ARTICLE INFO

Keywords:

Focus group discussions
Nursing education
Professional development
Transition
Qualitative content analysis
Work-based learning
Work-integrated learning

ABSTRACT

Aim: The aim of this study was to describe newly graduated nurses' (NGNs') experience of work-integrated learning (WIL), from an educational and occupational perspective.

Background: NGNs often find themselves unprepared to meet occupational demands on their competence on entering working life, and express difficulties integrating educational theory into a practical context. Qualitative and effective WIL becomes particularly important for NGNs to develop the competence required to handle the transition from education to working life.

Design: This is a qualitative, descriptive study with an inductive approach.

Methods: Seven focus-group discussions were performed and subjected to qualitative content analysis.

Results: The results revealed that WIL for NGNs includes personal mastering of several professional roles: a self-directed and collaborative learning role, a relational nursing role, and a transition from a student role to a collegial role. Furthermore, WIL entails adapting to organisational requirements, including development of contextual workplace knowledge and understanding; striving for confidence in medical-technical performance; and developing an experience-based understanding of clinical situations.

Conclusion: The results reveal that WIL is complex, encompassing adaptation to roles and personal capabilities that increase new graduates' competence and preparation for work. In addition, WIL requires personal commitment to one's own learning as well as organisational and social support.

1. Background

WIL is described as a learning approach that aims to provide students with opportunities to apply their learning in real-world contexts (Billett, 2016). The use of WIL in higher education has been shown to strengthen students' ability to integrate theory into the work context, as well as increase preparedness for work (Cooper et al., 2010; Patrick et al., 2008). Considering the high demands that contemporary healthcare organisations place on efficiency and competence, WIL could be of great importance in supporting the professional development of NGNs.

Nursing education traditionally aims to develop generic professional competence and theoretical and practical knowledge in order to provide good and safe care (ICN, 1987; SFS, 1977:218). However, research shows that NGNs experience difficulties applying educational knowledge to practice (Parker et al., 2014; Pennbrant et al., 2013). NGNs also frequently feel unprepared for coworkers' expectations regarding their competence and skills (Missen, McKenna and Beauchankercamp, 2016;

Parker et al., 2014). Furthermore, NGNs have described how the nurse's role and responsibilities as presented during their education is in divergence with those experienced in real working life (Duchscher, 2009). Such challenges can lead to confusion and stress (Missen et al., 2016; Parker et al., 2014), and retention (Rudman et al., 2014). Consequently, there is a significant need to study and explore characteristics of an effective and qualitative WIL both during education and on entering working life.

WIL as an NGN is complex and requires the ability to integrate generic theoretical knowledge into various health care situations and contexts (Billett, 2016). Eraut (2009) points out that higher education institutions and workplaces have historically developed different knowledge cultures. While higher education provides students with knowledge and skills in relation to the professional field, the knowledge developed in the workplace is more experience-based and contextual. The latter is especially important in relation to the learner's ability to understand and master contextual situations in practice (Eraut, 2009).

* Correspondence to: Department of Health Sciences, University West, Gustav Melins gata 2, SE-46132 Trollhättan, Sweden.

E-mail address: anna.andersson.3@hv.se (A. Andersson).

<https://doi.org/10.1016/j.nepr.2022.103290>

Received 6 May 2021; Received in revised form 27 July 2021; Accepted 7 January 2022

Available online 12 January 2022

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Educational learning is traditionally more formal, intentionally planned, and aims to provide expected outcomes, while workplace learning is more informal, situated, and context-related (Billett, 2016; Eraut, 2004). Slotte et al. (2004) emphasise that formal and informal learning are two equally important ways of developing professional competence. Accordingly, the NGN must be able to manage, understand, and use both kinds of learning in developing their professional competence and skill.

