

EMPIRICAL STUDIES

The best of both worlds – entering the nursing profession with support of a transition programme

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Abstract

Background: Transition into clinical practice for newly graduated nurses is a difficult time, with high stress levels defined by a demanding period of personal and professional acclimatisation. Transitions are complicated and multi-dimensional, and to understand this process, it is crucial to identify the factors that facilitate or stand in the way of a healthy transition.

Aim: The phenomenological study aimed to describe newly graduated nurses' expectations of transitioning into the nursing profession at the start of a clinical nursing introduction programme, including education, supervision, and critical reflection with peers.

Method: The study was based on seven group interviews with newly graduated nurses. The interviews utilised open-ended and follow-up questions and were carried out as a dialogue to enable reflection on the phenomenon of interest. This was explored and illuminated using the reflective lifeworld research approach, based on phenomenological epistemology.

Findings: "Expectations of transition into the nursing profession *via* the Clinical Nursing Introduction Programme" is signified by an oscillating movement between uncertainty, security, challenge, and growth on the threshold of a new identity. The phenomenon is constituted by the courage to grow, responsibility and fear, belonging and vulnerability, and support and challenge.

Conclusion: Transitioning into the nursing profession *via* the Clinical Nursing Introduction Programme means having the best of both worlds. Newly graduated nurses have the opportunity to receive education and structured support at the same time as they work independently in clinical practice.

KEYWORDS

clinical nursing introduction programme, newly graduated nurses, phenomenology, transition

INTRODUCTION

Transition entails a period of change with certain commonalities [1], and the transition into becoming a nurse is essential for continual personal and professional development. The nursing profession involves an ongoing process of learning, accepting, and reflecting [2], and newly graduated nurses (NGN) can experience reality and transition shock when leaving the structured world of the nursing school to enter the world of professional practice [3]. NGNs' experience of transition shock is described as comprising of emotional, physical, socio-cultural, and intellectual factors [4].

Initially, NGNs feel excitement upon qualification; however, realisation concerning professional accountability and responsibility can prove overwhelming [5]. Nursing skills develop over time, and upon transition, NGNs can demonstrate rudimentary skills but require support to prioritise patients' needs [6]. During this period, NGNs often experience attrition [7, 8] due to insubstantial support [9] and conflicting expectations of nursing practice compared to the actuality of the role [7]. During this stressful period, insufficient self-assurance can hamper NGNs' potential to cope efficiently [10].

Transition into clinical practice for an NGN is a difficult time [3,10,11] with high stress levels [12] defined by a demanding period of personal and professional acclimatisation [13]. Transitions are complicated and multidimensional [1], and to understand this process, it is crucial to identify the factors that facilitate or hinder a healthy transition [2].

Although NGNs possess theoretical knowledge concerning appropriate actions, they experience difficulties accessing and evaluating which particular knowledge to utilise, and Bisholt [14] and Duchscher [4] emphasise the importance of resolutely and steadily increasing NGNs' clinical responsibility and autonomy. Frogeli et al. [15] conclude that NGNs are at particular risk of developing stress-related ill-health. The consequences of transitioning into a new professional role affect physical health, organizational commitment, and satisfaction [15] and may result in unsafe patient care [3]. Elevated levels of stress in the first years of professional practice can result in escalating turnover [16] and poor nursing performance [17], and substantial drop-out occurs among NGNs [18]. Therefore, improving the retention of nurses is of foremost importance in many countries [5].

Previous research indicates that NGNs' satisfaction with the transition is connected to the ambition to remain in the nursing profession [19]. Therefore, in many countries, transition programmes are designed to facilitate and improve this process [3,20–23]. The framework and elements are often similar, even if the duration varies [20].

Success in transition programmes resulted in professional and personal growth [24], and those with a duration of 27–52 weeks had the most favourable outcomes concerning retention and turnover [25].

Clipper and Cherry [21] compared two groups of NGN perceptions of transition to practice during their first year. One group received support from trained staff through a preceptor development programme, and the second group did not receive support from trained staff. NGNs who had well-trained preceptors had more positive perceptions about their ability to render safe and optimal care, as well as higher first-year retention [21]. Similar results are presented in the study by Baumann et al. [26], in which nurses in the transition programme had higher mean scores on the key dimensions of care delivery. Pasila and Elo [27] found that NGNs prefer an individualised orientation, and Rush et al. [22] discovered that even though NGNs often mentioned occasions to share transition experiences with peers, this type of support remains largely unstudied. Herron [28] suggests that collaboration between nursing schools, clinical partners, and health care facilities is essential to determine the best learner-centred methods for preparing NGNs for practice.

To reach a deeper understanding of transition, it is necessary to reveal and explain the consequences and meaning changes involved [1]. Few qualitative studies have a specific focus on the lived experiences of NGN. Therefore, this phenomenological study aimed to describe NGNs' expectations of transitioning into the nursing profession at the start of a clinical nursing introduction programme, including education, supervision, and critical reflection with peers.

