

**SCHOOL OF NURSING AND MIDWIFERY**

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**TRANSITIONAL EXPERIENCES OF NEW GRADUATE NURSES (DEGREE)  
WITHIN THEIR FIRST YEAR OF PRACTICE: A STUDY IN THE EASTERN  
REGION**

**BY**

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NURSING DEGREE**



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**DECLARATION**

I, Victor Kwame Kpatsi hereby declare that this thesis is the outcome of my original research except for references made to other peoples' work and textbooks which have been duly acknowledged in the references and in the text. The study was conducted under the guidance and supervision of Dr. Adelaide Maria Ansah Ofei and Mrs. Atswei Adzo Kwashie, both of the School of Nursing and Midwifery, University of Ghana. This work has not been partly or fully submitted for any other degree or any institution.

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## **ABSTRACT**

There are plethora of challenges that New Graduate Nurses (NGNs) are faced with as they make the journey from the role of a student into professional practice as Nursing Officers in Ghana. The study sought to explore the experiences of new graduate nurses as they make this stressful journey. A qualitative exploratory descriptive design was used for this study involving twelve new graduate nurses working for less than one year after their National Service in five (5) selected Hospitals in the Eastern Region of Ghana. A semi-structured interview guide was used to collect the data. The interview was audio-taped and transcribed verbatim. Data analysis was done through thematic content analysis. Five (5) major themes emerged after the data analysis. These are physical experiences, emotional experiences, intellectual experiences, socio-cultural and developmental experiences, and coping strategies adopted by NGN. The first four (4) themes were in line with the Transition Conceptual Framework used as the framework for the study. The findings of the study revealed that NGNs had to deal with numerous challenges such as lack of accommodation, financial constraints, lack of resources (both human and material), stressful workload, lack of support from the hospital management. This study also shows that theory-practice gap still existed despite the changes in Ghanaian educational curriculum in recent to allow for more practice. There is the need for a collaboration between the academia and hospitals to bridge the reality shock experiences by NGNs. The hospitals must put in place measures to ease the challenges NGNs go through during their initial stage of work by providing allowances, accommodation, and the needed resources required for work.

## **DEDICATION**

To the Almighty God for His protection and guidance throughout this study. Again I dedicate this project to my parents Mr. and Mrs. Kpatsi Emmanuel, my siblings, Joyce Opoku Aseidua of Juaso hospital, and my fiancée Cynthia Kportorgbi for their encouragement, support, and prayers.

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### LIST OF ABBREVIATIONS

|         |   |  |
|---------|---|--|
| CAGD    | - | Controller and Accountant General Department             |
| CHAG    | - | Christian Health Association of Ghana                    |
| CINAHL  | - | Cumulative Index of Nursing and Allied Health Literature |
| DDNS    | - | Deputy Director of Nursing Service                       |
| GHS     | - | Ghana Health Service                                     |
| MEDLINE | - | Medical Literature Analysis and Retrieval System Online  |
| MoH     | - | Ministry of Health                                       |
| NAB     | - | National Accreditation Board                             |
| NGNs    | - | New Graduate Nurses                                      |
| NHIS    | - | National Health Insurance Scheme                         |
| NCSBN   | - | National Council of State Boards of Nursing              |
| NSS     | - | National Service Scheme                                  |
| NMC     | - | Nursing and Midwifery Council.                           |
| TTPP    | - | Transition to Practice Program                           |
| TCF     | - | Transition Conceptual Framework                          |
| WHO     | - | World Health Organization                                |



## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background to the Study

The experiences of new graduate nurses (NGNs) have become a topic for discussion and research since Kramer's famous seminal work on reality shock in 1974. It is an indisputable fact that the transition from student nurse to registered nurse is usually tumultuous and nerve-racking period for graduate nurses (Hart, Brannan & Chesnay, 2014; Duchscher, 2009). Kramer (1974) and Duchscher (2009) invented the word "*reality shock*" and "*transitional shock*" respectively to express the frustrations that confront new graduate nurses within their initial stage of work. Since then, many authors have underlined the difficulties experienced by newly qualified nurses in many countries.

During this transition period, newly registered nurses undergo significant changes to fully integrate into the healthcare system. Transitions as a concept, are worldwide experiences, which have been deliberate and described in various disciplines and professions. The practice readiness of new graduate nurses is a subject that generates lively conversation and conflicting perspectives amongst nurse clinicians, educators, and researchers in academia and clinical environment (Dyess & Sherman, 2009).

Over the years, nursing education in the world over has gone through a considerable number of changes. Nursing education has transformed from an apprentice or service type model, where learners were given on the job training in the hospital system to an approach where learning happens predominantly inside educational institutions accompanied with clinical practice in external practice settings (Wolff, Regan, & Pesut, 2010; Adlam, Dotchin, & Hayward, 2009). Hendel and Gefen-Liban (2003, p.483) contended that "professional

education at graduate level is aimed at preparing nurses for leadership roles by contributing to the development of their unique bodies of knowledge, skills, and confidence required for management roles". Even though there has been changes, and improvement in nursing education, the majority of graduate nurses enter the ever demanding healthcare environment without the requisite knowledge, skills, and confidence required for practice (Bennett, Brown, Barlow, & Jones, 2010).

The main concern among nurse educators, researchers, and clinicians is whether graduate nurses are adequately prepared with requisite skills, knowledge, and confidence to creditably perform well in the current health system in Ghana. NGNs enter the work environment with high expectations which often conflict with the harsh realities, unfriendly work environment, and experience of uncertainties in the clinical area (Ankers, Barton, & Parry, 2017; Saghafi, Hardy, & Hillege, 2015; Duchscher, 2009; Casey, Fink, Krugman, & Propst, 2004). According to Sparacino (2016), new graduate nurses' mental and psychomotor abilities are tested, as they attempt to develop their nursing skills and acclimatise to the requirements and expectation of their organization, and the stages of transition involve more than knowledge, practical skills, and individual capabilities. A study by Saintsing, Gibson, and Pennington (2011) and Fero, Witsberger, Wesmiller, Zullo, and Hoffman (2008) found that twenty-five percent (25%) of newly registered graduate nurse's lack critical intellectual, and problem-solving skills, unable to explain rationale for decision making resulting in poor patient care and satisfaction. Conversely, some new graduates lack the ability to sustain and enhance the knowledge base for continued safe and quality patient care (Bennett et al., 2010).

Furthermore, Clements, Fenwick, and Davis (2012) reported that new graduate nurse's successful transition into practice is critical in relation to professional development, and work output in the clinical environment. A bad experience during this transition process can delay newly graduate nurses attaining their full potential (Edwards, Hawker, Carrier, & Rees, 2015)

and their commitment to the nursing profession (Parker, Giles, Lantry, & Mcmillan, 2014). Park and Jones (2010), confirmed that those who feel stunned may leave the profession altogether. The significance of this is an exacerbation of the low nurse to patient ratio and a loss of investment made in the training of graduate nurses which is quite expensive (Edwards et al., 2015).

Kramer's classic and monumental study from 1974, on the reason why nurses are leaving the profession, confirms "reality shock" as occurring during the transition from the role of a student to clinical practice (Kramer, 1974). Transitional shock is viewed as the initial experience NGNs encounter as they move from a more accustomed academic environment to a less familiar, and harsh professional practice world (Rush , Adamack, Gordon, Janke & Ghement, 2015; Monaghan, 2015; Duchscher, 2009). Chandler (2012) contended that it is not clear how the novice nurse survives the transition into practice, provides the best possible care for patients, builds on school knowledge, and, most importantly, learns to thrive during the first year of practice. Again, Matala and Officer (2013) confirmed that, in Lesotho, newly registered graduates enter the clinical settings with enormous theoretical knowledge and are academically equipped, but not able to utilize their skills and knowledge, accounting for the frustration, stress, and anxiety. This impacts negatively on the quality of nursing care provided. Edwards et al. (2015) reported that "Reality Shock" is a common experience in newly qualified nurses who find themselves in work situations for which they feel inadequately prepared for. Other studies found poor communication with physicians, difficulty in prioritizing work, deficiency in nursing skills, poor decision making, and lack of managerial skills among NGNs (Phillips, Esterman, & Kenny, 2015; Baldwin, Bentley, Langtree, & Mills, 2014).

Prevailing knowledge suggests that newly registered graduate nurses feel unprepared, have unrealistic expectations, develop cynicism, experience frustration, and disillusionment when the reality of the work environment does not allow them to live up to their own values,

potential, and expectations (Ortiz, 2016; Therese et al., 2015; Kelly & Ahern, 2008; Sengstock, 2008; Newton & McKenna, 2007; Kilstoff & Rochester, 2004). Newly registered nurses also have the fear of being exposed as clinically unapt, unable to provide safe care to their patient, and not able to cope with assigned roles and responsibilities (Duchscher, 2009).

Matala and Officer (2013) maintained that inadequate and inconsistent support in the clinical environment contribute to new graduates level of stress described as “reality shock” as a result of being underprepared for roles they believe they were ready for. Similarly, Farner and Brown (2008) identified educational preparation, personal experiences, parental relationships, general career expectations, and prevailing economic factors affect new graduate nurse’s ability to acclimatise to professional practice. In a non-experimental survey conducted by Cho, Laschinger, and Wong (2006) found that sixty-six percent (66%) of 226 newly registered nurses with less than two (2) years working experience reported high levels of exhaustion due to inadequate resources, unsupportive nurses, and physicians, and fewer opportunities resulting in a decrease in their organizational commitment. Other studies reported low self-confidence and fear of failure due to limited practical knowledge and experience (Zamanzadeh, Roshangar, Fathi-azar, & Valizadeh, 2014).

The amount of time new graduates require to ensure successful transition or feel adequately integrated varies depending on the support available. Chandler (2012) maintained that it takes between nine (9) to 12 months for new graduates to make an accurate decision and gain confidence about patient care. Similarly, in a survey involving 84 new graduate nurses in Israel, their leadership expectations, goal setting, organizational abilities, and awareness of professional development opportunities improved after 18 months of practice (Halfer & Graf, 2006). Etheridge (2007) investigated the development of the nursing thought processes at 1, 3, and 9 months, and reported that new graduate nurses acknowledged improvement in their decision making abilities and confidence after nine (9) months of practice. Benner (1982)

however, affirmed that new graduates take between two (2) to three (3) years on the job to become competent.

Studies have shown that newly qualified graduate nurses who went through a well-structured one year programme under preceptors and or clinical instructors reported smooth transitional experiences ((Al-Dossary, Kitsantas, & Maddox, 2016; Marks-Maran et al., 2013; Zinsmeister & Schafer, 2009). Goode, Ponte, Haven, Bednash, and Murray (2013), as well as Turner and Goudreau (2011), reported that this programme improves their critical thinking, practical skills, and improves their decision making concerning patient care. Educational support programmes can facilitate the new nurse graduates integration into the workforce, by meeting their learning needs, and socialize them into the profession (Hussein et al., 2016; Duchscher & Cowin, 2004).

## **1.2 Statement of the Problem**

The journey of undergraduate nurses to Registered Nurses (RN) is a critical stage and presents a sensational stage for every nurse who completes the four-year degree in nursing programme. The concern among NGNs has been the support available for an easy transition into practice. Thomas, Allen, and Bertram (2012) pointed out that, graduate nurses feeling clinically unprepared can be attributed to fewer clinical exposures whilst in nursing school. Therese et al. (2015) attributed their poor transition into practice to lack of resources to work with, unsafe ward environment, and increased number of patient they have to attend to. Hussein et al. (2016) found lack of support seeking behaviours from the NGNs. Suzuki et al. (2006) reported lack of support from friends and peers as the important factor that accounted for new graduate nurses' turnover. Lea, Cruickshank and Lea (2017) found low management support and unfavourable duty roster as impeding the transition of NGNs into practice. Johnstone and Kanitsaki (2008) and Millwater, Taylor, Nash, and Wise (2006) reported that new graduates

are expected to perform at the level of proficient nurses while also learning the policies, code of conduct, procedures, mission, and vision of their organization. This, however, results in a gap between what they learned in school and the expectation at the clinical setting. Dyess (2009) suggested that new graduates need continuous support and mentorship to enhance the development of their clinical decision and skills enhancement.

Nursing education in Ghana has gone through tremendous changes since independence in 1957. Training of nurses has changed from certificate in nursing into diploma to degree in nursing and now masters in nursing. The challenge is whether these changes have actually equipped new graduates with the needed skills, competencies, and knowledge to function in the current health system. Graduate nurses who complete the four-year degree in nursing program are mandated to undertake a one-year national service after successfully completing and passing their licensing examinations organised by the Nursing and Midwifery Council of Ghana (NMC). However, there are numerous challenges that confronts this new graduate in the clinical settings such as lack mentors, shortage of nurses, financial constraints, lack of a decent accommodation, and inadequate supervision from experienced nurses. Others have to deal with lack of resources in the hospitals to implement what was taught in school.

With the researcher's experience as a generic graduate nurse, and anecdotal observation from other graduate nurses in Ghana, it is not uncommon to find nurses on National Service sometimes mandated to manage the ward alone without any supervision. This, therefore, leaves NGNs with less time to adjust to their role and responsibilities as nursing officers where they are made unit heads in their new permanent environment. Furthermore, structured educational and practical sessions are not organized for new graduates during the period of National Services to equip them with the competencies needed for their new roles. Institutions that employ these nurses are responsible for their training whereas, in other countries, structured educational and practical sessions are organised for new graduates. Dyess and Sherman (2009)

identify cost containment issues, and staff shortages in hospitals as limiting the orientation period employers provide for new graduate nurses when they assume permanent roles as nursing officers. The National Council of State Boards of Nursing (NCSBN), an independent organization has developed an evidence-based monitoring model where new graduates undergo a 12 months internship programme with the assistance of preceptors and clinical instructors with the support from employer, for transitioning new nurses into practice have been adopted across the United States through licensure regulation (NCSBN, 2008).

The main reason for new graduates going through National Service is to equip them with the needed clinical skill and competence that exposed them to professional standards needed for practice. Unfortunately, most graduate nurses complete the National Service and still lack the critical skills, confidence, and knowledge for professional adjustment, experience role disorientation, and having confusion over their responsibilities as a Nursing Officer in their initial stage of working. More so, limited studies have been focused on exploring the Ghanaian graduate nurses' experience of transition within the first year of practice after their national service. This study, therefore, sought to explore the experiences of the newly qualified degree nurses within their first year of practice after the National Service in the Eastern Region of Ghana.

### **1.3 Purpose of the Study**

The purpose of this study is to explore the transitional experiences of new graduate nurses from the role of student to Registered Nurses (Nursing officer) within their first year of practice after the National Service.

### **1.4 Objectives of the Study**

1. To describe the physical experiences of new graduate nurses within their first year of practice after the National Service.

2. To describe the emotional experiences of new graduate nurses within their first year of practice after the National Service.
3. To describe the socio-cultural and developmental experiences of new graduate nurses within their first year of practice after the National Service.
4. To determine the intellectual experiences of new graduate nurses within their first year of practice after the National Service.
5. To describe the coping strategies adopted by new graduate nurses within their first year of practice after the National Service.

### **1.5 Research questions**

1. What are the physical experiences of new graduate nurses within the first year of practice after the National Service?
2. What are the emotional experiences of new graduate nurses within their first year of practice after the National Service?
3. What are the socio-cultural and developmental experiences of new graduate nurses within their first year of practice after the National Service?
4. What are the intellectual experiences of new graduate nurses within their first year of practice after the National Service?
5. What are the coping strategies adopted by new graduate nurses within their first year of practice after the National Service?

### **1.6 Significance of the study**

The findings of this study will be an invaluable contribution to nursing knowledge in the area of transition of newly qualified nurses into professional practice in Ghana as it appears to be limited or no local studies on the subject. The findings from the study may also provide information for key stakeholders in the health sector. Policy makers, nurse educators, nurse

managers, and the Nursing and Midwifery Council to put in place a well-structured preceptor program that will help new graduate nurses in their transition from student nurses to nursing officers. This will also help with curriculum changes to ease the transition process for new graduate nurses. The findings would also provide the basis for future research on the transition experience of nurses in Ghana.

### 1.7 Operational Definitions

The table below outline the conceptual and operational definitions used for the study.

**Table 1.1: Operational Definitions**

| <b>Variable name</b>             | <b>Conceptual definition</b>   | <b>Operational definition</b>   | <b>Measure</b>  |
|----------------------------------|--|---|-----------------|
| New graduate nurses              | “A registered nurse with less than one year of clinical experience in the area of nursing in which they are currently working”. (Roberts & Farrell, 2003, p. 13).  | A Registered nurse with a degree in nursing having less than one-year working clinical experience after the National Service. | Interview guide |
| Role transition                  | The process of changes from one role to the other.   | The process of moving from the role of student to nursing officer   | Interview guide |
| Transition to practice programme | A one-year structured programme provided by health services, including mentorship, preceptorship and supportive strategies aim at assisting new graduates to amalgamate their clinical skills and gain experience (Kluge, 2001). | A one-year structured programme provided by health services, aimed at assisting new graduate nurses.                          | Interview guide |

|                   |   |   |                 |
|-------------------|---|---|-----------------|
| National Service  | One year mandatory service undertaken by all new graduates in Ghana after completing tertiary education.  | One year mandatory clinical service undertaken by all graduate nurses before being registered to practice nursing.                                      | Interview guide |
| Preceptors        | Experienced registered nurses that provide supportive, supervisory, and educative role to student nurses and NGNs (Levett-Jones & Bourgeois, 2007). | It describes the supportive and educative role played by trained experienced nurses.  | Interview guide |
| Transition        | “A passage from one state, stage, subject, or place to another” (Barnes, 2015, p.3).  | A period when NGNs undergo a process of learning and adjustment, and socialisation to a new culture at the work place.                                  | Interview guide |
| Registered Nurses | A nurse registered with a nursing council or board and provided with the license to practice nursing (Searle, 2005).                                | A person licensed to practice nursing after passing prescribed exams and completing their National Service by the Nursing and Midwifery Council, Ghana. | Interview guide |
| Experience        | Experiences are events that happened to an individual, influencing the way he or she thinks and behave (Hornby, 2005:                               | Clinical based event that impacts positively or negatively on NGNs initially at the work environment.   | Interview guide |

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0. Introduction

In conducting this literature review, the following search engines were utilized; CINAHL MEDLINE, Ovid, Science direct, Sage, PubMed, Google Scholar, Cochrane Library, Francis and Taylor, Wiley Online Library and Merriam - Webster Dictionary. Various combination of the term transition, role transition, transitional experience, newly registered graduate nurses, coping strategies of new graduate nurses. The key search combinations were transition and newly registered nurses, conceptual framework, experiences of graduate nurses, and the transition from student to registered nurses. The articles reviewed dated back to the last 15 years, nonetheless, some go back to 1974 since they were theoretical literature and milestone studies on transition of NGNs.

#### 2.1 Transition in Nursing

In nursing, Meleis (2010, p. 11), defines transition “as a passage from one fairly stable state to another fairly stable state, and it is a process triggered by a change. Transitions are characterised by different dynamic stages, milestones, and turning points and can be defined through processes and/or terminal outcomes”. Newly qualified nurses embark on role crisis in the process of transition from student to registered nurses. This transition commences when a student enters nursing educational institution where new skills and professional identities are formed. The transition from student to professional nurse can be a time of immense stress and anxiety with emotions ranging from nervous tension to extreme anxiety (Lea, 2015). New graduate nurses experience a period of uncertainty and vulnerability and are considered a “vulnerable population” (Meleis, Sawyer, Im, Messias, & Schumacher, 2000).

Kramer (1974), identified three main phases of transition. The first phase was described as the honeymoon phase where the new graduate identified some of the interesting aspects of the new role and could even experience a “buffering” effect during orientation and preceptorship against the reality that was to come. This initial phase is experienced as rewarding because the person has achieved his or her goal of becoming a nurse. The next phase is the shock and rejection phase where the new nurse begins to experience some of the dissonances between what she or he was taught as part of the professional role of the nurse versus what is expected in the bureaucratic environment of a hospital setting (Kramer, 1974). This phase is experienced as a conflict in that the new graduate must resolve the situation. The final phase is the recovery or resolution phase in which the new graduate either withdraws from the position or learns to adapt to the clinical setting (Kramer, 1974).

Beck (2004), also describes four phases of transition. She describes the initial phase of transition as a “time when we lose our identity and are left temporarily formless”. New graduate nurses at this phase feel that their lives, situation or profession is melting. Common responses include hysterics, stress, and difficulty coping, resistance to the change, and trying to recall the past. According to Beck (2004), these responses are normal.

The second phase is when an individual knows his or her purpose and begins to reorganize into something new and different. New graduates start to see the image of what they will become, and reorder themselves to meet that image (Beck, 2004). The third phase is what she termed re-forming. It is the actual implementation of the transition process. It is when new graduates go beyond dreaming and actually take action. Failure is a normal part of this phase. Newly qualified nurses must, however, expect things to go wrong and be ready to start over again. She identifies perseverance as an important ingredient for them to succeed. The final phase is termed the flying phase when new identity is fully evolved and they are ready to fly (Beck, 2004).

## **2.2 National Service/ Rotation in Ghana context**

All new graduates who complete tertiary education in Ghana are mandated to undertake a one-year National Service/rotation. Established in 1973, Act 426, the National Service Scheme (NSS), is required to deploy graduates from tertiary institutions to support development efforts of both the public and private sectors in Ghana (National Service Scheme, 2018). Currently, the NSS effectively deploys personnel from both public and private tertiary institutions across the country. NSS offers an excellent transition from the world of academia to the world of work, and has become the major conveyor belt through which most graduate nurses in Ghana first encounter and appreciate life in the clinical environment, rural areas, as well as an opportunity for NGNs to reflect about their career options (National Service Scheme, 2018). NGNs are provided with a provisional license during the period of the National Service.

Graduate nurses in Ghana are provided with a professional license by the NMC, Ghana, after completing the National Service and are now allowed to engage in nursing practice as a professional nurse. The National Service in Ghana has some aspect of the Transition to Practice Programmes (TTP) in Australia, Preceptorship Programmes in the United Kingdom, and Orientation Programmes in the United States of America. Graduate nurses in Ghana however do not work under preceptors as seen in the developed countries. Scott, Engelke, and Swanson (2008) have however questioned the relevance of such programmes in preparing NGNs for the realities of professional practice.

