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Journal article

Preparing nurses for practice : A phenomenological study of the new graduate in Australia

Kelly, Jennifer and Ahern, Kathy

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**PREPARING NURSES FOR PRACTICE: A PHENOMENOLOGICAL STUDY
OF THE NEW GRADUATE IN AUSTRALIA**

Abstract

Aims: To explore the expectations of final year nursing students before they start employment and describe the experiences of new graduates during the first six months of employment as registered nurses.

Background: Nursing shortages are a worldwide phenomenon with registered nurses leaving the profession at a high rate and changing occupations.

Methods: Husserl's phenomenological approach was used to gain insight and understanding into the lived experiences of new graduate nurses. Students enrolled in a Bachelor of Nursing program at an Australian University were interviewed in their final semester and during employment in the hospital setting. Semi-structured interviews were used to gather data from 13 participants. Data were collected at three intervals; prior to commencing employment, one month and six months post employment. Results were analyzed thematically.

Results: As students, the participants held positive perceptions surrounding their impending role as a registered nurse and what it would encompass. However, after one month of employment it was apparent that nursing comprised a culture that embraced *cliques* that excluded them. The graduates were unprepared for 'bitchiness' and the limited amount of assistance with unfamiliar tasks they received from registered nurses. Participants also found rotating to different wards recreated the feelings they experienced on commencing employment.

Conclusions: Nursing curricula should prepare new graduates for foreseeable stressors and oppressive practices so that graduates can become proactive in preventing and responding to factors such as silence and aggression.

Relevance to Clinical Practice:

Individuals in clinical practice settings need to be cognisant of the significant role that experienced registered nurse and Nurse Unit Manager occupy in the socialisation of new graduate nurses. Additionally, there needs to be increased awareness that nursing culture can influence recruitment and retention of new graduates. Further, health care organisations need to evaluate the benefits of new graduates rotating through clinical areas in the first twelve months of employment.

Introduction

Globally, health services are experiencing a serious shortage of nurses. Not only are there insufficient people entering nursing schools, but high numbers of registered nurses are leaving the profession to seek different careers. This suggests the need to reflect on how well organisations support and retain staff.

As nursing graduates move from the education environment to the service environment, they must learn how to balance the demands of the work environment with their personal needs. Socialisation is a significant issue for new graduate nurses and acquiring knowledge of socialisation processes is pertinent to assisting with role transition. To understand better the challenges graduate nurses face, research was conducted to explore the lived experience of being a new graduate. This paper presents some of the challenges new graduate nurses face and explores the perceptions held by students in their final semester of an Australian university-based nursing program.

Review of the Literature

To date, literature surrounding the experiences of new graduates predominantly focuses on broad concepts that relate to the transition period rather than specific issues such as socialisation processes. Professional socialisation encompasses new graduates learning about the professional role and associated skills, knowledge and behaviours (McKinney et al. 1998). Additionally, values, attitudes and professional goals are internalised and a sense of occupational identity characteristic of that profession develops (Du Toit, 1995; Reutter et al. 1997; Saarmann et al. 1992).

Research indicates that professional socialisation is significant in shaping the new graduate in their role as a Registered Nurse and has the potential to influence the retention of nurses (Hinds & Harley 2001; Thomka 2001; Taylor et al. 2001). Further, socialisation processes also have the potential to affect the quality of

graduates' work and how they perceive themselves within their newly-acquired role as a Registered Nurse (Hinds & Harley 2001). Graduates who are not supported in this socialisation experience are less satisfied, perform poorly and are not committed to remaining within an organisation or the profession (Holton & Russell 1997; Saarmann et al. 1992; Tradewell, 1996).

One goal of nursing education is to imbue students with a realistic view of the role of the professional nurse (Day et al. 1995). However, there is continued debate that the 'move to universities', which started in Australia in 1975, has distanced nursing students from the reality of nursing. In the mid 1970s, it was considered that the apprenticeship model of nursing education lacked opportunities for students to analyse their practice and gain professional autonomy (Greenwood 2000). Indeed, the lack of autonomy inherent in the apprenticeship system was arguably a major reason for bullying in nursing (Freire, 1970; Hedin, 1986).

