“What’s Their Story?”

Experiences of newly graduated nurses learning experiences in a Neonatal Intensive Care Unit

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THESIS DECLARATION

I declare that this thesis is my own account of my research and contains as its main content work, which has not previously been submitted for a degree at any tertiary education institution.

Renee McKenzie

Signat.........................................................

Date..................2nd September 2019......................
ABSTRACT

“The more perfect our means of direct experience, the more easily we are caught by the dangerous illusion that perceiving is tantamount to knowing and understanding.”

Rudolf Arnheim – Author, art and Film theorist, Perceptual Psychologist¹.

Transitioning from student nurse to Registered Nurse is a time filled with many emotions. Graduate nurses are at the beginning of their professional career and have gained the accepted education from universities that enables them to gain registration as a Registered Nurse. Nursing literature discussing this transition from student nurse to graduate nurse exists, however there is limited research into the transition from student to graduate nurse in the specialised Neonatal Intensive Care Unit (NICU). This research project explored the learning experiences of newly graduated registered nurses during their very first six-month rotation in a NICU.

The qualitative methodology of Narrative Inquiry was used in this thesis to explore the graduate Registered Nurses’ stories, including their emotional and professional learning journey through the Neonatal Intensive Care Unit. In total, eight graduate RNs, were individually interviewed and encouraged to share their stories which were then analysed in order to interpret their meanings. Common and recurring themes emerged across the collection of stories forming one ‘collective voice’. The dominant themes included feeling unprepared, experiencing a lack of expected support, victimisation from horizontal violence and finally deficiency of feedback. This research deepens our understanding of the need to better train educators in the NICU to support graduates’ transitional needs, including addressing gaps in their previous education, generational attributes of younger nurses and their educational expectations.
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Also, I would like to especially acknowledge my supervisor’s Dr Susan Miller and Dr Gabrielle Brand, because even with the strength, without your unwavering support and guidance, I would still be wandering around in the dark not knowing which path to journey down. The words thank you will never be enough.

Finally, I would like to acknowledge and thank the graduate nurse participants for their bravery and willingness to share their individual stories, which made this inquiry possible. Know that you have made a difference.

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LIST OF ABBREVIATIONS

GEN Y  Generation Y
GN     Graduate Registered Nurse
GP     Graduate Program
HREC   Human Research Ethics Committee
ICU    Intensive Care Unit
NICU   Neonatal Intensive Care Unit
RN     Registered Nurse
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CHAPTER 1- INTRODUCTION

It is not a ‘light’ decision to undertake a three-year Bachelor of Nursing degree to become a registered nurse. The graduates in this study have just started to embark on a learning journey as registered nurses in a graduate nurse program in Western Australia. They have been informed that their first rotation will be in the Neonatal Intensive Care Unit (NICU) and will consist of two, six-month rotations, with the second rotation in the adult health care setting.

The current study involving these new graduates arose from the researcher’s previous work as a clinical development nurse within the neonatal units between the 2009 and 2016. During this time, the researcher engaged with many discussions with the graduates and witnessed varying emotions resulting from their experiences. These emotions would range from apprehension and uneasiness to excitement and enjoyment. However, each of the graduates would have different experiences and various emotions, depending on the educational and professional NICU environment they encountered. This is why the research has been undertaken; to document these stories, learn from them and to discover if a different road needs to be paved for these graduates to enable them to excel in their learning journey.
My passion for this research topic unknowingly started long before I even realised, I would undertake this research journey. The educational, emotional and professional path of the graduate nurse has always been an important subject for me as a colleague, support person, mentor and educator. I still remember my first day as an inexperienced newly graduated registered nurse in the neonatal unit. I was so excited to be undergoing orientation and was being escorted around the level 2 nurseries with the nurse educator of the NICU. However, I will never forget the overwhelming feelings of fear, anxiety, feeling inadequate, and useless in my ability to perform and engage with the other staff. My personal learning journey has shaped my role as an educator as I gained experience and knowledge, through non-formal and formal neonatal education. Soon, those overwhelming feelings transformed into feelings of excitement, confidence and being part of a team in the NICU. My story is like the graduate nurses in this study; however, the difference is that my story was never formally heard. Because of this, I have always wondered if someone had taken the time to hear my story as a graduate nurse, could I have positively influenced or given meaning to future graduates, who were following a similar pathway?

“A story has no beginning or end: arbitrarily one chooses that moment of experience from which to look back or from which to look ahead.”

—Graham Greene, novelist and author²
When I read the above quote, I resonated with its meaning and it encapsulates or defines my motivation for writing this thesis. By looking back at the moments these graduate registered nurses share about their learning journey, we can look ahead to examine how we can facilitate, support and nurture these young nurses to enjoy a bright and lifelong learning career as NICU health care professionals.
Background to this Study

Graduate nurses, mostly from the Generation Y and Millennial, are the future of the nursing workforce. They are and will be at the forefront of exciting new technology and evidenced-based practice that continues to constantly emerge in the health services. For this reason, each new graduate cohort of registered nurses faces a growing number of contemporary challenges; including technological, equipment and evidenced-based care/treatment advances. A review of the published literature reveals that the first year of nursing practice is a significant time for learning, as it is a time of adaption, acceptance and integration of clinical practice with theoretical knowledge whilst gaining clinical competence.

Since the watershed decision in Australia in 1984, to move nursing education from the hospital/clinical setting into the tertiary higher education sector, a gap was exposed in the tertiary graduate’s clinical preparedness to confidently function in a clinical setting. One of the common criticisms of undergraduate education is the limited amount of time given to students to spend in the clinical area to practise essential nursing and clinical skills. This deficit is known as the much discussed ‘theory-practice gap’. In the decades since the transfer to a university degree, the magnitude of these issues appears to not have changed. Employers’ expectations that novice nurses are skilled and competent practitioners on graduation can still be considered incongruent with the skill level of the university prepared graduate nurse. Thus, nurses graduating from the current tertiary preparatory model of education can face a problematic transition on entering the workforce, which has resulted in the development of structured graduate nurse programs over the past 30 years.

These programs are now accepted as the most appropriate way for registered nurses to transfer from the undergraduate system into the paid health workforce in Australia and overseas. Over the last few decades in Australia, the need for clinical placements for
graduate nurse programs are more in demand, leading to the acceptance of people from
graduate registered nurses (RNs) programs into neonatal and other intensive care high
acuity units. These nurses have commonly not received any or very limited education,
instruction or teaching, regarding specialised neonatal nursing in their undergraduate
training programs. The NICU is a specific, specialised health care environment that
requires expert specific knowledge and understanding of the application of particular
clinical skills to maintain the stable and healthy status of the neonate. 

The NICU or special care nursery is an example of a specialised care ward that assists in
the care of sick, premature or dying infants. Working in this area requires health
professionals to acquire a range of specialised skills and knowledge specific to perinatal,
antenatal and neonatal development. This includes treating prematurity, illness, congenital
abnormalities, surgery, breastfeeding and an ability to cope physically and emotionally
with the demands of this specialised role in order to assist the families of these infants
during this challenging time. The environment of the NICU is also affected by the high-
intensity stress experienced by family members, which can lead to poor understanding of
clinical explanations and advanced care decisions for the family. This can result in an
increased level of stress for the novice nurse, during these service provision interactions.
As a nurse's practice is based on the philosophy of family centred care, nurses in the NICU
must be able to support parents during this emotionally turbulent time, and ensure clinical
explanations and advanced care decisions are conducted in an informed and sensitive
manner. Is it therefore realistic to expect that a newly graduated nurse would be able to
perform these complex clinical and communication skills competently?
What is a Graduate Nurse Program?

The graduate nurse education program is designed to assist new nurses with adapting to their new nursing practice role by facilitating a supported and smooth transition.\textsuperscript{10-12} Graduate programs use a variety of professional development models to support the graduate registered nurse in their first year. These include orientation to the clinical facility; a period of preceptorship with an experience registered nurse, with the expectation that the graduate nurse will work independently within a few weeks of employment.\textsuperscript{13} Other educational models have a more formalised approach that require the graduate nurse to attend study days; complete online learning packages and/or educational in-services. \textsuperscript{13} Research shows that when a graduate nurse is supported in a structured program, their work satisfaction and workplace retention is improved. \textsuperscript{14} Although the authors of previous studies \textsuperscript{3,13,14} have investigated graduate nurses’ experiences of graduate programs, little is known about their learning experiences in the Neonatal Intensive Care Unit (NICU) as their first clinical placement after graduation.

Registered Nurse Graduate Nurse Program

This research project used narrative inquiry to explore the experiences of graduate nurses during their first rotation, as a registered nurses, employed on a graduate nurses program in Western Australia.\textsuperscript{11} This program is a collaborative 12 month program that offers newly registered nurses (RN) the opportunity to experience women’s or neonatal health, for one six month rotation and an acute adult medical or surgical experiences for the other six month rotation.\textsuperscript{11}
Support during this program includes:

- A five-day comprehensive orientation program.
- Supervision in an observational role, clinical practice up to five days on each unit.
- Ongoing support by graduate program staff, clinical development nurses and preceptors, clinical nurse specialists and managers.
- Access to a free and confidential employee assistance program if required.

Education offered during this program includes:

- Three professional development study days per rotation (chosen by the graduate from a pre-planned study day timetable).
- Monthly seminars to support their clinical and professional development.
- Access to specialty clinical guidelines.
- Ongoing performance development.
- Ward based in-service programs.

Significance of Study

This narrative research is significant because it explores the graduate nurses’ perceptions of their learning journeys during their first rotation in the NICU. This was achieved by exploring whether nurses felt adequately prepared by the program orientation and previous undergraduate education for the rotation into the NICU, and the graduates’ perceptions of the support they received during their educational and professional transitional practice learning journey. University programs strive to deliver curricula that prepare and transition graduates not only to survive, but to thrive in the healthcare environment. It is therefore important to reach out to those who have recently entered the nursing workforce in order
to understand their views on educational preparation for practice in the NICU. Limited information is available regarding the perceptions of the workplace by registered nurses in practice for five years or less in the NICU. Nurses on their graduate program who have negative perceptions of their first job experiences may leave the position and/or nursing profession. This impacts on issues such as staffing shortages, and ineffectual use of recruitment and orientation resources. Therefore, it is important to understand how recent graduates view their first rotation in the NICU.

This research has led to a series of practical recommendations on how to improve education and support during the first rotation through the NICU. Exploring these initial nursing journeys and revealing that recurring themes gives graduate nurses a voice which may lead to policy and practice change.

In order to gain perceptions into the already extensively researched area of the graduate nurse, the researcher first conducts a literature review. However, you will discover that this review has little to no research that specifically refers to the graduate nurses’ experiences in the NICU. Thus, proving the significance of this research study.

**Purpose of Study**

The aim of this research project was to explore the experiences of graduate registered nurses during their first rotation (six months) in the NICU. A narrative inquiry approach was used in order to interpret the meanings of these experiences, and how these influenced their capacity to successfully transition to practice. The overarching research question for this study was:

“How do graduate nurses perceive their learning and development experiences during their six-month rotation through the Neonatal Intensive Care Unit (NICU)?”
In order to answer this question, three clarifying research questions were developed. These questions allowed the researcher to focus on three main areas of the graduates’ learning journey; their preparedness, support, and recommendations in order to enhance their experience.

Research Questions

The three research questions guiding this study were:

1) How do graduate nurses perceive their preparedness for working within the highly specialised clinical setting of the NICU?
2) What are the graduate registered nurses’ perceptions of the graduate training program and the support they received during their time in the NICU?
3) What can be done, by the graduate transition program, to enhance the graduate nurse’s education program to support graduate nurses through their NICU rotations?

Structure of Thesis

The thesis is divided into the following chapters. Chapter one has provided the background, research questions, significance and purpose of this research. Chapter two includes a detailed literature review that explores existing literature on graduate registered nurse programs, transitions from student to graduate and the generational views and expectations of young nurses which enabled the researcher to gain insight and meaning into these personal graduate stories, in respect to their expectations. Chapter three will describe the methodology of narrative inquiry, the data collection, including the data analysis and ethical implications are explained. Chapter four presents the findings with supportive quotes which have been used to add meaning to these voiced themes. Chapter five will include the discussion and interpretations in relation to the theoretical framework and
existing literature. Finally, Chapter six will offer key recommendations for future graduate nurse programs to aid transition, of the graduate RN, into the NICU. Thus, exposing a pathway for future research.
CHAPTER 2 – LITERATURE REVIEW

Introduction

This chapter is a review and critique of the published literature that explores the perceptions of graduate registered nurses’ transition to practice; i.e. student to professional. The literature search was conducted using a wide variety of The University of Western Australia library subscribed databases through ‘OneSearch’ which included ‘Health Source: nursing\academic edition’ and ‘ProQuest’. Key words that were used to search were ‘Graduate Nurses’, ‘Registered Nurses transition to practice’, ‘Graduate Nurse programs’, ‘Graduate Nurses – Intensive Care and Neonatal Intensive Care’. The literature that was chosen was deemed by the researcher to be the most appropriate and recent for this research project. This literature review can be placed broadly in three main areas. First, transition to practice, secondly a review of graduates in the NICU and thirdly, the generational needs and expectations of nursing graduates.