Billett (2011) describes how WIL is dependent on personal agency, i. e., which learning activities a person chooses to engage in, and how. Learning at workplaces is also a social activity that entails socialisation processes, where learners engage and share experience and knowledge, on roles values and norms at the workplace (Wenger, 1998). Furthermore, within organisations, learning is influenced by the organisation's culture, leadership, goals, and how it supports the learning environment (Argyris and Schön, 1996; Marsick and Watkins, 2003). Consequently, WIL for NGNs is subject to a variety of influences. To gain a deeper understanding of the content of WIL, and to produce knowledge that can be used to support NGNs' entry into working life, the present study aims to describe NGNs' experiences of WIL, from an educational and an occupational perspective.

2. Methods

This study has a qualitative descriptive design with an inductive approach and is based on seven focus-group discussions, which were subjected to qualitative content analysis (Graneheim et al., 2017; Graneheim and Lundman, 2004). The interactions among the participants in the focus-group discussions were intended to elicit a rich variety of experiences of the phenomenon under study (Peek and Fothergill, 2009). Qualitative content analysis enabled the researchers to discern variation in the content and to identify patterns. The categories developed through the analysis describe the concrete, manifest content, while the themes describe the latent and more abstract content (Graneheim et al., 2017; Lindgren et al., 2020).

2.1. Context

Participants included in this study were all engaged in education and training of nurses from final semester until one year after graduation. The NGNs worked in various homecare and hospital settings. Clinical supervisors (CSs) were clinical nurses in homecare or in different hospitals and, additionally, supervisors for students in clinical practice. Faculty teachers (FTs) were educators at baccalaureate nursing programmes and supervisors for nursing students in clinical practice. Nursing students (NSs) were all in the final semester of the nursing programme and in the end stages of their final clinical practice course.

2.2. Participants

The selection of participants was purposive. The inclusion criteria aimed to recruit key informants (Peek and Fothergill, 2009) which represented mutual experience of WIL in higher education and in the workplace. The researchers contacted the participants by post and initiated further physical appointments and communication by phone, to ensure that they had understood the written and oral information about the study and to request their participation. In total, seven focus groups, including 33 participants, were conducted (see Table 1). There were CSs in three focus groups ($n = 14$), NGNs in two focus groups ($n = 9$), FTs in one focus group ($n = 4$), and NSs in one focus group ($n = 6$). None of the participants dropped out during the data collection. The total number of seven focus groups ensured data saturation, due to patterns of similar experiences were expressed (Dahlgren et al., 2019).

2.3. Data collection

The focus group discussions were conducted during 2018–2019 and

Table 1
Characteristics of the participants.

Focus groups	Participants	n =	Participants' specific experience
1	CS	5	One director of clinical studies and clinical supervisors in: surgical; women's clinic; ear, nose and throat department; and primary care
2	CS	5	One educational coordinator of municipality and clinical supervisors in: medical and psychiatric department, primary care
3	CS	4	Clinical supervisors in: pulmonary and surgical department and prehospital care
4	FT	4	Faculty teachers and clinical teachers teaching in final semester of nursing education programme
5	NGN	6	NGNs working in: pulmonary, medical, surgical, and oncological departments
6	NGN	3	NGNs working in emergency department
7	NS	6	NSs who had completed their clinical practice (primary care, home care, stroke/rehab, emergency, and geriatric medicine department) in final semester of nursing education programme
7		33	In total

each lasted between 56 and 77 min. To ensure privacy, the discussions were conducted in a quiet, secluded place in either a hospital or a university setting. A moderator (AA) led the discussion by posing an open-ended question and follow-up questions to clarify the phenomenon in focus and gain deeper insight into the participants' experiences. The observer (MS-N) followed the discussions closely and where necessary, provided follow-up questions for the group to discuss further. The open-ended question that guided the discussions was: 'What knowledge and/or experience is required to be able to work effectively as an NGN?' Follow-up questions were: 'How does such learning take place during education and in the workplace?' and 'What kind of knowledge and skills support such learning?' During the discussion, participants were given the opportunity to talk openly about their experiences.

