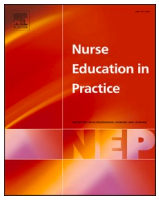
Nurse Education in Practice 65 (2022) 103506

Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/locate/issn/14715953



The experience of new nurses' early working life: Learning in a hospital care context – An interview study

Maria Detlín [a,*], Viola Nyman [a,b,c], Annika Eklund [a], Maria Skyvell Nilsson [a]

[a] University West, Trollhättan, Sweden
[b] University of Gothenburg, Gothenburg, Sweden
[c] NU-hospital group, Trollhättan, Sweden

ARTICLE INFO

Keywords:
Hospital care
Nursing
Novice nurses
Professional development
Workplace learning
Qualitative content analysis

ABSTRACT

Aim: To explore how nurses during their early working life learn to provide high-quality care in relation to organisational prerequisites in a hospital setting.
Background: When nurses enter employment in contemporary hospital settings, they face multiple learning challenges. Organisational prerequisites that have been identified to affect their ability to learn to provide high-quality care are related to staffing turnovers, large patient groups and a lack of experienced staff to support their learning.
Design: Qualitative.
Methods: The study was conducted between 2018 and 2019 at a medium-sized hospital in Sweden. Data from interviews with 10 nurses with fewer than two years' work experience were subjected to qualitative content analysis.
Results: The results describe the nurses' learning during their early working life in two categories: *Performing tasks in relation to organisational prerequisites* and *Making use of clinical experiences to grasp the complexity of nursing care*. The first theme reflected a learning process that was initially characterised by seeking confirmation and instructions from colleagues of how to act safely and by balancing the demands of time efficiency and sustaining patient safety. The second theme reflected that, after addressing organisational prerequisites, the nurses tried to understand and make use of clinical experiences to grasp the complexity of nursing care by encountering and processing clinical patient situations.
Conclusions: The results of this study revealed that nurses' learning during early working life seemed to be primarily directed towards handling tasks, with sometimes limited opportunities to grasp the complexity of nursing care. Their learning depended largely on their own initiative and motivation and was strongly influenced by organisational prerequisites. The limited availability of experienced nurse colleagues and lack of time devoted for reflection needs to be dealt with to support nurses' learning.

1. Introduction

Practice readiness for nurses during their early working life has engaged academics and practitioners for decades. Learning while entering employment might be even more problematic in contemporary hospital settings due to staffing shortages, large patient groups, reduced lengths of stay and high demands for time efficiency (Dyess and Sherman, 2009; Jangland et al., 2017; Gellerstedt et al., 2018).

2. Background

An increasingly ageing population, many of whom have multiple illnesses and advanced medical and nursing needs, requires evidence-based care by highly competent and skilled nurses (World Health Organization, 2021; Swedish Board of Health and Welfare, 2009). A challenge here is that, during their early working life, nurses are expected to take on the same responsibilities as their experienced colleagues (Willman et al., 2021), while experiencing a lack of competence and organisational support, as well as uncertainty and fear of making mistakes (Liang et al., 2018). Furthermore, the fear of endangering

* Correspondence to: Department of Health Sciences, University West, Gustav Melins gata 2, SE-46132 Trollhättan, Sweden.
E-mail address: maria.detlin@hv.se (M. Detlín).

https://doi.org/10.1016/j.nepr.2022.103506
Received 7 March 2022; Received in revised form 7 November 2022; Accepted 10 November 2022
Available online 12 November 2022

patient safety and experienced difficulties providing high-quality care have been described as contributing reasons for leaving their employment early in their career (Liang et al., 2018; Koehler and Olds, 2022).

However, it is well known that learning the nursing profession requires several years of clinical experience (Benner, 1984; Murray et al., 2019). Billett et al. (2018) stated that when nurses first enter work, knowledge established during education is used as a foundation to know how to act correctly. Here, the authors are referring to the formal and procedural knowledge of a specific occupation. For example, nurses are expected to have the procedural knowledge to safely administer drugs and to perform correct documentation (Billett et al., 2018). However, a key premise to learning the nursing profession is to access learning activities and social interactions at the workplace; that is, developing situational knowledge (Billett et al., 2018). Situational knowledge encompasses how procedural knowledge should be understood and used in specific contexts. Moreover, the nurses' personal values and previous experiences of similar situations will affect how confident and safe they feel while practising and learning their work (Billett et al., 2018). Thus, creating a trusting and learning environment with support from colleagues and management is described as essential for nurses' professional learning (Pennbrant et al., 2013; Benner, 2001). Against the background of these challenges, research attention has been directed towards specific efforts to support nurses' learning and to increase retention, such as transition programmes (see, e.g., Hampton et al., 2021; Eckerson, 2018). Previous research has also focused largely on individual characteristics of the nurse in relation of competence and professional development (Manomenidis et al., 2018; Yuh Ang et al., 2018) and learning phases as a newly graduate nurse (Benner, 2001; Murray et al., 2019). The present study aims to contribute to this research field by exploring how nurses during their early working life learn to provide high-quality care in relation to organisational prerequisites in a hospital setting.

