

## **The Impact of Transition Period: New Graduate Nurses' Perspectives**

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### **Abstract:**

**Aim and Objective:** A study aims to explore the impact of the transition period on the experience of new graduate nurses in Al Baha region in the Kingdom of Saudi Arabia (KSA).

**Methodology:** A cross-sectional exploratory, descriptive design was employed among all new graduate Saudi nurses (ninety-five nurses) who were working as registered nurses in nine public hospitals in Al Baha region for 6 months maximum. Casey-Fink Graduate Nurse Experience Survey was used for data collection.

**Results:** The present study results reveal that more than one-half of study subjects performed Chest tube care, End-of-Life care and Vent care in uncomforted independently way. The majority of them face some difficulties in their transition periods such as increased workload and lack of work confidence. They suggested increasing their support and improving their orientation program. The study subjects have a high job satisfaction level and agreed that there are a lot of factors that affect their transition and reported the most apparent ones are the support and work stress.

**Conclusion:** In Al Baha region, KSA, guarantees the effectiveness of the transition experience of new graduate nurses and their orientation program still needs time. New graduate nurses again found uncomfortable independent performance during some nursing skills/procedures and face some work difficulties.

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### **I. Introduction**

More patients and a smaller number of nurses working in hospitals is a challenging issue in the healthcare paradigm worldwide and particularly in KSA. Many hospitals suffer from a severe shortage of nursing workforce and find difficulties in hiring experienced nurses. In KSA, the whole number of foreign healthcare professionals who are working in the ministry of health services reach 62% of the total healthcare staff; Saudis constitute 38% of this percent. There are several Arabian and non-Arabian countries are recruiting nurses from international sources to meet their constant deficiencies of nursing professionals. (Evans et al., 2011). Globally, Saudi nurses in all healthcare facilities in KSA, comprise only 29.1% of the total nursing employees. Besides, the rates of physicians and nurses in Saudi Arabia are 16 and 36 correspondingly per 10 000 residents, lesser than in additional countries such as Bahrain (30 and 58 per 10 000) and Kuwait (18 and 37 per 10 000). Even, in non-Arab countries the rate is limited, for instance: in Japan (12 and 95 per 10 000), Canada (19 and 100 per 10 000), France (37 and 81 per 10 000) and the United States of America (27 and 98 per 10 000). (Almalki, et al., 2011, Alshmemri, 2014, Al-Mutairi, 2015).

Consequently, the quality of patient care and safety are negatively influenced. Therefore, and in an attempt to deal with this shortage of experienced nurses, new graduate nurses are hired, but they often have a transient shock when switching from the academic work to real clinical nursing practice. (Alshmemri, 2014, Lampe et al., 2011, Ortiz, 2016). New graduate nurses suffer from several difficulties and challenges in the transition phase, such as role conflict, stress, anxiety, workload, lack of work confidence, dissatisfaction and frustration. It was observed that the turnover rates of novice graduate nurses have raised with over 35-61%, and they quit their positions in the first year of their work (Lampe, et al., 2011). Therefore, employing a transition orientation program for new graduate nurses is necessary to prepare and guide them in the transitory time of their clinical experience. At the same time, stakeholders should ensure the quality of performance provided by new graduate nurses. Nursing management carries out the duties and responsibilities to develop and manage these programs. Orientation programs for new graduate nurses' have been a significant part of improving their clinical awareness of nursing activities, quality of care, patient safety, professional and communication skills. (Lampe et al., 2011, Ortiz, 2016). Nationally and internationally, there is a need to monitor and carefully manipulate the structure and content of the transient orientation programs for helping the novice nurses passing from a student to competent professional nurses (Riegel, 2013, Fielden 2012).

