

New Graduate Survey: Factors That Influence New Nurses' Selection of First Clinical Position

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Abstract:

Aim: The aim was to survey nurses with 2 to 3 years' experience to determine what factors were involved in the choice of their first nursing position and if they were still in that position.

Background: A false sense that the nursing shortage has ended has occurred with nurses delaying retirement until the economy improves. However, the turnover rate still shows 26% of registered nurses leaving their first hospital position within 2 years.

Methods: New graduate nurses were surveyed to determine if nursing was what they expected, what led them to their first position, if they were still in their first position, and factors that may have influenced these decisions. The 159 respondents also commented on their intent to stay and gave free-text responses.

Results: Significant difference was found between the current unit worked with both the unit wanted while in nursing school and the unit wanted upon graduation. Positive and negative narrative comments shed light on factors influencing intent to stay.

Conclusion: Nurses are concerned with ability to deliver safe care, supportive management, and teamwork.

Implications for Nursing Management: Recommendations were made for nursing management in creating an environment of continued learning and teamwork to support new graduate nurses.

Keywords: first position | intent to stay | job choice | new graduate nurse | retention

Article:

Introduction

There is evidence that during the recent recession nurses are not leaving their first positions at the alarming rate that occurred in the preceding years.¹ Nurses who had planned on retiring are staying in practice to recoup financial losses from retirement funds affected by the weak economy, or because of their spouse being laid off, creating a false sense that the nursing

shortage has ended.² Prior to the economic downturn that began in 2007, studies revealed that 35% to 60% of new graduate nurses left their positions within the first year of employment.^{3,4} The turnover rate still remains high, however, with 26% of registered nurses (RNs) leaving their first hospital position within 2 years.¹ Reports from the media relay that new graduate nurses have difficulty obtaining jobs, or the only available positions are the least desirable shifts and least desirable clinical areas.¹ A large cohort of nurses approaching retirement age,⁵ coupled with a possible change in the current workforce situation for new graduate nurses as the recession eases,¹ is a stark reminder that even though the situation may have temporarily abated, the cycle of high turnover within the first 1 to 2 years of nursing is still of concern. The orientation process and training that nurses must go through in new positions are costly. Estimates of these costs are 1.2 to 1.3 times the annual RN. According to Brewer,¹ the estimated crude cost of turnover of new graduate nurses to the US healthcare system could be between \$938 million to \$1.4 billion. With the recent downturn in the economy, healthcare cannot afford the toll that is accrued when orientation is unable to pay for itself.

In clinical practice, it appears there is a preponderance of new graduate nurses who apply to, and are chosen by, intensive care units for their first professional nursing position. Historically, many areas that have been considered “specialty areas,” such as intensive care units, emergency departments, labor and delivery, and operating rooms, preferred that nurses have 1 to 2 years of medical-surgical experience prior to working in these areas. This recent trend, however, has shown that many specialty areas hire new graduate nurses. The amount of time required to orient a new graduate nurse to a specialty is often longer than to a medical-surgical department. Yet, new nurses are not staying in their positions long enough to even pay for the orientation received for that unit. How can the nursing profession expect these new graduates to stay in areas that experienced nurses consider demanding and difficult?⁷

There is little known about first clinical unit choices in novice RNs and how it affects their intention to stay. The purpose of this survey was to determine factors that influence new graduate nurses’ choice of first positions, what factors influence their desire to change positions, and what influences their intent to stay in nursing. Nursing administrators and educators alike must recognize these determining factors that influence new graduates’ choices and the relationship to retention; otherwise, this relentless cycle of turnover will continue.