Why bullying occurs in nursing, a caring profession raises questions. How much interpersonal conflict (experienced by current new graduate nurses) is due to their lack of experience (which is a self-remedying problem resolved with time). Also, how much is attributable to a bullying work environment (which is resistant to change).

Many claims have been made about what graduates require in their first year of professional practice, as the transition period is crucial in laying the groundwork for integration of new graduates into the profession. Further, it is well documented that the transition period is a time of heightened stress for new graduates and many claims have been made about what graduates require in their first year of professional practice (Kramer & Schweiger, 1991; Winter-Collins & McDaniel, 2000; Fox et al. 2005). However, the lived experience of graduates has not been thoroughly researched and thus orientation or graduate programs may not be reflective of the real needs of newly qualified nurses.

Therefore, the purpose of this study was to better understand the subjective, personal experience of Australian nursing graduates, focusing on their expectations prior to graduation and their experiences in the first six months of employment. Thus a phenomenological study was undertaken to explore the experiences of new graduates pre-employment and following early employment as a registered nurse to better understand new graduate socialisation processes.

METHODOLOGY

Phenomenology was deemed most relevant for this study as the approach facilitates returning to and re-examining what people believe they already know while enabling an understanding and awareness (through reflectively) into matters that have been taken for granted (Paley, 2005). Moreover, Husserl's approach to phenomenology was chosen as the research methodology because it enabled the researchers to gain insight and understanding into the lived experiences of new graduate nurses (Caelli 2000; Crotty 1996). Further, as the researchers were registered nurses this approach ensured the experience of the participants was described, free of personal experiences and biases.

Prior to data collection the researchers engaged in the Epoche process to set aside past associations while endeavouring to maintain this neutrality throughout the research (Ahern, 1999). Bracketing included maintaining a reflective journal to record instances of personal bias and strategies employed to adopt a neutral approach. Such strategies included clarification of goals in undertaking the research, personal values and completion of the substantive literature review after the emergence of themes from the data (Ahern, 1999). Transcripts were coded independently and findings discussed to come to a consensus to effect analytic triangulation.

DATA COLLECTION AND SAMPLING

After gaining ethical clearance from the University Ethics Committee, data were collected via semi-structured interviews using trigger questions at three intervals: prior to commencing employment and at one and six months post employment. Sixty-five final semester students enrolled in a Bachelor of Nursing degree in 2000 at an Australian University were invited to participate in this research. Of the fourteen students who agreed to participate one withdrew prior to the second interview and one relocated to Canada but remained in contact with the researcher and the final interview was conducted via teleconference. The participants represented a broad range of ages and life experiences. Table 1 provides a brief profile of each participant.

DATA ANALYSIS

Audio-taped interviews were transcribed verbatim by one of the researchers and transcripts read numerous times to enable essential themes to be identified. Further, NVivo Qualitative Data Analysis Program was used to analyse data. During analysis, there was continuous interpretation and revision of the interview prompts as new topics emerged. Reanalysis of the data was undertaken and led to writing and refining emerging subthemes and themes. Results were analysed thematically until sufficient redundancy of data had occurred. General steps of the analytic process included reading the transcriptions several times, extracting significant phrases, formulating meanings, clustering the formulated meanings to themes and referral of the themes back to the original transcripts to verify their occurrence.

FINDINGS

Reflectivity by the participants revealed that they held idealistic views of socialisation processes and then struggled with socialisation as they entered the profession of nursing. In particular, key themes and sub-themes emerged from the data and were identified as per the table below (Table 2).