## **2.3 Theoretical framework**

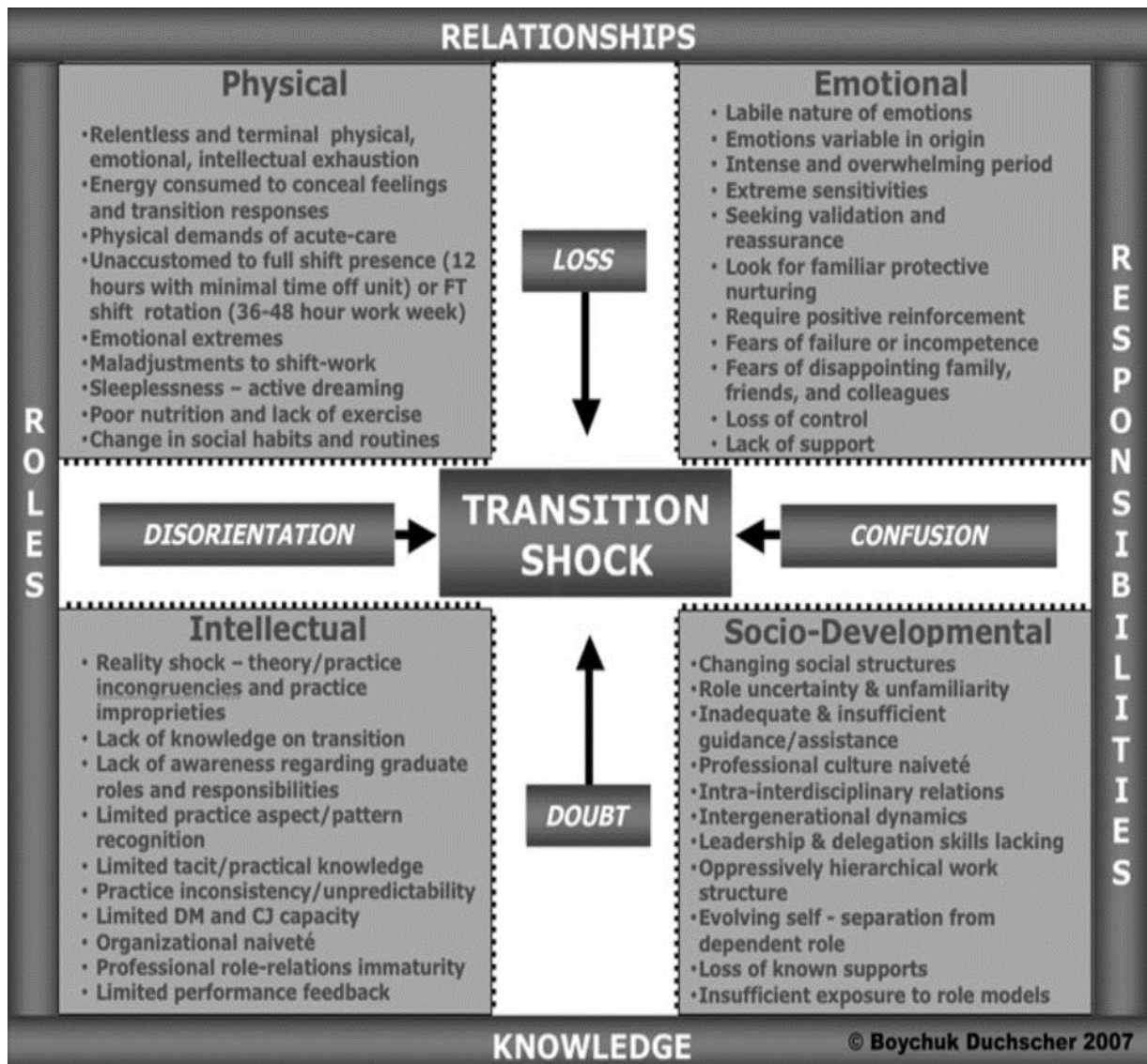
Even though there were several theories and theoretical framework of transition in nursing such as the transition theory by Schumacher and Meleis (1994), transition theory by Meleis et al. (2000), stages of transition theory by Duchscher (2008), professional role socialization by Kramer (1974), the Transition Conceptual Framework (TCF) was most

appropriate for this study after a critical review. The TCF constructs highlight the experiences that NGNs go through within their first year of practice as compared to the other models, theories, and frameworks. The TCF was developed by Boychuk Duchscher in 2008 after a ten (10) –year programme of qualitative interpretive inquiry on the experiences of 14 NGNs employed in an acute care metropolitan hospitals in Canada.

The TCF comprises four main domains namely, emotional, physical, intellectual, and socio-cultural and developmental experiences. Each domain has specific constructs. These constructs within the framework reflect the experiences NGNs go through during their initial stage of work. Even though the conceptual framework was developed from the experiences of NGNs making their transition into practice in acute care hospital environment and over period ranging over 18 months of practice, the framework was appropriate for this study because NGNs in Ghana after the National Service are also exposed to the same condition as they make the transition into professional practice as nursing officer. During this period of professional practice, NGNs assume the roles of nursing officers, and in most hospitals in rural Ghana, as unit heads, which is quite different from the protective and non-accountable roles during National Service; thus comparable to the TCF. In addition, Price (2009) and Scott et al. (2008) define the transition period as including the first 12 to 24 months of practice which make this conceptual framework suitable for NGNs working after the National Service in Ghana.

For the purpose of this study, an additional constructs such as the finances, impact of National Service, availability of resources (human and material), and accommodation experiences has been added as they impacted on the experiences of NGNs in Ghana. In addition, another domain, the coping experiences has also been added. The transition into professional practice of most new graduate nurses is comparable to this framework. The aim of the conceptual framework is to understand and explain the experiences and challenges faced by NGNs in their early stage of professional practices.

**Figure 2.1: Transition Conceptual Framework**



**Source: Duchscher, 2007**

Physical experiences according to Duchscher (2009), are barriers that mitigate the effective transition of new graduate nurses. These include; changes in social habits and routines such as modified living arrangement, sleeplessness of new graduate due to active dreaming, incurring of debt, poor nutrition and lack of exercise, physical exhaustion of new graduates as a result of overworking themselves, unaccustomed to full shift work, poor or maladjustment to shift work, the physical stress, physical demand of the transition process and acute patient care

and extreme emotions of some new graduate. The physical experience also includes the lack of the requisite resources for work.

Emotional experiences according to Duchscher (2009), depend on the personality and the genetic makeup of the individual graduate nurse. The emotional modifications are linked with feelings of irresistible stress, pressure, and anxiety that is often associated with inadequate functional and emotional support, lack of practical experience and confidence, timidities in communicating and relating to colleagues and other staffs. Emotions of variable origin, extreme sensitivity of the NGNs, seeking of validation, recognition, and acceptance by the NGNs from the peers and experienced nurse. In addition, new graduate requiring positive reinforcement but unable to find may feel depressed. The fear of failure or being called incompetent, fears of disappointing families and peers also affect negatively new graduate emotional transition. Similarly, lack of support from experienced nurses and colleagues tend to inhibit the transition of new graduate nurses as well as abuse or insult of new graduate nurses.

Intellectual experiences according to Duchscher (2009), comprise the disparity that exists between what is taught in class and what the new graduate encounters in the clinical settings. Adequacy of educational preparation for nursing practice, feedback on performance from their superiors, lack of knowledge on transition, lack of practical knowledge, and lack of awareness of the roles and responsibilities of graduate nurses. Duchscher (2009) states that the fears expressed by new graduates are related to being exposed as clinically incompetent, their inability to provide safe and acceptable care, and failure to cope with assign roles and responsibilities. The inability of most new graduate to meet their organizational expectations also affect the self-confidence of new graduates.

Socio-cultural and developmental experiences include; insufficient exposure to role models who can mentor the new graduates, role uncertainty, and confusion (Duchscher, 2009).

In addition, loss of usual source of support, lack of support for professional adjustment and anticipated roles. The unrealistic performance expectations by their institutions, colleagues, and themselves contribute to a “traumatic adjustment” (Duchscher, 2009, p. 1106). In addition, oppressive and bureaucratic work structure, professional culture, values, and philosophy that new graduates must learn. Insufficient guidance and counseling for NGNs, intergenerational differences and the changing social structure that affect the cognitive and social development of NGNs (Duchscher, 2009). NGNs are also exposed to unprofessional behaviour during their initial stage of work. Lack of orientation and induction programs resulting in NGNs feeling unwanted in their new environment.

The literature reviewed was done according to the objectives of the study and organised according to the Transition conceptual Framework. These are; physical experiences of NGNs, knowledge or intellectual experiences, emotional experiences of NGNs, socio-cultural and developmental experiences of NGNs. The last term coping strategies adopted by NGNs within their first year of practice is however not part of the framework.

#### **2.4 Physical experiences of NGNs during their transition into practice**

Newly graduated nurses enter the clinical environment which has experienced momentous changes over the decades. As critical members of the nursing working force in Ghana, new graduates nurses need to perform at the highest pace and must learn faster with appropriate skills. NGNs are assigned comparable responsibilities as experienced nurses (Draper et al., 2014; Kovner et al., 2007), whereas those in the rural settings are expected to be work ready, work independently, possess greater problem solving skills, and undertake leadership and managerial duties (Bennett et al., 2012; Wolff et al., 2010; Kelly & Ahern, 2008; Lea et al., 2008). NGNs in Ghana are sometimes tasked to manage the ward with little or no

assistance in the rural areas where there are shortages of nurses which is quite challenging to the NGNs (Donkor & Andrews, 2011).

Nurses account for 60% of all healthcare workers in Ghana (GHS, 2014). The physical experiences of new graduate nurses are grounded in the amount of energy they use in trying to perform in the roles expected of them (Duchscher, 2009). Fluctuations to conventional life habits such as modified living schedules, terminated or advancing intimate relationships, breakdown in the family system, and unforeseen encumbrances to the already disoriented graduate. Additionally, maladjustment to sleep time is consumed by dreams about work, bringing about a state of ‘perpetual work’ that contributed significantly to their growing exhaustion (Duchscher, 2009). The consequences of shift work also have a toiling effect on the new graduates. Mohr (1995) claimed that the hospital environment moves NGNs away from their normal comfort zone experienced in the nursing schools toward a productive, harsh, demanding, and goal-oriented environment that emphasizes institutionally imposed social goals.

Using a mixed method cross-sectional design, Parker et al. (2014), reported that NGNs had rostering challenges and heavy workload leading to high work-related stress, and a deteriorating morale among the NGNs. It is paramount for NGNs to have reduced workload and provided with genuine support within their first year of practice. Morrow (2009) also found massive responsibilities and low management support as impeding the transition of new graduate into practice.

Again, in a qualitative phenomenological study conducted by Thomas et al. (2012), entitled “the transition from student to new registered nurse in professional practice”, participants revealed feelings of frustration, being overwhelmed during work, working with unsupportive nurses, and unable to work for 12-hours shifts. New graduate nurses attributed

their frustration to lack of unit resources and lack of assistance with the increased number of assigned patients. New graduates, however, view ongoing support of preceptors as very helpful in their transition process. Preceptors were described as supportive, resourceful and exhibit a caring attitude. NGNs are prone to practice errors due to increasing fatigue and stress (Saintsing et al., 2011). The amount of support provided for NGNs facilitate their transition into practice. NGNs rely on experienced and senior nurses in most district hospitals in Ghana for assistance since most hospitals are without a trained preceptor.

In a related study, Relatedly, Lea et al. (2017) sought to “investigate the nature and timing of support available to new graduate nurses” in rural Australia within a transition to practice program. The duty roster was described as unfavourable and unfair leading to physical exhaustion. For instance, participants had to go for four (4) nights on and one (1) day off. The study also highlighted lack of feedback, heavy workload, and low management support for the new graduates. Various studies recommend a formal training for nurse managers and unit in-charges on the needs of NGNs to facilitate their transition into practice (Evans, Boxer & Sanber, 2008; Chang & Hancock, 2003).

Hussein et al. (2016), conducted a qualitative study to “identify the barriers impeding the provision of support of new graduate nurses in clinical setting within Iran”. The study involved 18 licensed and experienced nurse in various hospitals. The study identified lack of support seeking behaviours of the new graduates, non-inquisitiveness, and poor communication skills. The study further revealed that new graduate nurses did not show initial interest in nursing and this greatly affected how they seek support and help. Not uncommonly, staff shortages, fatigue, large number of inpatient, and increase workload deter the experienced nurses from helping the new nurses. The study also found that the hospitals were managed by doctors lacking managerial training and had no idea about nursing duties. Managers of the hospital should be trained concerning what nursing duties entailed so that they can provide the

necessary support. Other related studies in Southern Africa has identified increase workload, inadequate equipment, and staff shortage as a detriment to the effective transition of NGNs (Ndaba, 2013; Zonke, 2012; Makhakhe, 2010).

A similar study by Gorman and Mcdowell (2018) found that NGNs work for long hours due to staff shortage, difficulty adjusting to shift work, lack of continuous support from senior nurses, and high patient to nurse ratio. This study was carried out within the first two years of practice of NGNs in Egypt involving 15 NGNs. The study recommends that NGNs be provided with manageable workload and support within their first two years of practice to help them settle into their new environment.

### **2.5 Intellectual experiences of new graduate nurses within their first year of practice**

The long age debate about the pertinence and significance of graduate nursing education continues to linger on with no exception in Ghana. The dichotomy that exists between the classroom and clinical settings affect the new graduate's clinical decision making. Despite the changes in educational curricula and working environment for students to have the real world experience in school, the theory-practice gap still exist (Awaisi, Cooke, & Pryjmachukh, 2015). The theory-practice gap has been considered by various nurse educators, administrators, clinicians, and researchers as the foremost causes of anxiety or reality shock most new graduate nurses' experience during their initial stage of clinical practice. As a result, numerous studies has examined the theory-practice gap (Missen, McKenna, Beauchamp & Larkins, 2016; Monaghan, 2015; Numminen et al., 2014; El Haddad, Moxham, & Broadbent 2012; Boychuk-Duchscher, 2012; Malouf & West, 2011). Henderson, Ossenber, and Scott (2015) and Boychuk-Duchscher (2012) found the transition into professional practice of NGNs challenging and frightening due to theory-practice gap. Maben et al. (2006) found in their study that, not all theories taught nursing schools are utilized in practice resulting in student learning theories which are difficult to apply in practice.

The literature is replete with studies that show that graduate nurses have enormous theoretical knowledge but not enough practice (Rush et al., 2015; Monaghan, 2015; Teoh et al.,; Wolff et al. 2010). The International Council of Nurses (2009, p. 6) alluded to the perception of nurse managers that “graduate nurses are not prepared for the realities of practice nor do they have the competencies needed by current health care services”. Nonetheless, nurses who went through the baccalaureate and higher degrees deliver excellent care, make fewer medication errors, and have lower procedural and practice violations, have stronger critical thinking and good leadership skills (Aiken, Clarke, Cheung, Sloane & Silber, 2003).

In a qualitative study of 25 NGNs, Newton and McKenna (2007), aimed at describing new graduate nurses knowledge and skills acquisition, identified inadequate preparation for nursing practice due to sliding through in school and difficulty in grasping their studies when in school. Undoubtedly, new graduate nurses acknowledge that their confidence in performing nursing skills improved remarkably after six (6) months of the programme and by the twelve months, they were able to manage clinical conditions taught in their nursing school. Newton and McKenna (2007) concluded that, the uneasiness and fear to enter into clinical practice by new graduates can be attributed to lack of preparations in school. Transition programmes play a huge role when adopted by health organizations to bond the perceived theory-practice gap (Govender et al., 2015; Rush et al., 2015; Duteau, 2012; Cook, Dover, Dickson, & Engh, 2010; Andre & Barnes, 2010). Many studies have advocated a collaboration between the academia and health facilities for the preparation of graduate nurses for clinical practice (Ankers et al., 2017; Haggman-Laitila & Rekola, 2014; Mannix et al., 2009) and hospital-based training of nurses (Watt & Pasco, 2013). The researchers concluded that nursing education must play a leading role in preparing new graduates nurses for the fast stridden realities of the clinical environment.

In a qualitative study by Awaisi, Cooke, and Prymachuk (2015) to explore the experience of NGNs in Oman using a focus group interview, observation and documentary analysis, majority of the participants admitted being confused about the roles expected of them, which the new graduates attributed to the mismatch between what they were taught in the university and the reality they encounter at workplace. Participants said they were expecting to perform “high” nursing skills but found themselves doing porters job resulting in anger and disappointment. The study also indicated lack of feedback from superiors and inadequate preparation toward the transition period. The doctors also treated the NGNs as subordinate by not recognising them as professional nurses. The new graduates also complain about the theoretical nature of the university curricula to the detriment of practical’s.

Maben, Latter, and Clark (2006) conducted a study using a mixed method to establish whether the educational reform introduced into nursing education in England in 1986 helped addressed the problem of the theory-practice gap. The education reform, Project 2000, was introduced to help address the differences between practice ideals taught in school and those actually encountered in the practice area. The study was conducted in phases two and three. The result from both phases revealed that NGNs were not able to put values and ideas into practice due to organizational and professional sabotage. The organizational factors included time pressures, role limitations, staff shortages, task-oriented work, and work overload, and the professional sabotage was due to the nursing culture they met. This nursing culture included adherent to covert rules including hurried physical care, no shirking of responsibilities, not getting involved with the patients, fitting in, and not rocking the boat. The findings from the study established that the theory-practice gap still existed notwithstanding the educational reform carried out. The authors also found that nursing education was not in agreement with what NGNs were finding in the reality of the healthcare environment. The study recommends

the provision of qualified role models and formal preceptorship programs to provide support for NGNs.

Again, in a related study, the National Council of State Boards of Nursing (NCSBN), in 2003, conducted a study to examine new nurse graduates perceptions of the importance of learned content in clinical practice. The study showed that communication skills, knowledge of performing psychomotor skills, and nursing procedures were important to practice. New graduates in the study reported gaps in their preparation regarding the level of patient assignment. Relatedly, NGNs indicated they lacked educational preparation on when to call a physician, how to supervise others, and how to handle increasing workload (Smith & Crawford, 2003). Numerous studies have also indicated that the clinical experiences NGNs are exposed to while in school do not prepare them for the realities of professional practice (Dlamini et al., 2014; Ndada, 2013; Goh & Watt, 2003). The new graduates also described their learner supported environment as abrupt and stressful.

Ankers et al. (2017), in their study of new graduate's nurses, found out that the universities focussed more on research to the detriment of practice. The NGNs believed the school acquired academic skills did not relate to the realities on the ward. Some participants said the university taught "the perfect way" of nursing rather than the "realities". The NGNs suggested an "increased focus on practical skills as well as increased exposure during their student clinical placements" (Ankers et al., p.4). It is imperative for student nurses to spend more time in the clinical environment to improve their skills, confidence, and competence.

In a related study, Mellor and Greenhill (2014) conducted a focused group discussion involving 21 NGNs in rural Australia. Participants reported they were underprepared for nursing practice due to the role difference of a student to that of qualified nurses, difficulty prioritizing nursing care, and challenges with providing nursing care to a large number of

patients. The study further found that participants lack education on maintaining patient safety, answering phone calls, and leadership skills.

## **2.6 Emotional experiences of new graduate nurses during their transition into practice**

The transition from the role of a student to a professional nurse can be a time of colossal stress with emotions, oscillating from nervous tension to extreme anxiety (Lea & Cruickshank, 2015). New nurse graduates experience a period of doubt and susceptibility; and are considered a “vulnerable population” (Duchscher, 2009). NGNs are often not prepared adequately for the unforeseen emotions and harsh realities that are often met during the transition. The ability of new graduates nurses to cope and deal with the daily demands of patient care differ individually. Personal factors or strength sway how new graduates respond to stressors at workplace. Spence-Laschinger and Fida (2014), acknowledged the role played by psychological capital (Psycap) in protecting nurses against workplace stressors. Luthans, Avolio, Avey, and Norman (2007), argues that psychological capital is the state of an individual characterized by confidence, springiness, self-efficacy, and positivity.

Walton, Lindsay, Hales, and Rook (2018) on their study of the “Glimpses into the transition world” of new graduate nurses stated that NGNs “were work ready in an intellectual sense, but still novices in terms of seasoned emotional composure” (p. 66). The study further revealed that NGNs have difficulty dealing with nursing labour work emotionally, seeking for help, working within the health team, being assertive, and lack of confidence. The NGNs also verbalised feeling anxious assessing and caring for distress patients, difficulty communicating with superiors, and asking for help which the NGNS fear may signal failure. The researchers concluded that situational challenges, personal attributes, and professional behaviours affect the emotional reaction of NGNs. The authors recommended more focus on the emotional needs and professional composure of graduate nurses during nursing education (Walton et al., 2018).

Thomas et al. (2012) on their qualitative study of the experiences of NGNs reported fear of failure and being called incompetent as the major challenge identified as well as the unsupportive nature of experience nurses and physician. Graduate nurses expressed fear talking to physicians, frustration writing and reading physicians' orders, fear making errors, and the abusive nature of nurses when they are unable to perform assigned tasks. The aggressive and destructive behaviour of physicians was also reported. In addition, reports about negative or abusive physicians were reported to new nurses by experienced nurses, and new nurses personally witnessed aggressive or destructive physician behaviour. "Lack of unit resources and assistance with the increased number of assigned patients increased new nurses' frustration and the belief that the practice environment was unsafe" (Thomas et al., 2012, p. 245). Participants, however, acknowledge the crucial role played by their nurse managers in the transition process. The study, therefore, recommended that experienced nurses and physicians provide a friendly and supportive working environment for new nurses. Kumaran and Carney (2014), as well as Kelly and McAllister (2013), found out that new graduates experience less stress and have higher job satisfaction when accepted and welcomed into the healthcare team.

Zhang et al. (2017) conducted a quantitative study of 343 NGNs to determine their intention to leave in their first year of practice. Occupational stress and professional identity were the major reasons given by NGNs. The stress was due to interruption in personal life, working independently at night, the effect of shift work. The researchers recommend a positive work environment that includes strategies that can help reduce occupational stress and improve professional identity. Zhang et al. (2016) and Douglas (2014) advocates a mentorship and practical sessions to help NGNs minimise the effect of stress.

In another phenomenological study of new graduate nurses interaction in a critical care environment in a major acute care hospital involving ten (10) NGNs, Seghafi, Hardy, and

Hillege (2012), reported that the doctors were supportive, educative, and approachable while others said working with doctors was intimidating and challenging. The senior nurses were also found to distrust the competency of the NGNs. Some NGNs complained of the selective nature of the nurse's interaction with them. The study concluded on the need for feedback to be provided to the NGNs on their performance. Feedback is essential in boosting the confidence of the new graduates (Mark-Maran et al., 2013; Seghafi et al., 2012).

Mellor and Greenhill (2014), sought to identify the nature of support provided in rural South Australia among 21 NGNs. The NGNs reported difficulty in prioritising work, being overwhelmed with the nature of work, lack of workplace orientation, lack of feedback on their performance, lack of mentors to support them, being abandoned at the workplace, and giving tasks beyond their educational qualification. The study also indicated a lack of support especially from the leadership of the hospitals as promise made to the NGNs concerning the above challenges was not fulfilled. NGNs are prone to errors or omission when abandoned in the work environment.