Literature Review

The review of the literature was restricted to studies of new nurses in the United States as healthcare systems and education differ. The literature clearly reveals the high turnover rate among nurses in the first few years of practice. Studies published in 2006 found that 35% to 60% of new graduate nurses left their positions within the first year of employment.^{3,4} Literature from mid to late 2000 found the common theme of higher patient-to-nurse ratios, which add to burnout and job dissatisfaction cited in several studies as reasons for leaving.^{4,6,8,9} Yet, in 2012, Cho et al¹⁰ report that 18.1% of newly licensed nurses still leave their employer within a year of employment, and 26.2% leave within 2 years. Forty percent of new graduate baccalaureate nurses left hospital nursing after an average of 6.4 years.¹¹ Top reasons cited for leaving hospital nursing, according to this study, included a desire for new opportunities and higher education, stress/burnout, long hours, and lack of administrative support/respect. The literature shows little difference in the overall findings during this time span.

Before the economic downturn, Bowles and Candela³ reported that just over one-third of the new graduates surveyed accepted a position in medical-surgical units, whereas other newly graduated RNs took their first position in specialty areas. The trend revealed that newly hired RNs are taking first-time positions in areas that are historically more stressful and intense. Such situations are known to lead to burnout among nurses. More recent literature reveals that one-third fewer of the 2010 new graduate nurses were even working in acute care environments.⁷ This study cited that new graduates were pursuing positions not previously targeted for novice RNs including areas such as long-term care, mental health, rehabilitation, and correctional centers. All of these are areas outside the acute care setting.

A study by Ingersoll et al¹² looked at job satisfaction and intent to stay in their nursing position at the 1- and 5-year mark. This study identified that commitment to the organization was a predictor of nurses' intent to stay or leave, at both the 1- and the 5-year mark. Ingersoll et al¹² revealed that nurses in critical care, women's health, medical-surgical, and mental health specialty areas were not as committed to the organization, with critical care nurses being "highly dissatisfied" with nursing. Nurses with associate degrees were the most dissatisfied and also the largest group of nurses entering the profession.¹² The nurses who were most satisfied were employed in areas outside acute care settings.¹² This is the exact area new graduates are now pursuing, according to Craig et al.⁷ Yet, even with new graduate nurses accepting positions in areas known to have a higher rate of satisfaction, the turnover rate has not improved.

Ingersoll et al¹² recommend the profession of nursing investigate why there is such a disparity between new nurses' desired work environment and perceived expectations of the reality of nursing. It is imperative that the nursing profession discovers why new nurses continue to leave at such an alarming rate. Understanding the reasons behind new graduate nurses' selection of particular units as their first job choice and how it meets their expectations will contribute to assisting both new graduates and hospital administrators in making a proper fit, retaining new nurses and allowing these new nurses time to develop into expert nurses. Nursing must further investigate new nurses' intent to stay in their jobs during the first 1 to 2 years of their nursing career. Until these issues are addressed, the cost of nursing will continue to remain high as nurses keep moving across, or even out of, healthcare settings.

Theoretical Framework

The intent of the study was to survey nurses with 2 to 3 years' experience to determine what factors were involved in the choice of their first nursing position. The Comfort Theory of Kolcaba et al¹³ provided the theoretical framework of the study. The sensation of comfort is an important factor in morale, according to Kolcaba et al.¹³ More than a negative physical sensation, Kolcaba et al recognized that comfort/ discomfort affects holist beings. The Comfort Theory aligns with nursing values and domains including care, symptom management, holism, healing environment, and homeostasis, as well as identification of needs and interaction.¹³ Although patients and their families are more likely to be engaged in health-seeking behaviors when they are more comfortable, the Comfort Theory also proposes that nurses are more satisfied, are more committed to the institution, and work more effectively when they, too, feel comfortable.¹³ The feeling of comfort ultimately impacts recruitment and retention.¹³ With this theory in mind, survey questions were constructed using the 4 categories outlined by the theorist: physical, psychosocial, social-cultural-political, and environmental. This allowed measureable and reliable

descriptors that would ensure completeness and nonbias.¹⁴The aim was to see if there was a predominant theme of comfort seeking by the new nurses and, if so, in which domain.