2.4. Data analyses

The discussions were transcribed, the text was subjected to qualitative content analysis (Graneheim et al., 2017; Graneheim and Lundman, 2004), and the software programme N-VIVO was used to manage and structure the text. First, all researchers read the transcripts several times to gain a deeper understanding of the content. Text that corresponded to broad organisational problems was considered irrelevant to the aim of this study and was therefore excluded. The text was then divided into units of meaning that corresponded to the study aim. Second, the units of meaning were condensed, i. e., shortened while still preserving their core content, and labelled with codes close to the original text. The codes were sorted and abstracted into six categories (see example of the analysis process Table 2).

Reflection and discussion within the research group resulted in a further abstraction and interpretation of the six categories into two sub-themes. Finally, the two sub-themes and related categories were abstracted and interpreted into an overarching theme. Qualitative content analysis is a non-linear process and requires that the researcher move back and forth between the original text and parts of the text during the analysis process (Graneheim et al., 2017; Graneheim and Lundman, 2004). Additionally, to achieve a wider analytical space all authors participated and reflected in the analytic process. Special attention was given to codes and themes where disagreement arose between the researchers (Malterud, 2012).

2.5. Ethical considerations

The study was performed in accordance with ethical principles

Table 2
Illustration of data analysis process.

Meaning units	Codes	Category
I work in the pulmonary department, there's a lot of lung cancer. They have difficult questions to ask, and you don't know what you should do, what you should say. I should think people would need a bit of guidance on that, because it's hard. (CS) You have to learn to be with the patients and talk to the patients - which means seeing the patient as a person. And listen in, listen to the person's story and be sensitive to participation. (CS)	The need for guidance in ethically difficult situations. Learning about being with and talking to the patient. Seeing the patient as a person. Listening to the patients' stories	Developing a relational nursing role
And that you become more professional, by discussing nursing in different practical situations. What is nursing in this care situation? What concepts do we talk about? (FT)	Discussing the nursing role in relation to theory and practical situations	
In nursing rounds, together with colleagues, you sit for twenty minutes and go through all patients and relevant nursing concepts. What problems does the patient have? And what do you do about it? That helps you understand nursing and what to do. (NGN)	In nursing rounds, discussing the nursing role in relation to patient care	
To have time to reflect and discuss. This means that you can think back on the theory and connect it with what you actually do and that you can be sure of how you act, and if there is something that has gone a little crazy, you can still reflect on it and think that next time I will do this and get some support from someone else. I think you would become more confident in the professional role. (NS)	Having time to reflect and discuss theory in real practical situations. Learning from experiences. Becoming more confident	

outlined in the Helsinki Declaration (World Medical Association, 2001). The participants gave their informed consent after being informed orally and in writing that the focus-group discussions were based on voluntary participation, with the option to leave the study at any time without giving a reason. The participants' confidentiality was considered throughout the entire research process by the researchers. According to Swedish law, no ethical approval is needed for this type of study as it does not deal with sensitive personal data (Swedish Research Council, 2017).

3. Results

The NGNs' experience of WIL in the transition period from education to working life is presented in form of six categories, two sub-themes, and one theme (see Table 3). The results represent the informants' shared experience of the content of WIL. The term 'learners' is used in to refer to both NGNs and NSs.

Table 3
NGNs' experience of work-integrated learning: an overview of categories, sub-themes, and one theme.

Categories	Sub-themes	Theme
Developing a self-directed and collaborative learning role	Personal mastering of professional roles	Transforming previous notions and new contextual knowledge into practical meaning
Developing a relational nursing role		
Transitioning to a collegial role		
Developing contextual workplace knowledge and understanding	Adapting to organisational requirements	
Striving for confidence in medical-technical performance		
Developing an experience-based understanding of clinical situations		

3.1. Transforming previous notions and new contextual knowledge into practical meaning

The main theme is an interpretation of the overarching aim of WIL, which is to integrate previously developed educational knowledge and understanding with new contextual knowledge, with the aim of creating and optimising practical understanding and meaning of nursing responsibilities.

3.2. Personal mastering of professional roles

This sub-theme represents three different professional roles to be developed during the transition period.