3. Methods

3.1. Study design and data collection

The present study was conducted at a Swedish medium-sized hospital with 700 ward beds, specialising in internal medicine, infectious diseases and orthopaedics. The criteria for participation were being a registered nurse (RN) and having 0–2 years of work experience in a hospital setting. To contact potential participants, information about the study was sent to all clinical chiefs at the hospital by e-mail, who approved the study (see ethical approval) and relayed information to potential participants in their clinics. After the first e-mail, one nurse showed an interest in participating. The first two authors work at the hospital. However, neither of those two authors had any personal relation to the participants in the study. The other two authors have no relationships with either the hospital or the participants. The first author took personal contacts with potential participants at different wards at the hospital and a snowball sampling method was used (Rees, 2015). The participants found the study interesting when gaining a personal, verbal, information of the study, which is why the snowball-sampling was found useful for reaching a convenient number of participants. It also provided a spread in terms of age, gender, time of employment and ward affiliation (Graneheim and Lundman, 2004). In total, 10 nurses agreed to participate in the study. The participants were aged 23–34 years; there were eight women and two men. The participants' time of employment varied between one week and two years, with an average of nine months. All participants had prior healthcare experience from different healthcare contexts prior to starting nursing education and being employed as an RN at the hospital.

Two authors (first and fourth) created a semi-structured interview guide (Table 1) to ensure that the interviews remained on topic (Elo et al., 2014). To explore how nurses during their early working life learn to provide high-quality care in a hospital setting, all interviews began with an open-ended question to get the participants to think about the concept of providing high-quality care – that is, what it means – and to provide examples. Follow-up questions were asked to gain a deeper understanding (McGrath et al., 2019).

Table 1
Interview protocol.

What is high-quality care according to you? Can you give examples? What are you basing this on? Can you give examples of any situation where you think the care has turned out good?
How can high-quality care be provided? How can such a skill be developed?
What knowledge do you use in your nursing work? Are there any skills that you feel need/will be further developed with experience?
What is particularly challenging for you in your work as a nurse? Can you give examples? How can such tasks be solved?
If you are going to do a completely new task that is unknown to you, how do you solve it?
What support have you needed during your first time as a nurse? Can you give examples of what good support for a new nurse should include?
What facilitates your learning and personal development as a nurse? Is there anything that makes it more difficult?
Does the work environment (stress, working conditions, schedules, overtime, etc.) have any significance for your learning and development as a nurse? Can you give examples of situations where the organization or work environment has had a positive/negative impact?

The first author conducted the interviews between April 2018 and November 2019. Six interviews were conducted at the hospital in separate areas before and after working hours. The other four interviews were conducted over the phone. Only the author and participant were present during the interview. The interviews were audio-recorded and lasted 60–90 min. After 10 interviews had been completed, the authors found that the necessary data saturation to perform a full content analysis had been reached (Morse et al., 2002).

3.2. Data analysis

Interviews were transcribed verbatim. Qualitative content analysis was used to analyse the individual interview data (Graneheim et al., 2017). As a first step in the analysis process, all transcribed data were read to obtain an overall impression. The second step was to distinguish the meaning units in the transcribed texts. The third step was to create codes from each meaning unit. The coding was done at a manifest level; that is, the codes were developed close to the original data (Graneheim and Lundman, 2004). All codes were discussed and sorted into subcategories by all the authors. The subcategories were then abstracted, and categories were created (Lindgren et al., 2020). This was a back-and-forth process of studying categories and subcategories, where the authors switched from the whole to specific codes several times until agreement was reached (Graneheim and Lundman, 2004). All authors agreed on the subcategories and categories (Lindgren et al., 2020).