Measures

The self-developed survey included 38 items that was reviewed by an associate professor who specializes in conducting research on the nursing workforce. Demographics, education level, previous experience in healthcare, types of RN licensure program, and employment status were surveyed in the first items. Two of the questions asked respondents if nursing is what they expected prior to entering nursing school and if working as an RN now was what they expected during nursing school. Four options were listed for responses to these questions with nursing being “better than expected,” “the same as expected,” “worse than expected,” or “much worse than expected.” Three questions asked respondents what type of nursing position was preferred during nursing school, what was preferred upon graduation, and if the respondent took a preferred position upon graduation. The selection for the types of preferred unit included medical-surgical, step-down, intensive care, operating room/surgical recovery, emergency department, specialty area with a line on which to specify type of area, and other, again with a line on which to write in type of unit (Table 1).

Table 1. Top Choices for Unit Wanted on Graduation From Nursing School ^a		
Unit Selected	Total	Write-in's
Medical-surgical unit	51 (81%)	
Intensive care unit	46 (28.9%)	
Specialty area (specify)	29 (18.2%)	Labor and delivery, pediatrics, mother/baby units
Emergency department	16 (10%)	
Operating/surgical recovery	12 (7.5%)	
Step-down unit	5 (3.1%)	
Other (specify)	5 (3.1%)	Community health, psychiatric unit, endoscopy unit
^a Several respondents selected more than one area as their preferred unit on graduation.		

Respondents were surveyed for how long they stayed in their first nursing position, as well as what point in time they transferred if not currently in their original position. If the respondents had left their original position, they were asked to rank their top 3 reasons for leaving in their first year of nursing, with 19 selections commonly noted by the survey developers. Choices addressed rations, hours, pay/benefits, teamwork, support from management, safer environment for nurses/patients, newer work environment, a place to advance career goals, family relocated, patient population, unit morale, more meaningful work, greater

sense of confidence, and so on. The survey used the same process when asking if the respondent changed position in the second year of employment, with the same prewritten survey choices. Again, the respondents were to rank the top 3 choices.

A write-in question was posed asking respondents to list the 3 main reasons: they chose the area in which they were currently working. Information was gathered about the current position held. This included level of satisfaction, perception of quality of care provided, percentage of time able to meet patients' needs, and barriers to quality care with a ranked order item list. The respondents were asked to rank their top 3 perceptions of barriers to quality care. Selection to the barriers of quality care question included staffing rations, interruptions, lack of resources, documentation system, patient acuity, and other, with a write-in option.

The last 2 survey questions asked if the respondent intended to stay in nursing. If the answer was no, then how much longer did they intend to stay. The final item was a narrative question asking them to share comments about their nursing experience in the first 2 years of practice.

Procedures

After receiving institutional review board approval (institutional review board project 1373, Moses Cone Health System Office of Research Support), names of new nurses were obtained from rosters of a new graduate assistance program from a 5-facility healthcare system in central North Carolina. The target sample for this survey was nurses with 2 to 3 years of experience. All nurses who met the inclusion criteria were invited to participate. Based on the number of new graduate nurses in this system, a sample size goal of 250 participants was anticipated. As subject names were procured, however, it became evident that there were significantly fewer nurses still employed within the system with 2 to 3 years' experience. The subject requirements were expanded to include nurses with up to 5 years' experience with the assumption that reasons for choosing the first nursing position would be fresh enough to allow accurate data collection. This brought the number of possible respondents to 239 nurses currently employed at this healthcare system.

Surveys were mailed to 239 nurses by US postal service with an introduction/implied consent, a return stamped and addressed envelope, and a \$1 bill as a token of thanks and a hopeful motivator for respondents to return the survey. A 42% response rate was obtained with 101 completed surveys returned.

To increase the response rate, the survey was then administered in a face-to-face setting to 58 nurses who were at the end of their first year of employment at this same healthcare facility. Participation in this survey was voluntary. This increased the sample size to a total of 159 responses, which were used for data analysis. Combining the 2 groups created a total anticipated sample of 297 participants with a 54% response rate.