3.2.1. Developing a self-directed and collaborative learning role

This category describes a learning role that combines engagement and responsibility towards one's own learning, as well as the ability to learn collaboratively with colleagues. The importance of self-reliant and independent learning was clearly stated by all informants. Learners are required to develop the ability to identify gaps in their own knowledge and work capabilities, and to use individual learning strategies. All informants described the importance of using learning strategies in preparation for an actual care situation, i.e., by theorising the situation or through self-directed practical training. Moreover, the use of critical reflective reasoning was also described as crucial in supporting learners to independently reflect on their role and consider alternative ways to handle care situations (CS, FT). Personal qualities such as responsibility, commitment, motivation, curiosity, and courage were highlighted as important for sustaining engagement in learning. All informants considered that a well-developed self-directed learning role promotes the learner's development as a nurse:

... that they have to take on a lot of responsibility themselves for their learning... that they learn work methods that means even if they end up in new situations 20 years after graduating, they still have a method that works (CS).

According to informants, self-directed learning also has a collaborative aspect, including opportunities to reflect on one's own reasoning and actions in clinical care situations in relation to colleagues. This collaborative element could be supported through group tutoring, or opportunities to observe or be guided by colleagues. All informants expressed that such support could increase learners' confidence to reveal knowledge gaps and uncertainties related to their competence.

3.2.2. Developing a relational nursing role

Relational skills are central to the nursing profession, based on

nursing theory, concepts, norms, and ethics. This learning component involves developing the ability to take a holistic view of the patient and to support a partnership with them, including awareness of the balance of power between patient and caregiver. All informants considered this role as crucial in developing a nurse's ability to provide equal care and formulate appropriate priorities and judgements related to the individual patient. All informants expressed that developing a relational role requires a deep understanding of the applicability of nursing theories to real care situations.

The opportunity to problematise and discuss the relational role, i.e., group tutoring, in relation to different care situations, nursing theories, and evidence-based practice was seen as vital. To make the relational nursing role visible in clinical care situations, it was considered vital to have experienced nurses on hand to verbalise their reasoning in relation to nursing activities (FT, NS). All informants considered that it was particularly important to learn how to manage communication and ethical considerations in relation to providing care:

I work in the pulmonary department, there's a lot of lung cancer... They have difficult questions to ask and you don't know what you should do, what you should say. I should think people would need a bit of guidance on that, because it's hard (CS).

All participants also emphasised the importance of an organisational culture and resources that support the development of the relational nursing role.

3.2.3. Transitioning to a collegial role

This category describes socialisation into the role of nurse, including developing an understanding of coworkers' roles and of workplace values and norms. All informants considered that this transition was essential for developing self-esteem, motivation, and professional confidence. This learning component requires opportunities for learners to evaluate and discuss the nursing role and their coworkers' roles with colleagues through, for instance, group tutoring. In addition, a supportive culture is essential for the learner to build social relations and achieve social acceptance in the workplace:

Because it's really hard to get out when you're new. When you get into this game at the department... like they're scanning you, see how much you're helping out... that's when you have to prove yourself to them (NGN).

A particular challenge in relation to developing the collegial role was to develop leadership skills. Informants underlined the need to focus on this aspect of their development during their education as well as in their role as an NGN. All informants stressed the importance of teamwork simulations with colleagues for this aspect of their development.

3.3. Adapting to organisational requirements

This sub-theme describes the development of capabilities related to the requirements of the particular workplace.

3.3.1. Developing contextual workplace knowledge and understanding

This learning component concerns the development of knowledge of nursing and medical work tasks related to the ward-specific care. It also relates to the nurse's responsibility in relation to patient care processes at the ward:

... you arrive at a department and read up on what's going on, procedures, illnesses, treatments, medications and samples. You get good at it. That makes you feel secure, and if you're secure, you're stronger as well (NGN).

This aspect of development was described as being particularly dependent on the quality of the NGN's introduction to the ward, which

required organisational support in clarifying the work expected of the department in the form of routines, documentation systems, and checklists. A well-developed contextual workplace knowledge and understanding was considered to increase NGNs' security and confidence in ensuring patient-safe care in daily work.