METHODS

Design

In this qualitative study, the phenomenon “expectations of transition into the nursing profession *via* the Clinical Nursing Introduction Program (CNIP)” was explored and illuminated using the reflective lifeworld research (RLR) approach, based on phenomenological epistemology [29].

Description of the Clinical Nursing Introduction Program

The CNIP was introduced in 2016 at a general hospital in southwestern Sweden [23]. Registered nurses with a maximum of four months of professional experience are obliged to start their employment within the CNIP. The purpose of the programme is to create a safe and supportive

environment, where the NGN is given the opportunity to progress into the profession through education, clinical supervision, and critical reflection. At the start of their professional careers, nurses may need to practice their hands-on skills, as well as their theoretical knowledge. The programme is 14 months long and has two admissions each year. The CNIP consists of the following compulsory components: *employment & organisation, introduction week, placings in different clinical settings, education days, and process-oriented nursing supervision (POH)* (Table 1). The overall goal of nursing supervision is to support the development of professional identity, skills, and ethics and to ensure the quality of care for the patient. POH is led by an experienced registered nurse (RN) educated in caring science and didactics, focused on clinical supervision, with 30 higher education credits. These trained supervisors receive continuous supervision to develop their own professional development as supervisors.

Setting and participants

The study participants were recruited from a central hospital in southwestern Sweden. In conjunction with three consecutive admissions to the CNIP during 2019–2020, all nurses were asked to participate in the study. The

participants gave their informed consent to participate after receiving verbal and written information about the study. NGNs were instructed that participation was voluntary and that withdrawal would not result in any negative consequences. The study included 37 NGNs consisting of 34 women and three men at an age range of 22–54, who all participated in the CNIP.

Data collection

At the start of the CNIP, seven qualitative group interviews with 4–7 participants in each group were conducted at the hospital during the introduction week and lasted between 42–60 min. The interviews utilised open-ended and follow-up questions and were carried out as a dialogue to enable reflection on the phenomenon of interest [29]. The initial questions were “How is it for you to be new at the start of your professional role?” and “Can you tell us about your expectations and fears before starting the CNIP?” In the follow-up questions, it was important to be open and listen to the answers and let the group members discuss and reflect on what was said. Thus, a broader and deeper perspective was created of the experiences that existed in the group. The interviews were digitally recorded and transcribed verbatim.

TABLE 1 Compulsory core components in the Clinical Nursing Introduction Program (CNIP)

Employment and organisation	The newly graduate nurses (NGN) are employed in the CNIP until further notice and work independently. Having completed the CNIP, the NGN is offered employment at a unit based on the NGN's own wishes and the needs of the care unit. The CNIP organisation is continuously working to develop the programme, making changes and improvements based on evaluations by the NGNs.
Introduction week	Lectures and information are provided about the CNIP, as well as employment, in the organisation at the hospital. The NGN performs practical training and reviews administrative systems and also receives necessary authorisations. In addition, the NGN also participated in cardiopulmonary resuscitation training and a seminar in group dynamics.
Placings in different clinical settings	Clinical rotations are based on the NGN's wishes and the needs of the health care units. At each care unit, the NGN has an introduction and a senior registered nurse (RN) as a supervisor for a minimum of four weeks. In addition, in the ongoing process, the NGNs also have an experienced RN who monitors the clinical development; this can be compared to a mentorship. There is also an opportunity to auscultate at an additional care unit for one week per placement. Two placements provide professional competence and last for six or eight months. The placing at eight months runs over the summer period.
Education days	Educational innovations during the CNIP introduce NGNs to a range of challenging environments. Incorporating suitable levels of theoretical knowledge and practical skills is required to support NGNs for practice readiness. During the CNIP, NGNs receive 15 days of theoretical and practical education on current topics. Furthermore, the NGNs are trained to work with a person-centred approach.
Process-oriented nursing supervision	POH is a method in which self-experienced situations from health care are considered for examination and processing, and where the ethical patient perspective and nursing values constitute the framework for reflection. The NGNs have POH on eight occasions where they work with patient- and work-related situations. The group consists of six to eight participants with the same supervisor throughout the CNIP. Furthermore, there is an agreement about confidentiality and how to contribute to an atmosphere characterised by openness, responsiveness, curiosity, and acceptance.

Data analysis

Phenomenological research requires an open and sensitive attitude to describe the phenomenon “Expectations of transition into nurse profession *via* the CNIP” as experienced by an NGN. A prerequisite is that the researchers involved must bridle their understanding throughout the research process. According to Dahlberg et al. [29], bridling is the researcher's guiding tool, which requires a conscious, critical, and reflective attitude striving to increase the understanding of the phenomenon and describe it in its own terms.