Findings

Of the 159 respondents, 80% were white American women, 15% were African American, and 5% were Hispanic. Ages of the respondents ranged from 21 to 59 years, with a mean age of 29.93 (SD, 7.74) years. Sixty-four percent (n = 101) had more than 2 years of experience as an RN, and 37% (n = 58) had 1-year experience. Sixty-one percent of respondents had healthcare experience prior to becoming a nurse. Of those with prior healthcare experience, 37% had been

certified nursing assistants. Other types of prior healthcare experience included x-ray technicians, surgical technicians, medical office assistants, and pharmacy technicians. Seventy-eight percent of the respondents were employed full time. Analyses revealed a significant difference between the current unit worked and the unit the nurse wanted while in nursing school ($df = 138, P < 0.05$). There was also a significant difference between the unit wanted upon graduation from nursing school and the current unit worked. A majority of respondents reported they were currently working on medical-surgical units, as opposed to units they would have preferred.

The most frequently cited reason for choosing the current work area was the specific patient population. The next most frequently cited reason for choosing the current work area was first available job opportunity. The options on the survey included medical-surgical, step-down, intensive care, operating/surgical recovery, emergency department, specialty area with space to specify, and other, again with space to specify. Of the 159 nurses surveyed, 51 selected a medical-surgical unit as the type of unit they thought they would like to work on upon graduation. Thirty-eight of those selecting medical-surgical actually took a position on that type of unit. It was interesting to note that many respondents considered units such as renal, telemetry, oncology, or women's health as "specialty units." These responses were folded into the medical-surgical category.

Comparisons were made between the responses from the more experienced nurses ($n = 101$) (those with Q2 years' experience) to the newer nurses ($n = 58$). The more experienced nurses chose change/challenge/variety as the most frequently cited reason for choosing their current clinical area and the specific patient population as the second most frequently cited reason. Better hours/flexibility/schedule and nurse-to-patient ratio were third and fourth (Table 2). Of this group, 63.4% were still in their first nursing position, whereas 36.6% were not, and 5% transferred in the first year of practice.

The newer nurses chose specific patient population as the most frequently cited reason for choosing their first clinical area (59%). The second most frequently cited reason for selecting their first clinical area among the newer nurses was job availability (38%). The third most frequently cited reason for choosing their work area among newer nurses was the staff and coworkers (31%). Of note, comments regarding learning, growth, using skills, and critical thinking appeared frequently throughout the new nurses survey (17%).

In reference to the original research question, "what factors play a role in choice of first nursing position?" the only statistically significant factor influencing these decisions was prior expectations. Nursing was either the same or better than participants expected before nursing school and in nursing school. Surprisingly, there were no significant variables for what leads them to want to change position, including job satisfaction. However, the survey did reveal that the second group surveyed, those with 1-year experience, was more likely to want to change positions than the first group who had more than 2 years' experience.

Qualitative Findings

Content analysis was used to analyze the open-ended questions at the end of the survey. Guided by the Comfort Theory of Kolcaba et al,¹³ the comments were reviewed, and common statements were extrapolated and placed into similar categories. Categories were then placed into themes that were considered to be positive or negative responses. These themes were further separated

into those from the more experienced nurses and those from the newer nurses. Table 2 presents an overview of positive and negative responses.

Concerning positive responses, the experienced nurses identified teamwork most frequently as a factor in their decision to remain on their unit.

The people I work with have been a major factor in not changing positions. The teamwork is exceptional.

TABLE 2 IS OMITTED FROM THIS FORMATTED DOCUMENT

It was challenging and sometimes I wondered why I became a nurse in the first place. But I had a good team around me, and we helped each other get through our shift. I wouldn't change a thing.

Regardless of where you work after graduation, great preceptors and a great staff on the department can make all the difference. I may not have started my nursing career on the department I wanted, but I gained the best experience and foundation working medical-surgical telemetry. My coworkers truly exemplified teamwork and instilled those values in me.

The second most frequently identified positive theme in the open-ended comment section was related to the Graduate Advancement Program [GAP] program offered at this hospital. Graduate Advancement Program is a yearlong program in which all new graduate nurses participate. Experienced nurses made comments such as the following:

The GAP program for new RNs was very helpful and made the transition from student to professional easier.