4. Results

The results describe the nurses' learning during their early working life in two categories: *performing tasks in relation to organisational prerequisites* and *making use of clinical experiences to grasp the complexity of nursing care*. The first category reflected a learning process initially characterised by seeking confirmation and instructions from colleagues of how to act safely and by balancing the demands of time efficiency with sustaining patient safety. The second category reflected that, after addressing organisational prerequisites, the nurses tried to understand and make use of clinical experiences to grasp the complexity of nursing care by encountering and processing clinical patient situations.

4.1. Performing tasks in relation to organisational prerequisites

4.1.1. Seeking confirmation and instructions

The nurses explained how undergraduate education provided them

with knowledge about performing nursing tasks at a general level. However, they needed to learn how to use this knowledge in the specific ward context. The nurses said that they needed instructions from their colleagues to learn how to perform routine nursing tasks correctly due to their own uncertainty. When there was time, the nurses sought instructions in manuals and handbooks. However, they described feelings of insecurity, especially during stressful situations, about their interpretation of the written instructions. Hence, the written instructions often needed to be supplemented by a verbal instruction from colleagues.

The nurses sometimes just needed to receive confirmation from colleagues that they had understood the instruction correctly before performing a task. Hence, colleagues' confirmation and instructions were understood as being the fastest and safest way of completing tasks. Furthermore, the nurses experienced expectations from first-line managers and colleagues of being able to perform tasks independently and act safely as soon as the introduction period (about four to six weeks) was completed. However, the nurses did not feel safe enough to perform tasks individually and requested a clinical mentor or an experienced colleague to learn from regarding bedside care by imitating performance and to receive instructions for how to act correctly. Still, it was not always feasible to seek confirmation and instructions from colleagues because many of the nurse colleagues were equally time-pressured, inexperienced, or had been hired from nurse staffing companies and were not familiar with the ward routines or specific treatment methods. When not receiving confirmation and instructions from an experienced nurse colleague, the nurses tried other approaches to learn how to act safely on the specific ward. For example, they learned to identify the most experienced and available team member/co-worker to ask, regardless of their profession and/or ward affiliation. The assistant nurses' more extensive ward-specific experience and longer time of employment was highly valued in such cases:

> *'At this ward, there are just one or two who have worked for more than five years. Several nurses left during their first four years. You try to ask the most experienced colleagues but mostly about medical queries. If I am wondering about nursing, I ask the assistant nurses who are experienced because they know.' (1)*

4.1.2. Balancing between time efficiency and patient safety

Being a nurse during early working life was recurrently described as overwhelming, due to being responsible for a large number of patients, overcrowded wards and multiple nursing assignments in a time-pressured organisation. The time between admission and discharge was understood as short and pressured, requiring the nurses to prioritise working in a time-efficient manner. Not knowing how much time it took to perform certain tasks, how to effectively prioritise among a large patient group and how to manage the changing care requirements during working hours added to the challenges of balancing between time efficiency and patient safety. To address these challenges, the nurses' learning was focused on finding strategies to save time while performing their tasks. As an example, a nurse chose to do administrative tasks without meeting the patients, to sustain time efficiency. This meant saving time by prioritising all of the tasks that were legally required, such as documenting in the patients' journals and administering medicines. Another way of being time-efficient was to speed up conversations with patients and thus more quickly perform the required tasks. Furthermore, to be time-efficient, the nurses learned to delegate tasks and nursing responsibilities to assistant nurses; for example, delegating responsibility for monitoring patients' vital signs and clinical status. Consequently, they had to rely on assistant nurses' assessments and information about the patients' health. The nurses also instructed the assistant nurses on taking their own responsibility for being up to date from the medical rounds and ongoing treatments of the patients. This was a strategy to share patient responsibility within the team and to reduce the need to continuously inform about patient updates, which saved time.

However, it was the nurses' responsibility to ensure that assistant nurses had the competence to make appropriate assessments to ensure patient safety.

