Research Article

Newly Graduated Registered Nurses and Workplace Challenges before the COVID-19 Pandemic

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Abstract

Background: Newly graduated registered nurses (NGRNs) enter the 21st-century medical-surgical health care environment where they continue to be a marginalized and disenfranchised population struggling with vast, often untold workplace challenges.

Objective: This study reveals these challenges before the COVID-19 pandemic and aims to improve the educational curriculum for baccalaureate student nurses at Schools of Nursing provincially, nationally, and internationally.

Methods: A qualitative narrative inquiry research design exposed narratives from NGRNs working in 21st-century medical-surgical nursing environments. The research methodology of critical theory with narrative inquiry examined perspectives and experiences of NGRNs. Interviews were conducted with NGRNs working on medical-surgical nursing units.

Results: NGRNs strongly recommend increased dedicated time in their nursing curriculum for the fundamental components of communication and leadership training. Recommendations were also made to enhance curriculum in other capacities, from acutely ill patient care and workload management to work-life balance and coping with shift work.

Conclusion: The overwhelming number of NGRNs who identified communication and leadership as significant challenges in the medical-surgical nursing environment is substantial and commands attention. Implications for practice include review of education curriculum and committed support for NGRNs.

Keywords: educational curriculum, graduate nurses, health care environment

1 INTRODUCTION

1.1 Newly Graduated Registered Nurses (NGRNs) and 21st-century Medical-surgical Nursing

Nurses represent the most significant healthcare profession globally, reaching 19.3 million with most of them employed in hospital environments[1,2]. Furthermore, 4.7 million new nurses will have to be educated and engaged over the next decade to maintain the status quo[3-5]. Most new nurses in the United States begin their professional careers in hospitals; however, compared to previous years, when a 30-year career in acute care hospitals was the norm, hospitals have had a dramatic decline in experienced nurses[6-9]. For many years, nurses have been leaving hospitals to work in the community with some nurses leaving the profession altogether[10]. Approximately 60 percent of NGRNs in the USA leave their first job before the end of their first year[14-19], and the National Review of Nurse Education in Australia[20] found that there was an extraordinarily high attrition rate for nurses within five years of graduation.

1.2 Background and Purpose

The landscape of nursing and health care delivery in Canada is evolving, with changes occurring at an alarming rate. Patients are older and sicker. Acuity in health care is described as both the number and degree of complexity of individual patients requiring acute care, in other words, the number of acutely ill complex patients a nurse is caring for during a shift[20,21]. The high turnover of new nursing staff is likely to continue unless steps are taken to understand the historical, social, and political context that has propagated and continues to sustain a stressful, oppressive, and traumatic acute-care environment[22]. The healthcare environment has evolved over the past 20 years in response to economic and service pressures. These changes have had undesirable consequences for nurses’ work in hospitals related to their workload and time[23]. Historically, mergers that began 25 years ago helped to streamline the overall workload. However, attempts to reduce administrative redundancy and negotiate rates were often radical with little empirical evidence[24].

The purpose of this research is to understand how nurse educators can better prepare NGRNs for 21st-century medical-surgical nursing. Effectively, the study aims to improve the educational curriculum for baccalaureate student nurses at Schools of Nursing provincially, nationally, and internationally; consequently, improving the healthcare environment and our population’s health and lives.

2 METHODS

This research utilized critical theory methodology and narrative inquiry with participant interviews to explore and disseminate knowledge from NGRNs. Narratives and narratives of experience are essential in educational curriculum[25-28]. Equally significant are narratives acquired through research. Noteworthy are the deep, rich narratives that were told, re-told, reconstructed, and relieved[29,30] that addressed a unique population and understudied phenomena. During this research, the researcher created the Narrative Circle Model for Nursing Education and Research to illustrate reciprocity between educators’ narratives through educational curriculum and the descriptions from NGRNs in practice through the research methodology[31]. Critical social theory and narrative inquiry guided this research study and examined the social challenges experienced by NGRNs in the 21st-century health care environment. It is essential to reiterate the deep, rich narratives[20,21] addressed by a unique population which are understudied. The knowledge and understanding obtained from the research methodology will contribute to social change. This research aimed to improve the education of NGRNs and, therefore, foster change in their 21st-century health care environment.

