FROM THE KNOWN TO THE UNKNOWN
FUTURE OF A NEWLY GRADUATED NURSE
- A QUALITATIVE MINOR FIELD STUDY IN INDIA

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Thesis, 15 ECTS credits
Bachelor level
Spring 2013
From the known to the unknown future of a newly graduated nurse – a qualitative Minor Field Study

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Institution: University West, Department of nursing, health and culture
Type of work: Thesis, 15 ECTS credits
Program: Nursing, 180 ECTS credits
Semester/year: Spring 2013
Number of pages: 22

ABSTRACT

Background: A new kind of birthing center, providing a new concept of maternal care is about to open in a city located in the eastern part of India. Being part of a new concept in maternal care and having the opportunity to work at a new advanced multispecialty hospital as well as being a newly graduated nurse can create a lot of expectations in which we aim to explore.

Aim: The aim was to explore newly graduated nurse’s expectations before the opening of a natural birthing center in the eastern part of India.

Method: Qualitative interviews were chosen as a data collecting method. The participants were five newly graduated nurses. A qualitative content analysis with an inductive approach and a manifest content was selected for analyzing the collected data.

Findings: Four categories with sub-categories were found. They were Unknown future, In relation with patients and relatives, Opportunities to develop as a nurse and to become a good nurse.

Conclusion: In this study it was seen that the nurses felt unsure in their role and about their future. To be able to care for patients and relatives as a newly graduated nurse in a professional manner (and make them feel safe), it is important to have the confidence to feel safe in the nursing role. It is also of importance that the organization allows the nurse to develop by creating attuned climates for this, all to become a good nurse.

Keywords: Expectations, Newly graduated, Nursing, Natural birth
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INTRODUCTION

In India, healthcare is in need of development, especially in maternal care where about 100,000 women die every year due to complications during pregnancy (United Nations, 2010). This is the highest amount in the world. This study was conducted during the construction of a hospital in the eastern part of India. At this hospital new healthcare concepts in terms of a Natural Birthing Center were about to be introduced to the citizens. Five nurses were employed who were newly graduated from the general nursing and midwifery program. Being a new graduate brings a lot of expectations of developments as a nurse. An expectation is a strong belief that something will happen or that someone will or should achieve something (Oxford English dictionary, 2000-). This study explores newly graduated nurse’s expectations before the opening of this Natural Birthing Center.
BACKGROUND

About India
India is the seventh largest country in the world, with a population around 1.2 billion. It has an area that extends from the Himalayas in the north to the tropical rain forests in the south and it is separated from the rest of Asia due to the mountains and the surrounding seas (Government of India, 2012). It contains 29 states, all with their own culture and language, Hindi being the official and largest (Andersson, 2008).

India is said to have one of the oldest and greatest civilizations with a history that stretches far back in time (Government of India, 2012). One of the earliest civilizations found is the Indus Valley, also known as Harappan civilization, that flourished around 3,300 before christ (Wibeck, 2012). Since then the country has developed and is characterized by constant immigration. It has become a country of multiculturalism and many different religions and beliefs (Gama, 2009). Hinduism, Islam and Christianity are the today the larges religions (Wibeck, 2012).

The country was ruled by the British government for a long time and in the year 1947 it became self-dependent. A lot has changed during those 66 years of independency and great economic development can be seen (Wibeck, 2012). According to Peters et al. (2002) this brings new challenges for the country. Two of the important challenges include improving the delivery of core public services and maintaining rapid and inclusive growth.

Health care in India
One of India’s largest sectors is healthcare which is constantly growing. This is partly because of the increasing population but also due to the country’s investment in healthcare and a growing middle class who can afford to spend more on healthcare services (Pricewaterhousecoopers, 2007). The healthcare system is based on both a public and a private sector and is characterized by different systems of medicine such as western medicine, ayurvedic and homeopathy in alternative medicine (Government of India, 2011).

The public sector is financed by the government and is intended to manage preventive and curative health services (Government of India, 2011). Besides this, a number of sponsored programs are available for family welfare and disease control, but there is still much that has to been done in this sector (Peters et al., 2002). Since it is underfunded many of the existing practices are not performed with equipment that is required, which has resulted in lack of trust from the people (Kumar et al., 2011). According to Peters et al. (2002) the public sector is almost not able to meet the current health needs of the country. There are difficulties to expand rapidly enough to be able to accommodate its increasing population (Costas & Johannson 2011).

The private healthcare system in India has grown vastly over the years and is well established and flourishing. After the independence in 1947 the private sector represented approximately 8 percent of all medical institutions in the provinces (Peters et al., 2002). Today it is representing more than 80 percent of the country’s healthcare services and is mostly focused on providing curative care (Pricewaterhousecoopers, 2007). It is possible to find both for-profit and non-profit providers in the sector (Government of India, 2011), with practices that vary from small private clinics to large hospitals (Peters et al., 2002). It was shown in a study written by Costas and Johannson (2011) that the care given in the private sector ranges from
highly qualified providers in the urban areas to unqualified providers in the rural areas. Since the private sector is not under control by the state, there is a lack of existing guidelines for quality and standards, which result in a number of uneducated providers and hospitals that are neither licensed nor registered (Peters et al., 2002).

