

Research Article

New Graduate Nurses Transition: Role of Lack of Experience and Knowledge as Challenging Factors

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Abstract

Background: Insufficient experience and practical knowledge makes challenges in addressing health-care practice-related issues. Being a professional nurse after completing your nursing studies is a challenging time. Most frequently, the quantity of patients with severe illnesses and co-morbidities, the lack of mentorship, performance anxiety, communication issues, and the blame/complaint culture are blamed for the difficulties faced by inexperienced nurses. The study aimed to identify the challenges and the associated factors which limit the knowledge acquisition of new nurse graduates in Oman. **Methodology:** Using a cross-sectional study design, 104 people were selected as a sample from Ibri Hospital. We have adopted convenience and snowball sampling methods to reach out to the participants. The data was collected between June, 2022, to September, 2022. Data from nurses was gathered by a primary survey approach utilizing a closed-ended questionnaire. The statistical analysis was carried out using IBM SPSS (Statistical Tool for Social Sciences) version 20.0. **Results:** Nursing professionals face a number of obstacles, including role expectations, lack of confidence, workload, fear, and orientation concerns. In addition, variables including the physical environment, responsibility, support, and professional development contribute to their dissatisfaction. It is rare for newly graduated nurses to be assigned to cases where they lack the confidence to handle clinical cases. The study also found positive relationship between preceptor support and leadership/communication, organizing and prioritizing, professional satisfaction, and work satisfaction. **Conclusion:** The study came to the conclusion that the main problem facing nurses in the healthcare setting is transition. During their transitional time, newly graduated nurses face a variety of obstacles related to job expectations, confidence, workload, orientation, and concerns. To overcome these obstacles, nursing administrators and preceptors must come up with and apply important solutions. As a result, the current study suggests that transitional support initiatives are helpful in assisting recently graduated nurses. Also, hospital orientation programs are necessary to adapt to the changing demands of new nurses in a constantly evolving healthcare setting.

Keywords

Work Environment, Transitional Period, Professional Satisfaction

1. Introduction

The health workforce (HW) is an essential component of the healthcare system, while achieving sustainable development goals requires significant investment in the HW [1]. The

health system could not operate without the HW, who must understand that increasing the availability, accessibility, acceptance, and quality of health services is a prerequisite to

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Received: 7 February 2024; **Accepted:** 28 February 2024; **Published:** 13 March 2024



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achieving the highest possible level of health and coverage. Every country's ability to achieve universal health coverage would depend on a number of factors, including the density of its workforce, the caliber of its training and education, the caliber of the healthcare it offers, and the level of support it receives from the community [2, 3]. This is consistent with the World Health Organization's (WHO) "global strategy on human resources for health workforce 2030" report. This report emphasized the importance of funding the HW for advancing social and economic progression as well as public health [4]. A vital component of every healthcare organization in the world are nurses [5]. When newly graduated nurses enter this increasingly complex health care environment, they still need to have enough learning experiences to meet the standards for such demanding practice, even though frequent changes in the health care environment require nurses to have an updated level of knowledge. Its importance is demonstrated by the rising incidence of chronic illnesses, extended hospital stays, and hospital admissions for acute illnesses [6]. Education, experience, and personal factors, which include general career expectations, economics, and parental relationships, contribute to acclimatize new graduate nurses' ability to professional practice. [7].

According to several studies, lack of exposure to real health care learning setting has resulted in higher dropout rates among graduates nursing [8, 9]. This is because they face difficulties when moving from an academic environment to a real-world delivery environment [10].

According to Potgieter [11], the low level of knowledge among graduate nurses can be attributed to several factors, including a higher patient-to-staff ratio, a dearth of healthcare facilities, and a shortage of nurse educators. One study conducted by Alsaqri [12] also stated that the anxiety and stress can be reduced with the increasing the level of support, which improves their confidence and enhances their learning ability. In addition, Ebrahimi et al. [13] highlight that an appropriate clinical environment and communication can combat anxiety and stress. Moreover, Kehrhahn [7] stresses the importance of orientation as an effective process that helps new graduate nurses to quickly become exposed to the culture and the protocols followed at the hospital. Additionally, it has been notified that the empowerment of new graduate nurses is important as their knowledge allows them to enter the program [14]. This also contributes to the idea of smoothly integrating newly appointed nurses, especially those medical professionals who are foreign-born, by reducing reality shock and increasing empowerment, which further contributes positively to higher retention and better job satisfaction.