Transition to practice

Previous research on the transition from being a student to becoming a registered nurse is described as a stressful time in a person’s career." This is exacerbated in the highly technological, demanding and specialised environments, such as the NICU. A study conducted by McKenna and Newton in 2008 across four Victorian hospital sites included findings related to graduate nursing programs that reported a need for a sense of ‘belonging’, ‘knowing’ and ‘moving on’. The authors found that only after the completion of the graduate year, in the clinical workplace, do nurses start to gain a sense of belonging and thus complete their socialisation into the clinical workplace. Although there is limited research regarding the educational and learning experiences of
graduate registered nurses specifically in a NICU environment, the general evidence that is available highlights several main issues that graduate registered nurses face when transitioning from student to nurse. These include; a lack of confidence in their clinical or communication skills, inadequate time management skills and strategies, deficits in clinical knowledge and critical thinking, and difficulties in relationship development with peers and preceptors, the tension between wanting to be independent, yet needing to be dependent, and lacking the skills to effectively communicate with multidisciplinary team members.

Neonatal Intensive Care

It is evident from the literature that the stress or under preparedness of graduate nurses transitioning into lower acuity (defined as the measurement of the intensity of nursing care required by a patient) settings is significant. Not surprisingly, these issues become much more compounded when the graduate registered nurse is transitioning from a student to a practicing nurse within an intensive or specialised care environment.

One qualitative study undertaken in Australia, using Heidegger’s hermeneutic phenomenology, involved five graduate nurses employed within an adult Intensive Care Unit (ICU). The findings indicated that graduate nurses experienced a variety of transitional issues relating to needing more education and support, inadequate time management, lack of confidence, and wanting to remain in the ICU, as opposed to working in a general ward environment. The desire to remain in the ICU was due to the fact that although the journey was difficult, when they had successfully managed the transition both socially and skills wise, they had become competent ICU nurses. They had adapted to the complexities and challenges of ICU nursing and were embracing the new workplace. They wanted to remain as they felt they would not feel as challenged or achieve career satisfaction in a lower acuity
environment. The key factors influencing these positive experiences included the nurse’s prior undergraduate education, the graduate nurse program structure and being allocated a one-on-one ICU educator. 17

Various other studies have explored specific phases in the development of nursing graduates in the first year of professional practice. A study by Newton and McKenna 14, found that graduates in their first six months of clinical practice struggled with the realities of practice versus their own ability to succeed, difficulty in understanding hospital processes and procedures, and finding their place in the clinical setting. They were found to have used the formal graduate nurse program as a safety net 14 to protect or buffer them from the reality of expectations of knowledge, time management skills, and working with the multidisciplinary team during their clinical practice. This is consistent with an earlier study by McKenna and Green13 who found that graduates largely focused on themselves in relation to their clinical practice and emotional wellbeing in the first six months of initial employment as a graduate registered nurse, but by 12 months they were able to expand their perceptions and practice to include the bigger picture; such as the health system, becoming the patients’ advocate and liaising with the members of a multidisciplinary team.13

After a comprehensive review of the published literature it was found that there is limited research that focuses on first rotation graduate registered nurses’ learning and educational experiences during a rotation through the NICU. Previous research exploring the perceptions of experienced nurses working in the NICU has highlighted the issues of burnout, understaffing, and physiological and physical stress. Research in this area has shown that experienced and graduate nurses who work in this environment have expressed feelings of helplessness, emotional exhaustion and a reduction in personal accomplishment.9,15,16,19 For example, a study in 2008 reported that approximately 50% of
new graduate nurses leave their positions within the first year of working in the NICU due
to the realities of the working environment, feelings of distress or an inability to cope when
dealing with the outcomes of ethical dilemmas. Due to the nature of the NICU or special
care nursery, new graduate nurses may experience a different and more complex role
transition in comparison to other new graduates working in general wards.⁹

**Generational review**

A large percentage of today’s graduate registered nurses are from the Generation Y (Gen Y) and the Millennium generations which raises the question of whether a generational aspect to understanding successful transition to practice needs to be explored. Interestingly, reviewing the literature identified a body of work addressing issues around generational diversity in the workplace.¹⁰,²⁰,²¹ A considerable proportion of that literature focused on the recruitment, retention and on-going education of Generation Y and Millennium graduate nurses. This literature was important to consider in the redevelopment process because the largest proportion of our graduate nurses belong to Gen Y and Millennium; and are reported to be particularly hard to recruit and even harder to retain in the nursing workforce.¹⁰

In exploring these issues, the researcher expanded the search to nursing management literature that provides character generalisations about each of the four distinct generations that currently make up the nursing workforce, in Australia: The Builders; the Baby Boomers; Generation X and Generation Y²¹.

- Builders 1922–1946, Dedication, sacrifice, hard work, conformity, law and order, respect for authority, duty before pleasure, adherence to rules, honour.²¹
- Baby boomers 1946–1964, Optimism, team orientation, personal gratification, health and wellness, youth, personal growth, involvement, work.¹⁰
- Generation X 1965–1979, Diversity, thinking globally, balance, fun, informality,
self-reliance, pragmatism.\textsuperscript{10}


**Generation Y/ Millennials**

Typically, Gen Y are depicted as: self-confident, demanding, easily bored, outspoken, opinionated, impatient, passionate, ambitious, entrepreneurial and optimistic.\textsuperscript{10} They value trust, loyalty, honesty and flexibility. Strong leadership, career progression and remuneration are features of an employer they consider important. For example, they want to work with an organisation, not for the organisation. They want to work in a positive environment where people are happy; the teams work together and have lots of fun. Generation Y view all learning opportunities as crucial components to their development, including welcoming constructive criticism in the workplace to provide direction for their lifelong learning.\textsuperscript{10,20,21} Lifelong learning can also depend on the relationship that exists between the learner and the learning environment, including the teaching methods and assessment practices.\textsuperscript{22} In particular, the way the graduate nurse perceives the learning environment is seen to influence the way the graduate studies or approaches a task, in a surface or deep manner, for instance. In turn, the approach taken determines the quality of the learning outcome.\textsuperscript{23,24}

The immediate growth and sustainability of the nursing profession depends on the ability to recruit and retain the Generation Y and the Millennial generation. The nursing literature lacks substantive investigation of the professional socialisation and lifelong learning experiences of Millennial nurses. The Millennial generation are confident, technology-oriented team players who have non-linear learning styles, and are accustomed to
constructive feedback and positive reinforcement.\textsuperscript{21} In order to attract and retain Millennial nurses into neonatal nursing, employment and educational nursing institutions must develop an better understanding of their professional socialisation and lifelong learning experiences, career interests and employment expectations\textsuperscript{21}, and design educational programs to align with these values or needs.

**Summary of Chapter**

The graduate nurses of today face many challenges whilst transitioning from student to registered nurse practice, as demonstrated in the above literature review. These were shown to be directly affected by the graduate’s learning environment, acuity of the clinical unit and their generational attributes. The next chapter describes the methodology that was employed in this research to gain insight into these graduate nurses’ perceptions and experiences.
CHAPTER 3 – METHODOLOGY

Introduction

This chapter will describe the methodology; including the data collection techniques and the subsequent data analysis. Qualitative research has been used for this study as it involves a person’s consciousness and subjectivity, and values people and their experiences through the stories or narratives that they share.

In this qualitative study, a narrative inquiry was used. Narrative inquiry uses storytelling or stories as a method of collecting and generating data. The term storytelling refers to a single narration or account that provides meaning to the past events and actions of a person's life – whether these are 'true' or imagined. A story can take many forms and defies categorisation. Indeed, the everyday dictionary meaning suffices: i.e. "tale of any length told or printed in prose or verse of actual or fictitious events, legend, myth, anecdote, novel, romance."(p14)

Narratives or stories are part of our lives, supporting our understandings of experience; as our narratives are interrelated in time, environments and culture, reflecting our understanding of an event.

'Narrative' refers to: "a kind of organisational scheme expressed in story form" (1986 p13) or "a meaning structure that organises events and human actions into a whole". (p18) Therefore, although narrative clearly involves stories, it is more than a single story. For the current study, the term embraces the collective 'storied wisdom' of people's individual stories. In the bigger sense, one can therefore speak of a cultural narrative. For example, this study focused on the graduate nursing narrative; set against the collective cultural nursing narrative (or wisdom) in the larger graduate nursing cultural context.
The term carries the same meaning in its plural form. In this study, the stories told by the graduates are of various lengths, told (verbally), and assumed to be actual, that is, not consciously 'made up'. Features of stories include their concern with events within a context of time (first rotation in their graduate nurse program) and the events are situated in time, but were rarely recounted in a chronological order.

Research Design – Qualitative Research – Narrative Inquiry

“Human beings have lived out and told stories about that living for as long as we could talk. And then we have talked about the stories we tell for almost as long. These lived and told stories and the talk about the stories are one of the ways that we fill our world with meaning and enlist one another’s assistance in building lives and communities. What feels new is the emergence of narrative methodologies in the field of social science research” (p2)

Narrative research is a qualitative methodology that considers the relationship between the participant and the researcher. This inquiry’s relational perspective within the research process gives participants time to build a relationship that may offer the person a secure way to truly open up through telling their story, thus providing the researcher with a deeper understanding of the experience. This methodology was chosen because of its compassionate, empathetic nature that allows for the inclusion of educational, social, personal, professional and environmental influences on the graduate’s learning journey. This makes narrative inquiry appropriate for this research project as it incorporates all the dimensions, described above, that impact on the graduate’s learning experience during their first rotation in the NICU. Not only is narrative inquiry a way to understand experience, it also provides a method to study their experiences.
Stories have long been used in the education of health professionals. This is partly because stories are easy to learn and retain in the memory through a holistic or picture vocabulary, as Overcash, suggests, they can be a vehicle to facilitate learning rather than merely imparting knowledge. Most prominently, stories are employed to meet a set learning outcome or as a way of exploring curriculum content; such as ethics, culture, or communication or highlighting a link between theory and practice. For these purposes, the stories of the graduate registered nurses, in the current study, were valued. This exploration of these stories provided a continuous link between past, present and intended future with the graduates’ educational, professional and social contexts during their neonatal rotation.

In narrative inquiry, it is important to consider many elements as portrayed in Clandinin and Connelly’s framework of narrative inquiry. This focuses on the concepts of time (temporality), people and social influences (sociality) and the environment or space (spatiality), as essential to understanding and exploring the narrative. The narrative must always be aligned to these concepts as they influence and impact on the stories being told and interpreted by the researcher. Thus, the researcher must recognise and understand these influences as they conduct their investigation.

**Temporality**

Often narratives are told as experiences from the past, whereby these experiences will be remembered, and changes will be made to allow for similar encounters. The temporal aspect will also allow for the social change, which occurs over time. When experiences are retold, as stories that occurred some years ago, social changes start to emerge and what seemed the social norm might no longer exist. For example, past experiences will have an influence on how a graduate nurse experiences their present situation, previous encounters
and future in the workplace. The criterion for eligibility in the current study was that the graduate was to have no previous nursing experience, such as enrolled nursing. The graduate’s only experience was that of a student nurse in their undergraduate degree. Having this eligibility criteria allowed the researcher to only interview graduates who had similar temporal/ past experiences before commencing their graduate nurse program in the NICU.

Identity

Our personal and professional identity is often defined by our life experiences and the stories we tell. In most cases, life experience narratives may never be heard. Thus, stories will always contain a social context and depending on the listener, this social context may change over time. When telling and listening to narratives, people construct and re-construct their perceived identity (through stories that they tell) and whom they believe they are socially connected to. When a person is able to tell their story, this allows them to highlight what is important to them and provides vital information for future understandings. Stories will also be influenced by their listeners; friend, family member, stranger or researcher, undoubtedly influencing how the narrative is being told and the information included in their story.29

Environment

Environment is the underpinning element that influences how the person experiences an event. Cultural understanding from the environment, in this case, the hospital setting, will also influence the person’s storied experience. The culture of the environment will form social backgrounds by which people understand, relate and identify with their environment. This will be reflected in their narratives, thus often describing the environment in explicit detail, thereby influencing how the narrative is presented to the audience.29
Trustworthiness of Narrative Inquiry

Everybody has his or her own story. Using narrative inquiry, the researcher co-constructs their own lived experience in their professional and social environment, which they share with the participants, and also in the interpretation of the findings. The researcher needs to create the opportunity to enable the participant to share that story. In the current study, the researcher created this opportunity by allowing the graduate to be interviewed at a place and time that was convenient for them. In addition, the participant was assured that strict confidentially regarding their recruitment would be maintained. Narrative inquiry provided the optimal avenue in exploring the experiences of this graduate registered nurse population, thus successfully unveiling specific narratives that focused on their learning and professional journeys. Therefore, this method of collecting information was essential. It allowed the graduate registered nurse who, according to literature, may be lacking in confidence, clinical skills and the experience of having the opportunity to tell their story. Potentially leaving them vulnerable in the workplace.  