My unit and the GAP program were very welcoming and dedicated to making sure I had good mentors on my unit and ample time to learn how to be an RN on that unit.

Other positive themes emerged from the narrative comments of new nurses who completed the survey. The most common theme was related to learning. Some of these included both the "good" and the "bad":

I learned a lot of critical care, emergency care. I love the fact that everyday will be a new challenge for me. I will never be able to go to work and say "Oh, I already know everything." There will always be a new person to teach me something new.

... I learned a lot, although I feel on my unit the environment is very tense.

It's not been what I expected or feel like what I was taught to expect in nursing school. I've learned a lot; (but I was) forced to learn quickly in a sometimes unsupportive environment.

While teamwork and the GAP program topped the list for positive themes among the experienced nurses, there were 3 main negative themes identified. One negative theme that emerged from the experienced nurses' open-ended comments involved the inability to provide quality patient care. It was mentioned 8% of the time.

I had to take care of a full load of patients, which was 8 during day-shift hours. I felt like I was thrown in the lion's den. There were many days where I almost quit, but I knew I would regret my decision.

The first 2 years are the hardest. You come out of school scared to death and feeling ill equipped. You feel like you are going to be able to really care for each and every individual, and that is just unrealistic.

Another frequently identified negative theme among the group of more experienced nurses regarded comments related to management. One nurse stated that she felt as if the only available positions were in the least desirable areas. Although a few of the negative comments discussed current conditions, there were quite a few comments that reflected experiences from the nurses' career and their relationship with management.

I was amazed at the revolving door for directors on my unit. In 3 years, I have had 3 directors. The first 2 were not supportive or in touch with their staff. In 3 years, the turnover rate on my unit is about 75%.

I was sadly disappointed by my director's lack of support to the RNs and staff ... I felt like as long as the numbers and bottom line looked good, she was happy, and hopefully we (staff) were fine.

The final most commonly noted negative theme that emerged from the more experienced nurses was related to memories of their first year of practice.

My first 2 years were on medical-surgical, and the unit was short staffed. I was out of orientation in 6 weeks (orientation was 12-16 weeks). I had to take a full load of patients, which was 8 on day-shift hours. I felt like I was thrown into the lion's den. There were many days where I almost quit, but I knew I would regret my decision.

My first year was very difficult ... I did apply for another job after the first year, but I did not get that position. I was looking for a less stressful environment at that time.

The first 6 months were horrible, but as you become familiar with staff/procedures, etc, it becomes much easier.

A negative theme among the new nurses was found in comments relating to stress.

Nursing is a much higher stress job than I anticipated. I feel that people are constantly searching for any mistakes I have made and I am always worried that I will make a mistake.

It can be stressful, but when I work, I get lots of support from my coworkers.

There were also a few balanced comments from the group of more experienced nurses who found both the "good" and the "bad" in their first year.

It was challenging and sometimes I wondered why I became a nurse in the first place. But, I had a good team around me, and we helped each other get through our shift. I wouldn't change a thing.

The first 2 years of nursing were probably my easiest and my hardest years. They were my hardest years because you have to adjust yourself from nursing school to (the) real world, and I quickly realized I had no idea what was going on. Also, you are bombarded with skills you yearn to be more experienced at, but it takes much practice. I had to learn from my own judgment and develop a routine as a nurse. However, they were the easiest years because everything was new and exciting. I couldn't wait to have this type of patient and learn a new skill. I get to see what everything in nursing school finally boiled down to, plus ignorance is bliss. (I'm not ignorant anymore. That ends after year 2.)'

Similarities and differences in narrative comments between the group of more experienced nurses and the group of newer nurses were noted. Whereas the more experienced nurses made positive comments about teamwork and the GAP program regarding their early

years of practice, the new nurses made positive comments using words such as “support” and “resources.” More experienced nurses’ negative comments related to patient care, management, and their first year of practice, whereas new nurses had only 3 negative comments about patient care, and only 1 negative comment about management.