One study conducted by Olson Sitki et al. [15] has stated the impact of the structured orientation program on the new graduate nurses in terms of their skill and commitment assisting in overcoming the knowledge gap. Beside, results of study performed by Lamadah and Sayed [16], stated that a lack of clinical assistance caused some recently graduated nurses to struggle to adjust to such circumstances.

Another study by Baker OG. [17] has found that issues faced in the transition period by the nurses like role expectations (25.5%), lack of confidence (31.9%), workload (53.2%), fear (24.5%), and orientation issues (16%). These results were also supported by the achieved P value (<0.05). The nurses, in this study, suggested that they feel more supported or integrated into the unit if they are provided with improved orientation (40%), increased support (50.5%), unit socialization (33.7%), and improved work environment (34.7%). These results were also found to have significant importance of the P value (<0.05). The nurses stated that peer support (61.1%), patients and families (42.1%), ongoing learning (18.9%), professional nursing role (32.6%), and positive work environment (34.7%) improved their satisfaction toward their work in the working environment. On the other hand, factors such as nursing work environment (33.7%), system (58.7%), interpersonal relationship (31.5%), and orientation (12%) were seen as providing the least satisfaction in their working environment. These results were also found to have significant importance of the P value (<0.05). On the other hand, relationship between different factors of Casey Fink Graduate Nurse Experience Survey (NLRN) shows that there was no significant relationship between support, patient safety, communication/leadership, professional satisfaction, and job satisfaction on number of preceptors ($P > 0.05$). Similarly, another study by Yazdannik et al. [18] indicated that nurses face these challenges once they enter the actual health-care environment. This includes inadequate practice of knowledge which serves as a source of stress and anxiety among the new graduate nurses. [19, 20].

A previous study was conducted by AAI [20] also highlighted the challenges that include insufficient knowledge of nurses, the gap in theory and practice, contradictory objective in relation to education and expectations as well as sub-standard feedback and supervision.

In addition, according to the results of study by Joseph HB, Issac A et al. [21], participants felt more support is essential by (65%), while they highlighted other areas including unit socialization (54%), improved orientation (52%) and work environment (51%). This study also indicated that the most satisfying (factor) was peer support (63%), while (44%) of them selected patients and families, (41%) of them selected professional nursing role and (37%) opted positive work environment. In the same study, it was stated that among the least gratifying factors, (84%) of the participants selected system, (51%) regarded nursing work environment, (64%) deemed interpersonal relationships and (8%) chose orientation. Also, a statistically significant positive relationship was found between preceptor's support and organizing and prioritizing factor, communication/leadership, professional satisfaction, and job satisfaction. Moreover, a significant positive relationship was observed between organizing and prioritizing factors and communication/leadership, and professional satisfaction. On the other hand, a statistically significant negative relationship was observed between organizing and prioritizing factors with job satisfac-

tion. Beside, a significant positive relationship was observed between communication/leadership and professional satisfaction. one study conducted by Fwaris, F., Ammar, K et al. [22], which focused on the relationships between nurse experience and their perception and professional satisfaction, indicated significant negative relationships between nurse experience and their perception of support factors ($P=.048$), and professional Satisfaction factor ($P=.01$).

Omani nurses comprise 24.5% of the total workforce working in different hospitals under Ministry of Health. Also, the Omanization rate among nurse is 62%. However, at AL-Dhahira governorate health care system, the Omanization rate among nurse is 74% [23].

Considering the points and the fact that no study has been performed at Ibri Hospital, Sultanate of Oman, the study aims to identify the challenges and the associated factors which limit the knowledge acquisition of new nurse graduates in Oman. Thus, it is presumed that the results of the study will assist in understanding the challenges that were faced at the initial stages by fresh nurses. Furthermore, it will also assist in devising improved programs for making the student to staff transition easy and successful. The research questions addressed in this study are as follows:

1. What are the challenges and associated factors that limit the knowledge and experience acquisition of the new graduate nurses in Oman?
2. How could student and staff interaction be made easy and successful?