According to the Commission on Collegiate Nursing Education [CCNE], orientation program refers to "a series of learning sessions and work experiences that occur continuously over the first year of joining the organization" (Commission on Collegiate Nursing Education, 2008). Designing such agendas is a supportive mean to new graduate nurses to become a competent, secure, and expert nurse. In the orientation program, the new graduate nurses learn about hospital policies and procedures regarding safe practices in nursing work. Furthermore, staff retention, nurses' motivation, increase of productivity, decrease in turnovers, facilitation of skill acquisition, ethical improvements and the reduction of anxiety, and reduce the costs of employment are the apparent benefits of the orientation programs for the new graduates and the institution in general. (Lampe et al., 2011, Ortiz, 2016, Sorrentino, 2013, Sims and Bodnar, 2012). Additionally, the orientation program with new nurses with transient experience provides effective support in occupational adjustment, how to build supportive relationships, decreasing work exhaustion, empowering peer relationship (Hoffart, et al., 2011). An effective orientation program is a fundamental method for the healthcare organization to determine and meet the new nurses' learning needs and to attain a valuable transition instance with the better quality of the nursing practice. (Strauss et al., 2015, Kiel, 2012, Sorrentino, 2013).

Benner in 2001 put a model that described how new nurses adapt and be familiar with the work environment and howthey, eventually, grow to be professionals in their nursing field. The model illustrates that the orientation is the key to incorporate new nurses into an innovative reality learningenvironment and Benner put unlimited time for five learning levels in this orientation. (Benner, 2001). *First*; The new graduate pattern of recognition is focused on observing and learning from job situations and integrating it with the earlier acquired data in each real case to develop intuition, knowledge and skill acquisition. (Gardner, 2013). *Second*, this level is characterizedby more experience resulting in more self-confidence, but new graduates still rely on othernurses to assist them in some situations. Nurses can deal with conditions and cope well based on previous similar experiences. (TomeyandAlligood, 2006). *Third*: the advanced beginners have an awareness of long-term goals and show abstract, analytical and conscious thinking to demonstrate nursing activities. They can manage patient care effectively. (TomeyandAlligood, 2006) *Fourth*: advanced nurse employees who have a comprehensive insight into the situations that faced on the job and have learned what to be prepared for other comparative conditions. (Andersson and Edberg, 2010) *Final and fifth*: the nurse has a physically powerful grasp on each situation and can function with high fluency inflexible and proficient manner. (TomeyandAlligood, 2006). Benner's novice to expert theory is an essential thought for preceptors and orientation program planners to comprehend what they can tailor for new graduate nurses with the necessary instructionsin their transitional experience. (Benner, 2001).

Rush et al., in 2013 and Zigmont et al., in 2015 stressed that there are several of these orientation programs need revision and reconstruction, particularly in relation to components of time managing, socialization, supportive skills, nurse satisfaction, professionalism, skill assessment, communication, practice setting, and feedback in classroomeducation. Moreover, the preceptor and new graduatenurses with the length of the program are predominant factors affecting the management of the transition orientation programs. Also, the receptors have some important roles that should be tailored and ensured its congruency with the requirements of such a transitional period. They tend to promote a workplace culture, support the graduates' professional growth, and supervise the new nurses in all nursing activities.However, preceptors still need more and comprehensive training to manage the orientation programs for new nurse graduates effectively. (Friedman, et al., 2011, Rush, et al., 2013, Marks-Maran, et al., 2012 and Zigmont, 2015, Kimery, 2016)

In a study among the Institute of Medicine (IOM) and American Organization of Nurse Executives (AONE) about programs promoting transition for newnurses, the authors stressed and recommended that the transition orientation programs should include items of teamwork, conflict monitoring, delegation, decisionmaking, work environment preparation, prioritization, and the executive of patient care. Those are the significant skills that could be achieved by the new nurse graduate to be competent professional ones. (Kramer et al., 2011 and Kramer et al., 2012)

## **II. Material And Methods**

A cross-sectional exploratory, descriptive design was employed in nine public hospitals, including general and specialized located in Al-Baha region, KSA.