Holloway and Freshwater believe that storytelling provides the narrator (the graduate nurse) with distance from the often-threatening experience of vulnerability. This storytelling can provide a valuable coping strategy for graduate nurses so they can manage the psychosocial, emotional and educational aspects of their learning journey. Moreover, once the narrative has been told, it may enable the narrator to gain a different perspective about the experience and thus any negative implication is outweighed by positive experiences. The narrator may also wish to attribute responsibility, blame or even praise to specific individuals whilst gaining empowerment and regaining an element of control of their story or situation.
Using Stories to Understand Experience

The use of stories in learning as a health professional, can be seen as a way to help represent and understand experience, particularly stories of difficult days in practice and tragic moments in the life of patients. McKenna, and Green, McQueen and Zimmerman and Minter 13,33,34 all write about the value of experience, but many nurses are unaware of the powerful learning that can be generated through story.30 When nurses share their stories and experience with one another, they can find meaning in their stories, they expand and deepen their understanding of situational practice.35

In this study, these stories of experience emerge as a language expressing the everyday life of a graduate nurse. According to the social constructivists, the mutual exchange of stories and interpretations can derive meaning from, or give meaning to experience and so become an effective way of exploring complex, integrated and interrelated professional issues.27 Real life graduate experiences told through story can demonstrate to the student, and to others, the complexity and unpredictability of the environment in which they work.36

The newly graduated registered nurse is at the height of vulnerability in their career when they commence their first rotation as a graduate and paid health professional.4 They are no longer protected under the banner of being a student, and are now expected to work autonomously and translate clinical knowledge into practice.4 Therefore, this narrative research approach created an opportunity for each graduate to have a voice, be vulnerable and actively engage with an independent nursing colleague through the sharing and witnessing of their stories.32
Data Collection

The research data collection methods used in this research consisted of four primary components\(^3\) (Figure 1).

![Data Collection Cycle](image)

1. Identifying a research issue

The identification of this current research issue/study evolved from the identified gap in the literature exploring the experience of the graduate registered nurse in the neonatal special/ intensive care setting in Australia and globally. As described in the literature review, graduate nurse research is not a new concept. However, the placement of newly graduate nurses into high acuity clinical areas like NICU is relatively new. The current literature suggests registered graduate nurse are lacking in confidence, clinical skills and education. It became clear to the researcher that the graduate nurse population who were placed in the neonatal unit with little to no prior undergraduate education or experience in caring for the compromised neonate, may have a unique story to tell.
2. Access and Recruitment

In consultation with the graduate program co-ordinator, the researcher was provided with a list of graduates that would be or have attended placement of their first rotation, in the NICU. This list included their email contact details via their graduate program employment email. Once access to the graduates was granted, by governance site and ethics approval, every first rotation graduate in the NICU was sent an invitation, by the researcher, to participate in this research via their work email (Appendix 2). In total, approximately 50% of the eligible graduates were recruited and narrated their experiences under the assurance of strict confidentiality.

3. Selecting participants

In total, there were eight graduates who consented to be included in this study. All of the participants were identified as Generation Y and the Millennial generation range and were employed or previously employed by the graduate nurse program. The inclusion criteria specified that the graduate must have completed their first rotation as a registered graduate nurse in the NICU within the last four years. They were provided with the research information and consent forms (see Appendices 3 and 4) and assured, by the researcher, that their participation was voluntary.

4. Conducting the interviews

In this study, the graduates were interviewed individually. They were asked to share their stories by responding to a series of semi-structured questions during the interview process that served more as a guide for the interview rather than dictate the direction of the interaction. The interviews were informal and took a conversational or dialogic approach that focused on storytelling. These interviews were conducted on the completion of their six-month rotation through the NICU.
Core questions that enabled the interviewer to maintain focus, whilst allowing the flexibility to ask further questions and clarify points was used. Thus, some analysis and interpretation began as the interview progressed, with the interviewer making decisions about the context and nature of the interview during the interview progression. This enabled the researcher to collect material that was analysed for themes and patterns within the narrative experiences from the graduate nurses. Each interview was audiorecorded and lasted between 15 and 40 minutes. These were then transcribed.

In order to keep an accurate record of the story and the emerging themes, the researcher kept extensive records of the thematic analysis of each transcript, constantly referring to the questions outlined in the phase three analysis (the Researchers’ Learning Journey).

Examples of the semi-structured interview questions, including clarifying questions, are as follows (Interview script provided in Appendix 1)

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1)</td>
<td>What were your motivations for applying for this graduate program?</td>
</tr>
<tr>
<td>2)</td>
<td>How well did you feel prepared to enter a Neonatal Intensive Care?</td>
</tr>
<tr>
<td>3)</td>
<td>How did it feel on your first day? Can you give me an example? How does this differ from how you felt on your last day?</td>
</tr>
<tr>
<td>4)</td>
<td>Can you tell me about some of your educational and learning experiences, as a first rotation registered nurse during your rotation through the Neonatal Intensive Care Unit? Can you give me a positive and a negative example?</td>
</tr>
<tr>
<td>5)</td>
<td>Did you feel supported during your rotation in the neonatal unit? Can you give me an example of a time you felt supported in your role as a nurse? Can you give me an example of a time you did not receive support?</td>
</tr>
<tr>
<td>6)</td>
<td>What advice might you give to a new graduate starting in NICU next week?</td>
</tr>
</tbody>
</table>

Figure 2 - Examples of Semi-Structured Interview Questions
Interviews were conducted in a quiet, uninterrupted setting and a place that was convenient for the participant. Efforts were made to ensure that no unequal power relationships existed between the researcher and the participants. For example, the researcher has or had no direct line relationship with participants and is not and never was responsible for assessment or performance management of participants. The researcher also clearly stated in the participant information form (Appendix 3) that participation is voluntary and kept confidential. In addition, the decision to take part or not to take part, or to take part and then withdraw, was clarified before the interview including how this would not affect the nurses’ employment routine care and their professional relationship with the multidisciplinary team at the hospitals.

The researcher used numerals (for example, Graduate 1) for direct quotes and/or situations within the reporting of findings, thereby maintaining confidentiality. Only emerging themes and overall categories of experiences have been reported. This ensures that no information could be linked back to identify individuals and particular situations. Only I (as the research student) and my two supervisors were privy to the interview transcripts and any other data collected during this project.

Issues and Boundaries with Narrative Inquiry

Narrative inquiry is a qualitative methodology which helps researchers to understand and make meaning of experiences. Its aim is not to ensure whether or not a particular event has occurred; rather, to explore the meanings and forms of understanding that people express through stories. This was the case with this project. It is always an unknown if the narrative being given by the graduate is a true reflection of actual events. However, the
researcher was more focused on the meanings of these stories and how the graduates perceived and were affected by their experiences during the graduate rotation through NICU.

Mishler\textsuperscript{25,28} highlights the difficulty of specifying the boundaries of stories, and of determining whether an interview "in its entirety is viewed as the story or if instead it is seen as containing 'stories' along with other types of accounts"(p151). He states that contrasting answers are to be found among authors and considers a research task should be used to "establish criteria to distinguish narrative and non-narrative stretches of an interview".\textsuperscript{25,38}(p152) Bruner\textsuperscript{39} also asserts that reflexivity of self-narrative creates dilemmas, - for example, by what criteria can one determine the 'rightness' of a story: as Bruner says: "all verification criteria turn slippery".(p102) The instability of autobiographical accounts resulting from these problems make them "highly susceptible to cultural, interpersonal, and linguistic influences" according to Bruner, which of course is part of the reflexivity dilemma.\textsuperscript{39}

Sandelowski considers that qualitative researchers often erroneously link validity with a perception of reality as external, consensual, corroboratory, and repeatable, when (in the naturalistic/interpretive paradigm) reality is assumed to be multiple and constructed rather than singular and tangible.\textsuperscript{40,41} As well, the ‘revisionist nature’ of narratives (research participants often change their stories from one telling to the next) invalidates the notion that a valid work is a conventionally reliable one; the idea of empirically validating the information in one story against the information in another for consistency is completely alien to the concept of narrative truth and to the temporality, and meaning-making function of stories and thus was not used in this current study.
Member Validation

The researcher gave each participant the opportunity to member check the analysis of their transcript, asking if they felt this was a true representation of their learning journey. Only two of the graduate nurse participants took the opportunity to complete the member check. Both of the graduates felt that the analysis was a true representation and requested no changes.

However, Sandelowski\textsuperscript{41} further compounds the issue of validity by problematising the frequently used technique of member validation (used in this study), described member validation as an on-going process throughout the life of a qualitative project. Researchers informally engage in member validation every time they seek clarification for or elaboration of meaning and intention from the people they interview or observe, or check out their evolving interpretations of the data they collect.\textsuperscript{40,41} Researchers formally engage in the process when they deliberately incorporate set procedures by which members can check the accuracy and adequacy of researchers' syntheses of data. Despite member validation being saluted as a way of enhancing the accuracy of qualitative work, Sandelowski\textsuperscript{41} highlights some deeply theoretical and ethical difficulties with the technique that may ultimately undermine the trustworthiness of a project. These relate largely to a lack of appreciation that researchers and members have different stories to tell and different agendas to promote.\textsuperscript{40,41} For example, the graduate nurse participants may inevitably look for themselves in researcher’s accounts with the result that any generalisations may appear separate from their reality. In addition, graduate nurse participants and researchers may differ on what a fair account is. The goals of being accepted as good people and good scholars may well conflict, because stories are constantly changing, stories previously told may elicit feelings members no longer have, regret, and/or have forgotten and members may wish them deleted as data. Graduate nurse participants may also not find a scholarly
synthesis of findings accessible and require an agreement of when to initiate a formal member-check is problematic because it may influence research findings and finally the graduate nurse participants may participate in a formal checking process, only to meet the expectations of researchers and to be good subjects.

Analysing the Narratives

The transcripts from the interviews were analysed within their social, environmental (NICU), cultural and historical (amount of NICU education) context. This was achieved through the employment of four phases of analysis (Figure 3).

![Figure 3 – Process of Narrative Analysis](image-url)
Phase One – Thematic Analysis

Firstly, the transcripts were deconstructed through thematic analysis techniques\textsuperscript{31} with the aim of revealing categories and themes, in order to answer the research questions. These themes were taken from the perceptions, omissions, words/dialogue and experiences narrated by each of the eight graduate nurses. Each narrative was divided and placed into an organisational structure designed to be responsive to analysis. A typical narrative framework that focuses on the ‘core narrative’, through four categories was utilised.\textsuperscript{38}

These are:

1. Orientation – which describes the setting of the NICU and participant as a first rotation graduate registered nurse.
3. Complicating action – offers an evaluative commentary on events and themes within the narratives.
4. Resolution – describes the outcomes of the story. What have the graduate nurses learned?

Phase Two – Core Narrative structure and Content Analysis

Secondly, the narrative analysis of the transcripts from the interviews with the graduate registered nurses in this study, in part, used both Mishler’s\textsuperscript{38} ‘core narrative’ structure analysis and content analysis, in an effort to present multiple grand narratives. The researcher moved from one narrative to the next, checking the main features, identifying common elements and developing a collective story.\textsuperscript{25} Each narrative was then compared
and contrasted, searching for emerging themes and patterns within each individual narrative. The research questions continued to shape the narrative interpretation, but the analysis provided the final structure. 25,27

Phase Three – The researcher’s learning Journey

Thirdly, the researcher reflected on their own learning journey by asking the following questions throughout the research process:

- What are the connecting circumstances, categories, themes that the interviewed participants experienced?
- How can the researcher justify these connections?
- What has the researcher learnt/ understood from these experiences/ interviews that they did not identify before?
- What previous views of the researcher have been affirmed or made redundant?
- Have the findings of the analysis remained consistent with the published literature?

By doing this the researcher was able to review the properties of their analysis thereby forming a clearer picture, providing meaning to the work and laying a pathway for further inquiry if desired. 37

Phase Four – Member Checking

Finally, the graduate nurse participants were given the opportunity to ‘member check’ the data, analytic categories, interpretations and conclusions, the researcher has transcribed and analysed. 37 Member checking provides; an opportunity to understand and assess what the participant intended to do through his or her actions; gives participants the opportunity to correct errors and challenge what are perceived as wrong interpretations; provides the opportunity to volunteer additional information which may be stimulated by the playing
back process; provides an opportunity to summarise preliminary findings; and provides respondents with the opportunity to assess adequacy of data and preliminary results as well as to confirm particular aspects of the data.42

Ethical Considerations

Ethical and governance issues were addressed prior to commencement by The University Human Ethics office (RA/4/1/9361) of the University of Western Australia (see appendix 6). In addition, approval was sought from the Women and Newborn Human Ethics Office (RGS0000000453) (see appendix 5). It was also a requirement to seek governance approval from all hospital sites. A reciprocal site approval (RGS0000000453) for both KEMH and PMH/PCH (NICU units) was granted by the Women’s and Newborn Health Service governance office. (See appendix 7). Also, governance site approval was granted from SCGH (see appendix 6). All ethical and governance requirements involved with this project and have been respected throughout this work, including the use of participants in the research design process.