All collected data were regarded as a whole piece of the text. In the first analysis phase, all data were read repeatedly by the authors individually in an open manner to become familiar with the data. The data were then divided into meaning units using a sequence of the text with their own meaning. The meaning units were further reflected against the background of the whole with the aim of not losing the context of the meanings. In the second phase, the groups of meanings were built as clusters. Lastly, in the cluster analysis, a pattern emerged, and the essence of its constituents was formed. This process has been described by Dahlberg et al. [29] as an abstract synthesis of the phenomenon's unique structure of meanings, where the essence, with its structure and nuances, of the phenomenon can be understood as a new whole. Throughout the process, there was a movement between the whole and the parts to create a new whole. This process initially took place individually. Clustering and the creation of the essence with the constituents took place through joint creative and critical reflection. Thereafter, one researcher took responsibility for projecting the results, and the others read with a critical bridled approach to maintain openness to the phenomenon. The quality and trustworthiness of the analysis were secured by all the authors discussing the essence and the constituents, to reach a final consensus.

In this article, the essence is presented first in the findings, followed by an illustration of the four constituent elements of the phenomenon with quotations from the interviews.

FINDINGS

The phenomenon of “Expectations of transition into the nursing profession *via* the CNIP” is signified by an oscillating movement between uncertainty, security, challenge, and growth on the threshold of a new identity. The implication is a wish to remain on safe ground and concurrently stand on their own feet while taking responsibility for people's lives, health, and well-being. Transition

into the nursing profession *via* the CNIP entails striving towards independence, where CNIP components create a secure framework; in other words, having the best of both worlds.

The phenomenon is constituted by four constituents: *The courage to grow, Responsibility and fear, Belonging and vulnerability, and Support and challenge.*

The courage to grow

The courage to grow signifies the transition into the nursing profession *via* the CNIP. Courage to grow is evident in the enthusiasm at finally beginning work as a nurse and through a desire to depart from a secure student role under a supervisor's protective gaze to become an independent nurse. With “overwhelming feelings of pride” at having passed nursing education, NGNs describe the courage to dare to believe in one's ability and to allow oneself to be new, and the courage to realise one's limitations and seek help. Courage shows in the will to work independently within a safe framework in the CNIP.

We have gone from a very sheltered world to a slightly less sheltered world, and then out into reality. We are on our own, but not completely without safety nets.

Having the courage to grow is an active process displayed in the ambition to move away from school and start the CNIP and take on new challenges from a platform of acquired knowledge. The CNIP supports the process with its introductory week, clinical supervision, training days, group supervision, auscultations in different wards, and the opportunity to try out two different clinical placements. The courage to grow is described as necessary to repeatedly subject oneself to being new to the various workplaces that constitute the CNIP. The courage to grow is evident in the will and eagerness to apply knowledge to real situations and start working independently.

It is scary to stand on your own feet and not have a supervisor who stands and watches me do what I do. I have to take care of them myself, but it feels perfectly okay, and it is just delightful to get out and start working now.

To be able to present oneself as a nurse and see one's development sustains the courage to grow, which is also evident in the drive to continue with further education and specialisation during and after the CNIP. The courage to grow comprises an awareness of high demands and expectations of oneself, and there is a conscious desire to “*become*

less self-critical" and "accepting towards being new". To grow into this role, NGNs expect it will take courage to ask for help, hand over responsibility to colleagues, and dare to admit what one cannot manage. *"I should not be afraid to ask and actually show that I am new."* Having the courage to grow involves an awareness of one's development and preparedness to be new, trusting one's knowledge base and ability, and having the certainty that *"one grows with the task."*

Responsibility and fear

Transition into the nursing profession *via* the CNIP involves a sense of responsibility that is meaningful. The sense of responsibility is described as alternating between the ability to influence and do good, and the fear of making mistakes and causing harm to patients.

One does not have the experience to be able to see all the signs when something is about to go wrong—something that would be obvious for an experienced colleague.

Being an RN entails responsibility and a fear of revocation of their credentials. NGNs have an innate sense of responsibility and display a drive and a will to take responsibility and lead work to influence patient care with a holistic approach. Within responsibility lies meaningfulness in doing good for others. The duality of responsibility, combined with the fear of causing harm, is a particular challenge in the nursing profession and not like anything previously experienced.

...started working when I was 14 years old, and this insecurity or uncertainty you feel before this start in the profession, I have never felt at any other job before.

Innate in the responsibility as an NGN is an insight and determination to keep learning and never feel fully educated. There is an aspiration to become more independent, learn to prioritise, highlight the patient's perspective in discussions with physicians, and participate in decision-making. Responsibility and fear also manifest themselves in uncertainty about how stressful situations will be and the ability to deal with different scenarios, such as caring for dying patients and meeting relatives.