**Study Design:** A cross-sectional exploratory, descriptive study.

**Study Location:** Hospitals incl King Fahad Hospital in Al Bah (site A), Prince Mishari bin Saud Hospital (site B), Almakwah Hospital (site C) and Al Mandaq general Hospital (site D), Al Aqiq General Hospital (Site E), Buljurshipsychiatric hospital (Site F), Gilwah General Hospital (Site G), Naqaha hospital in Al Baha (Site H), Al Qara general hospital (Site I).

**Study Duration:** July 2017 to March 2018.

**Sample size:** 95 new graduate Saudi nurses.

**Sample size calculation:** Study participants were ninety-five new Saudi graduate nurses who were working as registered nurses in the mentioned public hospitals in Al Baha region.

**Subjects & selection method:** Census' method was utilized in this study; thus all new graduate Saudi nurses provided by the nursing administration in each setting were targeted. This sampling technique and also data collection method were chosen because the entire population number is relatively small, and the targeted population is sharing a particular set of characteristics (Polit& Beck, 2016).

**Inclusion criteria:**Inclusion criteria were new graduate Saudi nurses who were working as registered nurses in the mentioned public hospitals in Al Baha regions for six months maximum, and they are (in the orientation program), both male and female, and representing diversity in age, nursing schools, and education level.

**Exclusion criteria:**Exclusion criteria were new graduate nurses who werenon-Saudi and had been employed in the targeted hospitals for less than six months ormore than two years.

### Procedure Methodology

In the current study, authorization agreement on the research plan was obtained from the deanship of postgraduate studies at King Saud University and the Institutional Review Board (IRB) for the College of Medicine at King Saud University. As well, permission was attained from the health affairs in Al Baha region, beforestarting the study. All approvals were got formally to conduct this study from the respective principal of the mentioned settings. Then, a written letter and a sample copy of the survey were sent to the targeted settings' administration, informing them about the all needed information about the study. Participants were notified through their administration, and they were asked to contribute to the research. The paper survey was submitted to the nursing directors in each targeted setting. The survey was distributed to the targeted participants included in the new graduate nurses list. Participants were assured of confidentiality. A written Informed Consent was attached to the survey. Participants were advised that returning the paper survey to the researcher conveyed informed consent. Two weeks were given to the participants to complete the survey and return it to the nursing directors. The completed survey papers were collected from the nursing directors in each setting. The survey papers were checked, and inclusion and exclusion criteria were implemented. Out of 104 total new graduate nurses targeted for this study, 95(91.4%) of them had responded to participate in this study. Surveys that fail to meet the criteria were excluded, and the accepted surveys included in the final data analysis. All data kept confidential, and the names of the participants were optional and the identification number was assigned instead of the name to aggregate data.

### Statistical analysis

Data were analyzed using SPSS version 21.0 statistical software. Descriptive statistics, in the study, (mean, standard deviation, frequencies, and percentages) were used to describe the quantitative and categorical variables. A p-value of <0.05 was used to report the statistical significance of results.

## III. Result

### A. Participants' profile

**Table I** clarifies that the majority of study subjects are in their late twenties (age mean= 27.8), and all of them (100%) are Saudis. Approximately, the new graduate nurses are equally divided into two halves (50.5%, 49.5%) of males and females. Almost all of them (48.4% and 41.1%) have the duration of unit orientation from ≥ eight weeks to ≤ twelve weeks. More than one-half of the study participants (28.4%, 30.5%) are working in the Critical care & emergency unit and Outpatient & rehabilitation unit. Out of 88 of the new graduate nurses, 68.2% have one to two preceptors during their orientation.

**Table no 1:**Shows Participant profile.

Participants' profile	New graduate nurses (n= 95)	
	Mean	SD
<b>Age</b>	27.84	3.04
	<b>No.</b>	<b>%</b>
<b>Gender</b>		
Male	48	50.5%
Female	47	49.5%
<b>Nationality</b>		
Saudi	95	100%
<b>Duration of unit orientation</b>		
Still ongoing	2	2.1%
≤ 8 weeks	46	48.4%
9-12 weeks	39	41.1%
13-16 weeks	5	5.3%
17-23 weeks	1	1.1%