Lea et al. (2017) in their recent study of new graduate nurses reported that their emotional support were unmet. Their study also indicated that lack of protection from the organization, lack of support from the nursing management, lack of feedback and appraisal from the senior nurses concerning their performance. Several other studies have highlighted the lack of feedback on the performance of new graduates (Philip et al., 2014; Parker et al., 2014; Mark-Maran et al., 2013; Ostini & Boner, 2012). Pineau Stam et al. (2015) reported in their study on the personal and workplace factors that influence the job satisfaction of new graduate nurses and reported that negative feedback and condemnation were more important than lack of feedback. It is imperative for NGNs to be provided with feedback on their performance as it helps improve their confidence in nursing skills.

## 2.7 Socio-developmental and cultural challenges to transition

The initial socio-developmental and cultural challenges new graduates must surmount are finding and trusting themselves professionally, differentiating themselves from others, balancing their personal lives with their professional work, and finding a way of merging what been have learned at school to the real clinical environment (Duchscher, 2009). Some NGNs have to deal with the acceptance by the larger professional nursing culture. Relationships with colleagues are also critical predictors of the level of transitional shock experienced by new graduates. New graduates must deal with oppressive hierarchy amongst the nursing staff and passive-aggressive styles of communication between nurses and physicians. Duchscher (2009), reported considerable stress involved in supervising, delegating, and providing direction to other licensed and non-licensed personnel, many of whom were senior to the new graduates in both practice, experience, and age. The graduates claimed that they had never been prepared to take on those roles or allowed to practice leadership roles during their undergraduate education. Research has revealed that new graduate nurse experience rudeness and disrespect from senior nurses which subsequently result in low productivity and burnout (Spence-Laschinger & Fida, 2014; Kruse, 2011; Smith et al., 2010).

In a qualitative phenomenological research by Zinsmeister and Schafer (2009) to explore the lived experiences of graduate nurses during their first year of employment, new graduate nurses identified supportive work environment, positive preceptor experience, clarity of roles expected of them, and a comprehensive orientation process. The study also indicated a supportive work environment for nurses and other healthcare workers contributed immensely to the successful transition of new graduate nurses to practice. The hospital had in place a professional nurse development coordinator that meet the new graduate regularly to address their concerns and a shared governance structure that contributed to a positive workplace

environment. Hospitals need to adopt the policy of professional nurse coordinator to assist NGNs settle in their new environment.

Using a mixed method, Parker et al. (2009) explored the positive and negative factors that impacted on the transition into the workplace of NGNs in Australia. The study found out that the day to day interaction and social dynamics within the wards influence NGNs ability to learn. Participants reported they expected a positive work culture with a clear commitment, learning opportunities, fulfilments of promise made to them, and a working environment of mutual respect and courtesy. Contrary, participants recounted lack of commitment, minimal support, unreasonable expectations and workload, and horizontal violence. The researchers state that “in many instances, the violence was perceived as systematically directed at them as new graduates, others believed it was a feature of individual attitudes and poor morale’ (Parker et al., 2009, p. 39).

Furthermore, in a qualitative hermeneutic-phenomenological study conducted by Lea et al. (2017), in rural towns of Northern New South Wales, Australia, with the purpose of exploring new graduates nurses experiences in rural settings, the study identified that, the unprofessional behaviour of senior nurses, ward culture and values, workload and lack of respect had a major influence on the transition of NGNs. In addition, social forces in the ward often affected negatively the support sought for and received by new graduates. New graduates identified that the ward was tense with cynicism, competitiveness, mistrust of senior nurses toward new graduates. The hospital management attitude and behaviour were found not to be supportive toward new graduates. Unfortunately, the senior nurses were identified as the perpetrator of hostility and aggression toward new graduates. Others admitted struggling with moderate to low levels of self-confidence, resulting from frightening and ultimately devaluing to interact with both senior physicians and nurses whose behaviour reinforced hierarchical rather than collegial relationships. This study was conducted in a rural setting with fewer

nurses. The result might not be the case in an urban area which has higher patient to nurse ratio. A study by Ebrahimi et al. (2016) also identified poor management of the hospital and hospital run people with no expertise in management as an obstacle to the transition of new graduate nurses.

## **2.8 Coping strategies new graduate nurses adopt during the transitional periods.**

New nurse graduates are customarily expected to perform just like experienced nurses while learning the policies, values, culture, procedures, and norms of the institutions that employed the NGNs (Johnstone & Kanitsaki, 2008). Most often, new nurse graduates are expected to follow the norms of the units where they work, without question (Axford, 2005). In an attempt for new graduate nurses to feel accepted and relevant in the clinical settings, they adopt certain coping strategies and resilience. These are effort NGNs resort to in gaining personal skills, knowledge, and confidence in accomplishing clinical tasks. Coping strategies are adopted by NGNs in managing and regulating their emotional reaction to problems (McAllister & Lowe, 2011; Duchscher, 2009; Lazarus & Folkman (1984). Coping strategies such problem-solving, remaining optimistic, and active coping strategies are mostly used by nurses in seeking for social support and approval (AL –Zayyat & Al-Gamal, 2014a; Bam et al., 2014; Healy & McKay, 2000). Laschinger et al. (2015) and Whitehead et al. (2016) found peer support, resourceful preceptors, and effective support from the nursing administration as critical for new graduates. Rush et al. (2012), as well as Cubit and Ryan (2010), also stressed on the critical role played by peers and friends in assisting new graduates acclimatised to their new environment.

Qiao, Li, and Hu (2011) conducted a descriptive cross-sectional study to determine the sources of nursing stress and coping strategies among NGNs. The results of the study revealed planning, positive reframing, and acceptance were the frequently used coping strategies.

Positive actions in the form of seeking support in the healthcare organization promote the release of negative emotions. Indeed, research has continuously proven that NGNs engaged in exercising, playing, listening to music, reading books result in the release of emotions (Graham et al., 2016; Guiyuan, Sijian, & Jie, 2011; Murdock et al., 2010). Evaluation of similar studies found the use of social media and the internet (Sewell, 2008), positive thinking (Wolf et al., 2015), and emotional intelligence (Mellor, Gregoric, & Gillham, 2017) as an effective coping strategy. Further studies indicated that new graduate nurses rely on “wait and see”, facing and dealing with an issue, and others rely on performing negative activities such as blaming others, avoiding certain staff, and drinking alcohol (Graham et al., 2016; Chang & Hancock, 2003).

In a study to explore new graduate nurses' accounts of resilience and the facilitating and impeding factors in building their resilience, Namira et al. (2017), undertook a qualitative study using photovoice in Singapore. The study revealed that new graduates rely on their spiritual beliefs, spiritual support, reading the Bible, and support from friends in developing resilience in their work environment. Others reported self-determination, perseverance, moral obligation to provide care, counseling from nurse managers, and learning from experts. McAllister and Lowe (2011) highlight that spirituality provides a positive self-concept and renewal of the energies for NGNs. In a survey of 120 female Jewish nurses in Israel, Lazar (2010) reported that spiritual beliefs infuses in nurses a sense of optimism and ensure higher job satisfaction. Similarly, most NGNs practice an active level of involvement as they move to their new roles as registered nurses. This includes asking questions, seeking out learning experiences, using experienced and more knowledgeable nurses as role models, and researching unknown diagnoses, procedures, and medications (Meleis et al., 2000).

In a related study, Zamanzadeh et al., (2014) indicated in their qualitative study of thirty (30) NGNs working at a teaching hospital in Iran, that coping strategy was helpful in new graduates gaining confidence. The study reported that validation through feedback from

experienced nurses, physician, and nurse managers, mutual interaction, self-exploration, clinical skills learning, knowledge improvement, personal creativity, and familiarity were some of the coping strategies commonly used. Participants alluded to their own curiosity and querying of sources of information as helpful while others indicated they resort to nursing books, journals, and the internet in searching for information. A study by Dee and Stanly (2005) and Labaf Ghasemi et al. (2005) on new graduate nurses revealed the use of books and the internet in searching for medical information to improve their self-confidence and gain knowledge.

## **2.9 Summary and Conclusion**

The literature reviewed covers articles and studies published on the transitional experiences of new graduate nurses. The Transition Conceptual Framework (TCF) was used as the framework for this study. NGNs play an immense role in augmenting the shortfall of nurse to patient's ratio in Ghana. There are, however, numerous challenges in integrating these nurses into the nursing workforce. The studies reviewed above shows the many difficulties new graduate nurses deal with during their initial stage of clinical practice.

Literature has supported that, the transition into nursing workplace of new graduates is problematic, fraught with numerous complexities, resulting from discrepancies between educational preparation and workplace expectation. Stress and anxiety are common among new graduates while they learn their first professional nursing role. Several factors contribute to this stress, such as limited nursing experience, interactions with physicians, lack of organization and prioritization skills, and encountering new situations and procedures.

Despite the wealth of information and literature vis-à-vis the experience of new graduate nurses with a degree in nursing during their initial year of practice, there still exist a gap in knowledge about transition of NGNs in the Ghanaian context. None of such research

have been conducted in Ghana. In addition, most of the studies were conducted in high-income countries such as the United Kingdom, USA, Canada, Australia, China, and Japan which may not be fully applicable to a lower middle-income country like Ghana. More so, challenges such as accommodation, impact of the National Service, and financial constraints which have not been covered by the literature will be explored and described in this study.

The next chapter look at the methodology of the study.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter describes the overview of the research methods used to explore the transitional experience of new graduate nurses within their first year of practice. The chapter provides a description of the research setting, research design, sampling method and sampling techniques, data collection tool and procedure, data analysis, data management, rigour and ethical considerations. Kothari (2011) describes research methodology as a way of scientifically solving the research problem.

#### **3.1 Research Design**

Creswell (2014 p.12), defines research design as “types of designs of enquiry within qualitative, quantitative, and mixed methods approaches that provide specific direction for procedures in a research design”. Research design is useful in the procedure for generating the body of knowledge in the nursing discipline (Fawcett, 2005). This research used a qualitative exploratory descriptive design.

Qualitative exploratory descriptive design was used to assist in the investigation of the transitional experiences of NGNs. Qualitative approaches are useful for investigating different views of human beings and how they interpret their lived experiences in a natural context. This study was exploratory because it inquired about unfamiliar facets of the experiences of newly qualified nurses in their first year of clinical practice. This method also provided data that would contribute to the understanding of the research question. In addition, this approach was used due to the scarcity of literature on the experience of new graduates in Ghana.

The descriptive nature of the study was to gather precise information as described by the new graduate nurses to provide an in-depth depiction of the phenomenon, and its importance, to clarify and classify the central concepts related to the phenomenon. Therefore, the use of qualitative exploratory descriptive design will enabled the researcher to explore and describe the perspectives of NGN about their experiences within their first year of practice. Several studies exploring the transitional experience of new graduate nurses use qualitative approach (Sparacino, 2016; Rush et al., 2015; Thomas, Allen & Bertram, 2012) and this study draws from such studies.

### **3.2 Research Setting**

This study was conducted in five (5) hospitals in the Eastern Region of Ghana. The Eastern Region, one of the ten (10) regions in Ghana was created in November 1953, four (4) years before Ghana's independence. The region currently has twenty-six (26) districts. It has Koforidua as its regional capital. The Region lies between latitude 60 and 70 North and between longitudes 10 30' North and 00 30' East. The Region shares common boundaries with Greater Accra Region, Central Region, Ashanti Region, Brong-Ahafo Region and Volta Regions. It has a land area of 19,323 square kilometers, which is about 8.19% of the total size of Ghana. It is the 7th largest region in terms of land area. The region registered an estimated population of 2,423,378 during the 2010 housing and population census signifying a growth of 1.4% over a period of one decade. The Region currently has twenty-five (25) hospital including government and mission hospitals. The main ethnic group in the region is the Akan, followed by Ewe, and Krobo. Akosombo dam and Kpong dam which supplies about 50% of the country's electricity is located in the region.

Figure 3.1 below shows the geographical location of the Eastern of Ghana.



**Source: Eastern Regional Health Directorate**

The five (5) hospitals where the study was carried out are; Suhum Government Hospital, St Martin Hospital, Atua Government Hospital, Asesewa Government Hospital, and Akuse Government Hospital. The selection of the five-hospital among the twenty-four (24) hospitals was purposefully done to include government and mission hospitals in the region. In addition, all the five (5) selected hospitals fall under the GHS or CHAG where NGNs employed by the government are posted to.

Akuse Government hospital is one of the oldest hospitals in Ghana. Built by the Germans in 1911, it is situated on a piece of land given to them by the Ocansey family. The

hospital serves a number of communities in the Lower Manya Krobo Municipality and the surrounding districts such as Yilo Krobo, Asuogyaman, North Tongu, and Shai Osudoku. Akuse government hospital, which initially started with a bed capacity of 26 is now a 70-bed capacity hospital. The hospital operates with a staff strength of 172 comprising 86 nurses, three (3) medical doctors, and other clinical and non-clinical staffs. It attends to an average of fifty thousand insured and non-insured clients in a year. The hospital also serves as a primary referral centre for health centres and CHPS compound in and out its immediate environs. Akuse government hospital is one of the three government hospitals in the Lower Manya Krobo Municipality. The hospital has four main wards namely; maternity ward, children's ward, female ward, and male ward. Other departments in the hospital include; laboratory, pharmacy, account, records, public health unit, voluntary counseling and testing (VCT), X-ray, theatre, stores, procurement, OPD, Psychiatry unit, and the nursing administration.

Suhum Government Hospital is a primary health care hospital serving the Suhum Kraboa-Coaltar Municipality and East Akyem District. The hospital currently has a bed capacity of ninety-five (95). The hospital has the following units; an Administration Block, Dental unit, Laboratory Department, OPD with Medical records, male medical and surgical ward, Kids ward, Maternity Wards, Accident and Emergency centre, theatre, X-ray Department, Laundry, and Mortuary. The hospital had four (4) medical doctors, 120 nurses, one (1) Physician assistant at the time of the study.

Atua Government hospital located in the Lower-Manya Krobo municipality was established in 1977 and currently operate at 89-bed capacity. The hospital has an outpatient department (OPD), male ward, female ward, an emergency department and the maternity ward. The hospital also offers services in reproductive health service, HIV/AIDS counseling, psychiatry services, pharmacy, laboratory services. The hospital has a staff strength of 200 of which 110 are nurses and four (4) medical doctors.

St. Martin De Porres Hospital was established in 1946 as a clinic and maternity home by the Rt. Rev. Joseph Oliver Bowers (Bishop Emeritus) of blessed memory. It was eventually granted hospital status by the Ministry of Health in 1997. It is located at Agormanya which, together with Atua and Nuaso form the Odumase Township – the capital of the Lower Manya Krobo Municipality. The municipality, which was created in 2012 has a total population of 89,246 as of the 2010 population and Housing Census (Ghana Statistical Service, 2014).

The 89-bed hospital is a member of the National Catholic Health Service and the Christian Health Association of Ghana (CHAG). Its management is under the supervision of the Koforidua Diocese of the Catholic Church. It is a non-profit hospital offering a full range of healthcare services including Reproductive and Child Health, Pharmacy, Radiology, Laboratory, Mortuary, Ophthalmology, Oral Health, Mental Health, Surgery, Internal Medicine, Paediatrics, Obstetrics, and Gynaecology. The hospital have a staff strength 190 of which 120 are nurses.

Asesewa Government Hospital located in the Upper Manya-Krobo District. Previously a health centre, the hospital was elevated to its present status on 5<sup>th</sup> October 2004. Asesewa is the district capital of the Upper Manya Krobo District. The hospital offers general Out-Patient Services, In-Patient Services, medical, surgical and emergency services. However, it also offers several specific disciplines which can be undertaken as part of an elective, this includes; Internal Medicine, General Surgery, Obstetrics/Gynaecological, Reproductive Health Services (ANC and PNC), psychiatry services, Child Health Services, HIV/AIDS Counselling. The hospital currently has three (3) medical doctors and 98 nurses.

### **3.3 Target Population**

Jooste (2010) defines target population as a group of individual that meet the requirement that a researcher is interested in and eligible for inclusion in the study. The target population for the study was graduate nurses (degree) working within their first year of practice after their national service in the selected hospitals in the Eastern region.

#### **3.3.1 Inclusion Criteria**

Eligible participants include:

1. All new graduate nurses who have completed the National Service.
2. New graduate nurses working in the Eastern region.
3. New graduate nurses working for more than six (6) months and less than 12 months after their National Service.

#### **3.3.2 Exclusion Criteria**

The exclusion criteria include:

1. Newly qualified nurses who are not degree holders.
2. Nurses who have previously worked before obtaining BSc Nursing degree.
3. New graduate nurses working for more six (6) months and less than 12months but have declined to participate in the study.
4. Graduate nurses who have worked for more than one year, and those less six (6) months.

### **3.4 Sample size and sampling technique**

A sample in research denotes a portion of the larger population selected to represent the whole population (Polit & Beck, 2010) whiles sampling is the method used to select a quota of the population under study (Maree, 2010). Purposive sampling method was used to select participants for this study. Purposive sampling technique is a non-probability sampling

technique that is involved with the selection of participants for a study. Purposive sampling is a technique mostly used in qualitative research for identification and selection of information-rich participants for the effective use of limited resources. This entails identifying and choosing individuals or participants that are especially knowledgeable about or experienced with a phenomenon of interest (Cresswell & Plano Clark, 2011). This sampling technique allows the researcher to select participants that can provide credible and accurate information required to answer the research question. Whitehead and Annells (2007) have recommended a normal range of between eight (8) and fifteen (15) participants in qualitative research but can vary.

The researcher identified new graduate nurses at their various hospitals with the help of the Deputy Director of Nursing Service and the human resources manager. New graduates who met the inclusion criteria were recruited into the study. Those who agreed to participate in the study signed the consent form. The participants were interviewed and data analysis was done concurrently until saturation was reached. This is the point where no new idea or insight was being provided by the participants and it was reached at the tenth participant, however, two more participants were added which confirmed the saturation.

### **3.5 Data collection tool**

The study used a semi-structured interview guide to conduct a face to face interview in exploring the transitional experience of new graduate nurses. Semi-structured interview guide provide the environment for the researcher to establish rapport with the participant, ask follow-up or probing questions depending on the participant's response (Turner 2010). The instrument was made up of open-ended and probing questions to elicit in-depth responses from the NGNs. The questions were framed in such a way that, they were not leading questions that elicited preconceived answers. The interview guide had six (6) main sections. Section A is made up of

questions on personal information such as gender, duration of practice, year of completion, marital status, and the department working (appendix A). The other sections (appendix B) are made up of guiding or open-ended questions on the transitional experience of new graduate nurses. The guiding questions were supported by probing questions. The development of the interview guide was guided by the Transition Conceptual Framework.

Section B covered the physical experiences of new graduate nurses, section C on the emotional experiences of NGNs, section D elicited information on the socio-cultural and developmental experiences of NGNs, section E on the intellectual experiences while section F solicited information on the coping strategies adopted by new graduate nurses during the transition process.

### **3.6 Data collection procedure**

Interviews provide in-depth information and rich data relating to participants' experiences and viewpoints on a topic of interest (Turner, 2010). The study was conducted at the various hospitals of the participants since it was their preference and at their own convenience time. Before the data collection started, ethical clearance was obtained from Noguchi Memorial Institute for Medical Research (IRB 00001276) and Ghana Health Service (GHS-ERC:016/12/17) ethics review committee. The researcher worked in collaboration with the human resources managers, clinical coordinators, and, nurse managers in each hospital in the identification of the participants. A participant information leaflet containing the research objectives and recruitment formalities were used to explain to new graduate nurses the aim of the study and their mobile phone numbers obtained to contact them to arrange the interview date, time, and venue if they willingly agree to participate in the study. Informed consent was sought from the participants verbally and in written form by their signature. The interviews were conducted in English as all the participants could speak the English language.

Before the interview starts, rapport was established with the participants by engaging them in a conversation. This helped in decreasing their anxiety, made them comfortable in expressing their views, and building a trusting working relationship. It also helped the participants to express their views truthfully and honestly. The interviews were conducted in noise free and conducive settings where participants spoke without restriction. Probes were used to follow up on open-ended questions to stimulate further and better particulars on important topics. The interviews were audio-recorded after seeking permission from the participants. This helped in eliminating biases, resulting from poor note-taking. The interview lasted between 30 minutes to 50 minutes. The audio-recording interviews were played backed to participants for corrections they wish to make. Field notes were taken on all non-verbal behaviours of the participants. Demographic data was obtained from the participants before the interviews started.

### **3.7 Piloting the instrument**

A pilot study would assist the researcher to identify limitations, shortcomings, flaws, and any weakness within the interview guide thereby allowing for correction and amendment before implementation of the study (Kvale, 2007) and refinement of the research question (Turner, 2010). The instrument was piloted at Nsawam Government hospital in the Eastern region of Ghana using two (2) new graduate nurses. This is because Nsawam Government hospital has similar characteristics such as the working environment and demographics. Piloting the instrument help in improving the interviewing skills of the researcher and amendment to the interview guide. The data from the pilot study was not included in the findings but the outcome considered before the start of the main study.

### 3.8 Data Analysis

Data analysis according to Parahoo (2006 p. 375), is “an integral part of the research design” and it is the way of making the data meaningful and presenting them in an understandable manner. Similarly, Atack and Maher (2010), as well as Burns and Grove (2009), add that data analysis is a process of reducing, shaping, organising, and making sense of data collected and usually an ongoing and evolving process. The data collection and analysis was done simultaneously to help identify the patterns or trend of the themes. The data were analysed using thematic content analysis. Interviews, field notes and all entries in the diary were also analysed to provide detail information from the new graduate nurses about their transitional experiences.

The recorded interviews were transcribed verbatim and the transcripts read repeatedly to identify similar and contrasting ideas, and thoughts. The researcher read the transcripts severally to completely understand what the participants were saying. By reading and re-reading the transcripts, the researcher would “immersed” himself in the data and completely “listened” to the data. Attention was given to punctuations and tone of voice. Similar thoughts and words within the data were combined to develop a theme, and the related themes formed sub-themes. During the analysis of the findings, the relationships between the responses were explored. The field notes were used to support the themes such as quotations from the participants. All the themes identified were coded with sub-headings and kept in a file, and then each new themes and sub-theme that were identified were added to the file. The process continued until all the transcripts were exhausted. The relationship between the themes and sub-themes were further analysed. The final process involved the drawing of conclusion and confirmation. Follow-up questions were asked during the interview process to confirm response provided by the respondents. Verbatim quotations from the transcripts were used to illustrate the themes. Tentative conclusions were drawn from the themes and sub-themes

identified to illustrate the viewpoints of new graduate nurses about their transitional experiences.