There are positive and negative sides in both the private and the public sectors and right now the healthcare system seems to be at crossroads. The country will have to face new challenges due to lower mortality rate, an increase in fertility and infectious diseases of childhood being replaced by lifestyle diseases in old age (Peters et al., 2002).

**Maternal health care system**

Especially overlooked areas in the Indian healthcare, is services provided for women and children. There are, however, significant differences in the country were some states perform better than others, differences can also be seen between the urban and rural areas (Arokiasamy & Pradhan, 2010). Arokiasamy and Pradhan defines maternal health care as to provide care for the woman and the fetus during pregnancy and delivery, and for the mother and child after delivery.

About 100,000 women die every year in India related to pregnancy complications, which is the highest amount in the world. Complications with anesthesia, cesarean sections and ectopic pregnancy stands for 11 percent of the death rate (United Nations, 2010).

Far away from all women in India do not use the service of maternal health care when they are pregnant. Many deliveries take place at home and are assisted by locally trained midwives that have no medical or scientific training in delivery care (Arokiasamy & Pradhan, 2010).

To lower the high rate of maternal mortality there is an increased need for improved access and also a demand for maternal health care to change. This will require better infrastructure, more trained staff and improved quality of care (Arokiasamy & Pradhan, 2010). The high rate of unnecessary caesarean sections in India has also led to an increased need for a change in maternal care. The real numbers of how many unnecessary caesarean sections that have been made is hard to determine, it is most likely higher than the data shows according to Pai (2000).

**The hospital**

Because of India's fast development and the rising economics people are starting to ask more from their health care providers and the standards of the hospitals. The cities are constantly growing which increases the demand for more and better hospitals, in particular hospitals with different specialties (A. Sahu, personal communication, May 14 2012).

This is a multi-specialty hospital in the private sector, located in a smaller city in the eastern part of India. It is equipped with the latest technologies, state of the art facilities and has a world class infrastructure. The hospital has 80 beds and facilities such as an ultra-modern operation theatre complex, well equipped intensive care unit, neonatal intensive care unit, dialysis services, ambulance service, and highly efficient diagnostic department. The hospital can also offer the service of a yoga clinic to the patients. This hospital is poised to become the most advanced and progressive healthcare institution in this part of the country (http://www.santevitahospital.com). Medical Director H. D. Sharan (personal communication, May 14) hopes that this hospital one day will be the best care provider in the city. To become
that he relies on the good quality of nursing care, good quality of equipment and absolutely transparency off all units. The hospital can also introduce new healthcare concepts in terms of a Natural Birthing Center (http://santevitahospital.com).

The Natural Birthing Center
In today’s scenario performing caesarean sections is becoming more and more common in Indian hospitals. The intention of opening a Natural Birthing Center is to reverse the trend of the high caesarean section rate by encouraging patients to undergo natural birth. A natural birth, as described by the hospital, is nature’s way of childbirth, this reflects the view of childbirth as a normal, healthy event and not a medical procedure (http://www.santevitahospital.com).

The idea of starting this Natural Birthing Center came from some doctors in India. There was a need for a birthing unit where women could be educated and informed. This ensures wellness thru pregnancy and gives them a chance to have a natural childbirth as experienced by women all over the world. This unit is one of a kind, not only in the city but also in the whole of eastern India (N. Nikunj, personal communication, May 21 2012). The Natural Birthing Center will be offering antenatal classes with the main aim of enhancing the quality of the birthing experience and empowering the expectant mothers. Dads are also welcome to actively participate in pregnancy, labor and childbirth to support the mother (http://www.santevitahospital.com).

Expectant mothers in Indian hospitals are usually moved from one room to another for every stage of the birthing process. But this unit provides single rooms in which labor, delivery and recovery all happens in private. They can also provide the option of water birthing and water pain relief for their patients, this is a procedure that is not being used by other hospitals in the area (http://www.santevitahospital.com).

The team at the hospital is fully equipped to provide the best possible maternity services in the world (N. Nikunj, personal communication, May 21 2012). Five midwives are employed, they were educated through Spring of Joy, a missionary organization. This education contains both theory and clinical practice in midwifery and gynecology, and lasts one and a half years, after which the midwives receive a diploma. Since the program is not state registered the students are not able to get a certificate (L. Dull, personal communication, April 7 2012).

In the long run, hopes are that this unit will bring a change in birthing facilities at other hospitals too. Patients will be more informed and can therefore ask their caregivers to change according to the current needs and standard of care provided at this hospital (N. Nikunj, personal communication, May 21 2012).