≥ 24 weeks	2	2.1%
<b>Area of specialty:</b>		
Critical care & emergency unit	27	28.4%
Maternity and pediatrics unit	13	13.7%
Adult Medical-Surgical & Operating room unit	12	12.6%
Psychiatric unit	14	14.7%
Outpatient & rehabilitation unit	29	30.5%
	<b>New graduate nurses No =88</b>	
<b>No. of primary preceptors during orientation</b>	<b>No.</b>	<b>%</b>
0		
1 -2	3	3.4%
3-5	60	68.2%
> 5	19	21.6%
	6	6.8%

**B. The new graduate nurses' perceived experiences during the transition period:**

**Table II:** illustrates the distribution of study subjects according to skills/procedures which were performed by them in an uncomfortable independent manner. Considerable proportions of them (33%, 25.5%, and 23.4%) found difficulties in performing Chest tube care, End-of-Life care, and Vent care independently. While, some of them (22.3%, 14.9%, 17%, and 19.1%) felt uncomfortable without help during Bladder catheter insertion/irrigation, Central line care, Charting/documentation, and Tracheostomy care. Correspondingly and in general, all study subjects mentioned several skills that they feel uncomfortable while performing it, independently.

**Table II:** Distribution of study subjects according to skills/procedures which are performed by them in an uncomfortable independent manner.

The type of skills/procedures*	New graduate nurses (n= 95)	
	No.	%
1. Assessment skills	8	8.5%
2. Bladder catheter insertion/irrigation	21	22.3%
3. Blood draw/venipuncture	10	10.6%
4. Blood product administration/transfusion	7	7.4%
5. Central line care (dressing change, blood draws, discontinuing)	14	14.9%
6. Charting/documentation	16	17%
7. Chest tube care (placement, plenurovac)	31	33%
8. Code/Emergency Response	13	13.8%
9. Death/Dying/End-of-Life care	24	25.5%
10. Nasogastric tube management	10	10.6%
11. ECG/EKG/Telemetry care	9	9.6%
12. Intravenous (IV) medication administration/pumps/PCAs	1	1.1%
13. Intravenous (IV) starts	6	6.4%
14. Medication administration	12	12.8%
15. MD communication	0	0.00%
16. Patient/family communication and teaching	8	8.5%
17. Prioritization/time management	10	10.6%
18. Tracheostomy care	18	19.1%
19. Vent care/management	22	23.4%
20. Wound care/dressing change/wound vacuum	0	0.00%
21. Independent in all skills	13	13.8%

\*New graduate nurses are allowed to select more than one skill

**Table III:** Illustrates the distribution of study subjects according to their perceived difficulties in their transition period. Concerning the difficulties that faced them in the transition to the registered nurse role, more than one-half (53.2%) of the participants found that workload is the main difficulty. Also, (31.9%) of the new graduate nurses mentioned that lack of work confidence is the major difficulty.

Additionally, as regards the study subject's suggestions to overcome the difficulties in their transition period, more than one-half of them (50.5%) suggested that increasing support is the most suggestion. Subsequently, orientation improvement was the second suggestion mentioned by (40%) of the study subjects.

For most factors that affect their difficulties positively in the transition period, about two-thirds of them (61.1%) found that peer support is the significant factor that followed by patient and family support, which reported by (42.1%) of them. However, most factors affect their difficulties negatively; about two-thirds of new

graduate nurses (58.7%) found that system facility and resources are the most apparent factors negative one. While (33.7%) of the participants found that the work environment of nursing activities is a considerable factor.