...mistakes can lead to such extreme consequences...

Within responsibility and fear lie even apprehensions about seeming ignorant in front of patients.

...that they do not feel safe in my care...fear of showing insecurity.

Responsibility and fear are part of a reciprocal process that is integral in the transition into the nursing profession and in the development towards becoming an independent nurse.

Belonging and vulnerability

Transition into the nursing profession *via* the CNIP involves a need to belong and even a sense of vulnerability as a newly qualified nurse. Belonging is anticipated in the group of nurses who started the CNIP together and even expected in the smaller supervision group (POH). A sense of belonging includes being listened to and sharing experiences with those in a similar situation. Vulnerability gives rise to the need for special care, something they expect to receive in this group. The wish for belonging also includes being part of and being included in the clinical working group. Joining a working group for the first time in a long time, *"to be part of the team and not shuffled around all the time,"* is described as meaningful. The arrangement of the CNIP, although with two clinical placements, constitutes a potential risk of not being properly included in the working group, resulting in increased vulnerability.

...six months at each placement...I think there could be a certain risk that you will not really become a colleague on the team.

Belonging to the CNIP group is valuable for both the sense of group affiliation and the right to leave the ward and attend training and supervision days. POH is described as *"an arena for sharing experiences, getting confirmation, new ideas, and sharing their experiences"*.

...you feel the security where you can talk when you go through things now that we have our uh tutoring opportunities.

The CNIP and the POH group create belonging and the opportunity to *"share things you cannot share on the ward"*. On the ward, NGNs describe their position as vulnerable, both as new and associated with the CNIP. Vulnerability surfaces when wondering about with what attitude they will be treated, especially by the physicians. There is an awareness about how hierarchy and teamwork function and how low-ranking an NGN in the CNIP is. The knowledge that the CNIP organisation pay their salaries reduces vulnerability.

CNIP pays for introduction...That is good because then it feels a little better for me as an employee...have a slightly bad conscience that you are new and get training and then disappear.

NGNs' vulnerability reflects in the aspiration to be welcome to the group and that staff "*have patience with someone working a little sluggishly*". NGNs desire acceptance that they work slowly and that it takes time to get used to working in the ward. Vulnerability is also apparent in the awareness that it can be demanding to let go of thoughts about work: "*it's difficult in the beginning to differentiate between work and free time once one takes work home*". However, NGNs try to find a balance by feeling that they belong to a team and that someone else takes over responsibility when they go home for the day.

Just knowing that now someone else takes over, I do not need to think about it anymore; I can let go.

Belonging and vulnerability are evident in the yearning to be heard and seen as team members on the ward, and NGNs expect the CNIP and POH to be meaningful groups that strengthen the sense of belonging.

Support and challenge

Transition into the nursing profession *via* the CNIP includes the hope of support during the challenging time of professional training. Employment in the CNIP, where NGNs have their own manager apart from the nurse manager on the ward, provides support. NGNs feel they will have someone to turn to if they are not heard or respected on the ward.

Security...if there is something difficult on the ward you can and when you are new, it is nice to know that you have another one to turn to.

As an organisation, the CNIP provides support; however, it also poses a challenge. Although the CNIP is seen as a secure entrance into the profession that should apply to all graduates, there is an awareness that not everyone follows this path. Some graduates are employed directly by a clinic, which is experienced as challenging given that the opportunities available when entering the profession are different. The CNIP organisation, including an introductory week and subsequent full days with education and supervision, is expected to support NGNs to enable them leave work on the ward legitimately. Entire days are also

thought to contribute to the feeling of being able to rest from work in the ward.

Good that it is full days, it is less stressful, easier to stop thinking about work in the ward, and let it go.

The fact that the education days cover everything from practical procedures to the structured sharing of experiences in group supervision (POH) is expected to be supportive and helpful in challenging one's knowledge and understanding. The opportunity to share others' experiences is described as educational and supportive. The education days contribute to a sense of being a novice, while also demanding presence and active participation. One misgiving is that it might resemble college.

It also feels fun that we will have training days and touch on different topics, refresh knowledge, and gain new knowledge. I like reflection also in groups; it feels like a bit of a free zone in some way from the ward.

The expectation is that education days will contribute to increased security in the professional role and teach how to deal with the high demands placed on oneself.

I also hope that the clinical introduction year can help with being able to be confident in these situations and to be able to trust myself more, that it is good enough...that I become the nurse I want to be...

The fact that the ward where the nurse will work is familiar, either from student times or from working as a care assistant, is described as supportive; however, it can also be a challenge to assume a new role in the team. The transition into the profession *via* the CNIP was challenging and provided support in various ways.