2. Materials and Methods

According to the human resources data from Ibri Hospital, the total population of new nursing graduates as of June 2023, was 140 [24]. Our approach to contacting the participants was based on convenience and snowball sampling techniques. Utilizing Solvin's formula [$n = N / (1 + Ne^2)$], the sample size was determined. Here, "N" stands for the estimated population of newly graduated nurses from all six public hospitals at the tertiary level, "e" for the margin of error (0.05), and "n" for the sample size. Following an addition of 10% attrition, the study's total sample size was 104. A personal and online survey was conducted involving the new nursing graduates working in Ibri Hospital, level regional hospital located in AL-Dhahira Governorate of Oman, using a cross-sectional research design. The data was collected between June, 2023, to September, 2023. The online survey was carried out by making use of Google Forms that targeted the new nursing graduates by dispatching the survey on social media platforms (e.g., WhatsApp). In order to prevent selection bias, the survey was conducted confidentially and did not collect any identity-related data. As to Strengthening the Reporting of Observational Studies in Epidemiology (STROBE), standards were adhered to in the reporting of this study [25].

The study participants who graduated from recognized nursing universities and colleges and presently working in Ibri

Hospital and those nursing graduates who were having between six months and less than two years of clinical nursing experience from both the genders were enrolled into the study. The new nursing graduates who didn't match the inclusion criteria, those who declined to participate, and incomplete responses were excluded from the study, and finally 104 participants were included in the study. Less than two years of practical nursing experience is the longest period of time that new nursing graduates need to acquaint themselves with the workplace and procedures according to Dr. Patricia Benner's phases of clinical competence, which is why these individuals were selected [26, 27]. The Casey-Fink Graduate Nurse Experience Survey—Revised is a frequently utilized instrument for examining the effectiveness of programs connected to nursing. Fourteen questions made up the tool's five sections: demographic information; transitional challenges; job satisfaction; skills and procedures that the newly graduated nurse is uncomfortable performing alone; and transitional experience. The instruments provide the examination of data regarding the experiences of recently graduated nurses during their transitional phase. The internal consistency of the tool was $\alpha = 0.78$. The tool had an internal consistency of $\alpha = 0.78$ [28, 29]. There are five sections that make up the revised Casey-Fink Graduate Nurse Experience Survey: skills and procedures that the newly graduated nurse feels uneasy performing on their own are evaluated through three open-ended questions with responses selected from a drop-down list; transitional challenges with 25 items, each of which has a response option. The first 24 items use a four-point Likert rating scale, with respondents asked to select one of the following four options: "Strongly disagree, disagree, agree, strongly agree" that have a 1 to 4 or 4 to 1 score for things with a negative score. The only participants asked to react to item number 25 in which they must select "yes" or "no" to a series of stressors—are those who select "agree" or "strongly agree" in response to item number 24. The job satisfaction questionnaire consists of nine items that rate job satisfaction on a five-point Likert scale; the transitional experience questionnaire consists of four multiple-choice questions that ask participants to select the response that best describes their transition experience; an open-ended question asks participants about their concerns and remarks regarding the residency program; and the demographic information section, which consists of fifteen items meant to evaluate [28].

Ethical approval was obtained from the Research and Studies Committee, in the Ministry of Health, for performing the study. Participation was voluntary and all respondents had the right to refuse or withdraw from the study at any time without any consequences. For the data analysis, the study used the IBM SPSS Statistics for Windows, Version 20.0 (IBM SPSS, V 20.0, 2011, Armonk, NY: IBM Corp., United State of America) software. Initially, the items of the questionnaire were analyzed by descriptive and inferential statistics. Frequency, percentage, mean, and standard deviation were used in the descriptive statistical analysis. Additionally,

inferential statistics was applied through Chi-square test for determining the impact of lack of experience and knowledge as challenging factors in a health-care setting. Also, linear regression analysis was used to assess the relationship between the number of preceptors and NLRN factors. Moreover, the normalcy of the data was checked and since the data was not following normal distribution, Spearman's correlation test was used to identify the correlation between preceptor's support and Casey-Fink dimensions. Also, Spearman's correlation test was used to identify the correlation, between Nurse Experiences and Nurse Satisfaction / Nurse Perception was tested by correlation test. The significance value was determined at 0.05.

3. Results

A total of 104 new graduate nurses completed the survey. The demographic features of the study participants are represented in Table 1.