Discussion

That the workplace for new nurses has changed needs little illumination. These survey results confirm that choices for new nurses are more limited than just a few years ago, and recent graduate nurses, although still interested in matching their interests with a particular patient population, now have to contend with availability in nursing positions as they make their first decisions for practice. Yet, prior expectations were the only significant factor influencing a novice nurse’s choice of first clinical unit in this survey.

Changes occurred when comparing the data between more experienced nurses and new nurses. Both groups chose particular patient populations as an important reason for choosing the current area of work. After this indicator, though, the groups part ways, with newer nurses identifying available positions and opportunity as important factors, and more experienced nurses identifying better hours/flexibility/schedules as factors that entice them to stay in their current position. This is also reflective of a typical trend that many new nurses accept off shifts due to availability and consider other options as they become available. It is noted that, in the years between the initiation of professional nursing practice between the 2 groups, availability of nursing positions became an issue in making first clinical position decisions. This may be due to the economic downswing that affected healthcare around 2010.

Results of narrative comments indicated that the newer the nurse, the more focused they were on patient care. After they had been in nursing for a few years their focus shifted to fewer comments on patient care and more of a focus on management and what is “wrong” with the system. This raises the question as to what nursing leaders/educators need to do to prepare and perpetuate for the transition to a more global view of nursing.

The most negative comments had to do with the work itself, the discomfort of feeling unsafe, and negative comments about management. The majority of comments about management were negative. There were general statements indicating a decision to leave because of management. More specific statements indicated dissatisfaction of management citing inconsistent application of rules among staff members and “playing favorites,” unsupportive directors, and directors who were not in touch with staff and the work they do. Of note, however, 99% of those surveyed intend to stay in nursing.

With the work of nursing itself, respondents struggled to meet the tasks of caring for patients and families and expressed dismay at the need to focus on tasks to the exclusion of time and energy spent thinking about patients. There was a struggle with the unrealistic expectations that patients have of the acute care setting, echoed in the comment: “the patient thought each patient had a nurse tech.” This meant more demands on the nurse to meet expectations and promote patient satisfaction. The dedication to the completion of tasks coupled with the conflict of not being able to carry out thoughtful care planning and the concern with patient satisfaction in the face of expectations held by patients and family echo a sense of responsibility for patient safety and perception. A perceived inability to impact either of these establishes the discomfort of chronic conflict.

As reflected by the many narrative comments about nurse-to-patient ratios, physical discomfort was experienced as nurses felt unsafe and felt they gave inadequate care and that the

care they gave was incomplete care because of the time required for documentation that pulled them away from the bedside. They also said higher nurse-to-patient ratios meant more wait time and delays for patients and that the ratio was not adjusted for acuity. The discomfort of feeling alone and therefore unsafe was another comment indicating physical discomfort. Despite the noted feelings of discomfort, there were no significant variables for what leads a nurse to want to change positions.

In the absence of choice, the factors that become important for the group of new nurses are found in the work environment. Of particular interest to educators and managers, the choice new nurses made as no. 1 for selecting a clinical area, after patient population and availability, had to do with staff and coworkers. Echoed in the narrative comments invited at the end of the survey, the most positive statements had to do with 2 primary areas: teamwork and learning.

Teamwork was referenced positively in many respondents' open narrative. General comments about feeling like a family and about the unit being welcoming and supportive were made. More specific comments involved the bridge-to-practice program in which new nurses participated in the first year of practice. Feeling supported by other shifts was a telling comment for a sense of department-wide support, and helpful and more experienced coworkers provided comfort by easing the sense of being alone.

Respondents cited general learning environments and having time to learn as positive elements in the workplace. Specifically being able to learn from coworkers, having colleagues who were willing to teach, and having training opportunities as well as mentors were high incident comments. One particular quote from the narrative captures the essence of new nurses' challenges: "I may not have started my nursing career on the department I wanted, but I gained the best experience and foundation working medical-surgical telemetry. My coworkers truly exemplified teamwork and instilled those values in me."