THIS IS NURSING

Participants were unprepared for and had limited awareness of, what the profession of nursing entailed prior to the commencement of employment. However, following one month in the workplace participants had developed considerable insight, through exposure to the cliques, behaviours and the language of nursing. As Miranda stated:

There is a culture in how you treat the patients, there's a culture how you treat doctors, there's a culture how you treat graduate nurses and nurses from agencies and other areas.

Discovering Nursing Culture

The participants' emergence into the role of a Registered Nurse involved being introduced to cultural practices such as disparities in workloads and rosters. For instance, Carmel noted 'Grads aren't very supported, we get the heavier areas, the last meal breaks and we get the long stints like ten days in a row'.

Over time participants' views of nursing culture strengthened and factors that they perceived exacerbated cultural practices became apparent. For example, through exposure to the workplace they discovered that nursing culture included the presence of 'cliques' and there was a common 'language' associated with nursing.

Prior to commencing employment, participants did not perceive that 'cliques' existed in the workplace. It was a concept that had gone unnoticed because 'when you're a student you don't notice things as much' (Petra). However, after one month of employment it was obvious to participants that nursing culture comprised of certain characteristics such as the formation of cliques, which excluded new graduates are excluded. Miranda said:

there are cliques of people who are definitely friends and new graduates are not included in all the secrets or the hidden policies and there is a whole socialization process to conquer.

Language

Experiences of verbal and non-verbal communication as a cultural socialiser were significant. Silence was used to convey messages to the new graduates just as explicitly as verbal communication. Although some participants were alerted to the impact of language while students, in general they held little insight as to what a new graduate could experience. For instance Natasha claimed:

When I first started work in the hospital I felt like an alien, I'd walk onto the ward and nobody would speak to me, nobody would acknowledge me at all, not even to say hello. Then I noticed that it was the same for all graduates.

Therefore, silence was used to (covertly) communicate to some new graduates that they were not welcome within the working environment.

Language also incorporated verbal communication. At the end of six month's employment, Annie disclosed comments similar to other participants when she commented:

The sharpness of some of the staff, the way some of them speak to you has become an increasing burden. I ask a question because I'm not entirely sure about something and they say 'don't you know that?!'. It's so humiliating.

Thus, the clarity, depth and convictions that new graduates held in relation to the concept of nursing culture strengthened over time. Overall, the participants identified that a distinct nursing culture influenced their socialisation.

EATING THEIR YOUNG

The use of the metaphor of nurses 'eating their young' was identified as a key theme due to the frequency it was expressed by the participants. Further, it was surprising that the participants adopted this metaphor quickly and used it spontaneously in the interviews. Initially there was a reluctance to label this theme as 'eating their young' because it sounded commonplace. However, after close examination and bracketing of any 'discomfort' with the term due to it being 'un-phenomenological', the metaphor was used. Moreover, for the

participants, concepts that aligned with being 'eaten' included power games, hierarchy and 'bitchiness'.

Power games

Prior to graduation, participants had limited awareness of the concept of power within the workplace. However, within a month of starting employment, this had changed. For instance, Annie had encountered situations whilst a student that she perceived were related to power games and recounted:

I think that a lot of RN's out there are on a power trip and think that the best way to teach students is by humiliating them and putting them down as much as possible and saying, 'surely you know that'.

After one month of employment, six participants revealed they had not been prepared for issues involving power. Petra was overwhelmed by the 'different personalities and attitudes of Registered Nurses' and Lilly claimed 'working with nurses was difficult'. After six months employment, data revealed that older nurses or those not educated in a university were 'more difficult to work with' (claimed Renee) and they were 'less inclined to provide assistance or guidance to new graduate nurses' (said George).

Participants attributed the unwillingness of experienced nurses to provide assistance to new nurses as characteristic of experienced nurses 'eating their young'. However, there were also times that this behaviour was very confusing. For instance, Tina identified that the person who would normally occupy a position of power, the Nurse Unit Manager (NUM), was relinquished of power because of the way she was viewed by the ward staff. 'Nobody likes the NUM... so everybody just unites and works against her. It actually creates camaraderie' stated Tina.