A demographic description of the research participants includes six individuals, who were all-female, between the ages of 23 and 35, with 6 to 14 months of experience as an NGRN on six medical-surgical nursing units in the province. They were all Caucasian, English-speaking females who were born in the region. Two participants had previous university degrees, and one was a graduate of the two-year accelerated nursing program. The other was a graduate of the four-year nursing program with several years’ work experience in the business sector before deciding to become a Registered Nurse (RN). Four other participants entered the University’s Bachelor of Science in Nursing Degree program directly from high school. The research received approval from the Research Ethics Boards of the University File No. 6005580 and the Provincial Health Authority.

The following three research questions were asked of the participants on two separate occasions, allowing for member checking and trustworthiness of the data[32]:

1) What are your views surrounding the educational curriculum you received?
2) Do you perceive that nurse educators are preparing baccalaureate student nurses for the realities of nursing in the current health care environment?
3) What strategies, if any, are necessary to enhance the education of current and future baccalaureate student nurses?

3 RESULTS

The stories that emerged through narrative inquiry were salient in exploring the experience and critical theory added another dimension to the exploration of the experiences. All NGRNs in this research study identified
communication on the medical-surgical nursing units where they worked as a significant challenge. Participants discussed the term communication frequently throughout the interviews, and the term was included in the answers to each research question. Firstly, communication with physicians was discussed most often, but communication with all interdisciplinary team members was also discussed. Secondly, leadership and a multidisciplinary team followed communication as an area of concern for NGRNs, where they explained that good leadership is essential, “and an area where NGRNs need to be strong.” Thirdly, the topics that followed communication and leadership were patient acuity and workload. The sequence of the themes was consecutive and logical because as the acuity level of patients increases, their workload also increased and was described by NGRNs as “difficult, overwhelming, and stressful”. Further, NGRNs placed communication and leadership as priority topics for discussion because of this challenging environment stating they were overwhelmed with the demands when they began working on medical-surgical nursing units. The narrative voices from NGRNs focused on communication, leadership, patient acuity, and workload.

As NGRNs answered question three that asked for strategies to enhance the educational curriculum at their Faculty of Nursing, they were confident and sincere because they had already discussed these areas of concern in questions one and two. Furthermore, they were asked the same questions on two separate occasions. NGRNs requested more time in the educational curriculum for communication, leadership, patient acuity, and workload. NGRNs also clearly articulated a list of specific strategies to enhance the academic curriculum. They requested more time and dedication for diagnostic lab values, documenting nurse’s notes, medical-surgical nursing, pharmacology, intravenous medications, blood and blood products, code blue / cardiac arrest situations, mental health and addictions, critical thinking, work-life balance, and self-care, coping with shift work, horizontal violence, and working within the interdisciplinary team.

NGRNs spoke positively about their six-week mentored experiences and, although it was less than a year since graduation, one NGRN explained that she was still working on that unit. She considered it an accomplishment to be still working on the same unit after one year. Another NGRN spoke of the high turnover of staff in her unit, with five staff leaving at the time of our interview. She explained that an NGRN with only a few months’ experience could be the senior nurse working on a medical-surgical nursing unit.

Interviewer observations embraced the unspoken emotional gazes, gestures, pauses in conversation during the interviews, and their rich, moving stories of lived experiences, compelled the researcher to make these narratives heard. The reports of challenging communication with physicians and other members of the interdisciplinary health care team were concerning. NGRNs described difficult conversations with those in authoritative and influential positions, specifically physicians and nursing supervisors or patient care coordinators. They expressed feelings of powerlessness and defenselessness in a hierarchical social structure where they were subordinate, undervalued, and oppressed. Narrative inquiry provided the knowledge, lived experiences, views, and concerns of NGRNs from a Bachelor of Science in Nursing program. The 21st-century health care environment described and compared to a military battleground with NGRNs likened to soldiers in the battlefield, “can’t prepare a soldier for the battlefield as best as the battlefield itself is going to teach that” commands our attention. Table 1 provides examples of narratives from the participants.