All 4 of the comfort elements of Kolcaba et al¹³ are addressed in the narrative responses of these participants. Comments were placed into the categories of psycho-spiritual, physical, social-cultural-political, and environmental comfort. An overlap of these domains of comfort was evident as some participants indicated, for example, their discomfort with management not providing a safe work environment (sociocultural political comfort) and others stating nurse-to-patient ratios made them feel unable to provide quality care (physical discomfort). The breakdown for the 4 domains is as follows. The need for psychospiritual comfort is indicated in the comments regarding a learning environment and feeling better about the work that can be accomplished (n = 109). Seeking physical comfort is indicated by comments about nurse: patient ratios, better hours, and flexibility with scheduling (n = 68). Social-cultural-political comfort was indicated when comments were made regarding familiarity with staff and support from management (n = 58). Seeking environmental comfort was indicated when comments including teamwork, support from management, and safety for patients and nurses were made (n = 42). This demonstrates that the feelings of comfort versus discomfort can affect a nurse's level of satisfaction, commitment to an institution, and retention.

Conclusion and Implications

Many new nurses today come from the ranks of the Generation X and the Net Generation. They exhibit characteristics such as multitasking, a strong desire to learn, being technologically savvy, and confident.¹⁵ In general, this generation was raised on a structured and busy schedule and learned to juggle extracurricular activities with academics at an early age. This multitasking

ability paves the way for an intense and challenging career. This generation is more likely to be “friends” with their superiors, including their parents, grandparents, and others traditionally considered to be the voice of authority. Therefore, they are more likely to possess a strong sense of self-confidence and expect to be treated as equals. They are more likely to seek a healthy balance of work and play and do not have the same sense of loyalty to an organization that the Baby Boomer nurse before them might have.¹⁶ If a Generation X or Net Generation nurse is not happy at work, he/she will leave for a more appealing position down the street. That the new nurses responding to our survey identified staff and coworkers, teamwork, and learning and growth higher in the strata of their responses is reflective of their generational characteristics.

Several key elements arose from scrutiny of the survey results:

- Change in work availability has occurred as a result of the economic impact on the healthcare industry.
- Physical discomfort arises from delivering unsafe care when assignments are made based on numbers and not acuity.
- Awareness of inadequate care occurs when tasks overshadow the effective expression of caring behaviors.
- The shift in focus from concern about patient care to concern about system processes and management styles occurs as the new nurse becomes more experienced.
- Teamwork and supportive coworkers are needed to moderate the stresses of early practice.

The factors that impact the clinical environment of new nurses are important for clinical nurse specialists to consider. Recognizing the importance that prior expectations play regarding the reality of bedside nursing is essential for educators. Not only do student nurses need clinical experiences that reflect actual nursing, but new graduate nurses also need ample time allotted to learn and grow in their first few years of practice. Having prior expectations is a factor that affects a new nurse’s choice of a clinical position, thus decreasing the gap between new nurses’ desired work environment and perceived expectations of the reality of nursing noted by Ingersoll et al.¹² Respecting the concepts that create feelings of comfort when presenting information to nurses of all levels of experience can assist staff educators in creating effective learning activities. Cultivating an environment that enhances the professional development and maturity of new nurses is of value to nurse managers. This environment will require creative methods to keep patient care entrenched in nurses’ daily dialogue. When considering job satisfaction, it is important to also consider in which areas of nursing nurses are most satisfied. If nurses were found to have more satisfaction outside acute care settings,¹² and new graduate nurses are such accepting positions,⁷ nurse leaders would do well to consider what factors of comfort are found in nursing positions outside an acute care environment that attracts new nurses. As clinical nurse specialists participate in the creation of programs to transition new nurses to practice, the recognition that prior expectations to nursing is important in clinical placement must be made. Allowing new graduate nurses the opportunity to familiarize themselves to a particular unit or patient population and requiring nurses to have worked in a particular area for a certain amount of time prior to committing to that unit are possible policies that might increase a nurse’s satisfaction with a first position, thus increasing retention. Nurse leaders should proactively build structures and processes that parallel patient care focus with factors that affect the physical, environmental, psychospiritual, and sociocultural/political comfort of nurses.