### **3.9 Methodological Rigour**

In qualitative research, rigour is used to determine whether the information obtained from the participants actually reflect their experiences' and should be trusted (Lincoln & Guba, 1985). This is mostly achieved by ensuring trustworthiness. Lincoln and Guba (1985) refer to trustworthiness as the "truth value" of research findings or how accurately the researcher interpretation of the findings reflect the participant's experience. Credibility, transferability, dependability, and confirmability are mostly used to establish the trustworthiness of qualitative study (Lincoln & Guba, 1985).

#### **3.9.1 Credibility**

Credibility refers to the degree to which research findings reflect reality, participants' view, and represent the meaning of the research participants' experience (Lincoln & Guba, 1985). Credibility also focused on establishing a match between the constructed reality of the respondent and the realities represented by the researcher. This was achieved by asking good questions. Credibility was also ensured through prolong engagement in the research setting by spending much time with the participant during each interaction phase. This helped the researcher establish maximum rapport with the participants and provided an insight into the participants. It also improved on the trust between the researcher and the participants. In addition, peer scrutiny of research report was done to ensure that the data reflect reality and is representative of the participants. Furthermore, frequent debriefing sessions was organised with the participants to validate the data collected. Purposive sampling was used to select the required participants to share their transitional experiences. More so, a skill and experience researcher was engaged to correct and detect any deficiency in the interview. Observational

and field notes were sent to my supervisor for verification. Pre-testing the interview guide was done to enhance the credibility of the study.

### **3.9.2 Transferability**

Transferability refers to the extent to which research findings can be generalised or applicable to other similar settings or context (Streubert-Speziale, 2007). Transferability of the findings were achieved through rich and detailed description of the research setting, characteristic of the participants, and methodology. This was ensured as a vivid description of the research setting, that is, the five (5) hospitals where the study was carried out and the characteristics provided. This detailed description would ensure applicability of the findings to other settings and population. Purposive sampling was used to collect the data. Plummer-D'Amato (2008) also suggest that the sample be adequate in size and suitably varied. In addition, transcribed data and field notes were kept for the purpose of audit trail.

### **3.9.3 Dependability**

Dependability refers to the stability of the methods and procedure used by a researcher during research. For dependability to be achieved, participants were asked the same questions during data collection (Polit & Hungler, 2013; Lincoln & Guba, 1985). A detailed account of the process of data collection was provided. The same interview guide, same recorder and same method of analysis was done. Furthermore, clear and precise questions were asked in order to produce the responses that could answer the research question. In addition, the researcher worked meticulously with the supervisor from the beginning of the study until the end. The research questions were also discussed with the supervisors and more probing questions added to help generate data to meet the desired objectives of the study. Pre-testing the interview guide was done to enhance the dependability of the study.

### 3.9.4 Confirmability

Confirmability refers to the situation where the result from the study can be confirmed by others. Confirmability guarantee that results of the study is not altered by the preconceptions, motivation, experience, and expectations of the researcher (Kusi, 2012). This was done through a non-bias research procedure and result. The interviews were audio-recorded and content transcribe verbatim. Audio recordings were also be played back to the participants after the interview to ensure that their expectations are met. Furthermore, all documents used for the study was kept for audit trail. aaThe emerging themes from the analysis were supported by direct quotes from the participants.

In addition, for researcher bias to be excluded, reflexivity was be adopted. Haynes (2012) described reflexivity as an awareness of a researchers' role and responsibility in a study and how this affects the procedure used, participant response, and the findings from the study. The researcher made sure the result presented is a true reflection of the new graduate's experiences. Finally, the data collected was transcribed immediately to avoid misinterpretation and contamination.

Bracketing was another means by which credibility of the study was being ensured. In order for the researcher to exclude all preconceptions of the phenomenon under study, it was necessary to use bracketing before the data would analysed. Polit and Hungler (2013) describe bracketing as the process of identifying and setting aside any preconceived beliefs and opinions one may have about a phenomenon under investigation and writing them down in a field note. The researcher wrote down in a field notes his knowledge about the process of transition into practice of new graduate nurses since the researcher was also a graduate nurse who went through the same process. The interviews were conducted using a semi-structured interview

guide approved by the supervisors, and probes were used to seek further clarifications depending on the answers provided by the participants.

### **3.11 Ethical consideration**

Ethical considerations are aimed at safeguarding the participants from any actual or potential harm. Ethical clearance was sought from the Noguchi Memorial Institute for Medical Research (IRB 00001276) and the Ghana Health Service ethics review committee (GHS-ERC:016/12/17) before the data was collected. In addition, an introductory letter from the School of Nursing and Midwifery, University of Ghana was to all the Hospital to grant access to the participants.

In addition, informed consent was sought from the participants assuring them of protection from exploitation and intimidation. The purpose of the study was explained to the participants and their consent sought before being recruited into the study (Appendix C). Participants were given one week to consent to the study. This allowed participants maximum time to consider their participation in the study. Participants were made to sign a consent form before the data was collected. Participants were also told they have the right to withdraw from the study at any time without giving any reason.

Privacy was ensured during the interviews as it was conducted at a convenience place chosen by the participants. In all hospitals, the interview was conducted at a convenience time and place chosen by the participants and an enclosed environment away from the patients, thus avoiding any harm to the patients. Findings were presented using identification codes and pseudonyms. Participant's names and identities were concealed to ensure anonymity of the data. The data was available to only the researcher and the thesis supervisors.

Confidentiality was ensured by not discussing the participant's personal information with other participants, hospital management, or any nurse. Also, the audio recordings will be

kept in secured place and locked for at least five (5) years. In addition, the benefit and possible risks associated with the study was explained to the participants and those who voluntarily accept to participate was given the consent form to read and sign.

### **3.12 Summary and conclusion**

This chapter look at the research method that was used for the study. The study used a qualitative exploratory descriptive design in describing the transitional experiences of new graduate nurses within their first year of practice. The study was carried out in five (5) selected hospitals in the Eastern Region of Ghana involving 12 NGNs. Ethical clearance was sought from Nugochi Memorial Institute for Medical Research, University of Ghana and Ghana Health Service Ethics Review Committee. This study used purposive sampling to explore the transitional experiences of new graduate nurses. Persons who had previously worked as nurses before upgrading to the degree were exempted from the study.

## CHAPTER FOUR

### FINDINGS OF THE STUDY

#### 4.0 Introduction.

This chapter present the findings of the study. The study seeks to investigate the transitional experience of new graduate nurses within their first year of practice after their national service in the Eastern Region. The study was carried out in five (5) selected hospitals with twelve (12) new graduate nurses. Five themes (5) and twenty-nine sub-themes emerged from the data. The data is presented in line with the objectives of the study. These are; physical experiences, emotional experiences, socio-cultural and developmental experiences, intellectual experiences, and coping strategies adopted by NGNs. The first four objectives are in line with the constructs of the TCF which was the framework for the study.

#### 4.1 Socio-demographic characteristics of the participants

The socio-demographic characteristics of the respondents collected included gender, age, year of completion of school, duration of work, department working, relationship status, and the university attended. This data was collected to determine if any of them impacted on the experiences of the new graduates during their transition into practice. Pseudonyms were used, instead of the participant's real names, to conceal their identity; these were Boahemaa, Wayo, Edem, Dzifa, Akosua, Nabila, Bruwa, Dede, Amoatey, Serwah, Kwame and Akorfa.

The result is presented in Table 4.1

**Table 4.1: Socio-Demographic characteristics of the participants**

| <b>Participant Label</b> | <b>Age</b> | <b>Gender</b> | <b>Year of completion of school</b> | <b>Duration of work</b> | <b>Department</b> |
|--------------------------|------------|---------------|-------------------------------------|-------------------------|-------------------|
| P1-Boahemaa              | 27         | Female        | 2014                                | 10months                | Emergency unit    |
| P2- Wayo                 | 30         | Male          | 2014                                | 10months                | Children's Ward   |

|             |    |        |      |          |                 |
|-------------|----|--------|------|----------|-----------------|
| P3- Edem    | 28 | Male   | 2015 | 7months  | Theatre         |
| P4- Dzifa   | 25 | Female | 2015 | 8months  | OPD/Emergency   |
| P5-Akosua   | 27 | Female | 2014 | 9months  | Male ward       |
| P6-Nabila   | 28 | Male   | 2014 | 10months | Female ward     |
| P7-Bruwa    | 27 | Female | 2014 | 10months | Female ward     |
| P8- Dede    | 26 | Female | 2014 | 10months | OPD             |
| P-9 Amoatey | 29 | Male   | 2015 | 10months | Male ward       |
| P-10 Serwah | 25 | Female | 2016 | 9months  | Children's ward |
| P11- Kwame  | 28 | Male   | 2013 | 10months | Male ward       |
| P12- Akorfa | 27 | Female | 2014 | 11months | Kids ward       |

The twelve (12) participants are made up of five (5) males and seven (7) females. The age ranged between twenty-five (25) to thirty (30) years. Four (4) of the participants attended private universities while eight (8) attended public universities. The new graduates completed their education between 2013 to 2016 and have worked for a duration of between seven (7) to eleven (11) months. Three (3) (2 females and 1 male) are married while nine (9) are single. One has a baby and one is pregnant again at the time of the interview. Nine (9) of the participants started work in April 2017 and three (3) in July 2017. Of the twelve (12) participants, four (4) have worked briefly after their National Service with a private hospital before being posted by the Ghana Health Service (GHS) and the Christian Health Association of Ghana (CHAG).

#### **4.2 Organization of themes**

From the experiences narrated by the participants, five themes and twenty-nine subthemes were identified from the analysis. The first four themes were predetermined from the constructs of the TCF. The last theme; coping strategies emerged from the analysis of the data.

**Table 4.2: Transitional experiences of NGNs: Synthesis of Themes and Sub-Themes**

| Themes                                       | Sub-themes  |
|--|---|
| Physical experiences                         | <ul style="list-style-type: none"> <li>• Lack of accommodation</li> <li>• Heavy and stressful workload</li> <li>• Unfavourable duty roster</li> <li>• Changes in social habit and routines</li> <li>• Financial constraint</li> <li>• Inadequate resources</li> </ul>   |
| Emotional Experiences                        | <ul style="list-style-type: none"> <li>• Sense of accomplishment</li> <li>• Feelings of frustration and being overwhelmed</li> <li>• Support from nurses</li> <li>• Support from Deputy Director of Nursing Services (DDNS)</li> <li>• Support from doctors</li> <li>• Support from hospital management</li> <li>• Family support</li> <li>• Peers and friends support</li> </ul> |
| Socio-cultural and developmental experiences | <ul style="list-style-type: none"> <li>• Developing professional confidence</li> <li>• Lack of orientation and induction</li> <li>• Experience of unprofessional behaviour</li> </ul>   |
| Intellectual experiences                     | <ul style="list-style-type: none"> <li>• Educational preparation in school</li> <li>• Students' clinical practice</li> <li>• Impact of National service</li> <li>• Reality shock</li> <li>• Lack of management skills</li> <li>• Disconnect between theory and practice</li> </ul>  |
| Coping strategies                            | <ul style="list-style-type: none"> <li>• Use of the internet</li> <li>• Intrinsic motivation</li> <li>• Spiritual coping</li> <li>• Reliance on unit heads and senior nurses</li> <li>• Use of textbooks and lecture notes</li> <li>• Use of diversional therapy</li> </ul>   |

### 4.3 Physical Experiences of New Graduate Nurses

One of the major themes explored was the physical experiences of the participants. Six (6) sub-themes emerged from this theme. These are lack of accommodation, heavy and stressful workload, unfavourable duty roster, changes in social habits and routines, financial constraint, and inadequate resources (human and material). Participants are expected to be work ready but had to deal with this physical barriers. In this section, participants outlined the physical constraints that impacted positively and negatively on their transition into practice.

#### 4.3.1 Challenge with Accommodation

Participants had challenges with accommodation during their initial stage of work. Most of the new graduates' had to work for several months without permanent accommodation. Participants worked for between one (1) to three (3) months before securing permanent accommodation. Some participants reported they had to stay with colleagues for months before securing permanent accommodation. Lack of accommodation resulted in lateness to work, late assumption of duty, poor nursing care, and physical exhaustion. Participants said they expected their hospitals to provide them with accommodation but that was not the case. The challenges of the participants were compounded by the fact that they was delayed in their salary payment, had no financial support from the hospital and were not familiar with their new environment. Some participants reported having commuted long distance to their workplace resulting in stress and easy fatigue. This is demonstrated in the following quotes from the participants. For instance, Bruwa acknowledged that:

*“When I came to the hospital, the hospital had no accommodation for me, so I was given some weeks to go round and look for where to stay and it took me a months to find accommodation because I was not familiar with the town ...I have to live with a friend before I could find a comfortable place. It affected my work. It was stressful and frustrating...”*

*Edem also recounted that:*

*“I remember when I had our appointment letter, I came around and there was no accommodation. I have no place to stay, and it was really bad. I had to go and sleep at a guest house until the following day due to the long journey. It was really hectic before we secured accommodation after one month”*

One participant however, said the hospital provided her with an accommodation but it was not conducive for her and it took her up to a month to secure a comfortable accommodation.

*“When I was posted here, it took me about a month to get a place to live in. Actually, the hospital provided me with a place but it wasn't conducive. It wasn't something I would want to stay in so, I told them I would like to look for a place myself...It took me for about a month before I had a comfortable place” (Akosua).*

Akorfa who had a child and was pregnant at the time of the interview said she had to travel for about 15km daily for work and her time had to be adjusted:

*“I always come to the work not on time because I could not get accommodation in this town. I had a baby too, so by the time I take care of the baby and move from my home to the hospital, sometimes I will be late but because of that, I was only coming for morning duties”.*

#### **4.3.2 Inadequate Resources**

Managerial challenges experienced by the participants were lack of human resources and material resources. Human resources included nurses and cleaners. Participants complained of the high patient to nurse ratio and shortage of nurses. Participants complained of inadequate nurses to run the shift. Participants had to manage the ward with one nurse or alone on most occasions. Participants who are now learning the values and protocol of the institution had to run the unit alone on a number of occasions without the assistance of experienced nurses. Student nurses were used to support the permanent nurses in most hospitals. For instance, Amoatey, a nurse at the male ward stated that:

*“...that is one problem we have here. The number of staffs are not adequate and we sometimes have one nurse on duty”.*

Bruwa also added that:

*“The nurses are also not adequate. Because for a shift we have only two (2) nurses, the senior nurse and the junior nurse, unless maybe nurses on National Service or students are available to support us, we just have to run the ward with two nurses with about 30 patients”.*

For Serwah a participant at the children’s ward with 9 months working experience, it was difficult attending to in-patient and emergency cases at the same time with one nurse on duty:

*“Sometimes you come to work with just one nurse, in addition to me. So the nurse to patient ratio is not that favourable. Sometimes you have about 23 patients with two nurses on the ward... in addition to emergency cases coming to the ward because we don’t have an emergency unit. So it becomes a bit difficult”.*

Akorfa a 27-year-old nurse, however, stated that the number of nurses was fairly adequate but they experience shortages when staff embark on maternity leave, sick leave, or annual leave.

*“It ok (number of nurses), but when the annual leave, maternity leave, and the sick leave start coming, then it becomes a problem but on a normal day, it’s ok”.*

Few or absence of cleaners was prominent throughout the interview. Most of the hospitals had just one or two cleaners for the entire unit. In all the hospitals, participants reported they had to be doubling as orderlies by cleaning the wards themselves and sometimes rely on patients’ relatives to do the cleaning. Some participants reported that the management of the hospital have neglected their complains to provide them with more cleaners. Dede asserted that;

*“...we are doubling up as cleaners, we come early to clean the unit, we even scrub the entire OPD area; nurses...it was recently that we were talking about it. I came to meet...it’s like they are not doing anything about it”.*

Edem reaffirmed that;

*“As I talk now, we have just one orderly. Just imagine we run three (3) shifts in a day. At least we need orderlies. So sometimes we the nurses assume the duties of an orderly, duty of a nurse and the duty of an assistant to the doctor when performing an operation. Which is very bad”.*

Inadequate material resources such as equipment and logistics were some concerns raised by the participants. Clinical thermometer, sphygmomanometer, suction machine, glucometer, pulse oximeter, nebulizing machine were unavailable in most units. Some of this equipment in some instance were being shared by two or more units. This resulted in frequent breakdown of the few available equipments. Participants reported challenges practicing nursing skills learnt in school devoid of the requisite equipment and materials. Participants also reported frequent shortages of logistics and essential medications needed for work.

Bruwa, for example, stated that:

*“For the equipment, they are not enough because as at now, a whole ward we don’t have monitors, our suctioning machine is not really working, so with the equipment we need a lot”.*

Kwame also acknowledged that:

*“...you have to run to a different ward to get a glucometer, get a pulse Oximeter. We are not having screen, until the monitoring team was coming before they forced to push one screen inside...”.*

Nabila also had this to say:

*“You can have one particular sphygmomanometer which is being shared by different units and it becomes hectic and creating problems for us and sometimes too basic medications are not available” (Nabila).*

One participant admitted he had to compromise on the quality of nursing care by improvising with the limited resources available. Participants also indicated they had challenges implementing what they learned in school due to lack of logistic. Edem lamented that:

*“(Laughing). I will tell you that we have few equipments to work with. We still need some to work with. We sometimes have to improvise a lot. We sometimes have to compromise on the service, the quality of service we render to our client due to lack of equipment”*

Contrary to the above, Amoatey a nurse at the male ward reported his hospital had adequate material resources needed for work but the only challenge was about storage.

*“...as for my hospital, yes but if not 100%, I will give them a higher percentage most of the time, sometimes it’s the problem with the one who keep those items, somebody who take care of the items”*

### 4.3.3 Heavy and Stressful Workload

Majority of the participants described their workload as *heavy, tough, a lot, and stressful*. Participants had to deal with heavy workload due to the few nurses available and the colossal tasks they had to accomplish. This compelled some participants to close beyond their usual closing time. Other participants work for between ten (10) to twelve (12) hours a day. Participants reported falling sick and had to take excuse duty due to the workload. Some participants said they had to abandon their supervisory role as shift in-charges. This can be seen in the following quotes. Bruwa shared her experience:

*“Looking at our job descriptions, we are supposed to run the affairs of shift or give directions but as at now you cannot come to the ward and give directions because we are not enough. Maybe you come with a junior colleague and you are only two on the ward, so you have to get involve in the work”.*

Boahemaa recounted her experience:

*“Sometimes I work for 12 hours because if you have cases coming in, you can’t close and go home and leave one person behind. I have to stay over till everything is done. I had to go for excuse duty to rest for some days due to the stressful nature of the work last month”.*

Edem also shared similar experience:

*“The work load is a lot. It’s heavy. Yes sometimes am forced to work beyond my closing time. Because you are doing a procedure and you can’t leave it and go. I have to be around and support because we are very few, we need to support others”.*

One participant, however, attributed the heavy workload to lack of an emergency unit. For instance participants have to attend to emergency cases on the ward in addition to in-patient.

Serwah alleged that:

*“Most of the time we have two nurses on duty and with heavy work load. We don’t have an emergency unit, so any case that comes, come straight to the ward, and if we already have many patient on the ward, it becomes very difficult”*

Contrary to the above comments, one participant, however, described the workload as normal.

Akorfa stated that:

*“The work load, you have a little administrative work in addition to the normal nursing practice. So the work load is ok. It’s a district hospital so we do more, we actually do more”.*

#### **4.3.4 Unfavourable and stressful duty roster**

The duty roster was unfavourable according to some participants. Participants said the duty roster was stressful as they had to work for five (5) continuous days before getting a day off. In addition, participants said they did not get the chance to work with experienced nurses during their initial stage of work. Bruwa acknowledged that:

*“The duty roster as at now is really stressful. Because you have to work for five days before you get one day off. Assuming being a pregnant woman and you have to work continuously for 5 days before she goes for off”.*

Boahemaa also narrated her experience:

*“How can you go for five continuous (5) days, go for off one day...not even resuming for afternoon...you are resuming for morning”.*

Some participants, however, reported that the duty roster was done to help them adjust to their new workplace.

*“I remembered when I came earlier, my in-charge did it (duty roster) such a way that I will always come to shift with him so that he will help me to adjust to the system” (Edem).*

*“At times you are fortunate to be put on duty with a senior staff and that makes things easy...” (Boahemaa).*

One graduate nurse described the duty roster as favourable. With the advantage of preparing the duty roster for the ward, Amoatey believed that the roster was favourable to him. He stated this.

*“It was ok somehow. Because it got to a time that when I started working within some few months, the head of department was not there...so what it means was that I will be the incharge, so I was preparing the duty roster. I had the opportunity to even prepare the duty roster so it’s somehow favourable”.*

#### 4.3.5 Changes in social habit and routines

Participants’ new work schedules seemed to have affected their personal lives, taking time for them to adapt, missing important social functions, and not spending weekends and public holidays with their friends and families. Participants had challenges combining their work with personal and family life. Routine activities such as playing games, socialization with friends, attending funerals, and church were all affected. Those married found it difficult spending time with their spouses as presented in the following quotes. For instance, Amoatey stated that:

*“The job is demanding, you have to run shift and it has affected what I used to do. Just recently my father’s brother died and I was not able to go and you know our culture concerning funeral...”.*

Wayo also narrated that:

*“I like playing draughts a lot, since I have to work for long hours that is also interrupted...I don’t do it much often and also playing of football. So what I do is that maybe I will wake around 6pm, have about 30 to 45 minute of football playing time, then come and take my bath and go to work. So sometimes I don’t even take food before I come to work... (Laughing)”.*

Serwah also recounted her experience:

*“After work, you are so stress up, you get to the house, you rest and after that it’s like you are always inside. It’s like you don’t get time to hang out with friends any more”.*

Those married found themselves separated from their spouses. For example, Akorfa and Akosua both married made the following statements. Akorfa alleged that:

*“I have visited my husband just once. So it has affected my marriage very much. Instead of being together (with the husband), we are not together, we are separated because of work”.*

Akosua reaffirmed that:

*“Very big issues because my husband is not even here. So it like when I get a day or two off, I have to rush there and see him. So it hasn’t been easy combining managing your home, managing your work and having an external family too, you have to attend to their needs and everything”.*

#### **4.3.6 Financial constraints**

One major challenge that participants had to deal with was finance. All the participants lamented that their salaries delayed for six (6) to seven (7) months. Most participants admitted they had to depend on their parents for financial support instead of them providing for their parents. The participants saw this phenomenon as embarrassing. Participants admitted they had to rely on savings made during and after their National Service. Participants expected the hospital management to provide them with some allowances until their salaries are paid. Understandably, participants felt the hospital management showed no concern to their plight and were only interested in them working. For example, Bruwa recounted her experience:

*“When we first enrolled with work, about six months we had not been paid and the hospital too was not helping us with any money. So it was very difficult and the moment you start working, the family begin to think that you are working and they are expecting something from you...so it was difficult going back to them asking for help”.*

Kwame reaffirmed that:

*“...when we started work, it took six (6) months before we had our salaries, the hospital was not giving us anything, unlike other places I know...this place nothing, the only thing is for you to be at work...”.*

Nabila also alleged that:

*“Since we started work, our salaries delayed, it took time before they started paying us. So how we were eating, sleeping...you have to be calling home for help”.*

Other participants resort to borrowing money to cater for their accommodation: Edem stated that:

*“Paying for accommodation was even difficult. Sometimes we even borrowed money to pay for accommodation because the facility was not ready to support us with any money. I thought my pay will have come early but it did not”.*

Participants who were married reported that their fiancé had to cater for their financial needs. Akosua stated that:

*“Because you had to start work and it took us about seven (7) months before we started receiving our salaries. By then I had to get funds from other sources like my fiancé who was the one fully supporting me from feeding to paying my rent, electricity bill. Everything”.*

#### **4.4. Emotional Experiences of New Graduate Nurses**

Emotional experience described the initial experiences of the participant's relationship with other staffs, availability of support, emotional reactions to work, fear of failure, and general working experiences. Participants expressed mixed emotions within their initial stage of work. The environment and condition under which participants work determined how successful the transition would be. The amount, timing and nature of support available to participants facilitate their integration into the new working environment. Participants are expected to be provided with the needed support to assist them acclimatised to their new environment. While some participants expressed happiness, others described their initial experience as scary. Support was not available in most cases. Eight (8) sub-themes were identified under this theme. Namely; sense of accomplishment, feelings of frustration and being

overwhelmed, support from nurses, support from Deputy Director of Nursing Services (DDNS), support from doctors, support from hospital management, family support, peers support.