Informed written consent from all participants was obtained. The issue of anonymity in the research project also needed to be considered, and under the ethical guidelines for human subjects at both the university and hospitals, this was guaranteed for all participants. Graduates were not required to put any form of identification in their story and all the interview transcripts were de-identified. When the stories and learning accounts were transcribed, the number that related to them was recorded separately and, if a graduate, at any time, wanted to remove their story from the research, the contact details were given on the information sheet.
Data Management

To ensure appropriate and ethical data management and storage is maintained, the data access was restricted to the researcher and supervisors. Hard copy data will be kept secure in a locked filing cabinet and electronic data will be stored within password-protected computer software. The data will be kept for seven years and then destroyed as per ethics requirements.
CHAPTER 4 – FINDINGS ‘WHAT’S THEIR STORY?’

Introduction

This chapter explores the perceptions of first rotation graduate registered nurses’ learning journey in the Neonatal Intensive Care Unit. These are presented following a thorough thematic, core and content analysis of each transcript interview as described in the previous chapter. These findings present a collective story of common themed experiences. The emergence of themes that were discovered from each of the graduate’s stories/ recollection of events provided the researcher with a complex, multilayered insight into their lived experiences of graduate neonatal nurses.

The Collective Voice

In the following paragraphs, each dominant theme within the graduates’ stories is outlined, with the addition of supporting quotes. From the data analysis of the graduate nurses’ individual interviews, four dominant themes emerged. These were;

1) Feeling Unprepared, “I was thrown in the deep end”.

2) Horizontal Violence, “the staff eat their young”.

3) Supportive Structural Environment, “being a stranger in a foreign land”.

4) Seeking Feedback – “How am I going?” or “Should I be doing this?”

The commonality of these themes within each transcript has revealed a single collective voice, which tells the stories of the graduate nurses’ perceptions, regarding their learning journeys in the NICU on the graduate nurse program.
Figure 4 is a representation that shows the relationship between these four dominant themes. Following the themes are the feelings that accompanied their themed experience and represents their emotional journey. The diagram illustrates how each theme overlaps and intertwines; a hallmark of qualitative research. For example, each graduate that was experiencing horizontal violence (lateral violence amongst peers) or bullying, felt they were in an unsupported environment, unprepared for their tasks, did not receive appropriate feedback and were fearful to ask for it. These circumstances then led to emotional feelings such stress, anxiety and lack of confidence.

Figure 4 - The Collective Voice: (with four dominant themes)
Feeling Unprepared – “I was thrown in the deep end”

Many graduates reported excitement and enthusiasm at the beginning of their graduate nurse program:

“I was really excited when I found out I was coming here. But at the same time, I was a bit nervous, knowing that I haven’t done any neonates whatsoever” Graduate 4.

However, these feelings were commonly reported to quickly transform into anxiety and dread within the first few weeks. Graduates felt unprepared by their orientation into the NICU, causing a lack in confidence, and an awareness of their knowledge and skills in relation to neonates. This was clearly demonstrated in Graduate 2’s experience on her second day on the ward;

“When we were going to take handover on the ward, we were meant to have CDN (clinical development nurse) but the CDN had been off sick for a long time and she didn't really want to be on the ward much as she had a cold so we were left by ourselves on the second day to take handover on the ward. Me and the other 'grad' nurse were on the ward opposite each other and we were looking at each other going 'oh what is going on' because we had only had a glimpse the day before of what the actual history of the neonate was and you go through all your birth stuff and you know none of those abbreviations on the forms make sense at all, like 'CTG's' and what’s celestone? And what’s this? Like what all these different types of resuscitation methods? And you know the Apgar’s generally and that’s pretty much the only thing that looked familiar on there and you got 'PPROM' so you have no idea of what you’re getting handed over and you’re going to have 2 babies and we looked at each other and how we were going to start our day and we felt like we had a um routine of checking panels of oxygen and suction and this and that and I remember not even knowing what suction had be set at depending on what the preterm and what a term
baby? I didn't even know how to work that out ... so that was my second day on the ward.”

Graduate 2

Their unexpected sense of responsibility and accountability heightened these fears for their patients.

“I wasn’t quite expecting to have babies on my own like at the end of, I think the second week or something...” Graduate 6.

“I think the feelings that it makes you feel is that you feel anxious and you don't want to give someone the wrong advice, because at the end of the day, it is your registration, but it's also their child, and you don't want that to have a poor impact on that family.”

Graduate 5.

Feeling of unpreparedness contributed to stress which was the most common factor expressed by graduate nurses. They reported incidences of chronic stress fuelled by self-doubt and being overwhelmed by responsibility. The most commonly used words were “fear, anxiety and feelings of being inadequate”.

This is reflected in one graduate’s response that stated;

“I was pretty embarrassed and like and I’m just out of uni (university) and I felt like I couldn’t put my best foot forward and come across as being intelligent, knowledgeable you know, feeling like you have some worth in your role and you get a place in the graduate program and theses places are so sought after and you want to look like you deserve it and then you come on and you’re going I don’t understand what any of this stuff means to me because like I have no idea! You are saying to the handover nurse I don't know what you mean, I remember saying to the handover nurse, who was an agency nurse, which made me feel a little bit better because I knew I wouldn't see her all the time and she would be
thinking ‘that girl has no idea what’s going on!’” Graduate 1.

The graduates often felt that they were not equipped with the tools to adequately and safely provide quality health care for their neonatal patients, and their families.

All of the study participants reported that they had received no neonatal education prior to their commencement specific to nursing in the NICU. They stated that this lack of prior education contributed significantly to their feeling of unpreparedness and self-doubt.

“I found it really, um, confronting, at first, because everything, all your training that you do at uni (university) is basically useless, because nothing is comparable. So that, at first, was very challenging, to kind of, especially I had to go off a lot of personal experience”.

Graduate 6

The feelings of initial anxiety did not subside over time with the majority of the graduates reporting these intense emotions persisted throughout the six-month rotation. Some of these graduates expressed that they felt constant uneasiness due to “not really knowing what I’m doing every day.” and “I began to dread going to working and fantasise about calling in sick” Graduate 2

This was exacerbated by increased responsibility of caring for patients that were clearly outside their beginner scope of practice:

“I think one thing that is quite a major stressor for the grad nurses...... It was day 4 of my journey in the NICU and I was allocated a 'NAS' (narcotic abstinence score) baby and it was one of the most stressful experiences.... That was the first day I went home and cried because I wasn't at all equipped with any skills, knowledge or anything on how to deal with these withdrawing (drug or alcohol addiction) babies. It was the one on the ward that was suffering the most with the most amount of distress and I felt like I was failing as a nurse
and also just having to score on the NAS chart when I hadn't been given any training on
how to score a NAS baby so just that in its self-made me feel like I shouldn't be looking
after this baby because I have no idea what needs to be done to make him feel comforted
and treated the way he needs to be treated. I think that we need more exposure before we
are placed in that position” Graduate 1

The graduates felt they were experiencing high levels of sustained physical and
psychological stress, which for some lead to burnout.

“But also from a burn out perspective- it was difficult doing ten 8 hour shifts per fortnight,
as grads we were not allowed to do 12 hour shifts. This made it more difficult because I
didn't know what I was doing and I was emotionally and physically exhausted.”

Graduate 6

A further factor that contributed to the graduates feeling unprepared was their busy
workload, which was repeatedly reported as heavy and unmanageable because of their lack
of clinical scope and experience. This was confounded by the graduate nurses expressing
concern that they were caring for infants in conditions that they did not know how to deal
with. The following quote from Graduate 1 provides an example of this;

“My first day on the ward, one of the biggest things I remember was literally the first baby
I got given to try and give like, giving it a 'med' like ferrous sulphate and giving it in a suck
teat and he sucked it and then like literally within about 30 seconds, I don't know if he
aspirated or what but he turned blue and limp and like I was like umm 'What's Happening'
I didn't know what was happening, I knew it didn't look right. Then um the other nurse, the
one that was orienting us, she grabbed him off me, threw him into his bed and got cot
oxygen. We tried to get the cot oxygen mask but there was only 2 out of the 3 sizes and they
wanted the one in between and they didn't have that mask there. They had to 'ring the bell'
as well and people started coming over and I was just like ok.... I felt quite you know distressed by it and we didn't really have a debrief when, afterwards so I felt like a bit like I had done something wrong and um and I kind of went home feeling a bit upset about that experience that I hadn't really got to talk about it either, I would have liked.... 'So, this is what happened and this is what you do if that happens' and that was kind of it was just 'mulled' over but I guess that cause maybe it something that happens a lot but then it never happened again in my whole 6 months. So, it seemed like yeah, the worst thing that could have happened did happen, on my first day like on my first baby. “Graduate 1

Additionally, the graduates expressed feelings of ‘stress, anxiety, nervousness’ when families and parents would ask them questions regarding the health care for their infants which they did not have the knowledge or experience to competently give.

“A lot of parents are constantly asking you questions about their babies and most of the time your just like winging it completely and your hoping what comes out is close enough to the truth but you don't have all the vocabulary or the right words to explain it so you go red and start to sweat and you just go ok I'll just find out because you don't know. This made me feel stress, anxiety, nervousness, ahh worried, sick because they might ask another nurse the same question and the answer might be totally different. You don't want them to lose confidence, faith ... yeah, your meant to be looking after their precious new little baby and if they hear something completely different from the next staff member or ... I don't know ... or they go their own research, I don't have the computer right there to look it up myself ... then they're thinking I can't trust this nurse ... and I don't want to be that person that does that to them.” Graduate 2
Horizontal Violence – “the staff eat their young”

One of the major themes in this study was the stress experienced from interactions with other NICU nurses. In the majority of cases, these were negative interactions. Graduates perceived the unit nurses as being ‘unavailable’ or ‘disinterested’ in helping them. Some graduates reported direct experiences of bullying and/or horizontal violence with examples including general rudeness and incivility from some of the senior neonatal nurses when asked questions.

“I remember once, I asked someone, I can’t remember what the question was, but she was coordinating and I asked her ‘can I ask you a question, or ‘can I grab a hand with something’ and she ignored me and she was talking to someone else across the ward, I didn’t realise that though, but she didn’t acknowledge me to say, ‘yeah give me two minutes’.” Graduate 3.

The horizontal bullying was exacerbated in many cases by the graduate’s lack of knowledge and support; which in the following example adversely affected their patient’s outcomes or immediate care.

“Because I didn't know what I was doing I missed a feed which then I got into trouble for ... which it was only 45 mins late.... Yes that late but I got chastised by the co-ordinating nurse which made me feel very incompetent.... Which made me feel a lack of support. I think later on the graduate co-ordinator did come up and basically took over with the baby that was withdrawing.... But that still doesn't make me feel like I'm doing a good job, so maybe just not putting me in that position to start with would have been a better option. It just makes you feel like I've failed. I've just had to give my baby to someone else to look after because I can't do it” Graduate 1
“Not because I don't want to help. I definitely need the help. It's more about actually approaching someone for it and the response that you get back- I felt fear of being humiliated by the other nurses” Graduate 4

These negative responses were contrasted with some more encouraging stories, with some graduates reporting increased job satisfaction and reduced levels of stress, when they felt welcomed and accepted as part of the neonatal nursing team.

“But I definitely found almost all the staff were exceptionally approachable. And like there was definitely ... you never had that feeling of asking a dumb question.”

Graduate 5.

Supportive Structural Environment – “Being a Stranger in a Foreign Land”

Affecting the experiences of all graduates was the structural environment of the education program, which included the staff educational supportive structures. Two sub-themes became evident. These sub-themes were, problematic staffing and the availability of preceptors trained in providing effective and timely education. Within these sub-themes, adequate staffing, skill mix and supervision of the graduates were included. This led to the inconsistent use of appropriate clinical preceptors and the irregular presence of staff development educators. Graduate nurse programs are often marketed as a supported transition into a positive learning environment, however, as many of the graduates reported the promised expectation of a supported transitional experience, were not met during the graduate program.

Problematic Staffing

One factor that negatively impacted on the graduate’s transition and learning experiences was problematic staffing; such as shifts with little or no experienced senior staff members
working (for example agency nurses).

“You could ask other nurses but not supported from the people you were hoping would be there to support you. Because you were told the day before that this nurse is going to be there for you (preceptor) and in the morning when you’re getting handover and you come on and your looking around going where is she? Is she going to stay? She didn't even come.” Graduate 1.