Hierarchy

Issues surrounding hierarchy in the workplace emerged immediately following the commencement of employment. In particular, Nurse Unit Managers (all

female) were identified as having considerable impact within the working environment and on socialisation processes for these new graduates. For example Petra, who had worked in several different areas, commented that the atmosphere in the ward is a reflection of the nurse manager and 'her attitude':

It all comes back to the NUM of the ward. I was on this ward where the NUM was excellent and it shone through to the staff and the staff got on well. Even the patients commented, 'everyone's so happy here, everyone's friendly and getting the job done, you must have a really good boss'.

Dylan previously worked with a nurse manager who was very team-oriented and well organised. However, in the ward he transferred to, he said:

Everything depends on the nurse manager; they set the climate for the ward. Where I work now the nurse manager doesn't delegate enough, the ward isn't well organised and that's why it's so busy, it's unbelievable; It's a terrible place to work.

Bitchiness

'Bitchiness' within the context of this paper refers to individuals being malicious, spiteful or nasty such as being deliberately cruel and/or causing tension. The notion of 'bitchiness' or nurses being 'bitchy' was not evident in the comments made by participants prior to graduation. For instance, Tina claimed that 'a new graduate would not be sent to an area that did not welcome them and where the nurse unit manager didn't embrace new graduates. The hierarchy would see to this'. But, after one month of employment, Carmel was the only person who reported that 'bitchiness' was not a part of her experience, although she did agree that 'other graduates hated the culture of the ward because it was just like school-yard bitchiness'.

Following six months employment all participants had their ideal view of belonging to a noble profession replaced with being in a culture which 'eats their young'. For example, Lilly acknowledged that dealing with other nurses and the 'socialisation of the working environment, the bitchiness and

standoffish behaviour' were things for which she was totally unprepared. Moreover, the issue of gender emerged as a factor that significantly influenced professional socialisation. At the six month interview, seven participants shared Petra's views:

When I worked on one ward and it was really great that's because there were a couple of guys amongst us and it was a good balance. Then I worked on another ward where there were just girls and it was so bitchy.

Carmel also noted the difference that the presence of males made to the working environment claiming that:

The staff worked well in my last ward, there were a lot of males and the staff was generally quite young. It is stressful where I am now as there are older female nurses. The more males, the less bitchiness.

NOT REALLY PREPARED

Prior to commencing employment the participants felt they were prepared for their role as a registered nurse. However shortly after commencing employment half of the participants recognised that there were essential components of their role for which they were unprepared. For instance, elements of accountability and responsibility, feeling unsupported and the true impact of rotating to a different ward emerged from the data.

Role conflict

A major component of feeling not really prepared was being unprepared for 'decision making' and the 'responsibility' associated with the role. As students, the participants revealed that they did not have any real responsibility, 'students don't really make decisions' claimed Tina. Therefore, after one month of employment, the majority of the participants reported that they were not prepared for the reality of their role which created inner conflict. For example, George commented:

The stress of starting as a RN for a student was pretty huge, responsibility wise, having your own patients to look after. The start was the worst, I was stressed, anxious, unsure of myself

However, Dylan provided insight as to why new graduates may experience role conflict and claimed that this was unavoidable. He said:

You're not really prepared for the whole role or reality of the role of the Registered Nurse, only experience can prepare you for that. You can only learn about reality if you are in it.

Following six months employment, a notable factor that emerged as part of being not really prepared and role conflict was 'disillusionment'. Participants commented that they were disillusioned by (and unprepared for) the lack of time to educate and speak to patients. This was contrary to their experiences as student nurses. Others felt that their role was like 'the doctors' handmaiden' because 'you're too busy carrying out the doctors orders' (said Carmel). Alarming, it is role conflict that can push new graduates into questioning whether or not to remain in the profession with Nadine stating:

I don't know if nursing is what I want to do for the rest of my life. I don't know what I thought, but I thought it would be more.