3.3.2. Striving for confidence in medical-technical performance

This learning component concerns the importance of developing confidence in medical-technical skills, in order to provide patient-safe care in day-to-day work and in emergency situations. It was also considered to increase learners' ability to focus on interaction and communication with patients. The discussions revealed that when NGNs were not given the time to gradually develop their self-confidence in medical-technical performance, it was often experienced as very stressful:

... if a tracheal tube comes out, nobody has shown me exactly what I have to do... if anything happens in that situation, I'm completely powerless (NGN).

All informants considered it essential to develop strategies in order to be prepared to perform in care situations, such as theorising, observing colleagues' performance, seeking guidance from more experienced nurses, or through independent practical training and the use of clinical reflective reasoning. The presence of a supportive and experienced nurse was emphasised as particularly helpful for progression and increased confidence in medical-technical performance. All informants highlighted the use of reality-based simulation activities, including support and critical feedback, in providing learners with opportunities to reflect on their actions and develop their understanding and skills in a safe and secure environment.

3.3.3. Developing an experience-based understanding of clinical situations

This category concerns the development of clinical insight and the ability to act and adapt efficiently in various care situations through the accumulation of experience. It was considered particularly important to develop a comprehensive understanding of clinical situations, and the ability to identify important components linked to action:

... [in clinical education] you go into a four-bed room and try something out on a patient, practice, not just looking at that patient, but seeing the other three patients as well. You listen, you hear their breathing and one patient is limping... you see his swollen legs straight away... call it clinical insight (FT).

This kind of learning was considered to increase motivation and promote the delivery of high-quality care. Informants referred to various learning strategies that could be used to develop new experience and perspectives; for example, observing or seeking guidance from experienced nurses, or using assessment tools to visualise experiences (for example, pain assessment tools). Reflective reasoning together with colleagues in the form of group tutoring allowed for different experiences and perspectives related to care situations to be discussed and problematised. All informants clearly stated the importance of engaging with experienced nurses who problematised and clarified their thoughts and arguments in care situations. This input from colleagues was considered to increase and deepen the learner's understanding of the complexity of experiences.

4. Discussion

The categories discussed below reflect the participants' shared experience of the content of WIL supporting NGNs, from an educational and an occupational perspective. The results reveal that *Developing a self-directed and collaborative role* comprises the ability to be self-directed and engaged in one's own learning and development. This result is in line

with Billett's (2011) view that the individual's own commitment and responsibility is of great importance in WIL. Personal agency and previous experience affect how learners value and choose to take part in learning activities. Our findings indicate a need to develop the ability to use learning strategies such as theoretical and critical thinking and reflection in a work context. Schön (1987) concept of reflection on action indicates that when a practitioner reflects on actions taken, understanding of a phenomenon develops. By using critical and reflective thinking, NGNs develop problem-solving skills and the ability to master practical situations. A comparable study by Södersved Källestedt et al. (2020) shows that clinical reflection is vital to NGNs' learning, and that reflection can support the ability to analyse experiences and highlight key skills and different perspectives in clinical situations. The results of the present study also reveal that self-directed and collaborative learning are interdependent processes. This result is in line with Vygotskij and Cole (1978) concept of *zone of proximal development*, which refers to the learner's ability to reach a higher level of development and acquire a range of abilities in collaboration with more experienced workers.

The results of the present study indicate that educational and practical knowledge are closely intertwined in the learning process towards *Developing a relational nursing role*. The relational role is built on theoretical knowledge emphasising a person-centred approach to nursing that involves building a partnership with the patient, listening to the patient's perspective, and involving them in their care process (Ekman et al., 2021). Thus, this category demonstrates the significance of preparing nursing students for their profession by integrating theory into real practical situations. Further, NGNs need continual learning to increase their understanding of the complexity of the nursing role in different care situations.

For *Transitioning to a collegial role*, the findings imply a socialisation process where NGNs gain access to organisational norms and values as well as knowledge and skills in the workplace (Bauer and Erdogan, 2011; Wenger, 1998). Bauer and Erdogan (2011) describe this socialisation as "onboarding", where new employees move from organisational outsiders to insiders. Similar to Duchscher (2009), the present study implies the importance of educational preparation for understanding the socialisation processes involved in becoming a nurse. The results also suggest that a particularly challenging part of the transition to working life is balancing leadership with teamwork, and all informants emphasised team simulation activities as an effective way of improving leadership skills.