4 DISCUSSION

Four main recommendations for change that will influence the aim of the study, improved educational nursing curriculum, were revealed in the research findings and presented for discussion. They include communication, leadership, patient acuity, and workload as NGRNs transition to nursing practice in the 21st-century health care environment. The landscape of health care delivery both nationally and internationally continues to evolve and, as NGRNs’ work environments change within that landscape, the many challenges facing NGRNs have increased. However, the research also identified several challenges that remain the same for this historically marginalized population. Upon graduation, NGRNs become immersed in an environment where they have high expectations of working in a collaborative, collegial setting, having time to provide excellent nursing care in the way their nursing school curriculum taught them. Many factors influence RNs’ work, and after analyzing the interviews of six NGRNs from six different medical-surgical nursing units, on two separate occasions, the challenges they face echo in their voices through narrative expression.

A further analysis of the research, using the narrative interactional approach, revealed the narrative voices from a group of NGRNs ordinarily silent. The methodology uncovered stories from voices not typically heard in an environment where inequities, injustice, and power imbalances pervade the social culture. In this way, this research study is unique and confirms an institutional hierarchy that has dominated medical environments for decades. NGRNs described difficult conversations with physicians and nursing supervisors where they
felt powerless. They represent subordination in the hierarchical structure of the institution and feelings of oppression and isolation. It is disturbing to hear the health care environment described and compared to a military battlefield. The socialization of NGRNs to the 21st-century health care environment is often traumatic for NGRNs. Institutions of higher learning can improve their curriculum to help NGRNs navigate these structural and relational barriers. The narratives garnered from this research will further guide advocacy and system change efforts at multiple institutional and educational levels.

4.1 Communication

All six participants in this research study answered each of the three interview questions with a strong, consistent message that communication was one of their most significant challenges. The word communication is a broad, abstract term that involves many levels of interpretation. It is a process influenced by social factors, such as age, class, status, gender, ability, education, perceptions, emotions, values, roles and relationships, space, and territoriality. Acts of horizontal violence, often in a hierarchical setting, can range from intimidating body language to sarcastic comments and abusive language. The concept of horizontal violence evolved from Paulo Freire’s work on oppression. Freire and Macedo[23] defined horizontal violence as the behavior of oppressed people who coped with feelings of powerlessness by displacing negative emotions and aggressiveness onto each other rather than onto the dominant social group. Medicine is a hierarchical environment where it can be difficult for people to speak up with concerns[24-26]. Roberts[26] reviewed the impact of horizontal violence over the past three decades and found, as other research has, that NGRNs in their first year of practice experienced forms of horizontal or lateral violence. NGRNs concluded that rudeness, abusive language, and humiliation were the most common forms of horizontal violence. Only 12% of those who had a distressing incident received formal counseling, and less than half of the incidents were reported[12,23]. Since nursing occurs in predominantly medical institutions, oppression is an issue that some nursing profession members struggle with daily[23]. Communication within the medical-surgical health care environment was not a major finding in the literature review, which was surprising. Like the findings of these studies[27,28], conclude that improving working relationships with members of the entire health care team and system is justified.

NGRNs described situations of horizontal violence, including abusive language and power imbalances within that landscape. Change in nursing educational curriculum to better prepare NGRNs for this reality is required. NGRNs requested more communication theory and nursing skills labs enhanced with communication scenarios among health care professionals, including physicians, like an actual nursing shift with a report on patients. They requested a day working with physicians and mock interdisciplinary rounds with physicians to plan and communicate. Another recommendation from NGRNs to improve the Faculty of Nursing’s educational curriculum was to increase communication labs with angry and aggressive people.