The participants age ranged from 23-28 years with a mean age of 25.63 years. Among the participants, majority 85 (81.7 %) of them were females and 19 (18.3 %) were male. Nearly all, 103 (99%), of the participants had a bachelor of science in nursing. In addition, most of the participants (58.7 %) had one preceptor during their orientation program, majority 65 (62.5 %) of them had less than one year of experience and 31 (29.8 %) of them got ≥ 8 weeks of unit orientation.

With regard to the participants who have responded agree or strongly agree to question related to experiencing stress among nursing graduate's personal life, 54 (53%) of them had stress. This was linked and attributed to the job performance (62.3 %), child care (34.8 %), living situation (31.9 %), personal relationships (18.8 %), finances (13%), and student loans (7.2%). Percentage distribution of causes of experiencing stress among nursing graduate's personal life are represented in Figure 1.

Table 1. Demographic profile of the nurses.

Variable	No. (%)	
Age (mean \pm SD)	25.63 \pm 1.63	
Gender	Male	19 (18.3)
	Female	85 (81.7)
Highest qualification obtained	BSN	103 (99)
	Diploma	1 (1)
The time period of unit orientation	Still ongoing	24 (23.1)
	≤ 8 weeks	31 (29.8)
	9 – 12 weeks	13 (12.5)
	13–16 weeks	2 (1.9)
	17 - 23 weeks	7 (6.7)
	≥ 24 weeks	27 (26)
Number of preceptor's during orientation	1	61 (58.7)
	2	24 (23.1)
	≥ 3	19 (18.3)
Experience (mon)	0-6	47 (45.2)
	7-12	14 (13.5)
	13-18	13 (12.5)
	19-24	30 (28.8)

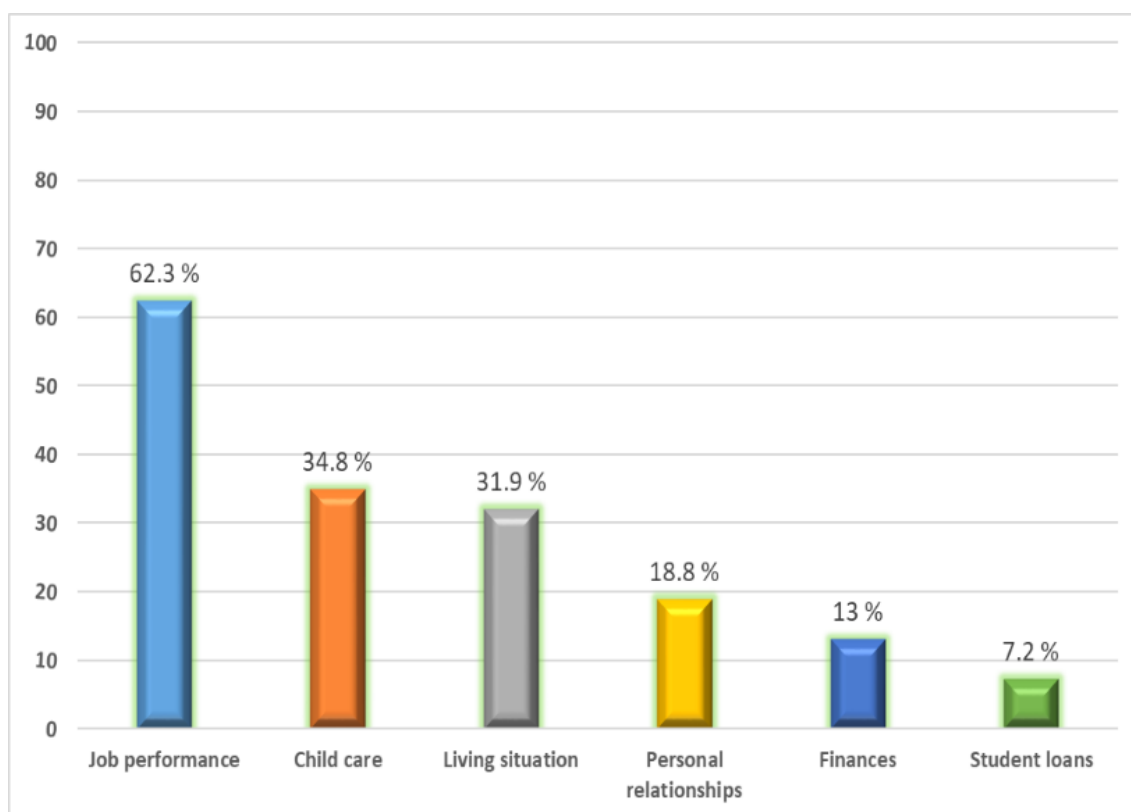


Figure 1. Percentage distribution of causes of experiencing stress among nursing graduate's personal life.