However, role conflict is only one of the issues that new graduates experienced that contributed to feeling not really prepared. Of equal significance was the notion that graduates felt 'thrown in at the deep end'.

Thrown in at the deep end

The term, 'being thrown in at the deep end' was used by the majority of the participants in this study in reference to Registered Nurses not being prepared to assist new graduates learn unfamiliar tasks. For instance, Lilly stated 'the notion to throw nurses in at the deep end in order for them to learn is considered normal'. Participants claimed that there were RNs one could ask questions of and others one could not because they held the view that the way to learn is to 'throw you in at the deep end'.

Others stated that they got the most support from other new graduates who had just started on the ward which is like the 'blind leading the blind' because the more senior staff don't help you' (Natasha). Lilly added that she was

unprepared for being put into situations where she had no idea what she was doing 'being thrown in at the deep end is frightening and dangerous'. After six months employment and following a ward rotation, George commented that 'they just throw us in at the deep end; three days of orientation on the ward and then you're on your own.... I found that three days is no support at all'.

In general, there was consensus among many of the participants that they were not really prepared for some of the realities involved in the role of the Registered Nurse and felt 'thrown in at the deep end'. This is unfortunate because as Natasha claimed, 'new graduates are the future of nursing. New graduates need to be embraced and supported from the start. They need to be nurtured or they will leave the profession'.

Double reality shock

Prior to commencing employment the participants enthusiastically discussed the number of ward rotations they would undertake in their first year. Discussion encompassed positive elements such as being able to see and experience many things while determining what area you really wanted to work in at the completion of the program. Petra revealed that the program she was to commence involved ward rotations every six weeks for twelve months. Five participants would have two rotations, five would have three and one person would remain in one area for twelve months.

Following six months employment over half of the participants were working in a different ward/area and Natasha had relocated to Canada. Lilly remained in the operating theatre; those who were due to rotate wards within the next few weeks did not relish the idea due to feeling 'part of the nursing team and not wanting to leave'. The participants commented that they thought starting in a new ward would be like 'the first day of work all over again.' None of the graduates encountered a positive experience when they changed wards. All participants found it stressful and unsettling. Dylan commented:

There are different people, different routines, different procedures, different ways of doing things, different places where equipment is stored and different peers to work with. Every time you move it's very stressful and there's a new learning curve that you have to conquer.

Additionally, Carmel commented, 'what I've found hardest so far is rotating wards' to which George agreed as he had no support or preceptor when he changed wards; he 'was given one day to settle in'. The findings indicate that ward rotations lead to a renewal of anxiety and apprehension for new graduates. Further, rotating wards in the first year creates change in the context of delivering nursing care and renewed feelings of doubt in the minds for some participants.

DISCUSSION

Prior to graduation, participants in this research were unprepared for socialisation processes. Over a period of six months most of the participants developed significant opinions and awareness regarding the culture of nursing and how they were socialised to it. Language, in particular silence, was used as a form of communication to demonstrate resistance to the presence of new graduates in the workplace. The graduates were overwhelmed by the way nurses spoke to each other, the overt display of a lack of unity within the profession. Findings revealed that participants experienced verbal abuse, bullying and conflict with other nurses and nurse managers which, as the literature suggests, is a common occurrence in nursing (Chapman & Orb 2001; Cox 1991; Droppleman & Thomas 1996; Farrell 2001; Heslop et al. 2001; Turnbull 1995).

As students, ten of the twelve participants did not believe they would have any difficulty fitting into the workplace, for various reasons. For example, Petra's previous experience as an Enrolled Nurse led her to believe that she would be readily accepted. Further, the new graduates felt like 'outsiders' and isolated from experienced nurses which is a phenomena recently identified by Duddle and Boughton (2007) as common in nursing. Being considered an insider is important in relation to the success of organisational socialisation (Tradewell

1996; Hagerty & Patusky 1995). Furthermore, the participants' experiences support findings in the literature that it is not until the graduate is a member of the workplace that they are able to conceptualise the components associated with fitting in (Brighid, 1996; Taylor et al., 2001). It seems that as students, the participants had no idea of the 'nursing culture' despite the hundreds of clinical practice hours they had spent in health care settings. Additionally, the reality of having to make and be accountable for clinical decisions was especially difficult, even for participants who had prior experience as enrolled nurses.