**Table III:** Distribution of study subjects according to their perceived difficulties in their transition period.

Transition period perceiving issues	New graduate nurses (n= 95)	
	No.	%
<b>Difficulties faced them in the transition to RN role:*</b>		
Role expectations	24	25.5%
Confidence	30	31.9%
Workload	50	53.2%
Fears	23	24.5%
Orientation issues	15	16%
<b>Suggestions to overcome the difficulties:*</b>		
Orientation improvement	38	40%
Increase support	48	50.5%
Socialization in the Unit	32	33.7%
Work environment improvements	45	47.4%
<b>The most factors affect the difficulties positively:*</b>		
Support by peers	58	61.1%
Patient and families support	40	42.1%
Ongoing learning	18	18.9%
Professional nursing role	31	32.6%
Positive work environment	33	34.7
<b>The most factors affect the challenges negatively:*</b>		
Work environment of Nursing	31	33.7%
System facilities and resources	54	58.7%
Interpersonal relationship	29	31.5%
Orientation	11	12%
*New graduate nurses are allowed to select more than one alternative		

**C. Factors affecting the transition period experience among new graduate nurses:**

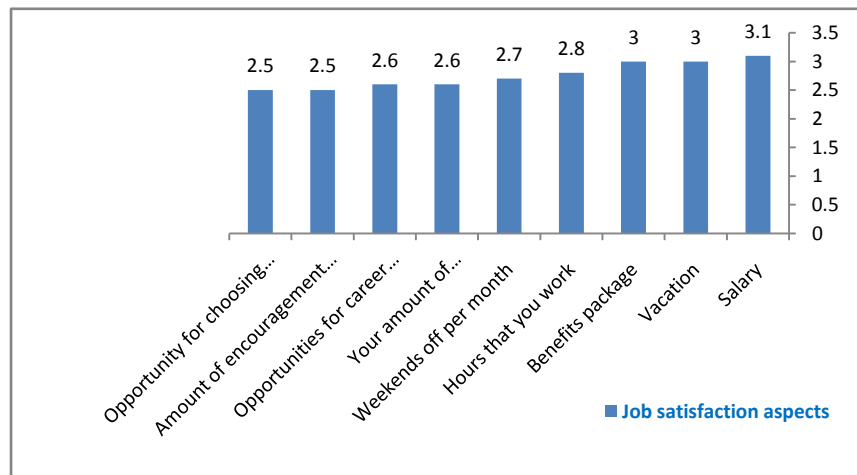
**Table IV:** shows the factors affecting transition period experience as perceived by new graduate nurses. The scoring of the subjects' responses on Casey Fink Graduate Nurse Survey for measuring those factors ranged from one score, to strongly disagree with up to four scores for strongly agree. Each factor includes some of the rating items, but in the present table, each factor is presented with its total means and standard deviation values. All study subjects got mean in between 2.2 to 3.4 in all factors affecting transition period experience, which indicated their agreement that all those factors are present in their transition period. The most observed factors that got a high agreement of study participants were: the support from the peer, manager, preceptor, and unit, followed by nursing professional satisfaction and communication/leadership. New graduate nurses also agree that they are experiencing stress in their personal life. For the number of preceptors during orientation, new graduate nurses pointed to mean = 2.2 which specified that the average of the number of preceptors of for study subjects was almost 2. For the causes of stress among new graduate nurses, considerable proportions of them (41.9 %, 33.8%, 27%) mentioned that living situation, financial load and the personal relationship were the major caused leading to stress.

**Table IV:** Factors affecting the transition period experience among new graduate nurses.

Factors affecting transition period experience	New graduate nurses (n= 95)	
	Mean	SD
Support	3.43	0.43
Organizing Prioritizing patient safely	2.53	0.41
Communication/Leadership	3.06	0.52
Professional Satisfaction	3.07	0.60
Number of preceptors	2.25	1.93
Work stress	3.3	1.12
<b>Total</b>	<b>3.1</b>	<b>0.76</b>
Causes of work stress:*	New graduate nurses (n= 95)	
	No	%
Finances	25	33.8%
Childcare	8	10.8%
Student loans	7	9.5%
Living situation	31	41.9%
Personal relationships	20	27%
Job performance	10	13.5%
Other	6	8.1%
*New graduate nurses are allowed to select more than one cause		

**Figure (1):** shows the new graduate nurses' job satisfaction level, which measured in Casey Fink Graduate Nurse Survey by five points Likert scale, and ranged from one score, for very dissatisfying up to five scores for very satisfying. It is obvious that all study subjects reported a high mean score for all job satisfying aspects (above 2.5). The figure, also, clarifies the rank of job satisfying issues perceived by the study sample. It is comprehended that the most satisfying aspects of new graduate nurses' transition period experience are the salary, the vacation, and benefits packages (mean = 3.1, 3, 3) followed by working hours and weekend off per month (mean= 2.8, 2.7). On the other hand, the least satisfying aspects, in their orientation experience were the amount of encouragement and feedback and the opportunity to choose worked shifts.