All informants described the need for *Developing contextual workplace knowledge and understanding* related to the specific demands of the new workplace. The results therefore indicate the importance of preparing students to enter working life through exposure to a variety of work experiences that complement general vocational knowledge. Billett (2015) describes how WIL can develop situated conceptual, procedural, and dispositional abilities and increase readiness to act in specific contexts. Similar to Daws et al. (2020), the results also show that NGNs during their introduction period have a need for access to experienced nurses who can contextualise learning, which promotes recognition of the departmental work and the nursing skills required at the specific ward.

Striving for confidence in medical-technical performance reveals the significance of repeated practical training. Building self-confidence in medical-technical skills improves nurses' ability to deliver safe and good care and to establish a caring relationship with the patient, as also described by Södersved Källestedt et al. (2020). Furthermore, similar to Södersved Källestedt et al. (2020), in relation to emergency situations, confidence can be developed gradually in scenario training with the support of colleagues. In the case of real emergency situations in the workplace, this learning component requires that colleagues on the one hand support NGNs' confidence to act independently, and on the other hand are ready to provide active support in case of lack of competence or self-confidence.

The category *Developing an experience-based understanding of clinical situations*, in line with Billett (2016), reveals the value of thoroughly-planned work experiences that help learners to intentionally build links and associations required for deeper occupational understanding. Similar to findings by Tynjälä (2013), this study result emphasises the benefit of verbalising and clarifying informal vocational knowledge and work experiences in terms of developing expertise. This study implies the particular significance of supportive experienced nurses who can explicitly clarify different perspectives and possible actions in care situations. However, it is important to note that the development of nursing expertise requires several years of clinical experience (Benner, 1984).

5. Methodological discussion

This study describes NGNs' experiences of WIL, from an educational and an occupational perspective. The study design revealed a rich variety of experiences and provided data suitable for qualitative content analysis (Graneheim et al., 2017). To ensure credibility, triangulation in data sources according to Dahlgren et al. (2019) was used, i.e., the issue in focus was evaluated from the perspectives of participants with a variety of experience in relation to WIL for NGNs. CSs were perceived as key informants, considering their vast experience of WIL for both nursing students and NGNs. FTs provided insight into WIL during higher education, while NGNs and NSs represented learners' experiences of WIL.

In order to create comfortable and productive focus group discussions, it was necessary to consider how to stimulate the participants' willingness to speak about their experiences (Dahlgren et al., 2019). To this end, the focus groups were homogeneously assembled. Another option would have been to assemble heterogeneous groups, which may have provided a greater variety of participants from different contexts and backgrounds. However, there was a risk that such a set-up could have influenced the power balance within the groups, potentially creating tension among the participants and having an impact on their openness to talk. The selection of homogenous focus groups was based on the aim of achieving equality among the participants (Dahlgren et al., 2019).

6. Conclusions

The purpose of this study was to describe NGNs' experiences of WIL, that could promote the development of NGNs' professional competence to support the transition from education to working life. The results reveal a complex learning process, encompassing the development of roles, capabilities, and an understanding of the integration of theory into practice. Learning is influenced by levels of personal engagement and collaboration with colleagues and experienced nurses. WIL emerges as a learning process that may begin during education and should be continued in the workplace. However, it seems necessary to start this learning process during education if possible in order to better meet the demands of graduates' future workplaces and increase the number of work-ready graduates. Furthermore, workplaces must provide and ensure a WIL that is effective and socially sustainable throughout working life in order to promote the development of expertise in nursing. In sum, higher education and health care organisations need to increase their collaboration on how WIL can be supported for both nursing students and NGNs in the transition from education to a professional role.

Funding sources

This research did not receive any specific grant from funding agencies in the public, commercial or not-for-profit sectors.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgement

The authors gratefully acknowledge all participants of this study. We also thank Professor Eva Brink for her important input in reviewing the manuscript.

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