Consequently, using delegation to sustain time efficiency created a legal and patient safety dilemma for the nurses. A primary focus on time efficiency could also cause delayed detection of changes in patients' health status and cause uncertainty for the nurses:

> *'You may get a pathological parameter from the assistant nurses and it is not certain that you will get it right away, but you may see it an hour later. So, you may not get the information right away if someone is ill … Some assistant nurses are very good and react quickly, but maybe not everyone does. And then the patients get very, very ill before I have the opportunity to come out and see that this is not quite right.' (6)*

4.2. Make use of clinical experiences to grasp the complexity of nursing care

4.2.1. Encountering clinical patient situations

Being a nurse with limited personal experience of meeting the patients and clinical situations meant needing support in terms of how to correctly assess the patients' clinical status. For example, assessing a patient's breathing sounds, need for medication, or nursing in palliative care, was especially difficult for the inexperienced nurses. The learning from these clinical assessments was described as experience-based knowledge and was continuously developed when meeting patients. One way to meet this learning need was to share experiences with colleagues and learn from their argumentation and prioritisation when they were with a patient. The nurses emphasised their need to gain experience of complex clinical situations; that is, clinical situations that were acute, sudden patient deterioration and/or nursing assessments of multi-diseased patients.

Hence, the nurses continuously strived to make use of clinical experiences because they understood the value of meeting the patients to learn how to face these clinical situations. The nurses explained how basic bedside care, such as helping a patient to the toilet, could provide comprehensive information about the patient's status. Prioritising bedside care and taking time to meet the patients enabled the nurses to obtain an overview of the patients' needs and status to assess potential complications that could occur during their hospital stay:

> *'I've learned to be prepared … That's something you'll learn from experience. In addition, when you get to know the patients, prioritisation becomes easier. Then you will know if someone needs more time to swallow their pills or if someone is very tired in the morning, then I can plan and take that patient last.' (8)*

4.2.2. Processing clinical experiences

To learn from clinical experiences, the nurses emphasised the need to process the clinical patient situations – that is, to analyse their own assessments and decisions – and the outcomes related to provided care. Processing clinical experiences was essential to grasp the complexity of nursing care. Moreover, the nurses pointed out the importance of increasing their understanding of various perspectives of clinical patient situations to learn how to provide care.

When processing clinical experiences, the nurses identified reflection as the best way to evaluate their own assessments, actions and results in clinical patient situations. Reflection was a well-known way to learn during education and was therefore used frequently by the nurses to question their own actions and decisions directly in clinical patient situations. Reflection could involve taking a short break during the working shift to reflect on their own performance and/or personal reactions. Reflection was highlighted as necessary to learn to be a 'better nurse', because it contributed to learning, both from successful actions but also non-expected results in clinical patient situations. The nurses

also described how reflection helped them develop their own self-awareness:

> *'I believe that it [caring] requires tremendous self-reflection and self-awareness. As a nurse, you will face situations in which care fails for various reasons. Then you must reflect on the situation and what it was that did not work and what you could have done differently.' (7)*

Reflecting with colleagues and discussing patients' status, such as choices between treatment methods and/or outcome of treatments and assessments, was described as valuable for learning to prioritise and chose actions. Learning from colleagues' thoughts and reasonings could provide opportunities to reach a more complex understanding of how to provide care. These reflective discussions helped the nurses comprehend what they had experienced (that is, what they had seen and assessed during bedside care) and why actions sometimes did not provide the desired or expected results. Even though the nurses believed that reflection was an important way to achieve both individual and collaborative learning, it was rarely scheduled as part of day-to-day work. The nurses described how the low experience level among colleagues, daily stress and colleagues' limited opportunities to prioritise daily reflection reduced the nurses' capacity to process clinical experiences.

Moreover, the nurses stated that facilitating collegial reflections in everyday work was an organisational issue that needed to be addressed and supported by the management.

5. Discussion

The study aimed to explore how nurses during their early working life learn to provide high-quality care in relation to organisational prerequisites in a hospital setting. The results revealed a complex and challenging learning environment for nurses during their early working life.

5.1. Being oriented towards safe task performance

The nurses were initially oriented towards learning to perform tasks correctly and safely in relation to the organisational prerequisites. Entering the nursing profession involves adapting and focusing on performance using the formal and procedural knowledge that is evident and applicable (Billett et al., 2018; Duchscher, 2008; Murray et al., 2019). What the present study adds is that the nurses' actions were largely guided by their interpretations of correct performance. To learn how to act safely, the nurses sought confirmation and instructions from different sources. Other studies have described seeking confirmation and instructions to perform correctly as a common way of learning, for several reasons (Willman et al., 2020). Benner (2001) explained how nurses, as advanced beginners, must follow routines and manuals to act correctly because of their limited context-specific experience. Therefore, advanced beginners need support from experienced colleagues to confirm their actions in specific clinical situations (Benner, 2001). With limited nursing experience when entering a time-pressured healthcare organisation, the nurses largely relied on colleagues' instructions to act correctly and safely. However, due to the limited access to experienced and permanent staff, the nurses needed to seek instructions from assistant nurses; otherwise, they were forced to act with uncertainty. Hence, learning to perform safely was found to be largely dependent on the nurses' own motivation, initiatives and assessments to receive correct instructions. Still, only seeking quick confirmation from colleagues before performing a task seemed to be more of a 'quick-fix-solution' when managing a stressful and demanding working situation, rather than a way to learn how to provide high-quality care.