Safer and improved patient care was reported when graduates had an experienced nurse preceptor available and willing to support them across all shifts.

The Availability of Preceptors Trained in Providing Education

The graduate registered nurses in this research reported the importance of having someone else to talk to and receiving emotional and practical support when needed. For example, when the graduate nurse was allocated a full patient load without assistance, the reality and responsibility of their nursing role was reported to be a ‘shock’ in contrast to the novice experience of being a student nurse on placement. The graduate nurses in this study described this time as one of vulnerability and as if the ‘safety net’ had been removed. These graduates reported feelings of isolation and being alone when they commenced on the program in the neonatal intensive care.

“There’s different people (clinical development nurses) there who, um, who- who make your time there really wonderful and- and who, um, help you so much and do so, do so much for you. And then there's others who, um, you know, sort of maybe hinder you a little bit in, um, in your development and things like that.” Graduate 5

It was reported in this study that ensuring graduates alongside their allocated preceptor is
often not possible due to roster difficulties. Many of the graduates expressed feelings of disappointment with the availability of formal educators, especially out of normal work hours. This period was reported as being a time when they felt particularly vulnerable, lost and unsupported. This is demonstrated in the following example:

“*There’s this baby here that you've got who needs care and you've got such minimal experience and you feel like you can't really call upon anyone out of hours to actually help you.*” Graduate 4

Furthermore, many of the graduates expressed that they felt there was insufficient numbers or insufficient access to experienced or appropriately educated nurses to be preceptors. Some of the graduate nurses reported this caused confusion and lack of consistency.

One graduate stated;

“*Having a consistent support person working with us would be helpful, then any questions we had we could get answered straight away. Because when you have different educators you may get three different answers.*” Graduate 3

In contrast, others stated that they enjoyed being able to observe and learn from different nursing practitioners. The encouragement received from preceptors was highly valued by new graduates. In the midst of the challenges expressed by the new nurses, there were many heartening comments, stories of accomplishments, and reports of professional validation from preceptors. The graduate nurses recognised moments of professional caring and relished reflecting with their preceptors on the transformative experiences within their nursing practice.
“... Of my time, there. Um, obviously, there's different people there who, um, who make your time there really wonderful and- and who, um, help you so much and do so, do so much for you. And then there's others who, um, you know, sort of maybe hinder you a little bit in, um, in your development and things like that.” Graduate 5

Seeking feedback – “How am I going?” And “should I be doing this?”

The final theme relates to an essential element in the learning experience; receiving feedback. A shared theme across all of the graduate stories was the unmet expectations, and need for, adequate acknowledgement and feedback during their graduate nurse program. For example, Graduate 1 and Graduate 3 displayed the need for consistent and specific feedback in the comments below.

“It could just be like if they planned that I would be under the same co-ordinator or something for a few days so they can see consistently how I'm going. It doesn't have to be a certain time, maybe not at the beginning of the program because I'm still trying to find my feet but maybe in the middle sometime when I'm wanting to improve ... you get into a lull sort of in the middle where you going ok like I've improved a lot but where do I want to go now, so you kind of don't know necessarily what you need to get better at, so to have at that point some days where you have the same people working with you” Graduate 1.

“With the feedback, I think we had a three-month review and a six-month review, um, and if you hadn't had any, like, outstanding issues it would just be, like, pretty generic. Um, so I didn't really know that it was all positive, but I didn't really know, like, what in particular I was doing well. And it would be good to have something to work on but they didn't give me any hints as to what, like, I knew it myself what I needed to work on but it would be good for other people to have that too.” Graduate 3.
There were overwhelming instances where the graduate nurses reported that they were not receiving sufficient feedback in their rotation. The graduates expressed that they valued friendly, constructive and respectful conversations regarding their progress and performance. When feedback was delivered, it was often abrupt and without adequate consideration to context or timing, and in a majority of cases was viewed as unhelpful, and potentially damaging to the graduate’s confidence.

“One day we went from not being spoken to and then the next day the responsibility was all on us. So that's frustrating to, you know, in those supernumerary days we weren't able to be kept in the care of the babies that we were looking after, like they would go to our ... Like, we worked with like four different people, but they'd go to them and tell them something, and then sometimes I wouldn't tell us, like they'd forget, you know, they had like eight babies to look after, so that's fine, but it would be frustrating and embarrassing to go do something and then they'd be like, "Oh no, so that's changed, like we're doing this, this, this now." Graduate 3.

The participants also reported that it was within the first few weeks of the graduate nurse program that they wanted to receive feedback in order to build their confidence from the beginning. They described cyclical feelings of self-doubt and isolation, which led to reduced confidence. In the following example, the graduate wanted to know if she was performing adequately.

“Maybe just I feel like we need a little more sitting down and talking about things even if it is just an hour at the end of the day, or something like that, so we can debrief about what had been happening with patients, what we were feeling, what stressed us out, what we had no idea about and what we want to learn about ... so we can have a talk and go home and
go ok well I feel better about that now... I can forget about it and learn from it.... Just bit more debriefing." Graduate 6.

Furthermore, the absence of feedback was reported to contribute to further anxiety for these graduates as they were concerned about their progress and performance. One graduate stated;

“*When you feel like you are in different situations and the other nurses are there listening and that just makes you feel more stressed as well ... afterwards they don't come up to you and say you did a good job... or you did alright or maybe you should have said this.... I then wonder what those nurses are thinking about what I just said. So, in that way I don't feel like I've had much feedback for the whole 6 months here as to what other staff members actually think about what sort of job I'm doing except through the graduate co-ordinator umm ...I've had to go and get two peer reviews done the last two days for my performance of being a grad ... but it would be nice to have the feedback in a less formal manner.... not actually having to go up to other nurses at the end of my shift and ask how I've done. I just want to know how I'm going.*” Graduate 1

“*There was one nurse that the graduate co-ordinator actually just asked if she could just look over ‘the graduates’ documentation stuff and give her any feedback on that ... and when I came back on shift the only compliment she could give me was complimenting my handwriting ... saying it was very neat. Something more constructive criticism would be good.*” Graduate 1.

Some graduates assumed that the absence of feedback was an indication that they had not made any major mistakes. They stated that they were open to constructive criticism and stated that negative feedback would be an improvement on not receiving any feedback.
Furthermore, they were requesting more regular and frequent feedback to help them feel supported and reinforce their learning.

“Hopefully if it's done not in a nasty way.... like this person just did a crap job that would not be nice but if it was constructive, I think I would umm feel quite empowered afterwards to be able to change my practice and then feel like then I've actually done something better and the people around me could see improvement and they're happy as well knowing that if I'm doing it right they're impressed.” Graduate 7.

Summary of Chapter

The analysis of the stories told by the graduate nurses allowed the researcher to open a viewing window into a complex professional culture that exists widely within the health care industry. Here, the open window provides a glimpse into the actual reality of what it is really like for first rotation graduate nurses working in the NICU. The issues raised in the current chapter will be discussed in the next chapter in relation to the previously published literature.
CHAPTER 5 – DISCUSSION

Introduction

In the previous chapter, the experiences of the first rotation millennial graduate nurses were presented. These were acquired through the identification of four dominant themes, which provided a collective voice. The graduate nurses in this study perceived themselves as underprepared for working in the highly specialised clinical setting of the Neonatal Intensive Care Unit (NICU). Their perceptions of the training program and the support they received during their time in the NICU involved stories of feeling unprepared with limited educational support and feedback, and accounts of horizontal violence (defined as hostile or aggressive behaviour towards an individual within the same work group\(^\text{36}\)). The lack of educational preparedness and support also raised serious questions relating to the safety of the neonatal patients in the graduates’ care. These themes will be discussed in the following paragraphs in relation to the research questions presented in the first chapter and supported with current literature.

Graduate Learning Experiences of the NICU

This narrative research study advances our understandings for the need to better prepare graduate registered nurses for their clinical placement within the specialised NICU. This study found that these newly graduated millennial registered nurses felt underprepared for working in the NICU. This was mainly due to the lack of undergraduate education that focuses on the knowledge, clinical skills and speciality training specific to caring for a neonate or infant in the NICU. This lack of preparedness resulted in overwhelming feelings of stress, emotional exhaustion and for some participants, led to early career burnout.
(emotional exhaustion resulting from prolonged stress\textsuperscript{36}), within their first six months in the health care workforce. The current research demonstrates that the sources of stress were as a result of feeling underprepared for providing nursing care to a neonatal infant, overwhelmed by a personal sense of responsibility which was exacerbated from a lack of support and consistency from education staff which resulted in growing concerns for patients' safety.

Burnout and emotional exhaustion were often the result of caring for patients who required critical and complex care, such as the narcotic-addicted babies. The increasing numbers of NICU patients with complex co-morbidities, coupled with the new graduates being unsupported and inexperienced can lead to physical and emotional exhaustion of graduate nurses.\textsuperscript{43} Other studies have found that high levels of emotional exhaustion have been found to correlate with an intention to resign, resulting in an increase in the turnover of nurses.\textsuperscript{15,16} Rudman and Gustavsson\textsuperscript{43} estimated that at least one in five nurses will experience high levels of burnout at some time during their career.\textsuperscript{43} A further concerning finding from their study was that the highest levels of burnout were reported by the younger, newer generation of nurses which is well documented in the published literature.\textsuperscript{43,44} Social support of this millennial generation, has been shown to be an essential element in positively influencing retention of new graduate nurses.\textsuperscript{45} Millennial students seek a collaborative and supportive relationship with their clinical educator that is not hierarchical or authoritarian. Feeling respected and supported by their clinical educators is also important. Clinical educators who demonstrate these attitudes are highly respected by students.\textsuperscript{46}

A lack of preparedness for working within a highly specialised clinical setting is not a theme unique to the nursing profession. A study of medical students conducted by Al-Yassin et al.\textsuperscript{47} in 2017, explored how general paediatric training might be optimised in highly specialised tertiary hospital settings.\textsuperscript{47} They found that many of the challenges
associated with working in a specialised paediatric clinical setting were related to a mismatch of expectations of trainees and trainers, especially when it came to specialty-specific knowledge and education. Some of the medical students felt that these high-stakes attachments which were often specifically chosen by trainees for particular purposes (e.g. in order to have access to research opportunities or to explore a subspecialty career option) were not always recognised or supported by the trainers or the tertiary hospital. These findings shaped a series of educational recommendations including adapting the medical students to their learning needs and development goals, encouraging students to take a more proactive approach to learning and ensuring that they were prepared educationally and professionally for their placement in a highly specialised paediatric clinical setting. There are many similarities between medical and nursing pedagogical approaches with nursing educational programs adopting learning mechanisms attributed to medical training.

Because nursing is a performance-based profession, clinical learning environments play an important role in the socialisation and acquisition of professional abilities because they educate nursing students to enter the profession to become a registered nurse. Moreover, the clinical placement is of paramount importance for students; especially in the selection or rejection of nursing as a profession. Unlike classroom education, clinical training occurs in a complex, real world clinical learning environment which is influenced by many factors. This setting provides an opportunity for nursing students to learn experientially and to convert theoretical knowledge to a variety of mental, psychological, and psychomotor skills which are pivotal for practice and patient care. Students’ pre-exposure and adequate preparation while on orientation prior to entering the highly specialised NICU clinical setting are some of the important aspects affecting the quality of education and clinical judgement. Based on the finding from the current study and other
authors\textsuperscript{5,14,18,51} in the field it is clear that the development of clinical judgment is a key factor in the successful transition of the graduate nurse from novice to competent practitioner.

Clinical judgment is defined as “an interpretation or conclusion about a patient’s needs, concerns, or health problems, and/or the decision to take action (or not), use or modify standard approaches, or improvise new ones, as deemed appropriate by the patient’s response”. \textsuperscript{52(p204)} Critical thinking and clinical judgment, both forms of clinical decision-making, are often used interchangeably but are not the same. \textsuperscript{52} Clinical judgement develops over time with experience and needs a supported learning environment so the graduate nurse can progress along the continuum from novice to expert. This is reflected in the Benner’s\textsuperscript{53} five stages of clinical competence model. The first stage is the ‘novice’ which focuses on the nurse in their first years of undergraduate nursing training, to the final stage of ‘expert’ which is the independent thinking and knowing to be able to attain their goals of care. The second stage is the ‘advanced beginner’, where the graduate nurse sits. They would typically have the knowledge and skills, but are unable to draw from enough in-depth prior experience to perform proficient clinical reasoning.\textsuperscript{53}

A second model of clinical judgement is Tanner’s\textsuperscript{52} framework. Tanner’s framework utilises a complex reasoning processes that nurses use to make clinical judgments involve noticing, interpreting, responding, reflecting, which includes evaluating the action or outcomes\textsuperscript{52}.