The term 'nurses eat their young' was frequently used by over half the participants during data-collection interviews. The eating of one's own offspring, or filial cannibalism, occurs in a variety of species and appears to be related to the maximisation of the parents' lifetime reproductive success (Fitzgerald 1992). In nursing, the metaphor 'eating their young' appears to apply when bullying is directed towards a less experienced nurse by a more experienced nurse (Bartholomew, 2006). To date, theories about causation have centred around behaviours associated with oppressed groups that can occur where there are unequal power relations (Harcombe 1999).

The metaphor, 'eating their young' is well known in nursing and given its zoological origins about the parents' longevity, one possible explanation is that experienced nurses 'eat their young' as a reaction against change (Loring 1999; Rosenthal 2001). However, given that this phenomenon has been discussed in the literature for at least 30 years, it is unlikely that being threatened by change is the fundamental motivation, despite the continued negativity received by new graduates from hospital-trained nurses. It is perceived that it is more likely that experienced nurses are interacting with less experienced nurses in much the same way that they were and are, treated. This supports Freire's (1970) original work on oppressed groups which theorised that oppressed group members internalise the view of themselves held by the oppressor and imitate patterns of oppressor behaviour. This conclusion is disturbing, as it appears that despite baccalaureate qualifications where there is a focus on analytic thought and autonomy, nursing has retained

its 19th century hierarchical traditions. Thus, moving nurse education into tertiary institutions does not appear to have made all of the changes hoped for years ago.

This research also revealed that the presence of males in the profession may reduce horizontal violence. Most participants reported experiencing a positive difference from the presence of males in the working environment. Equally significant, this study identified that experienced Registered Nurses and Nurse Unit Managers displayed little nurturing of the new graduates regardless of gender. Additionally, it was the Nurse Unit Manager who projected whether or not new graduates were welcome in the ward and that 'bitchiness' seemed to be a function of complex power issues rather than of gender alone. These findings are alarming as recent research suggests that clinical managers who are welcoming, accepting and supportive and nursing staff who are inclusive and encouraging, facilitated perceptions in the new graduates of being respected as members of the nursing team (Levett-Jones et al. 2007).

Most of the participants reported experiencing reality shock which led them to consider whether or not they were adequately prepared for their role. This shock was attributed to the fact that, as students, the participants were often shielded from the full breadth of the role of the Registered Nurse (Chapman & Orb 2001; Charnley 1999; Day et al. 1995; Gerrish 2000; Heslop et al. 2001) which included decision making, following doctors' orders and workplace bullying. Moreover, the notion that reality shock is strongly associated with disillusionment in the role of the nurse has been reported in the literature spanning 30 years (Hinds & Harley; De Bellis et al. 2001; Gardner 1992; Kramer 1974, 1977).

Being 'thrown in at the deep end' has been attributed to the historical nature of nursing, whereby nurses perceive that socialisation should occur through tradition; new graduates should learn the same way as nurses of the past (Amos 2001; Maben & Clark 1998). Survival in the 'deep end' requires that the new nurse identify the 'goodies from the baddies' (Fox et al. 2005). Despite literature declaring the custom of 'throwing new graduates in at the deep end'

is unrealistic and ineffective, the data suggests that the practice continues to be reinforced in nursing (Amos 2001; De Bellis et al. 2001; Gerrish 2000; Horsburgh 1989; Maben & Clark 1998). Internationally, in practice today, little regard is given to evidence that claims that 'throwing graduates in at the deep end' often causes increased anxiety from unrealistic expectations that new graduate nurses are immediately knowledgeable about all activities and skills of an RN (Chapman & Orb 2001; De Bellis et al. 2001; Gerrish 2001; Greenwood 2000; Heslop et al. 2001; Horsburgh 1989; Maben & Clark 1998).