Previous research has described how, during their early working life, nurses desire to be competent members of the team (Hampton et al., 2021), which may partly explain why they strive to act quickly and time efficiently. To balance between time efficiency and patient safety, the nurses attempted to save time in daily work by delegating tasks to assistant nurses. However, because of the assistant nurses' educational background, being on a basic nursing level, the nurses expressed insecurity related to their level of competence when delegating assessments and assignments to assistant nurses. Consequently, nurses had to learn the skills of each assistant nurse to know what assignments could be assigned to them. The nurses also admitted that delegating tasks to assistant nurses could risk patient safety because of their own limited experience regarding what and how to delegate safely within the department. Previous research has demonstrated that developing delegation is related to several factors, such as what the nurses had learned in their education programmes, continuing education and clear guidelines, but also about interprofessional trust and communication (Kærnested and Bragadóttir, 2012; Campbell et al., 2020). These findings provide evidence for health care organizations to use both structural actions and interprofessional training and simulations to support the nurse's preparedness for safe delegations.

An important and related aspect to consider related to delegation is the implementation of task-shifting. Previous studies have stated that safe and qualitative task shifting requires planning, education and training for those taking on new assignments (Schalkwyk et al., 2020). This reasoning demonstrates the importance of clarifying professional boundaries and responsibilities within a hospital team (Suter et al., 2009) to certify that the assignments are completed by the professions with adequate competence (Feiring and Lie, 2018). Hence, it could be necessary to find time-saving solutions to sustain the necessary efficiency, but it could cause uncertainty and inhibit opportunities to learn and to certain patient safety.

5.2. Engaging in the complexity of nursing care

The results showed that time of employment and previous experience of caring, contributed to the progression of the nurses' understanding of the complexity of providing care. This learning entailed encountering clinical patient situations to learn how to assess the patient's needs and status. Hence, being able to transform the formal and procedural knowledge into situational knowledge involved active participation in bedside care (Billett et al., 2018) and setting aside the demands of time efficiency. Such learning has also been described as pivotal to develop nursing expertise (Benner, 1984; Billett et al., 2018; Murray, 2019). Hence, encountering clinical patient situations can provide opportunities to work efficiently from a longer-term perspective and provide high-quality care (Swedish Board of Health and Welfare, 2009). The results of the present study strengthen the argument for creating opportunities for nurses to participate in bedside care, to acquire clinical experience.

Furthermore, processing clinical experiences through individual reflection and in collegial discussions was described as supporting nurses' learning efforts to grasp the complexity of nursing care. Formalised opportunities to collectively discuss experiences with patients have been highlighted as having strong learning potential (Goller et al., 2019). However, the challenge is to enable these learning situations in an already pressured organisation, which is why reflection needs to be structured and planned as a daily activity within hospital care. Reflection is a common way of learning within nursing education, which is why nurses during early working life are familiar with this learning method (Eklund et al., 2021). It is essential to add that individuals' reactions, thoughts and confidence when managing clinical situations influence the quality of the nurses' experience-based learning (Billett et al., 2018). Reflecting directly in clinical patient situations provided the nurses with opportunities to question their own actions and decisions and to change actions that might not be beneficial for the patients. Hence, processing both successful events and unexpected outcomes in clinical patient situations was understood as necessary to become a more competent nurse. Thus, both individual and colleague reflection should be recognised as necessary in the nurses' daily work to

promote the depth of understanding required for developing expertise (Billett et al., 2018; Benner, 2001; Domingo Galutira, 2018). Prerequisites for structural reflection include a comprehensive organisational planning of staffing scheduling and access to colleague support to enable the reflection for professional learning (Ryding et al., 2018). In summary, the findings demonstrate that learning requires individual dedication and commitment. It also requires an organisation that can create the preconditions for a sustainable and supportive learning environment, regarding time management and structured support for nurses to learn how to provide care (Hampton et al., 2021; Billett et al., 2018).