#### **4.4.1 Sense of Accomplishment**

Participants expressed wonderful experiences at the initial stage of work. Participants acknowledged feeling proud and expressed happiness on their assumption of duty, as well as a steady improvement in confidence and competence required for the current position. Participants enjoyed the transition process as they became more accountable as professional nurses. For instance Bruwa stated that:

*“For the past few months since we started work, I think it has been the best and great and am learning more and getting more experience, I have finally achieved my aim of being a Nursing Officer...”*

Edem also reported that:

*“It has been a wonderful working experience, I have assume more responsibilities and any service you provide to your client, you have to see to it that it is perfect and also follow up on the client to see that the care you rendered has been successful and you become happy...”*

Participants attributed their smooth transition into practice to the experience acquired during their National Service, although there has been tough times. Akosua stated that:

*“As I started it wasn't very easy though and it wasn't very difficult too, I will say it was ok. I have had a bit of experience because where I had my National Service was an orthopedic hospital so when I came here, the medical aspect I did not have any problem...it has been my dream as a student nurse to become an NO (nursing officer) one day”.*

#### **4.4.2 Feelings of frustration and being overwhelmed**

Participants described their initial experience as terrifying as they were not ready for their initial position. Participants were not ready for the initial positions assigned to them and had stressful and confused start in their new roles as nursing officers. The participants

experienced loss of security and protection of being a student nurse, and shielded academia; resulting in increased anxieties and stress. These experiences were in conflict with other participants who described their transition as wonderful. Participants described their initial stage of work as *stressful, tough, confused, and not the best start*. The confusion and stress was due to the massive responsibilities assigned to them, coupled with the lack of skills, and the fear of making mistakes.

Nabila stated that:

*“As a student, we took things likely, but when we came to the job field, some are stressful and fearful, being a student, we took things for granted but now we have become serious...sometimes as students or during service (National Service), there are somethings we were not doing but since becoming nursing officers, people would look up to you”.*

Boahemaa also asserted that:

*“A newly posted staff, you are on duty with an auxiliary staff and sometimes it quite difficult. Sometimes you get some cases and ...you are a bit confused, you don't know what to do, so I had to be calling my ward in-charge on phone and some of the doctors to be asking for help. I just do not want to make a mistake...”*

One participant working in the theatre had challenges setting up for and assisting in surgical operation. Wayo added that:

*“It think when we are in school, we don't get much of the specialized aspect of nursing, of which theatre practice is one of them. So in terms of setting up for various cases and assisting the doctors in such procedures, it becomes a bit tough”.*

Challenges confronting participants were lack of a “*real world*” experience whiles in school.

Kwame alleged that:

*“Hmmmm. ok I won't say it has been smooth but it's worth it. Because during the clinical let say from school whiles being a student, what we learnt, sometimes you will not understand until you get on the field, so when you get on the field and you practice what you have been taught in school, it makes it more interesting”.*

#### 4.4.3 Support from Nurses

All participants agreed the support from the senior nurses played a huge role during their first year of practice. Participants reported the supervision and advised from the senior nurses as *good and helpful*. Participants reported an overwhelmingly supervision and guidance from the senior nurses. Other participants stated their senior nurses did not want them to go through the challenges they had when their started work. Support provided include counselling, teaching, preparing duty roster, documentation, assisting in performing nursing tasks, and settling done in their new environment. Participants said the support helped them improved their nursing skills and built their confidence. For instance Dede stated that:

*“...especially my unit in-charge. She has been very helpful because regardless of what you learnt in school, each hospital and unit has it different protocol...let me say how they do their things in the unit. When I came, she was the teaching type and she understood that am new. She really helped me to settle down...”*

Kwame also added:

*“For the senior nurses, I will say they have been supportive. Because when I got here, my in-charge always tell me that, now that am in, I am the assistance in-charge, so there are somethings in terms of documentation, managing the ward, report writing to regional and all that he taught me...”*

Edem attributed the huge support from the senior nurse to the fact that the senior nurse he worked with was also a graduate nurses like him:

*“The senior nurses have been helpful especially my in-charge. He has been really helpful to me. I belief because he was also a degree nurse like me, he understood my challenges, the mistake he made, he did not want me to make, likewise the challenges he went through”.*

It was evident from the interview that the NGNs had a cordial working relationship and adequate support from the senior nurses.

Contrary to the above comments, participants described the support from the junior nurses as not encouraging. Participants expressed tension between them and the junior nurses.

Participants reported unruliness and insubordination by the junior nurses especially those who were older than them and those they were taking over from as unit heads. Participants however, believed the lack of support was an individual attitude. Some participants lamented they had their competencies questioned by some junior nurses with comments like “*he does not know anything*”. For example Dzifa narrated her story this way:

*“I had some few challenges with those who are a bit older than you and they feel that they have been there for long, so when they are doing the wrong things and you try to correct them,...it’s like that is how they had being doing it, so why would you come and say something is wrong...even if you try to tell them the physiology behind it, they won’t allow you ...I had that challenge”.*

Amoatey, another participants shared his similar experience:

*“That is where the problem is because sometimes when you come and especially when there is somebody and you take over from them...you know it’s normal for human beings to feel that way especially when they feel that you are being taking over something from them”.*

Akosua also shared similar experiences where some junior nurses were cooperative while others were not supportive:

*“For the junior nurses I came to meet on the ward, some of them were very cooperative...but a few others were a bit recalcitrant...some people would not even ask for help even when they know what they are doing is wrong. They will just go ahead and do it and when you have to correct them, all what they say is ok, I have heard you”.*

Akorfa also stated that:

*“Well the junior nurses, some of them were a bit not comfortable with the fact that they have been there for a long time and somebody has come, takes more money than them and they all do the same work”.*

Comments by the participants illuminated bitterness from the junior nurses toward them especially, from nurse who had worked from several years but are still lower in rank to the new graduates.

On the contrary, one participant reported a cordial working relationship and support from the junior nurses. Wayo acknowledged that:

*“...the person who taught me how to fold gowns and drapes was an EN (Enroll Nurse) and the person who helped me to scrub for the first time was a staff nurse and we work hand in hand. If we don't tell you this person is an Enroll nurse, you would not know”.*

#### **4.4.4 Support from the Deputy Director of Nursing Services (DDNS)**

Support from the head of nursing services emerged as one of the important sub-themes under the emotional experiences of participants. In terms of the support from the Deputy Director of Nursing Service (DDNS), participants were impressed with the nature and timing of support received from their DDNS. The support includes assisting them with accommodation, getting their salaries paid and constant encouragement with reassurance. Some participants described the support as *good, very inspiring, and extremely supportive*. Other participants said their DDNSs were motivating, encouraging, and accommodative. The expressions below reaffirmed the above:

*“For my DDNS, she kept encouraging me that you are now a nursing officer, you are in-charges of the ward so you need to take away all fears and be able to run the ward if the in-charge is not around” (Bruwa)*

*“Very inspiring. She will always call you and advice you, ask you that in case you have any challenge just approach me...I would help you. She will always call you and motivate you...” (Wayo)*

*“The DDNS was very supportive. In fact extremely supportive. We could go to him at any time and he is ever ready to listen to us. You can even call him on the phone and tell him your problems and he will listen to you and just let you know what you have to do. More so in terms of getting our salaries paid...” (Dede).*

One participant however was not pleased with the manner the DDNS communicated with him especially when he make mistakes. Nabila recounted his experience:

*“He mostly comes around to ensure that things are going on well but sometimes the way he talk to you when you make a fault or mistake is very bad”.*

Akorfa a participant at the male ward said she did not received any support from the DDNS because her DDNS lacked the backing from the hospital management:

*“My DDNS is concern but when the management is not so much behind her ...It makes her work very difficult. She cannot single handedly help you get accommodation. So she does her best but at the end of the day because of lack of support from the whole management team, it’s like her support is not even seen at all”.*

#### **4.4.5 Support from Doctors**

Recounting their experiences with the doctors, there were diverging experiences. Most participants said the doctors were supportive, accommodative, understanding, and gave them the respect due them whereas others had bad experiences with some doctors. For instance Dzifa who had good experiences from the doctors stated that:

*“The doctors oh yes they are fine. They make you know what you are supposed to do...as in they give you the chance to bring out what is good for the unit...they give you that kind of respect that you are the one with the patients in the ward or unit and that kind of respect you need as the head”*

Akosua also recounted her experience with the doctors:

*“...the doctors are very accommodating... as we go on rounds, they listen to our views too, when we tell them how things has to be done or this is the patient vital signs so I think this have to be done in accordance to our nursing management, they do listen to us”.*

Boahemaa also shared her experience:

*“The doctors are very supportive, they know you are new, they keep on telling you that if anything just call them and anytime you call, they are willing to help you”.*

However, some participants had bad experiences from some doctors. This include undermining their authority, rudeness, and being shouted at. Amoatey shared his experience:

*“Personally, here I have some challenges with some doctors. You come to the ward and take some decisions ...small thing why didn't you call...why didn't you do this, and it makes the work sometimes difficult because you are coming in with a degree in nursing, somebody seen by the society that you have the knowledge, so something very petty, you are not expected to call the doctor but you will even take some small decision and sometimes they will be challenging your authority”.*

Wayo also recounted his experienced:

*“For the doctors too the senior doctor I came to meet was rude but the junior one was very cooperative...”.*

#### **4.4.6 Support from the Hospital Management**

Participants said they expected enormous support from the hospital management on their arrival but were disillusioned. The hospital management seems oblivious and unperturbed to their predicaments. The participants described the support from management as *not caring*, *very poor*, and *very little*. Participants said they expected the hospital management to provide a temporal accommodation, needed resources for work, and allowances until their salaries are paid. Participants contended that the management were only interested in them working. Wayo recounted his experience:

*“Hmmm it was very poor, it was poor, it was poor because at least they know we are just starting and the most challenging aspect is finances ...they could give something small to pay at least our bills or feeding but nothing at all done for us.”*

Edem also stated that:

*“I was expecting the management to provide a temporal accommodation so that staffs can stay there and search for their permanent accommodation. More so, because of the delay in the payment of salaries ...they could have provided some allowances just to sustain us...,this could have even shown that they care about us”.*

Akorfa also narrated her experience:

*“As for the hospital management, I will say that their support hasn’t been adequate. When you come, your accommodation and everything is not really their problem. Find it and start work. That is all. As for that one I will say there was no support”.*

Kwame also alleged that:

*“Very poor. No body ask me if you had accommodation, theirs is you have started work that is all...”*

Throughout the interview process, participants were real and forthright in expressing their disappointment with the lack of support by the hospital management.

#### **4.4.7 Family Support**

Narrating their experiences, participants describe family support as marvelous and timely. Support ranged from financial to emotional. Participants had to depend on their parents for financial support even though they were working. The following quotes reaffirmed the experienced of the participants. Dede stated that:

*“Actually they have been there since school times (the family)...from accommodation, financially, and everything since my salary delayed, it has been my mother”.*

Nabila also gave this account:

*“When I started work, they (parents) will be calling to ask what is going on, are you acclimatizing to your new environment well? They encouraged me when I tell them about any challenge am faced at work”.*

Emotional support was provided by the family to some participants. Boahemaa shared her experience:

*“The family was very helpful...sometimes with this...little ...little ... provocations here and there, sometimes you just boil up...and if you are not very patient you would just want to burst up, my dad and mum have been very supportive, they would talk to you....just let it be”.*

#### 4.4.8 Support from Peers and Friends.

Participants stated that they resorted to support from their peers and friends when the usual sources of support was not readily available. Participants identified peers and friends support as a way of battling isolation and dealing with the challenges at work. Other participants viewed peer support as a means of sharing experiences and socialization. Support was in the form of accommodation, emotional, and finance. Participants described the support from peers and friends as *excellent, supportive, and helpful in releasing stress*. For example Amoatey stated that:

*“My peers, personally those I came with, some of them are at other unit but we still work together, if they don’t understand anything they contact me and I also do the same. So the support has been excellent”*

Edem also alleged that:

*“When we came, some friends took us into their home and I stayed there for more than 3 months. And they did not even allow us to pay light bill”.*

Boahemaa also shared her experience:

*“My friends are very supportive. They would just call you, crack jogs with you, some would come around and visit. They were helpful in releasing stress”.*

Nabila added that:

*“Those I came with will be asking me how the work is going. They even ask me to find out from other friend that can help me when I have challenges. We also have a WhatsApp group where we place issues there for discussion. So I think my peers are also helpful”.*

#### 4.5. Socio-Cultural and Developmental Experiences of New Graduate Nurses

This theme narrate the behaviour perceived by participants, professional culture issues, the development of personal confidence, role uncertainty, social structure at the units, and how this facilitates their transition into nursing practice. Developing professional confidence looks

at the ability of the participants to perform nursing tasks with accuracy and precision. Being accepted by their hospitals and by the larger professional nursing culture, and lack of an official welcome from some hospitals were reported by the participants. Participants acknowledged an improvement in their professional confidence after six (6) months of practice. The sub-themes that emerged was experience of unprofessional behaviours, lack of orientation and induction, and developing professional confidence.

#### **4.5.1 Experience of unprofessional behaviour**

Participants reported episodes of unprofessional and unacceptable behaviours exhibited by some staffs. Some participants reported that they were exposed to inappropriate and intimidation from some staff. Participants again, acknowledged issues of disrespect and condescend mostly from junior nurses and doctors. Some participant were not happy with the way they were spoken to. This affected their self-esteem, confidence, and morale at work.

For instance, Akosua alleged that:

*“Some people will try to intimidate you a bit because they want you to know that they have been here and you just came and so sometimes you should ask them or do as they want it done...”*

Dede also narrated her experienced:

*“...there was one particular case where the doctor tried to shout on me. He saw that I was not comfortable with it and he later apologized. They speak thinking that they are bosses. My relationship with them is not the best”.*

#### **4.5.2 Lack of Orientation and Induction**

Some participants alleged they were not given an official orientation and induction before commencing work. Participants indicated they were not properly and officially welcomed by the managers of their hospitals. They described the experiences as unfortunate.

Some participants said they did not know the names of their medical superintendent and administrator. This was reaffirmed in the following quote by Kwame:

*“When I came, I was just given a ward,...I wasn’t given orientation, I was thinking maybe they would called us and say something like welcome to our hospital...this is our bed capacity, we have let say ten (10) doctors, then this is our staff capacity ... and this is what we want you to do, this is what we don’t want you to do. Nothing of that happened”.*

Akorfa also recounted her experience:

*“...so you know what to do...what not to do, you know which rules are applied. Which rules are not applied...so that you don’t go against them but here nothing was said to us, they just told us to go and find accommodation and when we are ready, we should come. When I was ready, they came and said go to the emergency unit. That was all... I didn’t even know my medical superintendent name...I didn’t even know my administrator...nobody even introduce you to anything in the hospital”*

The above comments by the participants are of concern since all new staff are expected to be orientated and inducted into their new environment. The values, missions, norms, and vision of any organization are taught during the orientation and induction process.

#### **4.5.3 Developing Professional Confidence**

Participants acknowledged lack of confidence within their first 3 months of practice. Participants who had worked briefly after their National Service asserted high confidence levels within the first 3 months of practice. Other participants used the first 3 months to learn the protocol, norms and the values of the facilities. Some participants were initially concern about how to protect themselves from prevailing conditions such as HIV/AIDS and Tuberculosis. Participants ascribed their lack of confidence within the first three months to the unfamiliar environments. Nabila recounted his experience:

*“For the first 3 months, there are some diseases that I have never met before like HIV /AIDS and TB (Tuberculosis) and it’s was about how to protect myself as the first priority. The confidence level was very low”.*

Bruwa also stated that:

*“For the first three (3) months, I took it as a basis for learning and also adjusting to the ward. You may not know where certain equipment are being kept, so for the 3 months was like a learning process under my senior colleague or even my junior colleague who are senior in the form of experience”.*

Dzifa also shared her experience:

*“For the first four months, I was not really confidence because a new place, being made an in-charge and the people I came to see most of them older than me and I was like, am I the one to correct them when they are doing somethings wrong ...can I say it. The way they were all looking experiences and I was like am just coming from school after rotation...” (Dzifa)*

Participants again admitted been scared within the first three months of practice. Akorfa acknowledged that:

*“I was also scared from the beginning that I don't want to do anything that someone would say you...a Nursing Officer you are doing this. So the confidence was low, sometime you even know what to do but you just don't know whether you should do or not. You don't know what would be said...oh the confidence was low in the beginning”.*

All participants however, acknowledged that their professional confidence improved remarkably after 6 months. Most participants attributed the improvement in their confidence to the routine nature of the work, and meeting similar disease conditions. Nabila stated that:

*“As time goes on (after 6month), I could see that I was getting used to the conditions and the practical, how things are done on the ward. I was a little bit confidence, although it wasn't fully. I could see some improvement. Right now I can say I can tackle any nursing issue that I face. So I am confident and sure”.*

Dede also recounted her experience:

*“after the first 3 months, I realised that the diseases are similar...the disease are similar, so if today somebody comes with hypoglycaemia, this is how they manage it, so next time when somebody comes like that I will do the same”.*

Edem also added that:

*“Now (after 6 months) I can now scrub alone whether someone is there or not. First I was always expecting a senior colleague to be around before I start but now on a shift I run alone and do it well”.*

#### **4.6. Intellectual Experiences of New Graduate Nurses**

This theme relate to the educational preparation of the participants for nursing practice and the application of what was taught in nursing schools, the impact of students clinicals, and the National Service period. Participants espoused diverging views concerning their intellectual experiences and readiness for nursing. Six (6) subthemes emerged from this theme. These are educational preparation for nursing practice, student’s clinicals, impact of National Service, reality shock, lack of management skills, and disconnect.

##### **4.6.1 Education preparation for nursing practice**

Educational preparation relates to the perception of adequate preparation of participants for nursing practice. Participants espoused divergent views concerning their educational preparation. Both positive and negative. Whereas some participants think that the preparation was adequate, others wished they should have had additional practical experiences whilst in school. For instance, Edem who had adequate preparation stated that:

*“I have to say the school I attended really prepared me for nursing practice. From medical to surgical nursing...everything you need as a nurse. It makes me to easily fit or enter into any place and work comfortably”.*

Dzifa also added that:

*“ I haven’t encountered anything that I have no idea about, maybe I have not being able to practice it but I have an idea about it ...as in how every nursing procedure should be done ...I have not met anything which is not in the book or which have not been taught by our lecturers”*

In contrast, some participants felt their educational preparation was inadequate. There was a sense that participants did not understand what was taught in school resulting in some deficiencies now as nursing officers. Participants also felt what was taught in school was difficult relating to the work settings. Participants felt they should have been taught how to interpret basic laboratory results, passing nasogastric tube, and reading of X-rays. Educational preparation was mostly theoretical with minimal exposure to practice. Akosua acknowledged that:

*“For nursing practice in school, we were not adequately taught how to apply the theories...we had to struggle on our own to learn, that was it. It like we had the theoretical knowledge but the practical aspect was not there. I had all the theories, I read the books, I read the nursing procedure step by step, we knew if you are faced in an exams this is what you are supposed to do, this step followed by this step but then there was no practice”.*

Wayo added that:

*“I still think there were more to be added ...that is if a patient comes with an x-ray and you cannot read it, it's a challenge especially if the person has a serious illness and the physician is not there to read it and take decision, you will be staying with the patient and not knowing what to do, inserting a nasogastric tube... and also interpreting laboratory values was also a big problem...”*

#### **4.6.2 Usefulness of student clinicals**

When participants were asked about the usefulness of their clinical experiences as students, there was mixed reaction. Whereas, some participants accepted that the clinical experience were helpful, others were not enthused about the whole experience. Wayo, a participant who acknowledged that the student clinicals were helpful stated that:

*“I saw that once you the student you are willing to work ...you demonstrate confidence in your practice, they would allow you to practice to your satisfaction”.*

Contrary to the above, most participants admitted that the student clinicals were not helpful. Participants were not allowed to perform most nursing procedures, were mostly on

errands and, worked with unsupportive nurses. Serving medication was one procedure the participants felt they should have been allowed to practice. For instance, Nabila lamented that:

*“The clinicals as a student...I can say some were not helpful. When you go to the wards, all the nurse do is by asking you to run errands for them until your shift is over, and as a student nurse you will feel happy...but after school, you come to the ward and realised you cannot perform”.*

Boahemaa also reaffirmed that:

*“When we were having our clinical...we usually perform minor like vital sings, dusting, bed making but we were not introduce to some of the other aspect of nursing like IV medication, intramuscular medication and all that”.*

Other participants asserted that clinical experience was unfavourable and less time was actually spent on the ward. For instance Serwah voiced that:

*“Within a semester we spent like 3 weeks on the ward and even within the 3 weeks, we don't stay on one particular ward. We spend one week at the medical, one week at surgical and the other week at any of the special clinic. We don't get the time to get used to the ward and we you go back and they expect you to know everything especially we the degree nurses...”*

#### **4.6.3 Impact of the National Service**

The period for National Service was experiential and participants learnt a lot during this period. Participants were engaged in the practices they were refrained from getting involved in as students. Thus, their competencies were enhanced during the national service which ensured the development of confidence in the practice of nursing. The expressions below reaffirm the above. Kwame alleged that:

*“National Service was the best time I learned. Because sometimes being a student, they might not allow you do certain things you are willing to do but during the National Service, they now see you as a staff, so they put you on their duty roster and you are allowed to perform all procedures with assistance...”*

Amoatey continued:

*“The issue is that during the clinicals as a student, not everything that you will be allowed to do but through the National Service, you will get the opportunity to enhance your skill and practice every procedure you want. I think it has been very helpful”.*

Bruwa also made this comment:

*“The National Service was very helpful because for that time we used to run the ward as staff nurses...Because they really taught us and when we came out and started work, we realised that it has help us”.*

Participants had their confidence build and improved on their decision making during the National Service period. Edem and Dzifa alluded to the above:

*“The National Service prepared me a lot. I had to run the shift with a colleague service personal due to the low nurses in that hospital. It made me responsible and build my confidence. We took decisions on our own and that actually prepared me for nursing practice” Edem.*

*“I had most of my experiences during National Service because that was where I learnt a lot, because the nurses left most us in the ward for us to do things for them to know that we want to school...we did so well when we were given those challenges...” (Dzifa).*

#### **4.6.4 Reality Shock**

Reality shock was experienced by some participants as they were not adequately prepared for the nursing officer role. The shock experienced by the participants were specifically associated with them being made in-charge of the units. Participants were confronted with lack of managerial skills and difficult subordinates (nurses) especially, the older and experienced nurses. Participants also had

For example Nabila recounted that:

*“I just started work and they told me I am are the leader of the unit...I was not preparing to be the leader of the unit, I thought that I was going to work under someone but I came to meet the leadership so I have to start learning to get that particular leadership skill needed for the unit”*

Wayo also narrated his experience:

*“Hmmmmm...a new graduate nurse being put at the theatre and automatically you are supposed to be the head of that unit. Everybody is expecting high standard of performance from you...I was not expecting that leadership role at that time. It was not easy for me as I was not fully prepared”*

Dzifa also shared similar experience:

*“I don’t start as a normal staff, I started as being an in-charge, so I had to do managerial duties and at the same time improving on my practical skills, so for that I was in a tight corner, and I have to learn things fast and improve on my skills fast and do other things...”*

#### **4.6.5 Lack of Management Skills.**

Participants who were made unit in-charges found management of the unit quite challenging and felt inadequately prepared for the responsibilities and roles of that position. Participants described the experience as stressful. The theoretical nature of leadership and management courses taught at the nursing schools did not give participants enough exposure for practice. Managing the ward, ensuring staff attendance, planning for the day and development of the duty roster were of great concern to them. Leadership and management skills were required of most participants working in the district hospitals since most of them were made unit incharges. Participants expressed frustration for not having the opportunity to work with experienced nurses before assuming leadership roles. This is confirmed in the following quotes by the participants. Boahemaa, incharge of the emergency unit recounted that:

*“Administratively, I think the school don’t do so well with that, they concentrated on the medical-surgical aspect of nursing, and very little on administrative and leadership issues, which is also very paramount when it comes to the rank that you start with after school...especially those of us in the rural areas”.*

Dzifa a unit in-charge at the outpatient department also reaffirmed that:

*“It has to do with the leadership issues. It has not been easy for me because I wasn’t preparing for that. I has been very stressful. Because any time they is a problem on the unit, it is you the head that they will call on...”*

Akosua, unit in-charge at the male ward also acknowledged that:

*“...for the nursing procedures, it was not an issue for me, it wasn’t a big issue for me. What was a bit of a challenge is the management aspect. Managing the ward, making sure people come to work at the right time, deciding the right number of nurses at a particular shift, making the duty roster and all that. That was what created a bit of a challenge for me” (Akosua).*

Contrary to the above, one participant reported she had no challenge being made the unit head due to her previous experiences in leadership position in her school days. She however, acknowledged she was not prepared for the leadership position at that early period of work.

*“I used to take up leadership roles at church, during Senior High School days too...I was an organizer at my church and when I get the university too...woman commissioner at church. It wasn’t a major challenges just that I was not expecting it as in when I just started work...that was my challenge. I didn’t prepare for it in the beginning but then had to accept it that was what happened” (Dzifa).*

From the above comments, participants were expecting to work under experienced nurses for some times before assuming administrative and leadership responsibilities but that was not the case. Participants were also expecting to be provided with leadership training before assigning them to such roles.

#### **4.6.6 Disconnect between theory and practice**

The disconnect between theory and practice is the contrast that exist between the theoretical knowledge of the ideal situation and the actual performance that participants are confronted with at the work place. It was observed during the interview that participants had challenges implementing theories taught in the classroom. Lack of exposure to real world situations whiles in school was the foremost reasons given by the participants. Other reasons

included lack of a demonstration laboratory, few hours spent at the clinicals, not understanding what was taught in school, and the refusal of experienced nurse to allow students perform certain procedures accounted for this. This can be confirmed in the following quotes from the participants: Bruwa also stated that:

*“In terms with what we were taught to do I think there was a gap somehow...the school itself never had a skills lab. So all our experience we gained in the ward during our clinical. You will not know how that procedure is being done because we didn't have the skills lab so we were not taught some of the procedures and I think that affected us much” (Bruwa).*

Edem also stated that:

*“What I would really love to have been taught as a student was how to scrub in the theatre. As a student, we were not allowed to do it on the ward due to the few hours we spend at the ward in school” (Edem).*

One concern reported by the participants was the theoretical nature of the university curriculum. Participants accepted that they were more interested in passing their examinations rather than improving their clinical skills. Participants were therefore theoretically equipped but practically deficient as confirmed in the following quotes. For instance, Nabila stated that:

*“...there are some procedures that I have not done before but such procedures were part of my job descriptions as a nursing officer. The people I am working with are expecting me to know...but I have also not done it before, even though I knew the steps to follow. So in some way, I think my practical was not enough and it did not help me”.*

Boahemaa stated that:

*“...we were taught more of the theory...and when you start work as a nursing officer, you have to do administrative work, you have to draw budget, you have to write memo's and that the school don't teach you how to write memo's and query letters...no body teaches you that while you are in school and it was difficult applying the management theories I learned”.*

Edem also recounted his experience:

*“I remembered the first day I did my case (laughing), it was suturing and I did in front of other staffs, although theoretically I knew everything, but practically I could not do it, my confidence level was really down”.*

## 4.7 Coping Strategies

This theme emerged from the data. Coping strategies are direct or indirect activities that the participants carried out to lessen the challenges they faced at their new environment. Participants are expected to learn and adjust to their new roles within a short time and practice as nursing officers, however, faced many challenges in their new environment, hence adopted coping strategies to help them develop their skills and improve their confidence. This includes the use of the internet, intrinsic motivation, spiritual coping, reliance on the senior nurses and unit heads, use of text book and lecture notes, and the use of diversional therapy.

### 4.7.1 Use of the Internet

Most participants reported they used the internet to access information since it is readily available and contained all the information they needed. Participants also used medical applications to search for health related information when providing nursing care. For instance, Amoatey stated that:

*“I personally like reading, I have a lot of medical apps. It has everything that I need especially all disease condition and their management”.*

Edem also recounted his experience:

*“I usually rely on my android phone to access the internet for nursing procedures, I also use medical apps. I use it anytime I have a problem on the ward.”*

Akorfa acknowledged that:

*“...there are some of the website that from school we used for our assignment...I still rely on them when having challenges”.*

#### 4.7.2 Intrinsic Motivation

Participants expressed joy and self fulfilment despite the numerous challenges they encounter when providing nursing care to their patients. Participants mostly see their practice as a “*calling*” from God to assist the sick. For example Akosua stated that:

*“It all about seeing your patient being well. That is what brings joy knowing that you have done something good. Sometimes patients comes in a very bad state... like unconsciousness, unable to respond to any stimuli and then within a day or two, you see them is stable condition. I feel happy...”*

Edem also adds that:

*“I see the nursing profession as a calling. When I see people suffering and am able to help them, I feel ok. I feel I was brought here to help the patient”*.

Kwame also acknowledged that:

*“I know am doing this work that God that has appointed me to do. I am healing a patient ... so I always want my patient to get well so that at least when they see me, they would acknowledged that this is the nurse who took care of me when I was sick...that is why am better now”*.

#### 4.7.3 Spiritual coping

The belief in God played a huge role in the lives of the new graduate nurses. Participants reported relying on prayers, meditation and seeking the face of God in the performance of their duties. Others expressed their strong faith in God and the fact that He is their source of strength and inspiration for the day since some of the patients might not be “*normal*” human beings. The researcher observed that spirituality was very significant to all the NGNs and they all confirmed that, it was only God that protect and provide them with strength when they have challenges.

For instance, Bruwa reported that:

*“I pray a lot because you are dealing with human beings and you don’t know the type of people you meet, so you have to pray before. I start work with*

*prayers and before I go home too, I pray. I read the Bible and meditate on it to energise me for the day”.*

Kwame also shared his experience:

*“I always pray before and after work...I pray for a successful work because it’s not easy to work on this field. People with Tuberculosis will be coughing on you...this area too, the retro (HIV/AIDS) rate is high, when you get a needle prick. Sometimes too, there might be a fluid somewhere you might not even see but it has come into contact with you, you don’t even know you a cut. So for me, I see that it’s God that protect me”.*

#### **4.7.4 Reliance on Unit heads and senior nurses**

Participants acknowledged the role played by unit heads and senior nurses providing them with information when having challenges with nursing care. This, the participants said helped them in coping with the challenges that confronted them in their new environment. Some of the experienced nurses were not working on the same units with the participants but were found useful as evident in the data as presented in the quotes that follow: Bruwa stated that:

*“Sometimes too I move to the next ward, you might have your senior colleagues over there, who can come around to provide the help you need”.*

Amoatey also narrated his experience:

*“Most often I call on other staffs and senior colleague...especially those who are readily available for help when I have a challenge”.*

#### **4.7.5 Use of Textbooks and Lecture notes**

According to some participants, they relied on textbooks when having challenges. Lecture notes were also found to be a useful source of information for the participants. For instance Akorfa stated that:

*“...the NCLEX questions are there to assist me. I also use the Brunah and Saddath which is very helpful. I easily refer them when I meet a condition I don’t understand”.*

Akosua also has this to say:

*“Sometime I pick the BNF and other nursing books to read through. It assist me get what am looking for”.*

Serwah also stated that:

*“Most of the time I have to go back to my lecture notes. They have been very useful”.*

#### **4.7.6 Engage in Recreational Therapy**

Participants reported they resort to recreational therapy to reduce the stress associated the work. Participants reported playing games like football and draught, while others engage in exercising. Others reported listening to music, sleeping, and rest. Some participant’s hangout with friends. This is confirmed in the following quotes by the participants:

*“I have one or two friends who normally come at home ...then we play games...we eat together just for me to relax from the work stress” (Kwame).*

*“I listen to music, I wine, and by the time I get to the work place, I am in a good mood. I eat well too, I eat a very heavy breakfast before I come” (Boahemaa).*

*“...I like playing draught a lot, and football as well with my friends. So what I do is that I will wake up around six (6am), have about 30 to 45 minutes of football playing time and exercise before going to work” (Wayo).*

#### **4.8: Summary**

In summary, this chapter analyzed twelve interviews conducted on NGNs on their transitional experience within their first year of practice. An interview guide was used to moderate the interviews. The interviews were recorded, transcribed verbatim and the principles of thematic content analysis used to analyze the data.

Five (5) major themes and twenty-nine sub-themes emerged during the analysis. The major themes are: physical experiences, emotional experiences, socio-cultural and

developmental experiences, intellectual experiences and coping strategies. The findings of this study revealed that NGNs experiences numerous challenges during their initial stage of work and transitional shock is a world wide experience which Ghana is inclusive. Physical experiences identified includes, lack of accommodation, financial constraints, lack of resources, heavy and stressful workload. Emotional experiences reported by the NGNs includes poor support from the hospital management, adequate support from the senior nurses and peers. Participants also reported experiencing unprofessional behaviour from other staff, lack of orientation and induction. All participants however reported an improvement in their professional confidence after six (6) months of practice.

The discussion in the next chapter was centered on these narrations.

## CHAPTER FIVE

### DISCUSSION OF THE FINDINGS

#### 5.0 Introduction

The previous chapter look at the analysis of the findings in the study. The study aimed at exploring the transitional experiences of NGNs within their first year of practice after their National Service in the Eastern Region. The main themes were physical experiences, emotional experiences, socio-cultural and developmental experiences, intellectual experiences and coping strategies. This chapter discusses the findings in relation to the literature reviewed.

The socio-demographic data are not discussed because they are not the main focus of the study.

#### 5.1 Socio-demographic characteristics

All the participants were between the ages of 25 to 30 years. This is consistent with the average age of nurses in Ghana which is said to be between 25 to 35 years (GHS annual report, 2014). Most of the participants were females. Nursing in Ghana has been dominated by women over the decade and the finding is consistent with the widely held view that nursing and midwifery are female dominated professions. However, this trend might be changing gradually with many males taking up nursing as a career due to the perceived job opportunity it offers after school.

#### 5.2 Physical experiences of New Graduate Nurses

Decent accommodation and housing plays a vital for the survival of a person and is recognized as a basic human need. Access to accommodation has been a major problems facing many Ghanaian workers. The Bank of Ghana in 2007 estimates the housing deficit in Ghana to be 1.6 million units. One major challenge that confronted participants during their initial stage of work was lack of accommodation. The finding was significant as all participants in this study had this challenge. Ayalew, Kols, Roosmalen, and Stekelenburg (2016) on their

study of the factors affecting turnover intention among nurses in Ethiopia found lack of housing facilities among 78% of NGNs.

Participants had to work for between one (1) months to three (3) months before securing permanent accommodation. Some participants had to commute several kilometers to work on a daily basis resulting in fatigue, lateness to work, and increased cost to the already burdened NGNs whose salaries had not been paid due to delays. Participants said they expected accommodation to be provided on assumption of duty. Working hours was spent by the participants searching for accommodation instead of providing care. This acted as a barrier to smooth transition into professional practice of NGNs. In Ghana, newly posted workers are to look for their own accommodation due to limited government houses. Management of hospitals must secure temporal accommodation for newly posted nurses to minimize the stress that NGNs go through. This will serve as a motivating factor for nurses to accept postings to rural and hard to reach areas in Ghana. The quality of nursing care is affected when newly posted nurses face accommodation challenges. Some participants had to live with colleagues for months before securing permanent accommodation, which was described as embarrassing and loss of privacy.

It was common to find participants working under stressful environments. Most participants had to combine managerial responsibilities with clinical practice. All participants described their workload as heavy and hectic, in addition to the long distance some have to travel to work. Saintsing et al. (2011) contended that NGNs are more likely to make medical errors due to stress and heavy workload. The transition from student into professional practice has been described as stressful (Gorman & McDowell, 2018; Zhang et al., 2017; Parker et al., 2014; Duchscher, 2009).

It is common to find newly posted nurses entrusted to provide care to patient without the supervision of experienced. In Ghana, this phenomenon usually occurs in the rural areas where most health workers refused to be posted to take up position. Majority of the experienced and senior grade of nurses tend to be found in the urban areas. This means nurses had to care for a high number of patients during a shift. This phenomenon serve as an impediment to the smooth transition of new graduates into professional practice.

Some participants had to work for several hours beyond their usual closing time resulting in fatigue, burnout, and poor patient care. Participants reported working for between nine (9) to ten (10) hours a day which is beyond the eight (8) hours allowed for Public Sector Workers in Ghana. This also leads to physical exhaustion and making bad clinical decisions on patient needs. This findings support reports across South Africa that found NGNs skipping meals, increased absenteeism, and decrease in the immune systems due to heavy workload (Ndaba, 2013; Teoh et al., 2012). Similar findings has been reported in the developed countries such as Australia, the United Kingdom, Canada and China where new graduate nurses reported experiencing stress during their initial stage of work. New graduate nurses in Ghana are also made to manage the ward with minimal or no assistance in most cases. In most of the hospitals, there were no emergency units which further compounded the stress level of the participants. Nurses are prone to providing poor quality nursing care when they had to care for several patients. In reducing the stress associated with NGNs, Morrow (2009) suggested work schedules that allowed experienced nurses work with the NGNs for a considerable amount of time.

Again, participants complained about the unfavourable and exhausting nature of the duty roster. The complaints had to do with the number of days participants had to go to work before taking an off day. Going to work for six days before getting a day off was seen as stressful to most participants. Participants in other studies had expressed similar frustrations of

working for several hours (Gorman & Mcdowell., 2018; Philips et al., 2014; Parker et al., 2014, Thomas et al., 2012). It is very paramount for the duty roster to allow for skill mix and integration of new graduate nurses. This allow the new graduates to learn from the experienced ones. This findings is consistent with the findings of Lea et al. (2017) who found that the duty roster of NGNs in rural Australia was unfavourable as participant had to go for four (4) night on before one (1) day off. The workload and expertise of NGNs at a particular time should be considered when planning the duty roster for the ward to reduce the stress associated with the roster. Encouragingly, participant however, stated that the duty roster was done in to ensure skills mix. This enable them work and learn from experienced nurses.

Adequate resources such as human and material are necessary requirement for the smooth running of any hospital. Lack of resources was another experience shared by the participants in this study. Both human and material resources were lacking in most hospitals. With respect to human resources, participants complained of inadequate nurses. In most instance, there was only one or two nurses on duty coupled with the high number of patients. A study by Ndaba (2013) on the lived experiences of NGNs in South Africa identified lack of human resource leading to increased workload, reduced performance, increased fatigue, and exposure to legal action against the nurses. NGNs who are now learning the values and protocol of the institution have to run the unit alone on a number of occasions without the supervision of experienced nurses.

This situation is not surprising in Ghana, despite achieving a middle income status a decade ago, Ghana still has shortage of health workers especially nurses and doctors (GHS, 2014) due to the lack of funds from the central government that is responsible for employment of nurses into public hospitals. Student nurses and nurses on National Service in most cases are used to augment the permanent nurses in most hospitals in rural Ghana. Participants had to work above their abilities due to the unavailability of experienced nurses. Furthermore, a study

by Whitehead and Holmes (2011) confirmed that shortages of experienced nurses contributed to the lack of support given to the NGNs.

Some of the hospitals lacked an emergency unit meaning few nurses had to cater for both in-patient and emergency cases. This phenomenon negatively affect the work output of participants leading to physical exhaustion and ailments. Contrarily one participants felt the number of nurses is fairly adequate but experience staff shortages when nurses embark on annual leave, maternity leave or sick leave.

Inadequate cleaners is another challenge impeding the smooth transition of NGNs. In all the hospitals, participants reported doubling up as orderlies by cleaning the wards themselves or sometimes relying on patients' relatives to do the cleaning. Cleaning the ward is not a nursing duty and should not be encouraged. Participants have to come to work early to clean the ward before attending to patients. Interestingly, participants reported that the hospital management are oblivious to their plight. This phenomenon is demotivating and devaluing the image of nursing. Patients' relatives in most instances have to assume the duties of orderlies. Cleaning the wards should be done by professionally trained orderlies to reduce nosocomial infections.

Additionally, this study found that participants lack basic material resources for working. Inadequate material resources such as equipment and logistics is another concern raised by the NGNs. Clinical thermometers, sphygmomanometer, suction machine, glucometer, pulse oximeter, nebulizing machine, gloves and methylated spirit are unavailable in most units. Some of these equipment in some instances were being shared by two or more units. Participants reported having to go round searching for equipment from other wards even when patients are in critical condition. Lack of material resources result in the delay of providing quality nursing care to patients. Hospitals in Ghana lack basic material resources due

to low budgetary support from the central government and delay payment from National Health Insurance Scheme (NHIS) especially for hospital in rural areas where majority of the client access healthcare with health insurance. This affect the procurement of basic material resources for work.

Participants had difficulty practicing nursing skills learned in school due to lack of equipment and logistics. Other participants had to compromise on the quality of nursing care. Numerous studies conducted in South Africa (Ndaba, 2013; Zonke 2012) and Lesotho (Makhakhe, 2010) found similar results. Participants in these studies complained of the unavailability of essential medications, and dysfunction equipment leading to poor nursing care, deteriorating patient's condition, and poor work satisfaction among the participants. The hospital management in many instances advised the participants to improvise with the limited resources available. The GHS as a matter of concern must address the lack of equipment, consumables, and logistics confronting hospitals in Ghana to help improved on the quality of healthcare delivered and ensure job satisfaction among staff.

Work schedules of the participants affected their personal life and routine social habit. NGNs were not only interested in learning the norms and acclimatizing to their new environment but also managing their personal lives as well. Some participants had challenges with work-life balance. In line with a more recent study, Gorman and Mcdowell (2018), conducted a study on the needs of NGNs within their first two years of practice in an acute care hospital in Cairo, Egypt. Participants stated that they had difficulty adjusting to shift work. The study also found that participants "suffer from a perceived work-life imbalance" (Gorman & Mcdowell, 2018, p.132). The acute nature of the environment might account for the work-life imbalance. In this study, maladjustment is mostly noticed in the relationship of participant who are married, going out with friends, and not having the opportunity to attend certain social functions such as weddings and funerals which are cherished in the Ghanaian society.

Participants also revealed getting exhausted and did spent most off-duty day sleeping. Walker et al. (2013) reported that NGNs are prone to depression and illness due to difficulty adjusting to their new environment. Furthermore, McKenna and French (2009) found adjusting to work schedule mentally, physically, and socially challenging for NGNs. This is therefore vital for nurses to be exposed to the various shift in nursing practices, including holidays and weekends as students. A study by Watt and Pascoe (2013) found NGNs who had their clinical practice in universities with hospital-based found it less difficulty adjusting to their new roles during professional practice.

Financial resources available to NGNs in the initial stage of work assisted them settle down to their new environment as they need to cater for accommodation, transportation, feeding and general upkeep. Financial constraints is another challenge that confronted the participants in this study even though it is not supported by literature. Participants complained about the delay in receiving their salaries even when they are expected to provide nursing care. Payment of accommodation, transportation, utility bills, feeding and other necessities of life is a challenge for all participants. It took an average of six (6) to seven (7) months for the participants to receive their first salary due to delays in processing the needed document by the CAGD. Payment of salaries in Ghana to newly posted staffs in the government sector has been a problem despite the numerous measures put in place over the years. Some reported they had to rely on savings made during their national service, borrowing, and assistance from their family.

Another effect are some participants having to take up part time jobs to be able to fend for themselves. Participants who are married, had to rely on their spouses for financial support. Participants were not happy, still depending on their family for financial support despite working. For quality nursing care, government must put in place measure to ensure early payment of salaries of NGNs. This measures will also ensure newly posted nurses need not

work in private hospitals as it's negatively affect the quality of healthcare provided and lessen the financial burden of families. The hospital should also be able to provide some allowances for the NGNs until they start receiving their salaries.