The distribution of factors related to the difficulties experienced was related to the transition of nurses from students to professional health workers. Chi square was used to calculate issues faced in the transition period. The challenges faced by

these individuals included role expectations (56.7%), lack of confidence (19.2%), workload (58.7%), fear (65.4%), and orientation issues (27.9%). These results were supported by the achieved P value (<0.05) [Table 2].

Table 2. Issues faces in the transition period by the nurses (n=104).

Transition issues	No (multiple responses)	Transition issues (%)	P-Value
Difficulties faced in the transition of student to the RN* role?			
Expectations	59	56.7	0.030
Confidence	20	19.2	0.041
Work amount	61	58.7	0.042
Fears	68	65.4	0.051
Orientation issues	29	27.9	0.039

*RN: Registered nurse

Support factors have been calculated using Chi square. The nurses suggested that they feel more supported or integrated into the unit if they are provided with improved orientation (37.5%), increased support (51.9%), unit socialization

(37.5%), and improved work environment (61.5%). This indicates that orientation programs and supportive interventions should be implemented. These results were supported by the achieved P value (<0.05) [Table 3].

Table 3. Support factors among the nurses.

Factors	No (multiple responses)	Transition issues (%)	P-Value
What can be added to provide support or become part of the unit?			
Orientation improvement	39	37.5	0.042
Support level increase	54	51.9	0.041
Socialization in the unit	39	37.5	0.043
Work environment improvements	64	61.5	0.015

Satisfying and unsatisfying factors among nurses have been calculated using Chi square. The nurses reported that peer support (54.8%), patients and families (46.2%), ongoing learning (46.2%), professional nursing role (43.3%), and positive work environment (40.4%) enhanced their satisfaction toward their work in the working environment. On the

contrary, the factors such as nursing work environment (51%), system (54.8%), interpersonal relationship (33.7%), and orientation (19.2%) were expressed as the factors that provided the least satisfaction in their working environment. These results were supported for the factors which achieved P value (<0.05). [Table 4].

Table 4. Satisfying and unsatisfying factors among the nurses.

Factors	No (multiple responses)	Transition issues (%)	P-Value
What parts of the work environment do you consider the most satisfying?			
Support by peers	57	54.8	0.047
Patient and families	48	46.2	0.043
Ongoing learning	48	46.2	0.164
Professional nursing role	45	43.3	0.032
Positive work environment	42	40.4	0.924
What parts of the work environment do you consider to be the least satisfying? (n=)			
Work environment of nursing	53	51	0.308
System	57	54.8	0.028
Interpersonal relationship	35	33.7	0.045
Orientation	20	19.2	0.014

The Correlation between different factors of Casey-Fink Graduate Nurse Experience Survey are represented in Table 5. A statistically significant positive relationship was found between preceptor's support and communication/leadership ($P = 0.000$), professional satisfaction ($P = 0.000$), and job satisfaction ($P = 0.00$). Moreover, a significant positive rela-

tionship was observed between communication/leadership and professional satisfaction ($P = 0.000$), and job satisfaction ($P = 0.003$). In addition, a significant positive relationship was observed between job satisfaction and professional satisfaction ($P = 0.003$).

Table 5. Correlation between different factors of Casey -Fink Graduate Nurse Experience Survey (n=104).

Correlations	Communication/Leadership	Professional satisfaction	Job satisfaction
Preceptor's support			
Correlation Coefficient	0.658	0.568	0.381
P value	0.000*	0.000*	0.000*
Communication/Leadership			
Correlation Coefficient	-	0.524	0.285
P value	-	0.000*	0.003*
Professional Satisfaction			
Correlation Coefficient	-	-	0.214
P value	-	-	0.029*

*Statistically significant, a Spearman's rho test was used

Regression analysis was used to assess the relationship between the number of preceptors and NLRN factors [Table 6]. The findings showed that there was no significant relationship between support, patient safety, communication/leadership, professional satisfaction, and job satisfaction on number of preceptors ($P > 0.05$).