4.2 Leadership

Leadership, following communication, was the second most frequent theme discussed by NGRNs as they answered the research questions. Duchscher and Kramer[11] describe Transition Theory and Stages of Transition where obtaining a good leadership experience during the first weeks as an NGRN is essential but, as stated, does not always happen. They further explain

Table 1. Narratives from Participants

| ML compares the nursing environment to a military battlefield, “They can’t prepare a soldier for the battlefield as best as the battlefield itself is going to teach that. You know we have the knowledge and the communication skills, but really until you are faced with the very upset, very confused, very sick patient, like in your hands, in your responsibility, it is impossible. Don’t think as a new graduate nurse you are ever going to be prepared, fully prepared. But communication! Phoning the doctor, you have to be comfortable doing it.” |
| LR states, “I sweated the first time I had to call a doctor, especially in the middle of the night. I had one who, and maybe this shouldn’t be on record, but the doctor said ‘what the …. did you do to her (the patient).’ I was like excuse me. I wanted to cry and go home but I had to stay and say, would you like an X-ray on that? I can tell you things happen, … but later he apologized.” |
| SJ states, “Communication is so important. I would like to actually go back to nursing school and actually have like a mock eight hour shift or something and have like you know a team you work with and I think it would be neat to even have a little class on maybe learning roles of… there are so many people the occupational therapists, social workers, physicians, dietitians who are very awesome at what they do… to communicate and communicate effectively and to speak to the doctors…I think we learned the S-Bar routine but to get good and feel confident I think we need to learn more.” |
| JK states, “How are you going to advocate for your patient if you don’t have good communication skills? Because to be the best nurse you can be, you kinda have to come out swinging for your patients and learning to phone the doctor in the middle of the night because their blood pressure is seventy over forty, and knowing that when you call them, they are not going to be happy, but you have to do it.” |
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Rogan pressured to “do more with less” acute-care institutions. Moreover, nurses are continually sicker patients place substantial fiscal pressure on many acuity and ever-increasing costs associated with caring for lengths of stay despite complicated challenges. Increased patient acuity levels of patients who experienced shorter lengths of stay have decreased dramatically, leaving only very ill patients in acute care units. Hospital work is now more challenging than a decade ago because of the number of acutely ill patients. Therefore, never has the role of qualified staff been more critical to patient safety and well-being.

NGRNs stated they learned how to be independent and delegate tasks but having scenarios to practice leadership and delegation in the nursing skills lab would be helpful. NGRNs said they did not feel prepared to lead a health care team and suggested mock interdisciplinary rounds with physicians and the team to plan, lead, and communicate. They recommended more team-leading experiences with a preceptor or an experienced RN and longer preceptor experiences in the nursing program’s fourth year, as well as extended orientations as an NGRN on medical-surgical nursing units. Implications for nursing practice include continuing education and staff development with a commitment to support NGRNs.

4.3 Patient Acuity and Workload

Following communication and leadership, patient acuity and workload were issues discussed by NGRNs. The number of acutely ill patients a nurse is responsible for during a routine shift has increased and is a significant factor contributing to the challenges occurring in the 21st-century health care environment. Similar studies report an increase in patient acuity. Researchers have explored hospital environment changes over the past decade, including the impact on nurses’ work. Results confirm that hospitals have restructured by removing positions not directly related to patient care’s core business and state that this work is “picked up” by nurses. The changes in patient care delivery systems have increased all nurses’ workload, from NGRNs to more experienced senior nurses.