5.3. Methodological considerations and limitations

This study was limited to 10 participants, all of whom worked at the same hospital and had work experiences ranging from one week to two years. This is a broad span and should be noted when interpreting the results. Still, the description of the participants' learning on the different hospital wards was essentially the same with regard to how they learned to provide care during their early working life. The results from the present study show similarities with other studies on how nurses learn during their early working life and what support is needed during the learning process (Pennbrant et al., 2013; Murray et al., 2019). However, this study has added organisational aspects to previous research, where the nurses' learning in relation to contemporary organisational prerequisites has been described as hindering their learning progression. Because two authors are working at the hospital, the participants knew the interviewer had preunderstanding of the context. The interviews were conducted in a separate area, which contributed to the opportunity to speak freely. Further, the result is presented in both descriptive text and clarifying quotations to create transparency regarding how the results were interpreted and analysed (Graneheim and Lundman, 2004). Also, the added interview protocol provides the ability to replicate the study. However, further studies are needed to elucidate nurses' learning during their early working life.

6. Conclusions

The results of this study add to research emphasising the need to ensure not only nurses' competence in performing time efficient care, but also how they learn to provide high-quality care. The study has revealed how organisational prerequisites, expectations and available support reflected how the nurses navigated as learners during early working life. Hence, it appeared that nurses needed to be able to cope with the organisational prerequisites to progress in learning to grasp the complexity of nursing care. By clarifying this learning process, we can identify which organisational prerequisites hinder and facilitate nurses' learning. The results also indicate that the nurses' need for support extends over a longer period than only during the introduction weeks. Organisational challenges remain regarding how to support nurses' learning during their early working life and further studies are needed to explore managers' perspectives of these challenges.

6.1. Implications for nursing practice

This study has shown that nurses' professional development during their early working life cannot exclusively be met by offering them extended introduction programmes; instead, it requires a sustainable and long-term supportive learning environment that is integrated into everyday work (Eklund et al., 2021; Eckerson, 2018). Our results show that the requested support during early working life is largely achieved with an organisational structure that provides learning opportunities. This does not exclusively mean having an experienced mentor available, but also having organisational prerequisites to participate in learning situations; that is, bedside care and being provided opportunities for reflection in daily work. Learning how to adapt to performance to organisational prerequisites may be efficient from a short-term perspective, but from a long-term perspective it may risk nurses leaving their profession and the lack of experienced nurses will remain. Healthcare organisations need to urgently take responsibility to facilitate the retention of nurses by encouraging them and making use of their ambition and their will to learn.

Funding sources

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

Ethical considerations

This study followed the ethical principles of the Declaration of Helsinki (World Medical Association, 2013). The participants were informed that their participation was voluntary and that they could withdraw their participation at any time without providing a reason. The respondents were also informed about the purpose of the study and that the results would be presented confidentially without names or ward affiliations. After receiving this information, all participants provided written informed consent to participate. The CU managers verbally approved the study and sent the information letter to the nurses. The study did not require approval from an Institutional Review Board According to Swedish law. Studies that do not affect or harm another human physically or mentally or contain sensitive personal information do not require ethical review. Therefore, this study was exempt from ethical review as per the Swedish Act concerning the Ethical Review of Research involving Humans (SFS, 2003:460; Swedish Ethical Review Authority, 2019).

CRediT authorship contribution statement

Maria Detlin: Conceptualization, Methodology, Validation, Investigation, Data curation, Writing – original draft, Project administration. **Viola Nyman:** Validation, Investigation, Writing – review & editing. **Annika Eklund:** Validation, Investigation, Writing – review & editing. **Maria Skyvell Nilsson:** Conceptualization, Methodology, Validation, Investigation, Supervision, Writing – review & editing.

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.

Data Availability

Data not available due to ethical restrictions.

Acknowledgement

The authors gratefully acknowledge all participants in this study.

References

Benner, P., 1984. From Novice to Expert: Excellence and Power in Clinical Nursing Practice. Addison-Wesley, Menlo Park, CA.

Benner, P., 2001. From Novice to Expert: Excellence and Power in Clinical Nursing Practice. Commemorative Edition. Prentice Hall, Upper Saddle River.

Billett, S., Harteis, C., Gruber, H., 2018. Developing occupational expertise through everyday work activities and interactions. In: Ericsson, K.A., Hoffman, R.R., Kozbelt, A., Williams, A.M. (Eds.), The Cambridge Handbook of Expertise and Expert Performance, 2nd ed. Cambridge University Press, Cambridge, p. 105.