DISCUSSION

The findings indicate that the transition into the nursing profession *via* the CNIP means the courage to grow and can be seen as a conscious choice to create for oneself the prerequisites for lifelong learning. The driving force to grow demanded courage to expose oneself as a beginner in different clinical settings during the CNIP. The NGNs had high demands and expectations of themselves. From a proud starting point after graduation, NGNs described the need to continue developing. A particular challenge was allowing oneself to be new, less self-critical, ask

for support, and learn to leave work behind at the end of the working day. Earlier research has described the value of meaningful learning and the acquisition of self-strengthening behaviours using holistic comfort during the transition from school to practice [30]. The current findings show that NGNs are at a stage, as novices, where they have theoretical knowledge and a willingness to do good and take responsibility from a holistic perspective. However, they are uncertain about whether they will have the right conditions to achieve this. Goodwin and Candela [30] ascribed holistic comfort principles to ease nurses into the realities of work and advocating for the best patient outcomes. Positive outcomes, such as patient safety and pride in care, were incidental and gave new insights about applying holistic comfort to prepare nurses for the realities of practice [30]. The intention to keep learning through life was evident in the drive to continue with further education and specialisation during and after the CNIP. However, placing the responsibility for lifelong learning and competence supply solely on the individual is insufficient; conditions to facilitate such responsibility need to be provided [31]. Herron [28] suggests that collaboration between nursing schools, clinical practice, and healthcare facilities is essential to determine the best learner-centred methods for preparing NGNs for practice. It is crucial to identify the factors that facilitate or stand in the way of a healthy transition [2]. For a healthy transition, collaboration between employers and higher education institutions must be developed and ongoing throughout working life to enable lifelong learning [31].

Furthermore, the transition into the nursing profession through the CNIP involved a sense of responsibility with meaningfulness. NGNs willingness to take responsibility was based upon the will to do good for others and influence care and, above all, to highlight the patient perspective, learn to prioritise, and exercise daily leadership.

Nursing skills develop over time, and upon transition, NGNs have a grasp of elementary skills but need support to take responsibility for and prioritise patients' needs [6]. The findings in the current research indicate that responsibility also entails fear of not being able to cope with stress, fear of making mistakes that cause harm to patients, and fear of losing their credentials. Hawkins et al. [32] also found that NGNs harboured a fear that slip ups might injure patients and even worried about not rising to expectations. Duchscher [4] described the initial period as a practising nurse as a time full of changes in which NGNs experience transition shock. As students within an academic context, roles, knowledge, personal relations, obligations, and expectations are clearly defined, but on entering a different context of professional practice, NGNs can experience confusion and disorientation.

The results of this study showed that transitioning into the nursing profession *via* the CNIP involved a desire for belonging based on an awareness that they, as NGNs, were in a particularly vulnerable situation. These findings are similar to results in the study by Hunter and Cook [33] where NGNs felt that they belonged when appreciated within the team. In the current study, NGNs expected security and belonging through/via POH, where the opportunity was given to share experiences in a structured way with those in a similar situation.

The findings indicate that a sense of belonging in the CNIP group was valuable in several respects. NGNs are expected to feel an affiliation to the group and feel justified in leaving the ward to participate in education days and supervised sessions (POH). NGNs expect POH to be a secure arena for sharing experiences and receiving affirmation from peers. These findings are consistent with Rush et al. [22] integrative review of the best practices of formal graduation transition programs. Peer support and comradeship constitute essential elements that facilitate the transition into the nursing profession [22]. NGNs value emotional support and collaboration with colleagues and attribute these aspects of introduction programmes to increasing their self-assurance [34]. Regan et al. [35] suggest that nurse leaders have a crucial role to play in creating a work culture where NGNs experience security and are well-received. Togetherness and effective preceptors are also vital contributory factors to NGNs' job satisfaction, affecting the resolution to remain in the nursing profession.

However, moving from one placement to another is expected to be a challenge, and the CNIP involved two placements in different clinical settings. NGNs described a fear of not being fully included in the working group when they moved on to a new placement. Furthermore, NGNs belonging to the CNIP are aware that they are a long way down in the hospital hierarchy. Belonging and vulnerability manifested in the desire to be listened to and accepted by the working team. van Rooyen et al. [36] found that acceptance from the team helped NGNs come to terms with the responsibility nursing entailed and even enhanced job satisfaction.

In the study by Parker et al. [19], NGNs suggested that satisfaction with the transition was connected to the ambition to remain in the nursing profession. Successful preparation of NGNs is a critical concern for the health care sector [37], partly to decrease burnout, increase job satisfaction, reduce turnover of NGNs, and should involve everyone—from school through practice [30]. Linking undergraduate learning experiences to new graduate transition programmes is complex, requiring substantial collaborative relationships between educational facilities, nurse managers, experienced clinical nurses, and hospital administrators [23,37]. Previous

research indicates that NGNs' experiences of heavy and challenging workloads cause stress and lead to fatigue [38]. Therefore, to facilitate a positive transition for NGNs, health care organisations need to provide nurse managers with adequate resources to enable reasonable workloads and staffing [35]. Success in transition programmes has been shown to result in professional and personal growth [24], and those with a duration of 27–52 weeks had the most favourable outcomes concerning retention and turnover [25]. In the present study, the CNIP programme lasts for 14 months.