**Figure (1)** new graduate nurses' job satisfaction level as presented by the mean.



#### IV. Discussion

The Kingdom of Saudi Arabia exceeds a vast time of development and improvement in diverse healthcare facilities. Nurses are the ones who confront many of the difficulties and challenges in the nursing field, particularly if they are newly graduated nurses. They have an intense need for orientation advice and supervision. They want to learn a wide range of knowledge, skills, and behaviors to arrive at the registered nurse's significant role. (Alshmemri 2014, Ortiz 2016).

The current study offered extraordinary sights about the experience of new graduate nurses in their orientation transitional period. To answer the research question, all results sections should be covered in the following discussion. As and dependable with the literature review, there is a small number of studies on such issues, predominantly in KSA. The study highlighted that the majority of the participants were in their late twenties and all with Saudi nationality in the beginning weeks of their orientation program. It is clear from their age that they delayed in joining the nursing practice. Additionally, because they are all Saudis, they reflect existent and factual data about the experience of new graduate nurses in Saudi culture. Congruent with this view, one cause of the deficiency of the nursing workforce in KSA is the negative attitude of Saudis to join the nursing profession. Even they got a bachelor's degree in nursing, they postponed the adhering to the practice or searching to gain another career. Moreover, there are family and community poor image toward the nursing career. (Almalki 2011, Fielden 2012, Al-Mutairi 2015). In the same line, nursing is difficult work, so, many Saudis nurses transferred to another job due to strict attendance, long working hours and negative nursing image in Saudi culture. The media should help; promote and enhance a constructive picture of the nursing career. Also, nurses should obtain a full wage throughout the intern year, as happens with medical professionals. (Almalki 2011, Alshmemri 2014, Lamadah&Sayed 2014).

Study participants comprise two halves; one is male, and the other is female. The current result proves that the number of males in the nursing job is improved. Matching with this finding, men in nursing have a positive perception of the nursing field and approve a competent role with female nurses. (Abudari M., et al. 2016) Contrary to this existent result, Abdel Halem et al., in 2011, reported that males' staff in the nursing discipline is not enough and have less inspiration to connect nursing career. Also, she stressed that women in nursing are the more significant part of the workforce and governing the nursing profession in many Arab countries. (Abdel Halem et al., 2011, Lambrou et al., 2010).

Almost all of the new graduate nurses in the current study enrolled in Critical care & emergency unit and Outpatient & rehabilitation. The remaining proportions of them were distributed in various nursing specialty

departments. The present result shows that the study participants were passing through their orientation period in different and necessary units of the healthcare areas of expertise. Such a distribution of new nurses helps them to acquire essential nursing skills and competencies. Consistent with this finding, [Awaisi et al., in 2015](#), found that many new nurse graduates, in their orientation period exposed to a lot of challenging experiences in different clinical situations with different specialties. The variations of acquiring skills and experiences in a variety of nursing departments prepared the new nurses to obtain task-orientation and put their hands on multiple types of patient interventions. ([Awaisi et al., 2015](#)).

In the present study, out of 88 of the new graduate nurses, 68.2% have one to two preceptors during their orientation, which reflecting that all of them were supervised and instructed during this complicated transitional period. This result is similar to [Aggar et al., in 2017](#) in Australia, who reported that the preceptors are important sources of information and guidance for the new graduate nurses who are confronting many difficulties in such transient clinical time. The preceptors assumed an official training schedule for face-to-face training and follow-up of the new nurse graduates in their clinical performance. ([Aggar et al., 2017](#)). However, nationally and internationally and related to several economic, cultural, and organization reasons, many schools of nursing let the new nurse graduates to the routine supervision of the hospital registered nurses, who also, may or may not receive a formal plan for the new graduate training program.