Study Limitations

All respondents were from a 5-facility healthcare system located in a southern, central, Atlantic state. This healthcare system has a policy in place that does not allow new hire to transfer from one unit to another during their first year of employment. Therefore, these data may not be representative of all healthcare systems.

Very few respondents were between the 2- and 3-year marks of their nursing career. The original intent was to survey nurses at approximately the 2-year point in their career.

The group of more experienced nurses received and returned their investigator-developed survey via the US postal service. The new nurses completed the survey at the end of their first year of employment at the end of their final GAP class. The new nurses did not have the same amount of time to contemplate their responses as did the more experienced nurses.

Administering the survey tool during class time also placed time constraints on the respondents. The survey from the more experienced nurses contained more free-text responses than the new nurses' surveys.

Sidebar

Demographics: Respondents were 90% female and 10% male. Ages ranged from 21 to 59 years. Eighty percent were white American, 15% were African American, and 5% were Hispanic American. Sixty-one percent had prior healthcare experience, 37.6% of which were nursing assistants prior to becoming nurses. Seventy-eight percent were employed full time.

References

1. Brewer CS. New nurses: has the recession increased their commitment to their jobs? *Am J Nurs.* 2012;112(3):34-44.
2. Ritter D. The relationship between health work environments and retention of nurses in a hospital setting. *J Nurs Manage.* 2011; 1(19):27-32.
3. Bowles C, Candela L. First job experiences of recent RN graduates. *J Nurs Adm.* 2005;35(3):130-137.
4. Halfer D, Graf E. Graduate nurse perceptions of the work experience. *Nurs Econ.* 2006;24(3):150-155.
5. Laschinger HKS. Job and career satisfaction and turnover of newly graduated nurses. *J Nurs Manage.* 2012;2(20):472-484.
6. Kovner C, Brewer CS, Fairchild S, Poornima S, Kim H, Djukic M. Newly licensed RN's characteristics, work attitudes, and intentions to work. *Am J Nurs.* 2007;107(9):58-70.
7. Craig C, Moscato S, Moyce S. New BSN nurses' perspectives on the transition to practice in changing economic times. *J Nurs Adm.* 2012;42(4):202-207.
8. Beecroft PC, Dorey F, Wenten M. Turnover intention in new graduate nurses: a multivariate analysis. *J Adv Nurs.* 2007;62(1): 41-52.
9. Letvak S, Buck R. Factors influencing work productivity and intent to stay in nursing. *Nurs Econ.* 2008;26(3):159-165.
10. Cho SH, Lee JY, Mark BA, Yun SC. Turnover in new graduate nurses in their first job using survival analysis. *J Nurs Scholarsh.* 2012;44(1):63-70.
11. Dimattio MJ, Roe-Prior P, Carpenter DR. Intent to stay: a pilot study of baccalaureate nurses and hospital nursing. *J Prof Nurs.* 2010; 26(5):278-286.

12. Ingersoll G, Olsan T, Drew-Cates J, DeVinney BC, Davies J. Nurses' job satisfaction, organizational commitment, and career intent. *J Nurs Adm.* 2002;32(5):250-263.
13. Kolcaba K, Tilton S, Drouin C. Comfort theory: a unifying framework to enhance the practice environment. *J Nurs Adm.* 2006; 36(11):538-544.
14. March A, McCormack D. Nursing theory-directed healthcare: modifying Kolcaba's Comfort Theory as an institution-wide approach. *Holist Nurs Pract.* 2009;23(2).
<http://comfortcareinnursing.blogspot.com/2010/07/brief-description-of-comfort-theory.html>.
15. Oblinger D. Boomers, Gen-Xers, and Millennials: understanding the new students. *Educause.* 2003;(4):37-47.
16. Tolbize A. Generational differences in the workplace. Research and Training Center on Community Living, University of Minnesota: Paper. 2008.
http://rtc.umn.edu/docs/2_18_Gen_diff_workplace.pdf. Retrieved October 2011.