Transition into the nursing profession *via* the CNIP includes the hope of receiving support in the challenge entailed in acclimatising to the nursing profession. The CNIP employment form was expected to provide security as NGNs have their own CNIP unit manager besides a manager in the clinical setting, giving rise to the feeling that there was someone to turn to if they were not listened to and respected on the ward. The findings suggest that the CNIP organisation, with an introductory week and subsequent whole, uninterrupted education and supervision days, was expected to provide support to enable NGNs to legitimately take time out from work on the ward and even allow NGNs rest from ward duties. NGNs expected the education days and possibilities to share other people's experiences to challenge their own knowledge and understanding. One misgiving was that the CNIP might resemble the world of college education that they had just left behind. Nevertheless, NGNs had a strong desire to continue lifelong learning and, therefore, chose to enrol in the CNIP.

If health care providers are serious about considering the NGNs' transition to minimise errors, improve patient safety, and facilitate nurse well-being and staff retention, it is necessary to establish collaborative partnerships between undergraduate and new graduate transition programmes [39]. Lavoie-Tremblay et al. [10] proposed that establishing and offering mentorship programmes before graduation would further improve transition into the nursing profession by reducing the disparity between the conceptual idea of nursing and the reality of nursing described by Regan et al. [35].

Strengths and limitations

The focus on lived experiences in RLR is a suitable method to provide a deeper understanding of the studied phenomenon. The phenomenon in this study, NGNs' expectations of transitioning into the nursing profession, was studied through data collected in group interviews. During the interviews, the atmosphere was open, and

everyone had the opportunity to speak. The interviewers had many years of experience conducting interviews in research, and the data contained rich and detailed information as a result. The phenomenological research (RLR) process requires a critical and open reflective approach, demanding that the researcher bridle their understanding to ensure validity [40]. Validity was ensured through an open critical reflective discussion between the authors. A limitation was that only three men were included in the study. However, the balance between male and female participants accurately reflects the current distribution of women and men working in health care [41]. Something that can affect the findings is that participation in the CNIP is not voluntary; however, participation in the study has been voluntary.

The transferability of the findings was possible through a rich variety of experiences of the phenomenon [41], which potentially contributed to the generalisability of the results. As with all qualitative studies, the transferability of our results to a similar context and to other countries must be validated and assessed by the reader.

CONCLUSION

The transition into the nursing profession *via* the Clinical Nursing Introduction Program (CNIP) from the world of school to the world of clinical practice is expected to provide the best of both worlds. NGNs receive education and structured support while they work independently in clinical practice. Structured support through clinical practice supervision and reflection in a group with peers (POH) is expected to offer comfort, a sense of belonging, and security when NGNs enter the challenging new world of professional nursing.

Making provisions for lifelong learning is an important issue for health care organisations and is necessary to support NGNs and achieve a healthy transition. To achieve sustainability in working life, employers and higher education of the nurses must work together to create good conditions for NGNs at the beginning of their careers, and even continue to provide support for lifelong learning.

Ethical considerations

The study conformed to the principles of the Declaration of Helsinki [42]. Written informed consent was obtained from all participants with permission of using quotations in the results. The study was approved by the National Ethical Review Board (Dnr 1056–18).

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CONFLICTS OF INTEREST

The authors have no conflicts of interest to disclose.

AUTHOR CONTRIBUTION

All listed authors are entitled to authorship, meet the criteria for authorship, and have approved the final article.