### **5.3 Emotional Experiences of New Graduate Nurses**

It is a known fact that the amount of support available to NGNs determine how successful the transition becomes. Lack of support can lead to disenchantment among NGNs (Henderson, Ossenberg & Scott, 2015; Parker et al., 2014).

Participants expressed a sense of excitement, fulfilling and accomplishment during their initial stage of work. Participants felt they have become more accountable as professional nurses. Others felt they have achieved their dreams of becoming nurses. The NGNs are happy in the change in their role from student to nursing officers. This findings concur with Kramer (1974) who confirmed that NGNs experience a feelings of happiness, delight, and a sense of pride in their new roles as Registered Nurses. She termed this the honeymoon phase. Zinsmeister and Schafer (2009) described this experiences as a successful transition. This honeymoon phase is short lived among some of the participants in this study.

It is remarkably to note that new graduates felt the change in role comes with responsibilities and accountability. The participants are now conscious and value the nursing care they provide to their client as compared to the student status. Others are excited about the role they play in helping their clients get better. Parker et al. (2014) affirmed the transition period to be a vulnerable time for new nurses as they decided to commit to the profession or leave at this period base on their initial experience.

Conversely, some NGNs had scary, stressful, fearful, and confused experiences in their new roles as nursing officers. Dyess and Sherman (2009) affirmed that fear and discouragement as common occurrence. Some admitted they are overwhelmed by the nature of work and

massive responsibilities assigned to them. The new graduate seemed to experience loss of security and protection of students, and shielded academia; resulting in an increase anxiety and stress. This finding concur with that of Tsotetsi (2012), where participants admitted difficulties during their initial stage of work due to increased workload, lack of support, role confusion, and experience of unprofessional behaviours. Parker et al. (2014) suggested that poor experience during transition can influence NGNs career decision in the profession.

Again, the NGNs described the support from the senior nurses as good and helpful. Participants reported that the senior nurses provided them with all the needed guidance, supervision, and encouragement. This they believe help them to acclimatised to their new environment. Rush et al. (2015) highlighted the important role of senior nurses in assisting NGNs during their initial stage of work which is revealed in this current study. This may be due to the fact that in Ghana, graduate nurses are classified as senior staff and those who are not unit in-charges are deputy unit in-charges in most hospitals which demands for a close working relationship. Therefore it is not surprising that the participants in the current study had a good working relationship and support from the senior nurses many of whom were of the same grade with them. This finding are however incongruent with previous studies that found lack of support from unit nurse managers and senior nurses as they were described as unapproachable, and disrespected the NGNs (Lea et al., 2017; Saghafi & Hillege, 2012). The participants in that study reported that unit heads failed to acknowledge their beginner's status in assigning workload. The authors recommended workshop and stimulated learning activities for unit managers to foster an engagement with the NGNs. This present study found that senior nurses recognized the beginner's status of participants and assigned roles to them base on their experience. Benner (1984), on her theory of "*from novice to expert*", concluded that NGNs needed two (2) to three (3) years to become competent on the job. Support from experienced nurses help the NGNs improve their confidence in nursing practice.

On the contrary, participants reported that the junior nurses are unsupportive and shown aggressive behaviours toward them. This was mostly shown by junior nurses whom the NGNs had taken over from as ward incharges. Junior nurses may assume leadership roles in the absence of senior nurses in Ghana. Participants reported poor communication with the junior nurses, intimidation, and difficult asking for help. Other participants reported tension between them and the junior nurses. Older but junior in grade to the NGNs are also described as unsupportive, refused delegation of duties, and refused taking instructions. Junior nurses got infuriated when corrected by the participants when performing nursing task. In Ghana, most nurses with certificate and diploma and with several years of working experience are still lower in rank to graduate nurses hence receiving lower salaries the NGNs. This may explain the behaviour of the junior nurses. Some junior nurses doubted the competency of the participants with comments like *“he does not know anything”*. This derogatory comments impacted negatively on the confidence and self-esteem of the participants. Few participants, however, reported having supportive junior nurses.

Participants again described the support from their Deputy Director of Nursing Service (DDNS) as tremendous, good, and very inspiring. The support included seeking for accommodation and guidance when having challenges. This may be due to the daily interactions and closeness the heads of nursing services have with the participants. DDNS normally organised frequent meeting nurses which further increased the cordial working relationship. In Ghana, the DDNS plays a motherly role to all nurse who work under them.

Participants in this study espoused divergent views regarding the support from the doctors. Most participants described the doctors as very supportive, accommodative and educative. Due to the low doctors to patient ratio in Ghana, nurses in the district hospital assist doctors in performing medical procedures such as setting intravenous line and blood transfusion. Others serve as assistant surgeons in the theatre. This may account for the

cooperative relationship that exists between doctors and some NGNs in this study. A study by Ankers, Barton and parry (2017) found NGNs narrating positive encounters with doctors where their contributions to the healthcare team was appreciated. This reduced the negative impact of the transition of NGNs.

Conversely, some doctors are described as having bad communication and interpersonal skills, and domineering. Other participants described the doctors as domineering, autocratic, questioned their competency in make clinical decisions concerning patient care, and do not accept advice from the NGNs. Medical dominance has been identified as a barriers in midwifery practice in Australia resulting in professional rivalry and poor communication (Licqurish et al., 2013) and Ghana is not an exception. A study by Thomas et al. (2012) found new nurses struggling with doctors' orders, feared communicating with doctors, and working with unhelpful and abusive doctors. This might reflect the perceived superior categorized relationship between doctors and nurses in Ghana. Doctors are seen by the society as superior to nurses and nurses are just to obey doctors' orders without questioning them. It is however paramount for health worker to work together in harmony. Nurses need to be assertive in decision making. Perhaps the personalities and genetics made up the doctors could account for the behaviours reported by the participants.

Again, the study found support the hospital management was poor. NGNs in the study reported as *very poor, not caring, and very little support* from hospital management. This study found that no strategic plan has been put in place by the hospital management to ensure smooth transition of participants. Participants expected management to provide them with accommodation on assumption of duty and some monetary support until their salaries are paid but this was not done. Participants said management of the hospital are only interested in them working and showed no concern about their welfare. This findings concur with Ebrahimi et al. (2016) that found poor management of the hospital, lack of strategic planning, ineffective

employment policies, and in most cases the “hospitals were often run by people with no expertise in the field of hospital management” (pg.187). Management of hospital should develop a strategic plan for all newly posted staff. This should include provision of temporal accommodation, proper orientation programs, and provision of some allowance for the NGNs until salaries are paid. Nurses should be encouraged to pursue courses in hospital administration since they could best understand the plight of the NGNs.

Furthermore, family support was immense for the participants during their first year of practice. In a well cited study in Ghana on family system, Sarpong (1975), reports of the important role of the family setup in the Ghanaians tradition and the support the family provide to it members in times of bereavement, childbirth, sickness, training, and marriage. In this study, family support is in the form of financial, feeding, prayers, and emotional. It was not therefore surprising that participants attested to the fact that since they were not receiving salaries, they had to depend on their families for their daily upkeep, accommodation, feeding, transportation, and paying utility bills. This findings though not support by literature but is still relevant in the light of this study. This may be due to the value place on the family system in Ghana.

Participants also described the support from peers and friends as excellent and supportive. Participants viewed peers and friends support as a way of releasing stress, battling isolation, sharing experiences, and socialization. Peer and friends also provided emotional support for participants. The findings are in line that of Whitehead et al. (2015) and Parker et al. (2014) that found that support from work peers and colleagues was effective battling isolation, sharing ideas, and formulating actions for use in practice. This friendship might have been built during school days and continued to the work environment.

#### **5.4 Socio-Cultural and Developmental Experiences**

The behaviours exhibited by staff affect greatly the ability of the NGNs to integrate into their new environment. NGNs reported they had to deal with being exposed to unprofessional behaviours and negative nurse attitude from colleague nurses in the form of poor communication, denial of vital information needed to function well. Similarly, a study by Kruse (2011), in South Africa also found that permanent staff exhibit bad attitude, disrespected, and undermined the work of the new graduates because of their youthful age and having less experience.

The reporting of unprofessional behaviour and negative workplace culture is in line with previous studies. Lea et al. (2017) identified that the unprofessional behaviour of senior nurse, ward culture and values, and lack of respect, had major influence on the transition of NGNs. Participants in this study are concerned about the negative attitude of some nurses which negatively affected their smooth transition into professional practice. Enmity towards new graduate nurses demoralized their professional confidence and causes a sense of vulnerability.

In a similar study, Hussein et al. (2016), using a qualitative study of eighteen Iranians NGNs on the barriers to support in the clinical settings, found distrust among the nurses, bad ward atmosphere, and aggression toward the NGNs as impeding factors. This bad attitude prevent the NGNs from seeking support and affect their self-confidence. The NGNs identified the junior nurses especially those with long term of service as exhibiting unprofessional behaviour toward them. The junior nurses seems to exhibit bitterness to the NGNs who had taken over from them as unit head. Some junior nurses were not happy that after working for several years, they are still under this young and inexperienced NGNs.

Comprehensive induction and orientation courses are very critical for NGNs during their transition into professional practice (Teoh et al., 2012). This study found lack of official orientation and induction for participants. The outcomes of this study indicated participants are not orientated to their new environment. There is a sense of not being welcomed into the hospital. Kumaran and Carney (2014) as well as Kelly and McAllister (2013) found out that new graduates experience less stress and have higher job satisfaction when accepted and welcome into the health care team. Induction and orientation process ensure effective socialization, developing trust of new staff (Duteau, 2012; Chung, Wong & Cheung, 2008) and is considered the first part of introducing NGNs to their new environment (Booyens, 2007).

Participants narrated the situation where they do not even know the names of their administrator and medical superintendent. They have to find their own way in the hospital. Participants are only directed to their wards without anyone even accompanying them there. Similarly, Thopola, Kgole and Mamogobo (2013) and Mellor and Greenhill (2014) in their studies of NGNs found lack of orientation and poor orientation where orientation was only conducted when a problem arise. Induction and orientation reduces the stress that NGNs experience during the transition into practice. Hospitals must be encouraged to have a policy on orientation and induction to ensure all newly posted staff are officially welcome to their new environment.

Existing literature indicated that NGNs need time and adequate support to help develop their clinical confidence. (Lea et al., 2017; Philip et al., 2014; Parker et al., 2014). However, some NGNs in this study indicated they are confident in their clinical abilities. This confidence may be due to the critical role of the National Service as NGNs in some hospital in Ghana manage the ward with little or no assistance. Most participants indicated they handle the ward alone during the National Service period. Another reason might be the length of time new graduate nurses stay at home after their National Service resulting in some of them working in

the private hospital. Participants stayed in the house for one (1) to three (3) years before been posted by the GHS or CHAG.

Notwithstanding, the high level of confidence with clinical skills of some NGNs, the majority of the participants are not confident in their clinical abilities, decision making, and skills during the first three (3) months. This may be due to fewer clinical exposure whiles in school, adjusting to their new environment, under-resourced demonstration laboratories, lack of practical sessions, and the non-seriousness of some student nurses during clinical placement. Learning the norms of their institutions, self-protection from unfamiliar diseases, and acclimatizing to their new environment are the initial priorities of the participants. Student nurses must be monitored during clinical placement to help in developing their clinical skills and abilities. This help improves the quality of nursing care. Marks-Maran et al. (2013) suggested constructive feedback as a way of improving on the confidence of NGNs.

Another noteworthy finding in this study is participants' reporting of improvement in their clinical abilities after six (6) months of practice. Participants attributed this improvement to the routine nature of nursing care and the similarity of the disease conditions encountered. In contrast with a previous study where NGNs reported lacking professional confidence during the first year of practice (Ortiz, 2016). Parker et al. (2014) found that confidence grew gradually due to constant practice and understanding of environment culture among NGNs. The findings from this study provided an opportunity to exposed student nurses to more practicals in school. This helps to build the confidence of NGNs as a result of continuous practice.

### 5.5 Intellectual Experiences of New Graduate Nurses

Educational preparation for nursing practice is the formal education that the participants go through in the universities for four years as approved by the National Accreditation Board (NAB) and the Nursing and Midwifery Council (NMC) of Ghana. Graduate nurses in Ghana go through a 4-year educational programme and have to pass a licensing examination organised by the Nursing and Midwifery Council. Student's nurses are expected to attend clinical practice 3 weeks within a semester and 6 weeks during the long vacation. There are diverging opinions about the educational preparation of participants. This finding concurs with that of Ankers, Barton, and Parry (2017) where NGNs reported both positively and negatively their educational preparation for nursing practice. Monaghan (2015) suggested this diverging views are not new.

Some participants expressed satisfaction about their adequate preparation for nursing practice and felt ready for practice as nursing officers with all the requisite competencies. Participants felt their lectures covered every aspect of the curriculum.

Irrespective of the satisfaction expressed by some participants on the adequate educational preparation, most participants felt their educational preparation was inadequate as they lack basic clinical skills. Nurses have unrealistic expectation from the school and the graduate themselves (Duchscher, 2009). Skills such as interpreting laboratory results, passing nasogastric tube, reading an x-ray, and less exposure to specialized nursing areas such as perioperative and critical care nursing were some of the specific issues identified lacking. Some participants were of the view that the objectives of their clinical placement were not achieved due to insufficient time spent on clinical. Nurses in rural hospitals with low doctor to patient ratio are tasked with the responsibilities of reading and interpreting X-rays and make clinical decision before the doctor arrives despite it not being a nursing procedure. It was not surprising NGNs wish their educational preparation would have exposed them to how to read and interpret

an X-ray and laboratory result. This findings has implication for nurses educators and clinicians to expose student nurses how to read X-ray and interprets of basic laboratories whiles in school.

Other participants complained of having to run errands for the ward as the duty for the day and lack of assistance when performing nursing procedures during student clinicals wish have affected their performance as nursing officers. Student nurses should be provided with the needed assistance on clinical attachments. In addition, the use of student nurses for errands on the ward should be discouraged. Goh and Watt (2003) contended that clinical experiences did not exposed students for the realities of being registered nurses. To improve on the clinical competency, and confidence of NGNs, at least 50% of university curriculum should include clinical practice (Dlamini et al., 2014). Student nurses also need to spend at least one month on a particular unit to develop the competency required for that area.

The National Service provide an immediate opportunity for graduate nurses to practice the theories learnt in school and in most cases determine how successful NGNs functions as a nursing officer. All participants reported to have some improvement in their professional confidence and clinical competencies during the National Service since it afforded them the chance to practice nursing they were not allowed to perform as student nurses. Govender et al. (2015) argues that orientation programs such as the National Service are useful for easing the transition into professional practice for NGNs. Such programs also decrease the transition shock NGNs experience. Adequate supervision and guidance should be provided for new graduates during this period. Participants also described the nurses they work with during the National Service period as very supportive and helpful. Ghana must adopt the model in the developed countries where professionally trained preceptors are attached to the hospital to assist NGNs during their National Service.

Furthermore, participants in the study expressed shock when they found themselves in their new roles. Being assigned the unit head, dealing with difficult nurses and having to manage to older and experienced nurses were very challenging to the participants. This shock is prominent among new graduate nurses who become unit incharges immediately they start work. Managing the various unit and improving on their skills is seen as a shock to most NGNs. Some NGNs admitted they were not ready to be unit heads. Participant's account of their initial work experience was interpreted as "*reality shock*" and "*transition shock*" as coined by Kramer (1974) and Duchscher (2009) respectively. Duchscher (2009) described transitional shock as the harsh realities, uncertainties in the clinical areas, and the unfriendly environment that confronts NGNs during their initial stage of work. Transition shock occurs when the new graduate nurse is unable to utilize the knowledge learned in school. Philips et al. (2015) and Park and Jones (2010) recommends induction and orientation, and support as means of minimizing transitional shock and ensure a smooth transition into practice of NGNs. Institutions that employ new graduate nurses must ensure they go through an effective induction and orientation processes, and a gradual introduction to advanced nursing procedures.

Participants are expected to work under senior nurses for a period of time before assuming leadership role. They however, found themselves unit heads with no mentors to learn from. This study found lack of management and leadership skills among the participants. Degree nurses in Ghana who find themselves in district hospitals are made to assume leadership position due the lack of nurses with higher grades. Nurses of higher grade are normally found in the regional and teaching hospitals. Participants had challenges ensuring staffs attendance, planning for the ward needs, conflict resolution, ensuring patient safety, and developing the duty roster. The age difference between the NGNs and the junior nurses, and inferiority complex among the NGNs may deter them from exhibiting their leadership roles. The

Ghanaian culture value respect for the older persons irrespective of the grade or rank in nursing. Hospitals must ensure new graduates are provided with leadership and management before assuming those roles.

Participant are expected to apply the theories studied in the Universities to the ward environment. This high professional values and ideas learnt in school is thwarted in clinical practice among some participants. Setting trays for procedures, passing urethral catheter, and setting Intravenous Line (IV line) was differently taught in school to what the participants met in the practice setting. This is a challenging experience for some new graduates as the skills needed for clinical practice is lacking in most circumstances.

This study further found fewer clinical exposures whiles in school, under-resourced demonstration laboratories, lack of exposure to the realities in the clinical settings, and lack of supervision during clinical placement as accounting for the theory-practice gap. This study concurs with another study in Egypt that found NGNs having difficulty practicing nursing skills learned in school (Gorman & Mcdowell, 2018). The theory-practice gap is described as the mismatch that exists between what is taught in school to the real world experiences (Gorman & Mcdowell, 2018; Ankers, Barton, & Parry, 2017). Nursing students in most universities in Ghana spend three (3) weeks within the semester and six (6) during the long vacation for clinical attachment which is woefully inadequate in the acquisition of the required clinical competency for practice. Student nurses need to be exposed to the realities at the clinical environment in addition to the ideal situation.

The lack of and under-resourced demonstration laboratories in some universities also limit the exposure of nursing student to clinical practice. This result in student nurses not acquiring the practical skills needed for professional practice. This confirms a previous study by Thomas, Allen and Bertram (2012), where participants also reported a difference in what

was taught in school to the reality in practice. The Nursing and Midwifery Council and the National Accreditation Board (NAB) must improve on their monitoring and supervision of nursing schools before granting them accreditation to admit students.

The theory-practice gap continues to generate lively debates in Ghana due to the perceived inability of degree nurses to fit into the current health system, poor quality of nursing care, and lack of professionalism among nurses. This study also highlights the immense expectation of being a degree nurse in Ghana which leads to transition shock when NGNs are not able to meet the expectation of the society. Degree nurses in Ghana are not given the much needed respect due to the perceived lack of clinical competency.

#### **5.6 Coping strategies adopted by new graduate nurses during their transition into practice.**

Coping strategies are direct or indirect activities that the NGNs carried out to deal with the challenges they faced at their new environment. Coping strategies provided the bridge that assist the NGNs into transition. Coping strategies helped the NGNs deal with the challenges that confronts them at their new environment. Coping strategies are adopted by NGNs in managing and regulating their emotional reaction to problems (McAllister & Lowe, 2011; Duchscher, 2009). Participants espoused various coping strategies they resort to when faced with challenges.

Participants in this study identified that peers and friends served as coping strategies. Numerous studies have stressed on the critical role played by peers and friends in assisting new graduates acclimatised to and develop resilience in their new environment (Whitehead et al., 2016; Laschinger et al., 2015; Rush et al., 2012; Cubit & Ryan, 2010). Participants in this study added that colleague nurses and the senior nurses are called upon to assist them when having challenges with nursing care. Some of the peers in most instances are not working in the same

unit or facility but still found useful to the participants. Namira et al. (2017), found that NGNs relied on the support from friends in developing resilience in their work environment.

The belief in God also played a huge role in the lives of most NGNs. Participants found comfort and relief from prayers and reading their bible. All the NGNs in the study are Christians and this reflect the general Ghanaian population comprising of 68.8% Christians (Ghana Statistical Service, 2011). Participants said their faith in God strengthened them in times of adversities and help them cope with challenges when providing nursing care. Religion is borne out of human feeling of inadequate, anxiety, and the fear of unknown (Assimeng, 2010). Participants in this study attributed their source of strength to God. Participants perceived some patients not to be “*normal*” human beings and it was only God who took care of them. Frequent exposure to unfamiliar chronic disease such as HIV/AIDS, Tuberculosis, and the body secretions of patients frightened most participants, hence, have to depend on God to cope the challenges of work. McAllister and Lowe (2011) highlighted that spirituality provide a positive self-concept and renewal of energies of nurses. Jewish nurses apply spiritual belief to infuse in them a sense of optimism and ensure higher job satisfaction (Lazar, 2010) and develop resilience in their new environment (Namira et al., 2017). Faith a spiritual being play an enormous role in the daily lives of Ghanaians. It is therefore not surprising that all participants mention their faith God as a means of coping with the challenges at work.

The used of textbooks, lecture notes and the internet are prevalent among the participants in this study. Participants still found their lecture notes very useful in times of challenges. Zamanzadeh et al. (2014) also found the used of nursing books and journals among Iranian NGNs for coping strategy in the clinical area. The internet also served as a coping strategy for participants. Participants contended it is easy accessing information from their phones with internet. Consistent with this study, Zamanzadeh et al. (2014) and Sewel (2008) found the use of the internet and social media among NGNs. This study also found that most

participants had medical applications on their phones for easy access. There are however, recent concerns from the public of nurses using their phones during working hours to the neglect of the patients in Ghana.

Participants also resort to recreational therapies to reduce the stress associated with work. Common recreational therapies used by the participants includes listening to music, rest, sleep, playing games like football and taking wine. This was also observed by Graham et al. (2016) that NGNs resort to avoiding certain staffs and drinking alcohol as a coping strategy. A study by Graham et al. (2016) found the use of alcohol and avoiding certain staffs as a coping strategy.

## CHAPTER SIX

### SUMMARY, IMPLICATION, LIMITATION, CONCLUSION AND RECOMMENDATIONS

#### 6.0 Introduction

The preceding chapter discussed the findings of the study. This chapter presents the summary of the study, implication for nursing, limitation of the study, conclusion, and suggested recommendation. The implication has been divided into nursing practice, education, research, and management.

#### 6.1 Summary

The transitional experiences of NGNs has been described as stressful by many nurse researchers. Lack of support in the clinical environment and the inability of NGNs to put into practice what is taught in school accounts for the stress experienced by NGNs during their first year of practice.

Several theories and model were considered, such as the transition theory by Schumacher and Meleis (1994), transition theory by Meleis et al. (2000), professional role socialization by Kramer (1974) for the study. However, the Transition Conceptual Framework by Duchscher (2009) was used as an organizing framework to explore the transition experiences of twelve new graduate nurses (degree) within their first year of practice after the National Service in five (5) selected hospitals in the Eastern Region of Ghana. These are Suhum Government hospital, Akuse Government Hospital, Atua Government Hospital, Asesewa Government Hospital, and St. Martins Catholic Hospital. A qualitative exploratory descriptive design was used to explore the experiences of these NGNs.