It was not surprising that all of the graduate nurses in this study had feelings of stress while working in the NICU environment. It would be unrealistic to expect that a newly graduated nurse would have the ability to clinically reason at a level that is required in such a speciality unit. These unrealistic expectations caused the participants in the current study
to feel a lack of support and experience negative behaviours from their senior nursing colleagues. Tanner\textsuperscript{52} identified the context of the environment as important in the development of one’s clinical judgment. Using this model as part of a framework for support and education, the graduate nurses in the NICU may begin to recognise patterns of clinical symptoms/presentations. In addition, consistent recognition and use of repeat examples of clinical presentations might enhance the graduate’s ability to draw on theoretical information and apply it to nursing practice. This may aid in coping with the stress of transition and enhance their professional and clinical skills set whilst working in the NICU. Accordingly, one may theorise that structured reflection skilfully facilitated in regular debriefing sessions, could promote the development of clinical judgment. This is especially important in a clinically complex, highly technical clinical environments such as the NICU.

Just as an optimal clinical learning environment has a positive impact on the students’ professional development, a sub-standard learning environment can have adverse effects on their professional development\textsuperscript{3}. The unpredictable nature of the clinical training environment can create some problems for nursing students\textsuperscript{9}. The nursing clinical education literature reveals that if nursing students are exposed to negative behaviours, the students’ behaviours and performances can change in the clinical setting.\textsuperscript{48,54} This variation can negatively affect their learning progress, ability to deliver quality patient care and professional performance\textsuperscript{55}. Identifying problems and challenges students face within the clinical learning environment can help educators to proactively resolve these problems and contribute to the trainee’s development, and also aid in their professional survival.\textsuperscript{44}
What Education/ Support is Needed for Clinically Competent Graduates?

Some nurses reported, in this current study, that the preceptors were not available to support the graduates; especially after normal work hours. This left the graduate nurses feeling that there was no one to ask for assistance, resulting in them feeling stressed and overwhelmed with responsibility to autonomously care for complex patients. The findings are consistent with other literature that found that nurses were assured support throughout their graduate programs, however this was not forth-coming or available beyond graduation.\(^{36,45}\) It can be seen that inadequate supervision and lack of support contributes to the graduates’ learning deficits not being addressed and may potentially lead to negative patient outcomes.\(^{56}\) This is supported by Wilson\(^{57}\), who found that the first months of a graduate nurse’s employment were associated with the highest rates of errors and mistakes.\(^{57}\) High levels of stress were associated with the graduates caring for neonatal patients within their first few weeks of commencing their graduate program straight from university. The graduates were unable to determine the clinical needs of these compromised patients as well as time managing all required tasks for the shift. The absence of previous education in the NICU speciality led to the students not being able to understand the clinical context of each situation and how to manage to ensure correct, safe patient care. Duchscher found that graduates have a limited capacity for multitasking and the inherent challenge in critical decision making that requires the organisation of different levels of complex information to ensure functioning in the dynamic environment of acute care exceedingly difficult for newly graduated nurses.\(^{58}\) Feeling underprepared for a high acuity setting, including various approaches to graduates’ learning was confounded by the lack of appropriately trained neonatal preceptors that were available to support and assist the graduates in becoming part of the nursing team.\(^{56}\) A preceptor should be an experienced nurse who has education or additional training in assisting students and new staff members.\(^{57}\) However, in this study
the nursing staff were either disinterested, too busy or absent to focus on developing positive learning and supportive relationships with the new graduates. The importance of the preceptor’s role during the graduate’s transition to a new registered nurse is significant, as during undergraduate clinical experiences, nursing students remain under the direction of registered nurses who supervise all patient interactions, and are available to provide advice, feedback and evaluation of their performance. This is consistent with a study that investigated how to enhance graduate nurse transitions which found that many of the participants reported a stark contrast in availability of supervision which led to them feeling distressed and frustrated.19

The present study found that the most important time for support and assistance is within the first few months after graduation. In Australia, the majority of graduate nurse programs begin with an orientation to the new work environment. This is usually followed by a number of supernumery shifts shadowing an experienced nurse, ideally a preceptor that will be consistently available on a similar roster for a period of time. This educational model was designed based on the literature, which reports that the graduate nurses’ preceptors assist in reducing stress in the workplace.6,9,45,55

The current study found that the graduate nurses felt that the education they received from their preceptors was not consistent with their expectations, and for many this resulted in confusion and increased stress. This may be linked to the higher organisational level, including a lack of protected professional development available or due to the selection of inappropriate or untrained preceptors, resulting in less than ideal learning experiences and outcomes for the graduates. Some of the participants’ comments in this present study resonated with Haggerty50 who found several disadvantages in the use of preceptors for graduate nurses. These included negative relationships, lack of interest from the preceptors and staff being too busy with their own workload to support the graduate effectively.50,59
Similar to the current study, the graduate nurses reported that they did not feel comfortable in asking for support and assistance. King et al. found in their study, that if the nursing student felt a sense of belonging, and were viewed as an integral part of the workforce and precepted by a clinical supervisor that was educated for the role, they felt more confident in undertaking further learning opportunities.

The traditional assumption is that healthcare professionals enter their discipline naturally inclined to precept and inherently possess the skills needed for the role. They are expected to have the teaching skills required to know how and when to share their knowledge and to have the capacity to recognise when to allow the graduate nurses increased independence in the NICU environment. Graduate nurses operate under a registered nurse license, and a major concern amongst preceptors (in these high acuity settings) is that graduates demonstrate inconsistency between their clinical reasoning and their actions, thus performing unsafe care. In these situations, preceptors want to discuss their concerns and be supported by an experienced colleague within the graduate nurse education program. Research has shown that preceptors experience increased stress related to teaching responsibilities in difficult situations which can take the vigour out of the preceptors, causing exhaustion and stress. These results are consistent with the outcomes of other preceptor programs in the nursing literature.

To assist graduate nurses, many Australian nurse programs offer clinical educators, in addition to preceptors, for additional support. Educators do not have a patient load, and so are theoretically available to help the graduates and provide targeted education for identified knowledge deficits. The graduate nurse program offers clinical educators, who are clinical development nurses (CDN), however the graduates in this study repeatedly reported that they were left unsupported by these CDNs, especially within the first week of their NICU rotation. This was also found in a study by Lea and Cruickshank who
recommended that more educators be available, in order to meet their graduate nurses’ learning needs. Provision of adequate, supportive educational measures for graduate nurses in the clinical work environment depends on adequate recognition, staffing and investment from the senior organisational level. However, nurse managers and leaders are often under a great deal of pressure from budget and roster constraints that can negatively influence the graduates learning environment and can result in burnout or graduate nurses leaving the profession.

Failure to identify the challenges and problems that the graduates face in the NICU clinical learning environment can affect the nurses’ learning and professional growth. As a result, the development of their skills may be negatively influenced. Studies show that the students’ non-effective exposure to the clinical learning environment has led to increased dropout rates with some nursing students leaving the profession as a result of challenges they face in the clinical setting. This finding is important against the current workforce shortage prediction outlined in Australia’s Future Health Workforce – Nurses report, published in August 2014. They predict that the demand for the acute care workforce will exceed the supply by approximately 41,000 nurses across Australia by 2030 in the nursing sector, which encompasses the neonatal intensive care unit.

The Need for Effective Communication

It was evident in this current study that the regular horizontal violence negated the development of positive and effective learning partnerships. These results suggested that a large power imbalance existed between the graduate nurses and some NICU nursing staff. Such behaviours were often displayed as ‘power games’, with some graduates reporting they were being ignored or excluded, when asking for important assistance. Many of the participants expressed fear and anxiety about attending shift work and facing these
challenges. Millennial students tend to focus on the destination of their learning (i.e. the performance/outcome) rather than the journey (the learning itself), thus requiring clear communication of expectations. Effective and constructive communication is the key to operational healthcare; including a sense of belonging for the graduate nurses within the health care team. Drawing from the recent literature published about promoting student belongingness during clinical placement, it was found that in a partnership in which students feel confident enough to challenge the contemporary practice of nursing staff, the educational practice of students can be enhanced. This relationship may also lead staff toward developing a culture that respects education, and its capability to enhance and challenge clinical practice.

Horizontal bullying in nursing is not uncommon, as research has shown that negative behaviours contribute to graduate nurses reluctance to approach and request assistance from senior nurses. Furthermore, Rush et al found that graduate nurses who experienced bullying reported less access to support. Without the appropriate assistance from senior nurses, it is evident that this could have the potential to negatively impact on patient care and outcomes. The lack of support from experienced nurses was apparent in the current study which led to increases in stress levels hindering learning and the transition from novice to competent nurse.

**Perceptions of Feedback: The importance of empowerment**

“Feedback is the fuel that drives improved performance.”

*Eric Parsloe – Author*

A prevailing theme found in this study was the importance of feedback, especially in boosting the graduate nurse’s confidence. The graduates reported that receiving feedback in inappropriate locations or in a way they perceived to be disrespectful caused significant
distress\textsuperscript{10}. Feedback is very important to millennial students in an educational setting. Timely, frequent, concise feedback that is specific and offers solutions, guidelines, and reassurance is valued\textsuperscript{46}. Feedback such as this enables students to see how they can improve on their performance and reasoning. It also encourages students to address any overconfidence issues that might arise in a practice setting, allowing them to set more realistic goals\textsuperscript{21}. The graduate nurses’ educational or clinical supervisor/preceptor ideally needs to be trained in providing effective and regular feedback. Unfortunately, there was little evidence of feedback of clinical and educational progress provided to the graduate nurses in the NICU which further compounded their stress. There were many barriers to receiving feedback mentioned in the graduates’ stories including that the feedback provided was too generalised; in that it was not related to specific facts, and the graduates did not want to ask for feedback in fear of upsetting colleagues and damaging professional relationships. One graduate stated that when they were given feedback, it was focused on how ‘neatly’ the graduates’ documentation was written rather than their clinical performance as a graduate nurse. Incidences, like the above unveiled a clear lack of framework for providing feedback which was evident in the NICU.

The findings in the current study, identify that feedback is an essential element of learning and central to assisting new graduates in developing competence, confidence and recognising how their performance is perceived in the NICU. It can assist the graduate nurses to think about the gap between their actual and desired clinical performance and identify ways to focus on specific areas for improvement. For graduate nurses in the NICU, when feedback was provided, it promoted reflective and experiential learning on-the-job\textsuperscript{18} that fostered reflection on experiences during the graduate program. More importantly, when constructive feedback was given, the graduates developed more competent future performance that responded to learning deficits in a productive way. For example, the
graduates would be empowered to undertake further self-directed research to improve their knowledge and skills; such as finding information about a condition and how to care for their neonatal infant patients. The graduate nurses in the current study provided limited evidence of this type of educational empowerment as they often found they did not receive effective and appropriate feedback, resulting in feelings of stress and confusion. Research shows that an essential factor in the graduate nurse transition is their level of work empowerment.\textsuperscript{10,35} This refers to an employee's ability to access support, feedback and information that they require in order to fulfil their role. High levels of work empowerment have been found to correlate with decreased levels of burnout and stress.\textsuperscript{36}

Feedback to the learner should be embedded in effective education, training and daily professional activities, and is a valuable tool for indicating whether redirection in learning is required.\textsuperscript{5} In health professions education, feedback is intended to provide trainees with information about their practice through the eyes of their peers and superiors. Feedback is a valuable tool for graduate nurses, in order to gather information, consolidate their awareness of strengths and areas to improve, and aims to support effective behaviour.\textsuperscript{36} Giving and receiving feedback is not a straightforward task, and can pose significant challenges for both the graduate nurses and the preceptors.

Literature that reports challenges with giving and receiving feedback, includes the need for feedback to be clearly identified, as constructive feedback before it is provided, in order for the student to understand and receive the intended message.\textsuperscript{10} Previous research has emphasised the importance of timing, location and approach to provision of feedback in determining the effectiveness. If feedback is delivered abruptly or unexpectedly, it can be detrimental to a graduate’s confidence.\textsuperscript{50}
Summary of Chapter

The results of this research study have been discussed and supported with current literature, based on the research questions posed previously. Overwhelming, the graduate nurses who experienced a more positive transition were those who received adequate and appropriate support in their new role and environment. In addition, the provision of constructive and timely feedback, and experienced educational supervision may have helped to decrease stress and anxiety reported in the participants in this study.