Table 6. Relationship between different factors of Casey -Fink Graduate Nurse Experience Survey and number of Preceptors.

Independent variables	Regression coefficient	T	P
Professional Satisfaction	0.044	0.233	0.817
Communication /Leadership	0.213	0.811	0.419
Stress	0.063	0.160	0.873
Patient Safety	0.096	0.391	0.697
Support	-0.020	-0.850	0.398

Table 7 presents the relationship between nurse experience and their perception and their satisfaction. The results indicated no significant relationships between nurse experience and their satisfaction ($r = -0.069$, $P = 0.489$). Also, the relationship between nurse experience and their perception was not significant ($P > 0.05$).

Table 7. Relationship between Nurse Experiences and Nurse Satisfaction / Nurse Perception.

	Variable	Nurse Experiences	
Nurse Satisfaction	Job satisfaction	Pearson Correlation	-0.069
		Sig. (2-tailed)	0.489
	Support factors	Pearson Correlation	-0.144
		Sig. (2-tailed)	0.146
Nurse Perception	Patient safety	Pearson Correlation	0.051
		Sig. (2-tailed)	0.605
	Stress	Pearson Correlation	-0.152
		Sig. (2-tailed)	0.125
	Communication/leadership factor	Pearson Correlation	-0.118
		Sig. (2-tailed)	0.233
	Professional Satisfaction factor	Pearson Correlation	-0.121
		Sig. (2-tailed)	0.222

4. Discussion

The aim of this study was to pinpoint the difficulties and related elements limiting Omani's recent nursing graduates' ability to acquire new knowledge. The study's findings indicated that socializing, a better work environment, more support, and improved orientation all contributed to nurses' greater comprehension and expertise. Similar results from previous studies have also demonstrated that support facilitates enhanced service delivery and understanding [17, 30, 31]. Additionally, the results have shown that socialization inside the unit, enhanced work environment, increased support, and enhanced orientation are supported or integrated activities within the unit. In addition, the current results indicated that peer support, continuous learning, the professional nursing role, patients and families, and a positive work climate, were reported to be the most elements that contributed to a better nurses' work environment satisfaction. Conversely, the working system, interpersonal relationships, orientation, were shown to be the elements that contributed to the least satisfaction among newly graduated nurses in their working environment. The findings above are further supported by a study by Jeffery et al. [32], which shows that greater orientation contributes to a better understanding of newly graduated nurses. Although it contradicted the findings, a different study by Tripathy et al. [33] claimed that interpersonal relationships are useful for fostering greater knowledge in the healthcare sector. According to the results of the current study, roughly more than half of the sample lived under stress. Among them, the majority were related to the job performance, followed by child care, living situation, personal relationships, finances,

and student loans. According to Khamisa et al. [34], a student's stress level can be decreased by taking into account their living arrangements, finances, interpersonal relationships, and work performance. Strong evidence demonstrates that integrating health reforms, decreasing the shortage of nurses, and lowering the rate of new graduate nurses are all related to the expansion of the nursing workforce and its efficient upkeep [35, 36]. If newly graduated nurses don't adapt, they won't be able to progress from advanced beginner to competent practitioner. According to Kramer [37], this is because of the reality shock they go through when they change. Increasing expenses and high new graduate orientation attrition rates are two persistent signs of ineffective responses in the nursing profession [38]. On the other hand, these recently graduated nurses find it easier to handle the challenging circumstances when they have strong peer support. [39]. The most common problems preventing newly graduated nurses from feeling confident are workload and skill-mix concerns. According to Lamadah and Sayed [16], a lack of clinical assistance caused some recently graduated nurses to struggle to adjust to such circumstances. An additional study found that when combined with a supportive work environment, an initial effective orientation helps to establish and enables an affirmative experience [40]. This entails aligning the process, goal, vision, and values with those of coworkers and managers and cultivating understanding among them. Additionally, educating newly graduated nurses about organizational rules and how they work toward patient safety and high-quality treatment helps them overcome the obstacles presented by the healthcare environment [14]. In order to help newly graduated nurses expand their awareness, Caputi and Kavanagh [41] also recommend