A purposive sampling method was used to select the participants and data was collected using a semi-structured interview guide. Inclusion criteria included NGNs with degree in nursing and should have worked for more than six (6) month and less than one (1) year. NGNs

who are staff nurses before obtaining a degree in nursing were excluded from the study. Ethical clearance was sought from the Noguchi Memorial Institute for Medical Research (IRB 00001276) and the Ghana Health Service Ethics Review Committee (GHS-ERC:016/12/17) respectively. An introductory letter from the School of Nursing and Midwifery, University of Ghana was sent to the selected hospitals to seek for permission. Informed consent was sought from the participants before data collection. The interviews were conducted between February and March 2018 at the hospitals of the participants. The interviews were audio recorded and transcribed verbatim. The interview lasted between 30 minutes to 50 minutes. Analysis was done using thematic content analysis. Saturation was achieved at the twelfth participant.

The major themes identified are physical experiences, emotional experiences, knowledge experiences, and socio-cultural and developmental experiences. The last theme, the coping strategies adopted by the NGNs emerged after the analysis of data. The result revealed NGNs in Ghana are confronted with several challenges such as lack of accommodation, heavy and stressful workload, and financial difficulties. Lack of resources such as human and material was reported by the participants. Equipment such as clinical thermometer, sphygmomanometer, suction machine, glucometer, pulse oximeter, nebulizing machine are either unavailable or dysfunction in most hospitals thereby, affecting the smooth transition into practice of NGNs.

With respect to support available for the NGNs, participants described the support from the hospital management as abysmal. Expectation such as monetary support, accommodation, orientation and induction were not met. Participants however described senior nurses, nurse managers, family, and friends as very supportive and encouraging.

With regard to educational experiences, participants gave divergent views concerning their educational preparation for nursing practice. National Service was however, reported

helpful to all participants as they were engaged with nursing procedures they were refrained from as student nurses. This improved their confidence. The result further shows that theory-practice gap still exist despite the changes in the curriculum to allow for more practice. Lack of management and practical skills were also revealed in the study. The theoretical nature of the University courses taught and few clinical exposures accounted for this deficiencies among the NGNs.

Finally, NGNs in their attempt to practice at the level of nursing officers, adopted different coping strategies such as the use of the internet, textbook and lecture notes, spiritual coping, and the use of recreation therapy.

## **6.2 Implication for Nursing.**

The findings of this study has implication for nursing practice, research, education, and nursing management and are provided below.

### **6.2.1 Implication for Nursing Practice**

The findings of the study has some implication for nursing practice. For instance, support should be provided for NGNS in their new nursing role by assigning them with experienced nurses. This would help them learn from the experienced nurses as they adjust to their new environment. Again, trained preceptors should be provided by the hospital to assist NGNs during their initial stage of work. Furthermore, a good working relationship between the NGNs and other staff in the hospital environment is necessary to ease the challenges faced by the NGNs.

### **6.2.2 Implication for Nursing Education**

The findings of the current study has implication for nursing education. For example, the findings imply the need for regular curriculum revision to account for more clinicals experiences for student nurses. Student nurses also need to spend more time at the clinical area and supervised by preceptors and experienced nurses to help improved their competency in nursing practice. The findings of the study also bring to the fore the need for collaboration between the universities and the hospitals in the assessment of the performance of degree nurses. Again, reading of various laboratory investigation and X-ray should be part of nursing education. Finally, nursing management and leadership courses should be made more practical oriented.

### **6.2.3 Implication for nursing research**

Future research is needed to look at the supervisory role of the practicing nurses on the NGNs as well as the student nurses. It is important that further studies are conducted on how to ease the challenges faced by all categories of nurses such the certificate and diploma during their transition into practice. Additionally, the finding of the study imply there is the need for quantitative studies so as to make the findings generalized.

Finally, research on the performance of graduate nurses from the perspectives of nurse managers and practicing nurse will help identify the challenges encountered at the clinical settings.

### **6.3 Insight Gained**

Exploring the transitional experiences of new graduate nurses within their first year of practice has been very exciting and challenging. The motivation for this study is the fact that the researcher was also a graduate nurse who experienced some of the challenges the current

NGNs are going through. It was therefore, necessary for me to bracket my experiences during the whole study, even though I could relate to some of the experiences personally.

It was also challenging having access to some NGNs during working hours since they all prefer the interviews to be conducted at their working place and during working hours. Had to spend 6hrs at one hospital in order to get access to one participants due to staff shortages in facilities.

In addition, some participants kept changing the date and time for the interviews thereby, prolonging the duration of the data collection from six (6) weeks to eight (8) weeks.

#### **6.4 Limitation of the study**

Though, the sample size was appropriate for the research design, it is likely that it may not be a true representation of the experiences of all NGNs in Ghana, hence, cannot be generalized. Again, a purposive sampling method was used due to the proximity of the research participants for the investigator to easily interview each person. Again, the study was conducted in district hospitals only. Therefore, findings may not be transferable to regions or tertiary hospitals.

In addition, participants tended to spend a great deal of time discussing a single topic rather than viewing the transition experience from a larger perspective. Because the researchers did not ask direct questions to avoid leading the discussion, the information gained might be limited.

Most participants also focused on the current challenges they are facing rather than sharing their experiences which affected the amount of data collected. The fact that interviews were conducted at the hospitals of the participants was also a limitation. Being a novice researcher needs to be recognized as a limitation.

## 6.5 Conclusion

Numerous studies have been conducted on the transitional experiences of newly qualified nurses in the developed countries but limited data was found in Africa. Research on the experiences of NGNs worldwide has always yielded mixed result. This study set out to find out about the experiences of new graduate nurses (degree) within their first year of practice after their National Service. The study revealed that the transition from the role of students to that of nursing officers to be stressful and scary for the NGNs due to increase workload, unfavourable duty roster, lack of resources , lack of accommodation, and financial constraints. Participants also described the support from hospital management as very poor and the support from the junior nurses as not encouraging. The study however, found the support from the head of nursing service and senior nurses as very encouraging and inspiring.

The findings of the study confirms that transition shock still exists after Kramer's initial work 43 years ago. The transition shock experienced by the NGNs in this study were specifically related to lack of practical skills, been made unit in-charges, and having to manage old and experienced nurses. These findings support the assertion by Ashton (2015) who described the challenges of NGNs as an "international concern".

It is therefore, paramount for nurse managers and nurses to support this new graduates within their first year of practice. Comprehensive orientation and induction need to be organised for the NGNs to assist them acclimatised to their new environment. The challenges facing NGNs at their new work settings should be the concern of all stakeholders in the health sector.

## **6.6 Recommendations**

Based on the findings of the study, the following recommendations were made to regulatory bodies, interest groups, and the management of the hospital.

### **6.6.1 Nursing and Midwifery Council (NMC)**

- Incorporate in the current National Service program a preceptorship program where all new graduate nurse's work under preceptors.
- The curriculum designed by NMC should include at least 50% clinical practice.
- Monitoring and supervision of all nursing training school to ensure all demonstration laboratories are fully equipped with the needed equipment.
- Monitoring and supervision of student's nurses during clinicals must be entered in logbook and be made part of the final assessment of all students' nurses.

### **6.6.2 Ministry of Health/ Ghana Health Service**

Based on the findings, the MoH and GHS should:

- Ensure decent accommodation are provided and attached to all hospitals.
- Ensure the hospitals have needed resources for work (human and material).
- Ensure NGNs work for at least one year under experienced nurses before assuming leadership and management roles.
- Work in collaboration with the Controller and Accountant General Department (CAGD) to ensure NGNs are paid within their first two (2) months of employment.

### **6.6.3 Management of the Hospital**

This study brings to fore the need for adequate support for NGNs to reduce the stress associated with their transition into practice. This can be achieved through the following. The managements of the hospitals should:

- Provide allowance for all newly posted nurses until their salaries are paid.
- Ensure that all new staffs are orientated and inducted before commencing work.
- Ensure that monitoring and supervision be made compulsory to all NGNs, nurses on National Service, and students' nurses during clinicals.
- Ensure that NGNs worked under experienced nurses for at least one year before assuming leadership roles.
- Ensure that there are regular workshops and in-service training for all new posted nurses to make them abreast with the current trends in health care.
- Ensure that unit heads orientate NGNs to their new wards.
- Promote a cordial working relationship among staffs.

#### **6.6.4 The School of Nursing**

The School of Nursing should:

- Develop a mechanism to monitor and follow up on the performance of old students at their workplaces. This would help detect any “gap” in their practice.
- Develop a competency and clinical based curriculum.
- Ensure that student nurses be taught also the “realities” of nursing practice rather than the “ideal” as provided in their curriculum to limit the transitional shock experienced by some NGNs.

#### **6.6.5 Future Research**

- Future research involving NGNs from regional and teaching hospitals where NGNs are likely not to start as unit incharges may be conducted.
- A future quantitative studies of transitional experiences of NGNs in Ghana so as to make the studies generalizable.
- A future study of student's nurses during their clinical practice whiles in school would

help to identify the needs of student's nurses on clinicals.

- Future research on the transitional experiences of new graduate diploma nurses to ascertain if the experiences are the same as the degree nurses.
- Future research on the experiences of graduate midwives (degree) to find out how they make the transition to professional midwifery practice.
- Future study of the perspectives of nurse managers on the performance of degree nurses

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**APPENDIX A: BACKGROUND INFORMATION FORM**

**Section A: Demographic Information**

**Code number** .....

Please fill in the spaces.

1. Gender .....
2. Age .....
3. Year of completion of school.....
4. Duration of work.....
5. Unit working.....
6. Marital status .....
7. Number of children if.....
8. Name of tertiary institution where you completed your studies.  
.....

## APPENDIX B: INTERVIEW GUIDE

### GUIDING QUESTIONS

#### Section B: Physical Experiences of NGNs to Transition

1. Please tell me about the physical challenges you encountered during your first year of practice?

##### Probes –

- Please about any challengers you had with accommodation when you started work?
- Is the nursing staffs adequate for all the shift work?
- Do you have to work beyond your usual closing time?
- How do you see the duty roster! Any advantages or disadvantage to you? Skills mix on a shift?
- Difficult adjusting to shift work?
- Tell me about your workload.
- Any financial difficulties out the hospital that affected/affect you in providing nursing care

2. Tell me about the challenges with respect to resources needed for work?

##### Probes

- Adequate equipment for working
- Adequate logistic needed for working
- Adequate nurse for every shift
- Adequate supportive staffs

3. Any changes in social habits and routines

#### SECTION C: Intellectual or Knowledge Experiences of NGNs

1. Did the educational institution sufficiently prepare you for the transition into practice?

##### Probes-

- Tell me about your preparation for nursing practice.
- How helpful were your lecturers in your preparation for nursing practice?

- How useful were the contribution of the nurses you met on the ward during your clinical period as a student nurses.
- How do think about the clinical you undertook as a student toward becoming a professional nurse?
- Is there anything /topic you feel should have taught is school?
- Did you find any practice incongruence with the theory you were taught in school?
- Where you aware of the roles and responsibilities expected of a graduate nurse before starting work?
- Was you national service period helpful in preparing you as a nursing officer? Any positives and negatives?
- Were the nurses and doctors you worked with during your national service helpful in your transition into a nursing practice?
- Did you have some challenges with nursing procedures/practical during your initial stage of practice?

#### **SECTION D: Emotional Experiences of NGNs**

1. Can you tell me about the support you have/are receiving so far from nurse, doctors, and other health professionals?

Probes

- Senior Nurses,
  - Peers,
  - Junior nurses,
  - Doctors,
  - Hospital management,
  - Head of nursing
  - Friends,
  - Family
  - Supportive staffs
- (2) Is the level of support what you expected?
- (3) Can you comment on the timing of support?
- (4) What types of support would you have liked to/expected to receive?

3. How do you describe your confidence in providing nursing care at the following period?

**Probes**

- 3 months of your initial practice
- 6 months of your initial practice
- 9 months of your initial practice
- Current confidence in providing nursing care

**SECTION E: Socio-developmental or cultural barriers to transition**

(1) How would you describe your relationship with staff members?

**Probes**

- Senior Nurses,
- Junior nurses,
- Doctors,
- Support staffs,
- Other workers

(2) Have you experiences any

- Unprofessional behaviour exhibited toward you.
- Bullying
- Discrimination
- Feel socially isolation
- Attitude shown toward you

(3) Tell me about any challenges that confront you at the work place/home

(4) How are you adjusting to your new environment?

- Home
- Hospital
- Adequate orientation and induction organised for you?

(7) How do you combine you're marital/ relationship with work?

**SECTION F: Coping strategies adopted by new graduate nurses**

- How do you handle these challenges that confront you during work?
- Tell me your sources of information when having challenges/ in providing nursing care?
- Tell me about the coping strategies you relied on within your first year of practice.

## APPENDIX C: CONSENT FORM

### APPENDIX D: CONSENT FORM

**Research topic: Transitional experiences of new graduate nurses (degree) within their first year of practice: A study in the Eastern Region.**

**Victor Kpatsi Kwame (Researcher)**

**C/O School of Nursing and midwifery,**

**University of Ghana,**

**P. O. Box LG43 Legon**

**Mobile: 0243755522/0264837087**

**Email: victorkpatsi@yahoo.com**

#### **General Information about Research**

This study seek to investigate the transitional experiences of new graduate nurses within their first year of practice. The study would look at the challenges face by new graduate in the provision of quality health care. The study would also identify the needs of new graduate nurses during the process of moving from the role of student nurses to registered nurses. To achieve the objectives of this study, I will like to interview you because you are a new graduate nurses within your first year of practice after your national service. With your permission, the interview would be tape-recorded lasting for 45 minutes to 1 hour.

If you agree to participate, you will be required to sign this form, and an interview conducted. To ensure participant confidentiality and privacy, the interview would be conducted by the researcher alone. Participant name would not appear on the transcript and no identifying information would be included. The audiotapes would be kept in a locked cabinet for at least five years after study.

#### **Possible Risks and Discomforts**

This study is a minimal risk study. Your participation in the study is voluntary, and you are free to withdraw from the study at any point in the course of the study by just telling the researcher. However, if during the interview you become emotional as a result, the researcher will direct you to the specialist counsellor for support at no cost to you.



1 \*

**Possible benefits**

There are no direct financial benefits to you as a participant since the study is self-funded by the researcher. However, it is hoped that the findings from this research would benefit the nursing profession in helping new graduate nurses in their transition to practice.

**Confidentiality**

Confidentiality is essential; the researcher will safeguard participant's identities and responses from public disclosure. Confidentiality would be maintained by doing; No identifiable information about you will be collected during the interview. All identifiable information about you such as your name and signature on the consent form will be de-identified, labelled with a protected number and kept under lock and key for **up to five years after the study**. Only the researcher and his supervisors will have access to this information, your consent thus authorizes such access as and when necessary. The recorded interview would be stored and key in my secure cupboard at home.

**Compensation**

You will not be compensated for participating in this study. However, you will be given a soft drink after the interview.

**Voluntary Participation and Right to Leave the Research**

Your participation in this study is entirely voluntary. You have a right to withdraw from the study at any time during the interview process. You have the right to refuse to answer any question which you may feel uncomfortable about. Withdrawing from this study at any time will not adversely affect you personally or your job as a nurse.



**Contacts for Additional Information**

If you need more clarification about this research or in case of any unforeseen mishap during your participation, you can contact my supervisor as follows:

**Adelaide Maria Ansah-Ofei (Supervisor)**

School of Nursing and Midwifery,

University of Ghana, Legon.

**Mobile: 0244653065 /02 04653065**

Email: [adelaideofei@yahoo.com](mailto:adelaideofei@yahoo.com)/[adelaideofei@gmail.com](mailto:adelaideofei@gmail.com)

**Your rights as a Participant**

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email addresses: [nirb@noguchi.ug.edu.gh](mailto:nirb@noguchi.ug.edu.gh)



**VOLUNTEER AGREEMENT**

The above document describing the benefits, risks and procedures for the research title "Transitional experiences of new graduate nurses (Degree) within their first year of practice: A study in the Eastern Region" has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and signature or mark of volunteer

**If volunteers cannot read the form themselves, a witness must sign here:**

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and signature of witness



4

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Signature of Person Who Obtained Consent



5

**APPENDIX D: INTRODUCTORY LETTER FOR SITE APPROVAL**



**UNIVERSITY OF GHANA**  
**SCHOOL OF NURSING**

SONM/F.11

December 19, 2017

Ref. No.: .....

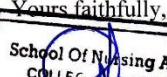
**TO WHOM IT MAY CONCERN**

I write to introduce to you Kpatsi Victor Kwame, M.Phil second Year student of the School of Nursing, University of Ghana, Legon. As part of the M.Phil programme, he is conducting a research on **“Transitional Experiences of New Graduate Nurses (degree) within their First Year of Practice: A study in the Eastern Region.”** Your outfit has been chosen as his data collection outlet.

I would be grateful if you could kindly offer him the necessary assistance needed to enable him collect data for his thesis.

Thank you.

Yours faithfully,

  
School Of Nursing And M.  
COLLEGE OF HEALTH SCIENCES  
UNIVERSITY OF GHANA  
Dr. Adelaide M. Ansa Ofei  
SUPERVISOR

**COLLEGE OF HEALTH SCIENCES**

P.O. Box LG 43, Legon, Accra, Ghana.

• Tel: +233 (0) 302 513 250 / 0289 531 213

• Email: [son@chs.ug.edu.gh](mailto:son@chs.ug.edu.gh)

• Website: [www.nursing.ug.edu.gh](http://www.nursing.ug.edu.gh)

**APPENDIX E: DEPARTMENTAL APPROVAL LETTER**



**UNIVERSITY OF GHANA**  
**SCHOOL OF NURSING**

SONM/A.12

October 11, 2017

Ref. No.: .....

The Chairman  
NMIMR - IRB  
P.O. Box LG 581  
Univ. of Ghana  
Legon.

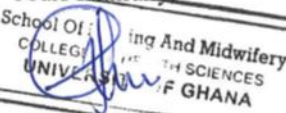
Dear Sir/Madam,

DEPARTMENTAL APPROVAL LETTER

This is to introduce to you Kpatsi Victor Kwame, an MPhil second year student of the above School and to inform the Institutional Review Board of the approval of the thesis topic: **“Transitional Experiences of New Graduate Nurses (degree) within their First Year of Practice: A study in the Eastern Region”** by the department of Research, Education and Administration.

Counting on your usual co-operation.

Thank you.

Yours faithfully,  
  
School Of Nursing And Midwifery  
COLLEGE OF HEALTH SCIENCES  
UNIVERSITY OF GHANA

Dr. Adelaide M. Aducci  
SUPERVISOR

COLLEGE OF HEALTH SCIENCES

P. O. Box LG 43, Legon, Accra, Ghana.

• Tel: +233 (0) 302 513 250 / 0289 531 213

• Email: [son@chs.ug.edu.gh](mailto:son@chs.ug.edu.gh)

• Website: [www.nursing.ug.edu.gh](http://www.nursing.ug.edu.gh)

APPENDIX F: ETHICAL APPROVAL LETTER FROM GHANA HEALTH SERVICE

**GHANA HEALTH SERVICE ETHICS REVIEW COMMITTEE**

*In case of reply the number and date of this Letter should be quoted.*



Research & Development Division  
Ghana Health Service  
P. O. Box MB 190  
Accra  
Tel: +233-302-681109  
Fax + 233-302-685424  
Email: [ghserc@gmail.com](mailto:ghserc@gmail.com)  
14<sup>th</sup> February, 2018

MyRef. GHS/RDD/ERC/Admin/App/886  
Your Ref. No.

Victor Kwame Kpatsi  
University of Ghana  
School of Nursing and Midwifery  
Legon, Accra

The Ghana Health Service Ethics Review Committee has reviewed and given approval for the implementation of your Study Protocol.

|                  |   |
|------------------|---|
| GHS-ERC Number   | <b>GHS-ERC: 016/12/17</b>   |
| Project Title    | Transitional Experiences of New Graduate Nurses (Degree) within their First Year of Practice: A Study in the Eastern Region |
| Approval Date    | 5 <sup>th</sup> February, 2018  |
| Expiry Date      | 4 <sup>th</sup> February, 2019  |
| GHS-ERC Decision | <b>Approved</b>   |

**This approval requires the following from the Principal Investigator**

- Submission of yearly progress report of the study to the Ethics Review Committee (ERC)
- Renewal of ethical approval if the study lasts for more than 12 months,
- Reporting of all serious adverse events related to this study to the ERC within three days verbally and seven days in writing.
- Submission of a final report **after completion** of the study
- Informing ERC if study cannot be implemented or is discontinued and reasons why
- Informing the ERC and your sponsor (where applicable) before any publication of the research findings.

Please note that any modification of the study without ERC approval of the amendment is invalid.

The ERC may observe or cause to be observed procedures and records of the study during and after implementation.

Kindly quote the protocol identification number in all future correspondence in relation to this approved protocol

SIGNED.....  
DR. CYNTHIA BANNERMAN  
(GHS-ERC CHAIRPERSON)

Cc: The Director, Research & Development Division, Ghana Health Service, Accra

**APPENDIX G: ETHICAL APPROVAL LETTER FROM IRB**

**NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH**  
*Established 1979* **A Constituent of the College of Health Sciences**  
**University of Ghana**

Phone: +233-302-916438 (Direct)  
+233-289-522574  
Fax: +233-302-502182/513202  
E-mail: [nirb@noguchi.ug.edu.gh](mailto:nirb@noguchi.ug.edu.gh)  
Telex No: 2556 UGL GH

**INSTITUTIONAL REVIEW BOARD**



Post Office Box LG 581  
Legon, Accra  
Ghana

My Ref. No: DF.22  
Your Ref. No:

13<sup>th</sup> November, 2017

**ETHICAL CLEARANCE**

**FEDERALWIDE ASSURANCE FWA 00001824**

**IRB 00001276**

**NMIMR-IRB CPN 026/17-18**

**IORG 0000908**

On 13<sup>th</sup> November, 2017, the Noguchi Memorial Institute for Medical Research (NMIMR) Institutional Review Board (IRB) at a full board meeting reviewed and approved your protocol titled:

**TITLE OF PROTOCOL** : **Transitional experiences of new graduate nurses (degree) Within their first year of practice: A study in the Eastern Region**

**PRINCIPAL INVESTIGATOR** : **Kpatsi Victor Kwame M.Phil Cand.**

Please note that a final review report must be submitted to the Board at the completion of the study. Your research records may be audited at any time during or after the implementation.

Any modification of this research project must be submitted to the IRB for review and approval prior to implementation.

Please report all serious adverse events related to this study to NMIMR-IRB within seven days verbally and fourteen days in writing.

This certificate is valid till 12<sup>th</sup> November, 2018. You are to submit annual reports for continuing review.

Signature of Chair: .....

Mrs. Chris Dadzie  
(NMIMR – IRB, Chair)