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REFERENCES

- Meleis AI, Sawyer LM, Im EO, Hilfinger Messias DK, Schumacher K. Experiencing transitions: an emerging middle-range theory. *ANS Adv Nurs Sci*. 2000;23:12–28. <https://doi.org/10.1097/00012272-200009000-00006>
- Meleis AI. *Theoretical nursing: Development and Progress*. Philadelphia: Wolters Kluwer; 2018.
- Powers K, Herron EK, Pagel J. Nurse preceptor role in new graduate nurses' transition to practice. *Dimens Crit Care Nurs*. 2019;38:131–6. <https://doi.org/10.1097/dcc.0000000000000354>
- Duchscher JE. Transition shock: the initial stage of role adaptation for newly graduated registered nurses. *J Adv Nurs*. 2009;65:1103–13. <https://doi.org/10.1111/j.1365-2648.2008.04898.x>
- Kumaran S, Carney M. Role transition from student nurse to staff nurse: facilitating the transition period. *Nurse Educ Pract*. 2014;14:605–11. <https://doi.org/10.1016/j.nepr.2014.06.002>
- Benner P. From novice to expert. *Am J Nurs*. 1982;82:402. <https://doi.org/10.2307/3462928>
- Graf AC, Jacob E, Twigg D, Nattabi B. Contemporary nursing graduates' transition to practice: a critical review of transition models. *J Clin Nurs*. 2020;29:3097–107. <https://doi.org/10.1111/jocn.15234>
- Salem Alghamdi M, Ghazi BO. Identifying the experiences of new graduate nurses during the transition period to practice as a professional nurse. *J Clin Nurs*. 2020;29:3082–8. <https://doi.org/10.1111/jocn.15344>
- Edwards D, Hawker C, Carrier J, Rees C. A systematic review of the effectiveness of strategies and interventions to improve the transition from student to newly qualified nurse. *Int J Nurs Stud*. 2015;52:1254–68. <https://doi.org/10.1016/j.ijnurstu.2015.03.007>
- Lavoie-Tremblay M, Sanzone L, Aubé T, Bigras C, Cyr G, Primeau G. A university/healthcare institution mentorship programme: Improving transition to practice for students. *J Nurs Manag*. 2020;28:586–94. <https://doi.org/10.1111/jonm.12960>
- Innes T, Calleja P. Transition support for new graduate and novice nurses in critical care settings: an integrative review of the literature. *Nurse Educ Pract*. 2018;30:62–72. <https://doi.org/10.1016/j.nepr.2018.03.001>
- Rudman A, Gustavsson P. Konsekvenser av utbrändhet i början av sjuksköterskors arbetsliv för karriärutvecklingen. (Consequences of burnout at the beginning of nurses' working lives for career development). *Socialmedicinsk Tidskrift*. 2020;97:92–101.
- Stacey G, Cook G, Aubeeluck A, Stranks B, Long L, Krepa M, et al. The implementation of resilience based clinical supervision to support transition to practice in newly qualified healthcare professionals. *Nurse Educ Today*. 2020;94:1–6. <https://doi.org/10.1016/j.nedt.2020.104564>
- Bisholt BK. The learning process of recently graduated nurses in professional situations - experiences of an introduction program. *Nurse Educ Today*. 2012;32:289–93. <https://doi.org/10.1016/j.nedt.2011.0>
- Frogeli E, Rudman A, Ljotsson B, Gustavsson P. Preventing stress-related ill health among newly registered nurses by supporting engagement in proactive behaviors: development and feasibility testing of a behavior change intervention. *Pilot Feasibility Stud*. 2018;4:28. <https://doi.org/10.1186/s40814-017-0219-7>
- Laschinger HK, Cummings G, Leiter M, Wong C, MacPhee M, Ritchie J, et al. Starting out: a time-lagged study of new graduate nurses' transition to practice. *Int J Nurs Stud*. 2016;57:82–95. <https://doi.org/10.1016/j.ijnurstu.2016.01.005>
- Labrague LJ, McEnroe-Petitte DM. Job stress in new nurses during the transition period: an integrative review. *Int Nurs Rev*. 2018;65:491–504. <https://doi.org/10.1111/inr.12425>
- Bakker EJM, Kox J, Boot CRL, Francke AL, van der Beek AJ, Roelofs P. Improving mental health of student and novice nurses to prevent dropout: a systematic review. *J Adv Nurs*. 2020;76:2494–509. <https://doi.org/10.1111/jan.14453>
- Parker V, Giles M, Lantry G, McMillan M. New graduate nurses' experiences in their first year of practice. *Nurse Educ Today*. 2014;34:150–6. <https://doi.org/10.1016/j.nedt.2012.07.003>
- Bakon S, Craft J, Wirihana L, Christensen M, Barr J, Tsai L. An integrative review of graduate transition programmes: developmental considerations for nursing management. *Nurse Educ Pract*. 2018;28:80–5. <https://doi.org/10.1016/j.nepr.2017.10.009>
- Clipper B, Cherry B. From transition shock to competent practice: developing preceptors to support new nurse transition. *J Contin Educ Nurs*. 2015;46:448–54. <https://doi.org/10.3928/00220124-20150918-02>
- Rush KL, Janke R, Duchscher JE, Phillips R, Kaur S. Best practices of formal new graduate transition programs: an integrative review. *Int J Nurs Stud*. 2019;94:139–58. <https://doi.org/10.1016/j.ijnurstu.2019.02.010>
- Johansson A, Berglund M, Kjellsdotter A. Clinical nursing introduction program for new graduate nurses in Sweden: study protocol for a prospective longitudinal cohort study. *BMJ Open*. 2021;11:e042385. <https://doi.org/10.1136/bmjopen-2020-042385>
- Wall P, Fetherston C, Browne C. Transitioning through a bachelor of nursing program: the enrolled nurse experience. *Collegian*. 2020;27:396–401.
- Brook J, Aitken L, Webb R, MacLaren J, Salmon D. Characteristics of successful interventions to reduce turnover and increase retention of early career nurses: a systematic review. *Int J Nurs Stud*. 2019;91:47–59. <https://doi.org/10.1016/j.ijnurstu.2018.11.003>