The majority of new graduate nurses reported that they uncomforted in performing many skills/procedures in nursing practice, independently such as Chest tube care, End-of-Life care, and Vent care independently, Bladder catheter insertion/irrigation, Central line care, Charting/documentation and Tracheostomy care. They still feel poorly equipped with being able to achieve those skills. It is an anticipated result because the study subjects pass through a difficult time of reality shock and they need more time to fill the gap between their academic theory and hand-on reality skills. This view is fitting with [Awaisi et al. in 2015](#) and [Kramer in 2011](#) who mentioned that the new nurse graduates find many difficult procedures in their clinical transition period which affect negatively their achievement. They face a gap between the theoretical and knowledge they gained and the practical skills they should apply. New nurses saw themselves with enough knowledge, but, they cannot apply it to the nursing practice. ([Awaisi et al., 2015](#) and [Kramer 2011](#)) Many studies supported and discussed that the new graduate nurses are frequently, feel uncomfortable to do many skills independently. Contradictory to this result, and according to the Commission on Collegiate Nursing Education [CCNE] in 2008, the orientation program tailored to the new graduate nurses should be included all practical competencies and equipped them with all clinical and real skills. After that, new nurses should be competent and apply the nursing activities automatically, with or without supervision. (Commission on Collegiate Nursing Education, 2008).

Concerning the perceived difficulties that faced the study subjects in the transition to the registered nurse role, more than one-half of them found that increasing workload is the main difficulty, followed by a lack of work confidence. The new graduates in the nursing field suffered from several troubles which are anticipated worldwide. The current finding is congruent with [Ortiz in 2016](#), [Wolff et al., in 2010](#) and [Riegel in 2013](#), who emphasized that the new graduate nurses are confronting many difficulties and challenges, such as; complexities of patients conditions, high workloads, and patients and family burdens. All those difficulties provoke stress, anxiety, role confusion and frustration. At the same time, they are repeatedly suffering from lacking skills, low confidence, and limited practical employment. ([Ortiz 2016](#), [Wolff et al., 2010](#) and [Riegel 2013](#)) the difficulties faced by new graduates in nursing practice are expected, but it is necessitated to be managed.

The majority of study participants provided some suggestions to deal with their difficulties in the transition period, such as increasing support and orientation program improvement. In the same line with this result, [Bjerknes, and Bjørk, in 2012](#) emphasized that novice nurses are not obtained adequate educational or administrative support while they are starting their new practice. So, they are commonly passed through the reality shock with limited performance. New graduate nurse's support is the core element of their success in their nursing practice. Regarding social support, [Wolff et al., in 2010](#) explained that socially, the new graduates might not find sufficient support which is an obvious factor to their dissatisfaction. On the other hand, [Zigmont et al., in 2015](#) stressed that the new nurses in such new experience need suitable and plenty of didactic and instructive support from the starting point of their orientation program. Such support should be maintained and continued all over the transition period with appropriate supervision and direction. ([Bjerknes and Bjørk, 2012](#), [Wolff et al., 2010](#), [Zigmont, et al., in 2015](#)). For the suggestion of the study participants about orientation program improvement, this issue is discussed worldwide and came in agreement with [Rush et al., in 2013](#), who mentioned that there are many orientation programs for the new nurse graduates require intensive improvements with adequate revision and reconstruction for content and design. ([Rush, et al., 2013](#), [Marks-Maran 2012](#)). So, the study subject's suggestions proved that we need to follow well prepared helpful and valuable orientation programs in our hospitals as an essential process to meet the new nurses' learning requirements. But, we are still in the process.