Nurses are caring for patients frequently admitted with exacerbations of chronic, complex illnesses. Morrow reported NGRNs were often overwhelmed by the numbers of patients they were expected to care for and the acuity levels of patients who experienced shorter lengths of stay despite complicated challenges. Increased patient acuity and ever-increasing costs associated with caring for sicker patients place substantial fiscal pressure on many acute-care institutions. Moreover, nurses are continually pressured to “do more with less.” Researchers have studied this phenomenon for many years. Nace and Ragan report significant changes to nurses’ work, including increased patient acuity and complexity combined with shortened hospital stays. Expectations from employees have increased while the number of beds and lengths of stay have decreased dramatically, leaving only very ill patients in acute care units. Hospital work is now more challenging than a decade ago because of the number of acutely ill patients. Therefore, never has the role of qualified staff been more critical to patient safety and well-being.

Reflective of the voices of NGRNs in this study is Dr. Patricia Benner’ work, who studied how nurses and nurse educators meet the nursing challenges of the 21st-century. Benner et al.’s study found a significant finding was the substandard nursing practice in student nurses’ clinical practice and the fear that upon graduation, administrators “will press them to cut corners” due to the work overload and nursing staff shortages. NGRNs in this research study also experienced work overload and nursing staff shortages, with five RNs leaving one nursing unit at the time of our interview. Another significant finding of Benner et al.’s study calls for an ongoing dialogue between evidence and practice. A statement made by a faculty member interviewed by Benner et al. re-affirms, “Yes, high-level skills are very important but skills are a very small part of what nurses do.” The NGRNs in this study agreed and made it known through strong narrative voices that the nursing attributes of communication and leadership take priority over high-level skills.

In summary, when NGRNs spoke about the challenges and the reality of the 21st-century health care environment concerning patient acuity and workload, they recommended having a simulated medical-surgical acute care experience accessible in the nursing skills lab. They described recreating a chaotic environment where students could practice managing a mock patient assignment or workload to aid in the learned skill of delegation among the healthcare team members. Each participant described situations where communication was challenging, and many expressed the frustrations experienced when trying to cope with this challenge. NGRNs encounter numerous and expansive, challenging problems but the main themes identified in the research are communication and leadership, patient acuity, and workload. NGRNs identified communication with the interdisciplinary health care team in general and with physicians, particularly their greatest challenge. The research findings revealed that the most significant challenges for NGRNs were communication and leadership. They were also eager to inform the researcher of specific strategies included in the results, to enhance the educational curriculum.

4.4 Implications for Education, Research and Practice

Kelly and Ahern report that graduates’ lived experience has not been thoroughly researched; thus,
orientation and graduate programs may not reflect newly graduated or qualified nurses’ real needs. Research on the topic, particularly for acute care medical-surgical nursing units, is limited in Canada. Since the lived experience of NGRNs has not been well researched, this research helps bridge the knowledge gap surrounding the preparation of NGRNs for the 21st-century health care environment. The study has practical implications for education, practice, and future research.

4.5 Education

The findings of this research will contribute to and assist in developing educational curricular changes at the Faculty of Nursing. When NGRNs were asked about strategies to enhance the academic curriculum, they provided clear, unanimous recommendations. NGRNs requested more time in the Faculty of Nursing educational curriculum for communication, leadership, patient acuity, and workload. Besides, strategies to enhance the academic nursing curriculum also were requested by NGRNs in twelve specific areas of nursing education. These recommendations will have implications for the Faculty of Nursing Curriculum Committee, where nursing faculty will use guidance when making changes to enhance the educational curriculum.

As one reflects on the recommendations for changes to educational curriculum, Bloom’s Taxonomy supports understanding the levels of learning required of student nurses and NGRNs. Bloom’s six cognitive levels underscore the statement described by Benner et al. where high-level skills are very important but skills are a very small part of what nurses do. NGRNs require teaching and learning to successfully progress through all six cognition levels, from knowledge, comprehension, and application to the analysis, synthesis, and evaluation. Forehand explains the levels as a stairway, leading teachers to encourage their students to climb to a higher level of thought.