Overall, findings illuminated problematic aspects of the socialisation processes such as the notion of double reality shock, where replication of a second period of anxiety is experienced. Prior to graduation, the students expected that working in multiple work areas would be positive and worthwhile to their professional socialisation. The findings from this study question this practice and suggest that the benefits of rotating wards for increased clinical practice exposure must be carefully weighed against potential emotional distress. These findings highlight the importance of organisations nurturing new graduates so that they feel as though they belong (Levett-Jones et al. 2007). Belongingness, which can be achieved through mechanisms such as effective mentoring or partnering enhances learning and can influence future career decisions (Henderson et al. 2006; Levett-Jones et al. 2007).

Notwithstanding the bleak findings presented in this paper, it must be acknowledged that as with all phenomenological studies, these participants' experiences cannot be assumed to be representative of all new graduate nurses in Australia. This limitation is further compounded because participants were drawn from only one School of Nursing and for reasons of confidentiality the transcripts of the participant who relocated to Canada were not analysed separately. However, despite these limitations, several conclusions and recommendations can be made.

Conclusion:

The participants of this Australian study of new graduates were not prepared for the reality of working in the nursing profession. These new graduates were unaware of the cliques, 'bitchiness' and power relations that existed in the hospital setting despite exposure to the clinical environment for at least three years prior. Socialisation during the first six months of employment has the potential to affect the future intention of new graduates, to continue in the profession. The health service sector needs to recognise the importance of the working culture if they are to retain new graduates.

Recommendations:

The following recommendations arise from this study:

- New graduates should be alerted to professional adjustment issues before course completion so that they are better prepared for adverse professional interactions and have some of the skills necessary to address them.
- Nursing programs need to include (nursing) socialisation issues in their curricula so that students are prepared with skills to reject, interrupt and replace oppressive practices
- Introduction to clinical practice through new graduate programs needs to provide positive partners to assist integration and belonging and circumvent oppression.
- Experienced registered nurses need to be alerted to the influence they have on new graduates and that new graduates need to be nurtured.

Finally, the most significant finding that evolved from this research is that organisations need to realise that there is a need for change within the profession of nursing. The need for change is highlighted by this final quote from a participant:

New graduates have to decide how they want to nurse and live by it because someone sometime has to start making a difference.

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| Participant | Past work history | Place of employment & number of ward rotations in 12mths |
|--------------------|--------------------------|---|
| Annie, 50 | Assistant in Nursing | Private Hospital, 3 different areas |
| Carmel, 21 | School leaver | Public Hospital, 3 different |
| Dylan, 20 | School leaver | Private Hospital, 3 different areas |
| George, 20 | Personal Carer | Public Hospital, 2 different areas |
| Lilly, 21 | School leaver | Private Hospital, 1 area |
| Miranda, 40 | Function manager | Private Hospital, 4 different areas |
| Nadine, 24 | Secretary | Public Hospital, 2 different areas |
| Natasha, 21 | School leaver | Private Hospital, 2 different wards |
| Petra, 23 | Enrolled Nurse | Private Hospital, Different area every 6 weeks |
| Renee, 20 | School leaver | Private Hospital, 4 different areas |
| Sarah, 45 | Enrolled Nurse | Public Hospital, 2 different areas |
| Shelly, 22 | Personal Carer | Public Hospital, 2 different areas |
| Tina, 20 | School leaver | Public Hospital 2 different areas |

Table 1: Participants

| KEY THEME | SUB-THEME |
|---------------------|--|
| THIS IS NURSING | Discovering Nursing Culture Language |
| EATING THEIR YOUNG | Power games Hierarchy 'Bitchiness' |
| NOT REALLY PREPARED | Role conflict Thrown in at the deep end Double reality shock |

Table 2: Key themes and sub themes