Campbell, A., Layne, D., Scott, E., Wei, H., 2020. Interventions to promote teamwork, delegation and communication among registered nurses and nursing assistants: an integrative review. J. Nurs. Manag. Oct. 28 (7), 1465–1472. https://doi.org/10.1111/jonm.13083.

Domingo Galutira, G., 2018. Theory of reflective practice in nursing. Int. J. Nurs. Sci. 8 (3), 51–56. https://doi.org/10.5923/j.nursing.20180803.02.
Duchscher, J.E., 2008. A process of becoming: the stages of new nursing graduate professional role transition. J. Contin. Educ. Nurs. 39, 441–450. https://doi.org/10.3928/00220124-20081001-03.
Dyess, S.M., Sherman, R.O., 2009. The first year of practice: new graduate nurses' transition and learning needs. J. Contin. Educ. Nurs. 40 (9), 403–410. https://doi.org/10.3928/00220124-20090824-03.
Eckerson, C.M., 2018. The impact of nurse residency programs in the United States on improving retention and satisfaction of new nurse hires: an evidence-based literature review. Nurse Educ. Today 71, 84–90. https://doi.org/10.1016/j.nedt.2018.09.003.
Eklund, A., Billett, S., Skyvell Nilsson, M., 2021. A bridge over troubled water? – Exploring learning processes in a transition program with newly graduated nurses. Nurse Educ. Pract. 51, 102982 https://doi.org/10.1016/j.nepr.2021.102982.
Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., Kyngäs, H., 2014. Qualitative content analysis: a focus on trustworthiness. SAGE Open. https://doi.org/10.1177/2158244014522633.
Feiring, E., Lie, A.E., 2018. Factors perceived to influence implementation of task shifting in highly specialised healthcare: a theory-based qualitative approach. BMC Health Serv. Res. 18 (899) https://doi.org/10.1186/s12913-018-3719-0.
Gellerstedt, L., Moquist, A., Roos, A., Bergqvist, K., Gransjön Craftman, Å., 2018. Newly graduated nurses' experiences of a trainee programme regarding the introduction process and leadership in a hospital setting – a qualitative interview study. J. Clin. Nurs. 28, 1685–1694. https://doi.org/10.1111/jocn.14733.
Goller, M., Steffen, B., Harteis, C., 2019. Becoming a nurse aide: an investigation of an existing workplace curriculum in a nursing home. Vocat. Learn. 12, 67–85. https://doi.org/10.1007/s12186-018-9209-z.
Graneheim, U., Lundman, B., 2004. Qualitative content analysis research: concepts, procedures and measures to achieve trustworthiness. Nurse Educ. Today 24, 105–112. https://doi.org/10.1016/j.nedt.2003.10.001.
Graneheim, U.H., Lindgren, B.-M., Lundman, B., 2017. Methodological challenges in qualitative content analysis: a discussion paper. Nurse Educ. Today 56, 29–34. https://doi.org/10.1016/j.nedt.2017.06.002.
Hampton, K.B., Smeltzer, S.C., Ross, J.G., 2021. The transition from nursing student to practicing nurse: an integrative review of transition to practice programs. Nurse Educ. Pract. 52, 103031 https://doi.org/10.1016/j.nepr.2021.103031.
Jangland, E., Teodorsson, T., Molander, K., Muntlin Athlin, Å., 2017. Inadequate environment, resources and values lead to missed nursing care: a focused ethnographic study on the surgical ward using the Fundamentals of care framework. J. Clin. Nurs. 27, 2311–2321. https://doi.org/10.1111/jocn.14095.
Kærnested, B., Bragadóttir, H., 2012. Delegation of registered nurses revisited: attitudes towards delegation and preparedness to delegate effectively. Nord. J. Nurs. Res. Clin. Stud. 32 (1), 10–15. https://doi.org/10.1177/010740831203200103.
Koehler, T., Olds, D., 2022. Generational differences in nurses' intention to leave. West. J. Nurs. Res. 44 (5), 446–455. ⟨https://us.sagepub.com/en-us/journals-permissions⟩.
Liang, H., Lin, C., Wu, K., 2018. Breaking through the dilemma of whether to continue nursing: newly graduated nurses' experiences of work challenges. Nurse Educ. Today 67, 72–76. https://doi.org/10.1016/j.nedt.2018.04.025.