Limitations

The results from this study are important as an in-depth insight into the graduate nurse’s experience in the NICU. Whilst the participant selection was voluntary, a limitation of this study was that the participants accepted an invite to participate in this study rather than random selection. These participants may have only accepted the invitation to participate because of strong positive or negative opinions towards the graduate program in the NICU. Therefore, it could be argued that they could have influenced and skewed the content of the interviews into their individual interpretations of events rather than actual circumstances. However, measures of validation, such as member checking, were utilised as described in the methodology chapter. This allowed the participants to reflect on their interview transcripts, the emerging themes and they all responded that the interpretation of the data was an accurate representation of their graduate nurse learning journey in the NICU. Another limitation was a small sample size of eight participants derived from one homogenous group from (one graduate nurse program) across two hospital sites within Western Australia. This was unavoidable due to the time and scope of this master’s research project. However, it is evident in literature that graduate nurse programs within Australia
adopt similar program structure and the findings may be cautiously transferable to other populations.
CHAPTER 6 RECOMMENDATIONS – LEARNING FROM THEIR STORY

Introduction

Organisations, such as the neonatal intensive care unit, need to continue to research and develop specific graduate programs that meet the needs of both the NICU and the graduate nurses. Graduate nurse programs should be driven by the educational needs of graduate nurses, otherwise these programs will be ineffective and negatively affect the transition into the workplace for graduate nurses. To complete the graduate nurses’ story, a number of key recommendations are presented, including some possible directions for future research, policy and practice. The recommendations have evolved from the participants’ reflections on their lived experiences. Here, the researcher addresses the final research question about what can be done to enhance the graduate nurse’s program to support them through their NICU rotations.

Recommendation 1: Conduct extended transitional support for the neonatal intensive care units.

Presently, Neonatal Intensive Care units in Western Australia, provide extensive specialty education related to technology and disease management for the compromised neonate. However, these programs are only available to the postgraduate population, not the newly registered graduates. As a result, the study participants described a need for similar specialised education and transitional support that includes opportunities to emotionally and clinically prepare for the intense patient/family situations encountered in the neonatal unit, especially when they reported increased responsibility to patients and family. New graduates need periodic professional supervision and feedback to ensure emotional climatisation to the intensity of this speciality practice environment. This transition support
is needed well beyond the first year. To promote quality care and competent outcomes, there needs to be a clear collaborative partnership among continuing education, neonatal units, and new graduates’ entering the unit.

Recommendation 2: Provide sustained educational support.

Newly graduated nurses would benefit from longer-term, sustained educational support that includes further development of clinical judgment skills, debriefing opportunities, and clinical and communication skill set enhancement in the NICU. It is essential that regular debriefing be incorporated into the NICU education program, including individual and team training for clinical and critical events. In addition, the availability of educational resources including protected time to complete them. In addition, increased opportunity for the effective provision and use of feedback. Delivering feedback is an ongoing and systematic process, and its vital role could be affected by the lack of knowledge for both the graduate nurses and their preceptors. Effective feedback practices should be incorporated into mandatory training for the graduate nurse education program and for the preceptors. Ideally, feedback should be consistent and constructive, and incorporated into programs of learning through regular formative and summative assessments. The recommendation for sustained support is consistent with the notion that graduates need to acquire clinical competence and acknowledges that novice nurses do not have an explicit understanding of the situations that arise in the NICU due to no prior experience. Graduates require a sustained orientation period that encompasses learning theory and knowledge behind the practices/skills specific to the NICU patient. It would be beneficial to provide regular educational classroom sessions throughout their rotation through the NICU. This would allow the graduate to be able to draw on knowledge, gained in these classroom settings in the clinical areas, whilst making complex critical clinical decisions on patient care. Thus, improving their clinical competence.
Recommendation 3: Teach effective communication skills.

As part of their orientation, new graduates reported that they received no formal training in interpersonal communication and team work skills which are essential in the NICU. The current findings indicate that they require enhanced communication skill training, especially in interdisciplinary conversations and conflict resolution in the NICU in order to feel confident enough to respond to the patient’s family questions and ask for assistance. Newly graduated nurses would benefit from intentional educational preparation and practice for crucial conversations with other health care providers, within the neonatal context. Specific neonatal role plays or simulations that illustrate and provide graduates with opportunities to practice collegial and professional communication in a safe setting with debriefing and feedback, should be made available.

When graduate nurses experience events in the simulation environment, they are the decision makers driving the scenario. In the clinical setting, they are in the back seat watching a clinical instructor or preceptor manage the patient. Simulation allows for students to use critical thinking and clinical decision-making skills to navigate the simulation scenario. In a supportive environment, simulation can help students to exercise their thinking and clinical judgment skills and improve their self-confidence. The bulk of learning in simulation does not occur during the simulation scenario itself, but rather in the debriefing following the scenario. Simulation facilitators bring the graduates through the scenario, allowing for vital self-reflection that consolidates new learning. By debriefing with good judgment, the facilitator helps the graduates to understand what they did well, where they can improve and how they could have performed differently to improve patient outcomes. The debriefing session should also include a review of what students learned in simulation and how it can be used in the clinical setting. This also supports Benner’s theory of the importance of experiential learning in moving from
novice to expert. This could potentially increase the cognitive level of learning as the graduates will have previous experiences to draw upon.

Learning how to engage in purposeful communication between healthcare team members is an integral part of the graduate’s personal and professional growth. While at university, graduate nurses have learned about nurse-patient therapeutic communication and how effective this can be in bringing about positive health outcomes and improved quality of care for the patient. As this current research project showed, exchanges between the nurse and fellow members of the healthcare team can impact on the graduate nurses stress levels, attitude toward their work and how they socialise into the workplace which directly impacts on the care and safety of the patient.

Recommendation 4: Teach strategies on managing horizontal violence

It was evident that many of the graduate nurses were unprepared to respond appropriately to acts of horizontal violence. Specific information about these situations need to be shared with them, along with conflict resolution strategies in order to actively respond. It is important for transition programs to prepare graduates with scripted responses for new graduates to use when these circumstances arise. In addition, an opportunity should be provided for practise and role-play in a simulation-based education session. These strategies would prepare and provide the new graduate with practical tools to overcome and deal with ‘bullies’. Educating and empowering graduate nurses is a key element in managing horizontal violence.

Nurse Managers and clinical leaders also play an important role in addressing horizontal violence by recognising these situations and creating a safe culture whereby new nurses can speak up about the horizontal violence that is happening on their unit. Organisations need to ensure that management staff understand that horizontal violence will not be
tolerated. In addition, there should be ongoing monitoring to ensure that area levels of management are proactively addressing horizontal violence/bullying issues. A decrease in incidents of this type of behaviour can assist nurses to feel supported in a ‘safe’ work environment and may translate into nurses being more likely to remain in the profession.\textsuperscript{71}

**Recommendation 5: Employ ongoing preceptors who are trained in providing education**

Through the eyes of the graduates in this study, assigning the new nurse to one individual preceptor that aligns with ‘their work schedule’ improves the consistency of the learning experience. Having one preceptor reduces the frustration that new graduates might feel as they work through contradictory information, especially when attempting to learn organisational policies and procedures. Preceptors are expected to create an effective learning environment and facilitate a constructive clinical learning experience. However, simply assigning a graduate nurse to a preceptor is no guarantee for the quality of the clinical training. If someone is trained by a non-supportive, unskilled preceptor and thus not gaining confidence, feedback, and guidance, the learning may not be effective. Therefore, it is important to give preceptors assistance and the tools when needed so that they will be successful educators. It is unrealistic to expect that healthcare professionals can automatically function as a preceptor in stressful and complex healthcare environments without pedagogical knowledge, practice and support.\textsuperscript{59} Positive experiences should be acknowledged and shared with preceptors and staff within the NICU and graduate nurse program to promote a lifelong learning culture. As stated by the authors of another study, preceptors should be required to possess professional, as well as academic teaching and learning qualifications, and employers have a responsibility to provide preceptors with the knowledge and skills they require to provide effective preceptorship.\textsuperscript{50}
Recommendation 6: Reduce the gap between the graduate and nursing management.

Graduate nurses have reported that they feel more supported when they have direct contact and conversations with nurse leaders in their organisations.44 As is true of other members of their age cohort, new graduates want visibility and transparency from their nursing leadership.10 A formalised link to high-level nursing leadership enables graduates to receive constructive feedback and promotes mutual professional dialogue.10 It has been found that intentionally connecting new nurses to effective nurse mentors and leaders helps them to feel less isolated and provides them with guidance on how to seek assistance when they need it.10 Regular avenues of communication should be facilitated to keep lines of communication open between the management team and nurses. Strategies that could potentially close this communication gap between management and staff are to hold regular meetings and designate time available for the graduates to discuss topics of importance with the leadership team. These opportunities should not be confined to the education management team. Nurse Managers, Clinical Nurse Consultants and Clinical Nurses should ideally provide direct avenues for communication. This would enable the graduate to feel a better sense of belonging in the nursing team.

Future research

The current study reveals some important new research directions for the future. As demonstrated in this research, graduate nurses are especially vulnerable when they enter the NICU as a professional nurse, therefore future research into the feasibility of graduate nurses being allocated to NICU in their very first rotation of a graduate program needs to be further investigated. In addition, research into the prevalence of horizontal bullying towards new graduates is recommended. Following the results of this, further research a
program could be developed specific for the NICU environment to combat bullying. Finally, educational training and qualifications of the graduate nurse preceptors in the NICU is warranted and may lead to the development of a specialised transition program in Western Australia for graduate nurses.

Conclusion

Why is the learning journey of the graduate registered nurse undertaking their first nursing position in the NICU important? What makes them different from any other graduate nurse transitioning into the workforce? The comprehensive literature review focusing on graduate nurses’ transition to the workplace, uncovered a large number of journal articles that expressed common themes of anxiety, stress, lack of support, self-doubt and horizontal violence for new nursing graduates. However, there was limited research that investigated the graduate nurse’s transition into the NICU. This lack of evidence provided the researcher with the rationale to undertake this narrative inquiry study. The themes identified in this study regarding graduate nurse transition were similar to other studies. However, there were some differences, including how the graduate nurses were educationally (neonatal education and specific neonatal communication) under-prepared for entering the NICU environment. This was a reality for all of the graduate nurses that participated in this study. Each of the graduates stated that they had received no previous education specific to nursing in the neonatal intensive care unit and thus felt high levels of stress and feeling unprepared to work in the NICU. This was further compounded by a lack of support, horizontal violence and inadequate or no regular feedback. It is not unexpected that the graduate nurses in this study shared raw stories of burnout, psychological and physical stress that affected their ability to provide quality care for the patient and their
family.

In addition, this study found that graduate nurses are placed under the professional care of preceptors who provided a lack of consistency with their availability, effective communication, transitional support and appropriate feedback. The recommendations of this research focused on improving the educational pathway for future graduate nurses, particularly in the areas of consistent support and structured education, appropriate feedback and teaching effective multidisciplinary communication skills. This is important, as the emotional, professional learning journey of the graduates in the NICU is influenced by the environmental and educational support provided. It is in the best interest of hospitals to invest in successful transition for the graduate nurse population, as these people will be caring for vulnerable patients in the future and thus safe and supported transitions in the retention of graduate nurses in the neonatal units is paramount.

“They may FORGET your name, but they will NEVER FORGET how you made them feel.” – Maya Angelou\textsuperscript{72}
REFERENCES

11. Hospital SCG. In: Graduate Nurse Programs. 2012 Sir Charles Gardner Hospital.
37. Seidman I. Interviewing as qualitative research: A guide for researchers in education and the social sciences. Teachers college press; 2013.
44. Ehrenberg A, Gustavsson P, Wallin L, Bostrom AM, Rudman A. New Graduate Nurses' Developmental Trajectories for Capability Beliefs Concerning Core


51. In: OSCE. 2009


71. Nursing and Midwifery Board of Australia. In: Code of Conduct for Nurses. 2018. Melbourne, Australia:
Appendix 1 – INTERVIEW QUESTIONS

1) Why did you become a registered nurse?

2) Why did you choose this graduate nurse program at Sir Charles Gardner Hospital? Did you have a special interest in NICU? If so, where did the interest come from?

3) Can you tell me about some of your experiences, positive and negative as a first rotation registered nurse during your rotation through the Neonatal Intensive Care Unit? Can you give me an example?

4) What type of undergraduate training in NICU did you receive? How well did you feel prepared to enter a Neonatal Intensive Care? How did it feel on your first day? Can you give me an example? How does this differ from how you felt on your last day?

5) Did you feel supported during your rotation in the neonatal unit? Can you give me an example of a time you felt supported in your role as a nurse? Can you give me an example of a time you did not receive support?

6) How could the graduate nurses program better meet your needs?

7) Talk about where you would like to work as a nurse after this placement including any of the experiences that helped you make this decision during this placement.

8) What advice might you give to a new graduate starting in NICU?
Appendix 2 – RECRUITMENT EMAIL

Dear Graduate,

Congratulations!! For being a first rotation graduate in the Neonatal Intensive Care unit at KEMH or PMH/PCH.

My name is Renee McKenzie. I am a Masters of Health Professions Education student at the University of Western Australia. I am currently conducting a research inquiry into the educational and emotional learning journey for the first rotation graduate nurse, as part of the Sir Charles Gairdner Hospital, Registered Nurse Graduation Program.

I would like to recruit you for this research project!

This is your chance to tell your story......