Pertaining to the perceived factors affecting new graduate nurse's transition experience, the majority of them perceived that support is the most important factor in such a transient period. Peer support is a significant factor that can be accompanied by client support (patient and family). Supportive relationships and particularly peer support are a valuable source of reassurance for new graduate nurses. Many new nurses experienced anxiety, uncertainty, and hesitation that may cause attrition (Washington, 2012). They felt burn-out when they detached from their social group, particularly, their peers and colleagues. Moreover, patient and family understanding and patience in dealing with novice nurses gave them a huge source of safety and elevated their self-esteem at work. Preceptors, peers, clients are apparent factors that are affecting the outcome of the new graduate nurses' performance positively. (Fink, et al. 2008, Awaisi et al. 2015).

Most of the new graduate nurses in the current study agreed that they have a considerable level of stress, which is another apparent factor that affects their transition experience. The most perceived causes for this stress were finances, living situation, personal relationships, and job performance. Many studies reported that the burden of physical and psychological stress at work might lead to job leave and work dissatisfaction. Many pieces of evidence, found that the transition period itself is considered a great source of stress among new nurses, which is filled with economics and work difficulties. Saghafi et al., in 2012 and Parker in 2014, discussed that new graduate nurses requested to give competent and safe nursing practice with many responsibilities and workload while they are still have limited knowledge and skills. Furthermore, they obligated to work with the severe staff shortage phenomena that happened all over the healthcare sectors. Besides patients with different complains, clinical work environment deficiencies and lacking of support are evident factors for job stress. Therefore, new graduate nurses; frequently feel negative work experience as a result; work stress appears. Other causative factors to work stress involving poor clinical supervisors and poor nurse-doctor relations. (Saghafi et al., 2012 and Parker 2014, Casey et al., 2004)

As regards participants' satisfaction, It is evident that all study subjects reported a high mean score for all job satisfaction aspects, particularly in the salary and the vacation, benefits packages, working hours, and weekend off per month. This result is a positive perception of them which was unexpected because they frequently confronted a lot of challenges and difficulties. Dissimilar to the exits result, Scott, al., in 2007, found that the new graduate nurses' level of job satisfaction is almost low and perhaps affects their long-term profession targets. They still face a lot of struggles such as a feeling of uncertainty and stress burden. (Scot et al., 2008 and Parker 2014) Also, incongruent with the current result, Parker et al., in 2014, discussed that the reality shock, role conflict and work stress lead to a lack of work motivation which is the main reason for job dissatisfaction. (Parker et al., 2014). The high job satisfaction among study participants may be a positive indicator of their acceptance and interesting in their roles. Attain staff satisfaction is not an easy mission, particularly in such a difficult period of transition among new graduate nurses. In a research project in KSA by Fielden in 2012 who concluded that Nurse Managers have to do their best to keep new nurse's job satisfaction through well-organized graduate training, using different learning resources and hospital facilities. In KSA, such approaches are likely to quickly encourage increasing the national workforce and manage all difficulties with new graduate nurses. (Fielden 2012)

Finally, recognizing new graduate nurses' experiences and their requirements during the orientation transition program is an essential function of nurse managers and educators. Consequently, nursing management can promote new graduate nurses' abilities and competencies in practice. New nurses' turnover will be decline and their retention will be maintained.

## **V. Conclusion**

The current study clarifies a valuable data about the transitional orientation period among new graduate nurses in Baha, KSA. Guarantee the effectiveness of the transition of new graduate nurses and their orientation program still need revising. This study has shown that even as intermediary orientation programs are supportive for new graduate nurses, they still suffering from some skills/procedures which were performed by them in an uncomfortable independent manner such as: such as Chest tube care, End-of-Life care and Vent care independently, Bladder catheter insertion/irrigation. Also, they have some difficulties in their transition period such as increased workload and lack of work confidence. They provided valid suggestions that included increasing support and orientation program improvements. Furthermore, the study subjects perceived that the major factors that affect their transition period are the support and job stress. For their level of job satisfaction, they reported a high satisfaction level which is unanticipated. Globally, there are some necessitates of clinical, social and emotional support for new graduate nurses. In particular, regarding the level of competency to do the skill independently, suitable workload and work stress.



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