encouraging them to ponder and reflect on various scenarios. Pineau Stam et al. [14] highlighted that empowerment of newly graduated nurses is a key factor in promoting their integration into the healthcare system. According to Olson-Sitki et al.'s findings [15], nurse residency programs aid in overcoming the difficulties associated with using knowledge and abilities in acute care settings. These results are supported by earlier research that stressed the value of time in enhancing the working conditions for recently graduated nurses [3, 9, 36, 42]. Newly graduated nurses should take some time to go through and consider their everyday tasks. Every newly graduated nurse should take note of their everyday accomplishments as well as their use of critical thinking and self-awareness [41]. Newly graduated nurses should be eager to talk to one another about their experiences, thoughts on orientation, and positive and negative issues. Farrell et al. [42] state that self-reflection and storytelling are important factors for newly graduated nurses because they will benefit their fellow newly graduated nurses. These contemplative groups may be arranged on multiple occasions during the orientation process. Meetings, both as a team and individually, also support and facilitate reflective behaviors. This procedure guarantees that the newly graduated nurse will be acknowledged proficiently and provides an opportunity for assessment to gauge the success of the orientation. A statistically significant positive correlation between preceptor's support and organizing and prioritizing factor, communication/leadership, professional satisfaction, and job satisfaction was found at 0.05 level of significance. The results are in line with the reports by Cline et al., in which participant's reported a heightened level of job satisfaction and significant improvements in communication/leadership and professional satisfaction [43]. Also, the findings above are further supported by a study of Joseph HB, Issac A et al. [21]. The study by Salem Alghamdi and Ghazi Baker [44], however, found a statistically insignificant negative relationship between preceptor support and organizing and prioritizing, but a positive relationship between preceptor support and communication/leadership, professional satisfaction, and job satisfaction. Our research revealed no significant relationships between nurse experience and their overall satisfaction. Also, the relationship between nurse experience and their perception was not significant. This finding is inconsistent with previous research conducted by Fawaris, f., Ammar, K et al. [22] that found that nurses become more satisfied as they gain more control over time. The study also revealed a strong negative correlation between nurses' experiences and their assessments of professional satisfaction and support variables. Uncertainty surrounds whether the poor levels of support and professional satisfaction are due to their expectations or something else entirely, such as workload, ward educators or preceptors, staff shortages, and irrational expectations. In addition, according to the results of the current study, the findings showed that there was no significant relationship between support, patient safety, communication/leadership, professional satisfaction,

and job satisfaction on number of preceptors. These findings are supported by previous study conducted by Baker OG. [18]. The study has also listed several limitations that should be addressed for better generalizability. Firstly, the study only comprised a sample of 104 recently graduated nurses, which may not be representative of the entire new nurse population. An additional constraint was the survey questions, the self-reported method utilized in this study could introduce bias. The study's sample, which came from a single health institution, makes it difficult to extrapolate the results to other contexts.

5. Conclusions

The research findings indicated that the primary challenge faced by nurses in the healthcare setting is transition. The main obstacles that nurses encounter in their workplace include fear, workload, lack of confidence, role expectations, and orientation problems. Nurses experience unhappiness due to a variety of factors, including the physical environment, professional development, responsibilities, and support. Enhancing support, orientation, and peer relationships can effectively address the obstacles identified in this study and aid newly graduated nurses in comprehending the work environment. It is rare for newly graduated nurses to be assigned to cases where they lack the confidence to handle clinical cases. As a result, the current study suggests that transitional support initiatives are helpful in assisting recently graduated nurses. Administrators, educators, and managers should provide consistent assistance to new graduate nurses in order to ensure that they receive an orientation that is focused on objectives. As a result, the start of facility orientation will be a critical period in the student-to-nurse transfer, offering them confidence, competence, and job happiness. Thus, it is essential to mentor newly graduated nurses and provide them with educational possibilities. Hospital orientation programs are necessary to adapt to the changing demands of new nurses in a constantly evolving healthcare setting.

Based on the clinical area of nursing, more research can be done on newly graduated nurses to investigate whether they require a formalized amount of time and an organized orientation. Furthermore, a crucial topic that requires adequate investigation is preceptor education.

Abbreviations

SPSS: Statistical Tool for Social Sciences.

HW: Health Workforce.

WHO: World Health Organization's.

NLRN: Casey-Fink Graduate Nurse Experience Survey.

STROBE: Strengthening the Reporting of Observational Studies in Epidemiology.

RN: Registered nurse

Conflicts of Interest

The authors declare no conflicts of interest.

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