The aim of this research project is to explore the experiences of graduate registered nurses during their first rotation (six months) in the NICU, during the SCGH graduate nurse program. In order to interpret the meanings of these experiences, and how this influences their capacity to successfully transition to practice, the research question for this study is;

‘How do graduate nurses perceive their learning and development experiences during their 6-month rotation through the Neonatal Intensive Care Unit (NICU)?

The research questions guiding this study are:

• How do graduate nurses perceive their preparedness for working within the highly specialised clinical setting of the NICU?
• What are the graduate registered nurses’ perceptions of the graduate training program and the support they received during their time in the NICU?
• What can be done to enhance the graduate nurses program to support graduate nurses through their NICU rotations?

One interview will conducted after you have completed your rotation. The interview will be held in a convenient time and place for you. All information and identity will remain anonymous and the research team will only know any identifying information. This will not affect your employment or future employment opportunities.

This a collaborative research project between King Edward Memorial Hospital, Sir Charles Gardner Hospital and Princess Margaret Hospital. The Women and Newborn Health Service Ethics and Governance Committee have approved this project. Site approval has been granted at King Edward Memorial Hospital, Sir Charles Gardner Hospital and Princess Margaret Hospital.

If you would like to know more, or just want to have a chat, please don’t hesitate to contact either myself, Renee McKenzie (Masters Student) ph. 0427177960 or Jason Osnain (Graduate Nurse Programs Coordinator | Sir Charles Gairdner Hospital) Ph. 64571110.

I have attached a recruitment pack if you would like to participate we would love to hear from you!
Please complete and return to Renee.McKenzie@health.wa.gov.au

Kind Regards,
Renee McKenzie
Appendix 3 – PARTICIPANT INFORMATION SHEET

PARTICIPANT INFORMATION SHEET
Sir Charles Gairdner Hospital/ King Edward Memorial Hospital

Title
‘What’s Their Story’ Graduate RN - NICU

Coordinating Principal Investigator
Renee McKenzie (Masters of Health Professions Education Student, University of Western Australia)

Dr Gabrielle Brand (Masters Supervisor, Lecturer in Health Professions Education, University of Western Australia).

Dr Sue Miller (Masters Supervisor, Lecturer in Health Professions Education, University of Western Australia).

Associate Investigator(s)

You are invited to take part in this research study because you have been allocated to commence your first rotation into the Neonatal Intensive Care Unit, as an employee of the Sir Charles Gardner Hospital Graduate Nurse Program.

This information sheet explains what will be involved should you decide to participate. Please read the information carefully and ask any questions you might have.

You will be given a copy of this Participant Information and Consent Form to keep.

What is the purpose of this study?
The purpose of this research project is to explore and analyse the experiences of graduate nurses during their first rotation (first employment as a registered nurse) as participants of the Sir Charles Gairdner Hospital (SCGH) graduate nurses program, at King Edward Memorial Hospital and Princess Margaret Hospital- Neonatal Intensive Care.
The study is being conducted by a Masters of Health Professions Education student at the University of WA (UWA).

What will participation involve?
We would like to invite you to participate in this research study exploring your perceptions of your educational and learning journey as a first rotation graduate nurse rotating through the Neonatal Intensive Care Nursery at KEMH and PMH, as part of the SCGH graduate Nurse Program. If you agree to participate in this study a researcher from the University of Western Australia will conduct an interview with you following the completion of your first rotation. The single interview will take approximately 1 hour and will explore your learning and educational journey and whether it assisted you to care for patients within the NICU. The interview will be audio-recorded.

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Page 1
Possible burdens and discomforts
During the interview, if you do not want to respond to a question, you may skip it and go to the next question, or you may stop immediately. If you become upset or distressed, the researcher will be able to arrange for counselling or other appropriate support. Any counselling or support will be provided free and will be by qualified staff who are not members of the research team.

Possible benefits
It is possible that there may be no direct benefit to you from your participation in this study; however, possible benefits may include identifying better ways to prepare and educate future graduate nurses for clinical attachment/placement in NICU enabling them to care for NICU patients and their families. Additionally, this study will provide future direction to guide research into the education of how to improve the transition from student to registered nurse.

Protection of your privacy and confidentiality
All information is strictly confidential and will be stored as de-identified data (meaning your name will not be recorded and a unique code number used instead). All hard copy and electronic data will be stored securely in a locked filing cabinet in the researcher’s office or password protected to ensure confidentiality and privacy. No individual responses or status of your consent will be made available to any health services under the jurisdiction of the Health Department of Western Australia. All data will be stored securely for a period of 7 years from the time of completion of research or publication (whichever occurs later), and then destroyed in a confidential manner.

Costs to participation
There will be no cost involved in participating.

Voluntary participation and withdrawal
Participation in any research study is voluntary. You do not have to participate if you don’t want to. You can also withdraw consent to participate at any time during the study without giving a reason. Your decision whether to take part or not to take part, or to take part and then withdraw, will not affect your employment, routine care and your professional relationship with the multidisciplinary team with SCGH, KEMH and PMH.

Contacts for further information
If you have questions about this project, please contact Renee McKenzie ph. 0427177960.
Appendix 3 CONSENT FORM

CONSENT FORM
Sir Charles Gairdner Hospital/ King Edward Memorial Hospital

Title
‘What’s Their Story’ Graduate RN - NICU

Coordinating Principal Investigator
Renee McKenzie

Associate Investigator(s)
Dr Gabrielle Brand; Dr Sue Miller

Declaration by Participant

I have read the Participant Information Sheet or someone has read it to me in a language that I understand.

I understand the purposes, procedures and risks of the research described in the project.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the project without affecting my future care.

I understand that I will be given a signed copy of this document to keep.

Name of Participant

Signature __________________________ Date __________________________

Declaration by Researcher*

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Name of Researcher* (please print) __________________________

Signature __________________________ Date __________________________

*An appropriately qualified member of the research team must provide the explanation of and information concerning the research project.

Note: All parties signing the consent section must date their own signature.

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Appendix 4 – Women and Newborn Health Service Ethics Approval

Women and Newborn Health Service Ethics Committee
374 Bagot Road
SUBLIACO WA 6008

03 August 2017

Mrs Renee McKenzie
374 Bagot Road
SUBLIACO WA 6008

Dear Mrs McKenzie

PRN: RG50000000453

Project Title: ‘What’s Their Story’ The first rotation Graduate Registered Nurse’s educational and learning journey in the Neonatal Intensive Care Unit.

Protocol No: Version 1 13/06/2017

Thank you for submitting the above research project for ethical review. This project was considered by the Women and Newborn Health Service Ethics Committee at its meeting held on 01 August 2017.

I am pleased to advise you that the above research project meets the requirements of the National Statement on Ethical Conduct in Human Research (2007) and ethical approval for this research project has been granted by Women and Newborn Health Service Ethics Committee.

The nominated participating site(s) in this project is/are:

Sir Charles Gardiner Hospital, King Edward Memorial Hospital, Perth Children’s Hospital

[Note: If additional sites are recruited prior to the commencement of, or during the research project, the Coordinating Principal Investigator is required to notify the Human Research Ethics Committee (HREC). Notification of withdrawn sites should also be provided to the HREC in a timely fashion.]

The approved documents include:

<table>
<thead>
<tr>
<th>Document</th>
<th>Version</th>
<th>Version Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA Health Research Protocol - NICU</td>
<td>1.00</td>
<td>12/06/2017</td>
</tr>
<tr>
<td>PIF Final Version 2</td>
<td>2.00</td>
<td>25/07/2017</td>
</tr>
<tr>
<td>Protocol Version 2 Final</td>
<td>2.00</td>
<td>25/07/2017</td>
</tr>
</tbody>
</table>

Ethical approval of this project from Women and Newborn Health Service Ethics Committee is valid from 03 August 2017 to 03 August 2020 subject to compliance with the ‘Conditions of Ethics Approval for a Research Project’ (Appendix A).

The following project specific conditions must also be met:
A copy of this ethical approval letter must be submitted by all site Principal Investigators to the Research Governance Office or equivalent body or individual at each participating institution in a timely manner to enable the institution to authorise the commencement of the project at its site/s.

This letter constitutes ethical approval only. This project cannot proceed at any site until separate site authorisation has been obtained from the Chief Executive or Delegate of the site under whose auspices the research will be conducted at that site.

Should you have any queries about the Women and Newborn Health Service Ethics Committee’s consideration of your project, please contact the Ethics Office at kemmhealthics@health.wa.gov.au or on 08 6458 1667. The HREC’s Terms of Reference, Standard Operating Procedures and membership are available from the Ethics Office or from http://www.kemh.health.wa.gov.au/development/resources/ethics.htm.

The HREC wishes you every success in your research.

Yours sincerely

[Signature]

Professor Jill Keelan
Deputy Chair
WNHS Ethics Committee
Appendix 5-Ethical Approval – HREO University of Western Australia

Our Ref: RA4/1/9361

22 August 2017

Dr Susan Miller
School of Allied Health
MSEP: MH14

Dear Doctor Miller

HUMAN RESEARCH ETHICS OFFICE – NOTIFICATION OF ETHICS APPROVAL FROM ANOTHER ETHICS COMMITTEE

Project: ‘What’s their Story’ The first rotation Graduate Registered Nurse’s educational and learning journey in the Neonatal Intensive Care Unit

Thank you for your correspondence notifying this office of your project’s review and approval by a non-UWA Research Ethics Committee. It is noted that you have ethics approval from WA Women and Newborn Health Service Ethics Committee, approval number RES0000046S.

The students and researchers identified as working on this project are:

Name Institution Details Role
Dr Susan Miller School of Allied Health Chief Investigator

Students: Rene McKenzie - Masters - 21916506, Gabrielle Brand

Although The University of Western Australia reserves the right to subject any research involving its staff and students to its own ethics review process, in this case, the UWA Human Ethics Office recognizes the existing approval of the non-UWA ethics committee.

1. Approving HREC to receive annual reports, amendments and notification of adverse events

You are reminded that the approving ethics committee remains the monitoring committee for this project. You must correspond with them for matters regarding amendments, adverse events, annual and final reporting.

If you have any queries, please contact the HEC at humanethics@uwa.edu.au

Please ensure that you quote the file reference – RA4/1/9361 – and the associated project title in all future correspondence.

Yours sincerely

Mark Davies
Manager, Human Ethics
23 November 2017

Mrs Renee McKenzie
374 Bagot Road
SUBIACO WA 6008

Dear Mrs McKenzie

PRN: RGS0000000453
Project Title: 'What’s Their Story' The first rotation Graduate Registered Nurse’s educational and learning journey in the Neonatal Intensive Care Unit.
Protocol Number: Version 1 13/06/2017

Thank you for submitting the above research project for governance review. I am pleased to advise you that Sir Charles Gairdner Hospital has granted authorisation for this research project to be conducted at the following participating site(s):

Sir Charles Gairdner Hospital

Site authorisation of this project is valid from 22 November 2017 subject to continued ethical approval from the Sir Charles Gairdner and Osborne Park Health Care Group Human Research Ethics Committee and compliance with the 'Conditions of Site Authorisation for a Research Project', see following page.

Should you have any queries about Sir Charles Gairdner Hospital's consideration of your project, please contact the Research Governance Office at SCGH.RGO@health.wa.gov.au or on 08 6457 4889. The Research Governance Office's Standard Operating Procedures are available from the Research Governance Office or from http://www.scgh.health.wa.gov.au/Research/index.html.

I wish you every success in your research.

Yours sincerely

[Signature]

Mr Anthony Bolan
A/EXECUTIVE DIRECTOR
SIR CHARLES GAIRDNER AND
OSBORNE PARK HEALTH CARE GROUP
Dr Sayanta Jana
King Edward Memorial Hospital
374 Bagot Road
SUBIACO WA 6008
01 December 2017

Mrs Renee McKenzie
King Edward Memorial Hospital
374 Bagot Road
SUBIACO WA 6008

Dear Mrs McKenzie

PRN: RGS0000000453
Project Title: ‘What’s Their Story’ The first rotation Graduate Registered Nurse’s educational and learning journey in the Neonatal Intensive Care Unit.
Protocol Number: Version 1 13/06/2017

Thank you for submitting the above research project for governance review. I am pleased to advise you that King Edward Memorial Hospital has granted authorisation for this research project to be conducted at the following participating site(s):

King Edward Memorial Hospital

Site authorisation of this project is valid from 01 December 2017 subject to continued ethical approval from the Women and Newborn Health Service Ethics Committee and compliance with the ‘Conditions of Site Authorisation for a Research Project’ (Appendix A). To find the original letter and any possible attachments, click here when logged into RGS.

Should you have any queries about King Edward Memorial Hospital’s consideration of your project, please contact the Research Governance Office at kemh.rgo@health.wa.gov.au or on 08 6458 1667. The Research Governance Office’s Standard Operating Procedures are available from the Research Governance Office or from https://rgs.health.wa.gov.au/Pages/Research-Governance-Framework.aspx.

I wish you every success in your research.

Yours sincerely

Dr Sayanta Jana
Director Clinical Services
Women and Newborn Health Services