26. Baumann A, Hunsberger M, Crea-Arsenio M, Akhtar-Danesh N. Policy to practice: investment in transitioning new graduate nurses to the workplace. *J Nurs Manag.* 2018;26:373–81. <https://doi.org/10.1111/jonm.12540>
27. Pasila K, Elo S, Kääriäinen M. Newly graduated nurses' orientation experiences: a systematic review of qualitative studies. *Int J Nurs Stud.* 2017;71:17–27. <https://doi.org/10.1016/j.ijnurstu.2017.02.021>
28. Herron EK. New graduate nurses' preparation for recognition and prevention of failure to rescue: a qualitative study. *J Clin Nurs.* 2018;27:e390–401. <https://doi.org/10.1111/jocn.14016>
29. Dahlberg K, Dahlberg H, Nyström M. *Reflective Lifeworld Research.* Lund: Studentlitteratur; 2008.
30. Goodwin M, Candela L. Outcomes of newly practicing nurses who applied principles of holistic comfort theory during the transition from school to practice: a qualitative study. *Nurse Educ Today.* 2013;33:614–9. <https://doi.org/10.1016/j.nedt.2012.07.013>
31. Regeringens proposition 2020/21:60. *Forskning, Frihet, Framtid – Kunskap och Innovation för Sverige.* (Government bill 2020/21: 60. Research, Freedom, Future - Knowledge and Innovation for Sweden). Stockholm. Socialdepartementet; 2020.
32. Hawkins N, Jeong S, Smith T. Coming ready or not! An integrative review examining new graduate nurses' transition in acute care. *Int J Nurs Pract.* 2019;25:e12714. <https://doi.org/10.1111/ijn.12714>
33. Hunter K, Cook C. Role-modelling and the hidden curriculum: new graduate nurses' professional socialisation. *J Clin Nurs.* 2018;27:3157–70. <https://doi.org/10.1111/jocn.14510>
34. Henderson A, Ossenberg C, Tyler S. 'What matters to graduates': an evaluation of a structured clinical support program for newly graduated nurses. *Nurse Educ Pract.* 2015;15:225–31. <https://doi.org/10.1016/j.nepr.2015.01.009>
35. Regan S, Wong C, Laschinger HK, Cummings G, Leiter M, MacPhee M, et al. Starting Out: qualitative perspectives of new graduate nurses and nurse leaders on transition to practice. *J Nurs Manag.* 2017;25:246–55. <https://doi.org/10.1111/jonm.12456>
36. van Rooyen DRM, Jordan PJ, Ten Ham-Baloyi W, Caka EM. A comprehensive literature review of guidelines facilitating transition of newly graduated nurses to professional nurses. *Nurse Educ Pract.* 2018;30:35–41. <https://doi.org/10.1016/j.nepr.2018.02.010>
37. Eklund A, Billett S, Skyvell NM. A bridge over troubled water? - Exploring learning processes in a transition program with newly graduated nurses. *Nurse Educ Pract.* 2021;51:102982. <https://doi.org/10.1016/j.nepr.2021.102982>
38. Liang HF, Lin CC, Wu KM. Breaking through the dilemma of whether to continue nursing: newly graduated nurses' experiences of work challenges. *Nurse Educ Today.* 2018;67:72–6. <https://doi.org/10.1016/j.nedt.2018.04.025>
39. Hayes C. Simulation: smoothing the transition from undergraduate to new graduate. *J Nurs Manag.* 2018;26:495–7. <https://doi.org/10.1111/jonm.12676>
40. Boniol M, McIsaac M, Xu L, Wuliji T, Diallo K & Campbell J. *Gender equity in the health workforce: analysis of 104 countries.* Geneva: World Health Organization; 2019. (WHO/HIS/HWF/Gender/WP1/2019.1). Licence: CC BY-NC-SA 3.0 IGO.
41. Dahlberg K, Dahlberg H. Phenomenology in practice, phenomenological research from a Scandinavian perspective. In: Dahlberg H, Ellingsen S, Martinsen B, Rosberg S, (Eds.). *Fenomenologi i Praktiken: Fenomenologisk Forskning i ett Skandinaviskt Perspektiv.* 1st edn. Liber, Stockholm: Phenomenology in Practice: Phenomenological Research from a Scandinavian Perspective; 2019:155–89.
42. World Medical Association (WMA). *Declaration of Helsinki.* 2008.

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