4.6 Research

The research findings raise additional concerns and recommend future research directed at answering the following questions: What are the major challenges confronting NGRNs working on medical-surgical nursing units in other geographical locations of North America? Is communication the major challenge for NGRNs in different geographical areas of North America? RNs and all interdisciplinary team members learn the value of effective communication in the health care environment. Is the importance of effective communication underestimated or taken for granted in health care environments? Do other members of the interdisciplinary team, including physicians, underestimate the value of effective communication? Do the challenges facing NGRNs, identified in the research findings, exist in other jurisdictions? How many RNs continue to work on the same medical-surgical nursing unit two, three, or five years after graduation? Is this number the same or different from other nursing units? If the number is different when compared to other nursing units, why and how is it different? What strategies would improve nursing retention on medical-surgical nursing units? Answers to these questions will provide further insight into the experiences facing NGRNs with implications for both the nursing faculty who influence nursing curriculum and the health care policymakers who control the environment of NGRNs. Leading scholars in nursing education, Dr. Patricia Benner, for example, will continue to inform and influence nursing education, practice, and research.

4.7 Practice

Although NGRNs answered the research questions and made direct reference to improving the educational curriculum at the Faculty of Nursing, many of their responses also made specific reference to the 21st-century health care environment, thereby providing insight and implications for improving their experiences in that environment and, exclusive to this research, medical-surgical health care environments. Communication and leadership were major themes with implications for both nursing curriculum and health care environments. NGRNs frequently spoke about communication with physicians and interdisciplinary members of the health care team.

NGRNs suggested having mentors help them when they are calling physicians and developing the confidence to ask questions without being afraid. Having nurse mentors for a more extended time following graduation and developing strategies to improve nursing retention are recommendations with implications for health care facilities responsible for the safety and care of patients and staff on their nursing units.

Patient acuity and the workload involved with patient care are areas of concern in this century’s health care environment. NGRNs describe the challenges surrounding the workload as overwhelming and, compared with what they expected and were taught in nursing school. They also explain the extraordinarily complex patients, commenting that everything happens much more smoothly when there is an appropriate complement of staff on a shift, a necessary cautionary supposition for healthcare facilities responsible for the safety and care of patients and staff on their nursing units.

Another challenge and a part of the reality of medical-surgical nursing units was horizontal violence and
feelings of oppression. They spoke of adverse work environments and the importance of mutual respect. Throughout the interviews, NGRNs described the reality of working in the “chaotic, tough environments,” adding, “maybe that is why people are leaving.” Implications for the practice environment suggest continuing education and staff development with a commitment to support our NGRNs. They described difficult conversations with those in authoritative and influential positions and expressed feelings of powerlessness and defenselessness in a hierarchical social structure.

5 CONCLUSION

The research conducted with NGRNs in medical-surgical health care environments provided insight into the concerns confronting NGRNs and answered the research questions. The voices heard in the narratives of NGRNs rang loud and clear. The overwhelming number of statements from NGRNs participants who identified communication and leadership as significant challenges in the health care environment is substantial. It commands the attention of nursing educators and policymakers. Based on the research findings, it is anticipated that revisions to the current educational curriculum of baccalaureate nursing programs across the country will change to prepare NGRNs for the identified realities of the 21st-century health care environment. Dissemination of the research has implications for faculty in nursing education programs and policymakers in provincial, national, and international health care organizations. The 21st-century health care environment described and compared to a military battlefield with NGRNs likened to soldiers in the battlefield was significant, “can’t prepare a soldier for the battlefield as best as the battlefield itself is going to teach that.” Improving the preparation of NGRNs for this environment and informing policymakers of these concerns will heighten social and political problems and increase social change potential. As they become better prepared to meet the challenges they experience, revealed in this research, the ultimate contribution will be NGRNs who are well prepared to enter and change the landscape of the 21st-century health care environment.

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Conflicts of Interest

The author declares no conflict of interest.

Author Contribution

MacIntyre J solely designed this study, authored the article, and approved the final version.

Abbreviation List

NGRNs, Newly graduated registered nurses

RN, Registered nurse

References


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