Lindgren, B.-M., Lundman, B., Graneheim, U.H., 2020. Abstraction and interpretation during the qualitative content analysis process. Int. J. Nurs. Stud. https://doi.org/10.1016/j.ijnurstu.2020.103632.
Manomenidis, G., Panagopoulou, E., Montgomery, A., 2018. Resilience in nursing: The role of internal and external factors. J. Nurs. Manag. 27 (1), 172–178. https://doi.org/10.1111/jonm.12662.
McGrath, C., Palmgren, P.J., Liljedahl, M., 2019. Twelve tips for conducting qualitative research interviews. Med. Teach. 41 (9), 1002–1006. https://doi.org/10.1080/0142159X.2018.1497149.
Morse, J.M., Barrett, M., Mayan, M., Olson, K., Spiers, J., 2002. Verification strategies for establishing reliability and validity in qualitative research. Int. J. Qual. Methods 1 (2), 1–19 https://doi.org/10.1177%2F160940690200100202.
Murray, M., Sundin, D., Cope, V., 2019. Benner's model and Duchscher's theory: providing the framework for understanding new graduate nurses' transition to practice. Nurse Educ. Pract. 34, 199–203. https://doi.org/10.1016/j.nepr.2018.12.003, 30599429.
Pennbrant, S., Nilsson-Skyvell, M., Öhlén, J., Rudman, A., 2013. Mastering the professional role as a newly graduated registered nurse. Nurse Educ. Today 33 (7), 739–745. https://doi.org/10.1016/j.nedt.2012.11.021.
Rees, C., 2015. Rapid Research Methods for Nurses, Midwives and Health Professionals. Blackwell Publishing, ProQuest E-book Central. Retrieved 2021-10-12. ⟨https://ebookcentral.proquest.com/lib/vast-ebooks/detail.action?docID=4957603⟩.
Ryding, J., Sorbring, E., Wernersson, I., 2018. The understanding and use of reflection in family support social work. J. Soc. Serv. Res. 44 (4), 494–508. https://doi.org/10.1080/01488376.2018.1476300.
Suter, E., Arndt, J., Arthur, N., Parboosingh, J., Taylor, E., Deutschlander, S., 2009. Role understanding and effective communication as core competencies for collaborative practice. J. Interprof. Care 23 (1), 41–51. https://doi.org/10.1080/13561820802338579.
Swedish Board of Health and Welfare, 2009. National indications for good care 2009–11-5. Stockholm, Sweden. Retrieved 2022–09-01 from URL: ⟨http://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/17797/2009-11-5.pdf⟩.
Swedish Ethical Review Authority, 2019. What does the law say? Retrieved 2022–02-03 from URL: Vad säger lagen? Etikprövningsmyndigheten (etikprovningsmyndigheten.se).
Swedish Parliament, 2003. Law (2003:460) on ethical review of research relating to people. Retrieved 2022–02-03 from URL: Lag (2003:460) om etikprövning av forskning som avser människor Svensk författningssamling 2003:2003:460 t.o.m. SFS 2022:49 - Riksdagen.
Van Schalkwyk, M.C., Bourek, A., Kringos, D.S., Siciliani, L., Barry, M.M., De Maeseneer, J., McKee, M., 2020. European commission expert panel on effective ways of investing in health. The best person (or machine) for the job: rethinking task shifting in healthcare. Health Policy 124 (12), 1379–1386. https://doi.org/10.1016/j.healthpol.2020.08.008.
Willman, A., Nilsson, J., Bjuresäter, K., 2021. Insufficiently supported in handling responsibility and demands: Findings from a qualitative study of newly graduated nurses. J. Clin. Nurs. 1–2 (jan), 83–92. https://doi.org/10.1111/jocn.15483, 32889729.
World Health Organization, 2021. Ageing and health. Retrieved 2022–02-03 from URL: ⟨https://www.who.int/news-room/fact-sheets/detail/ageing-and-health⟩.
World Medical Association, 2013. World medical association declaration of Helsinki: ethical principles for medical research involving human subjects. JAMA 310 (20), 2191–2194. https://doi.org/10.1001/jama.2013.281053.
Yuh Ang, S., Uthaman, T., Ayre, T.C., Hoon Lim, S., Lopez, V., 2018. Differing pathways to resiliency: a grounded theory study of enactment of resilience among acute care nurses. Nurs. Health Sci. 21 (1), 132–138. https://doi.org/10.1111/nhs.12573.