Nursing education
The central board of nursing and midwifery was established in the beginning of the 1900’S during the British rule. Nursing and midwifery were two separate educational programs until 1947 when the country became independent and the government created an act to merge these two professions. Two new educational programs were formed, the general nursing and midwifery program (GNM), three and a half years and a shorter program called auxiliary nursing and midwifery (ANM) (Mavalankar, Raman & Vora, 2011). Today the nursing education in India consists of six programs on different levels. The basic programs can be
studied at nursing school, either private or public ones and further education on an advanced level are conducted at universities (http://www.indiannursingcouncil.org).

The GNM program stands as a foundation on which the practice of nursing is built and constitutes opportunities for further education (Current nursing, 2011). Its main focus is to learn how to care for the sick people in hospitals (http://www.indiannursingcouncil.com). It is also designed for attending to the communities health needs and to provide nurses an opportunity for a personal and professional development. After completing the education, a newly graduated nurse is expected to know such skills as are required in the nursing process in providing health care and nursing of patients. To possess skills in good communication, leadership, humanities biological and behavioral science are also part of the objectives. A person must be between the ages of 17 to 35 years for admission and should be medically fit. The program is designed to give education in general nursing during the first two years, community health nursing and midwifery for one year and the last six months of internship includes nursing administration and research classes (Current nursing, 2011).

Being a newly graduated nurse
Being a newly graduate involves adapting to the nursing culture, which can be seen as a process. This journey starts with the honeymoon phase that is characterized by the excitement of leaving nursing school. Then comes the shock phase which involves feelings of disappointments and then there is the phase of recovery. After about 3 months of working the nurses comes to a point when they make a decision to remain or chose to leave for another work, this is referred to as the resolution phase (Martin & Wilson, 2011). Martin and Wilson also found that relationships played an important key role in the process of adaptation. It was revealed that relationships could make or break a newly graduated nurses experiences. Spence (2012) found that newly graduates valued an organizational structure designed to support their transition to the workforce. It was also revealed that job and career satisfaction and turnover was related to newly graduated nurses situational factors and personal resources.

Nursing care in maternal care
To achieve a good atmosphere in maternal care it is important to use nursing interventions such as effective communication, shared decision making and teamwork. To be able to promote optimal health outcomes it is important that health care providers work patient-centered, meaning to accept the values, cultures and choices of the woman and her family. Each team member should have good skills in communication, leadership, situational awareness and mutual support. All members in a team should feel comfortable to speak up when problems appear. Communication between everyone involved in the care is central to providing safe care. Listening skills are as central as speaking skills. Shared decision making requires that the patients are well informed and providing this information is a nurse’s responsibility. By giving the patient choices the woman feels more in control and satisfied, which leads to improved outcomes. Performers in nursing care should take initiative to improve the quality of care (Quality patient care in labor and delivery: a call to action, 2012)

In maternal care, nurses perceived their interventions as ranging from attending patients psychosocial to psychical needs (Miltner, 2000; James, Simpson & Knox, 2003). Nursing actions can be to remain with the patient, coaching and giving instructions (Miltner, 2000). Miltner also found that improved effort could be seen when mothers were encouraged by the nurse. The nurses in this study also spoke of how important it was for them to explore the patient’s expectations and to involve their family to be supportive. According to another study written by James et al. (2003) the nurse’s role in labor care was developing over their years of
practice. A confident nurse was not dependent on technology, instead the nurse stepped away from the technology and towards the woman. The nurses in this study perceived themselves as supportive, caring and effective while being powerful and autonomous. Providing individualized care, meaning to listen and be supportive and encouraging was seen as a positive quality in maternal care. Identified as key attributes was patience, encouragement and support. Advocacy was important to provide a meaningful and safe birth (James et al. 2003).

In studies viewed from the patient’s and relative’s perspective of the nurse’s role in maternity care, concepts that were found often included similarities with those viewed from a nurse’s perspective (Tumblin & Simkin, 2001; Bowers, 2002; Brown et. al., 2009; Fleming, Smart & Eide, 2011). Four key roles were identified in a study written by Brown et. al. (2009), being a support person, educator, patient advocate and provider of continuity in care. Among many other expectations the most mentioned was that a nurse should provide supportive care, this includes physical comfort, information and emotional support (Tumblin & Simkin, 2001; Brown et. al., 2009). Patients wanted to be seen as individuals and receive personalized nursing interventions (Bowers, 2002). The presence of a nurse had a calming impact on the patient and their relatives (Brown et. al., 2009; Fleming et al. 2011). To be given choices and developing a trusting relationship to the care giver is important for the patient since it will give them feelings of control and a good labor experience (Fleming et al. 2011). Patients valued the nurses to be knowledgeable when communicating, informing or giving instructions (Bowers, 2002). As an educator the nurse was expected to normalize the birth experience (Brown et. al., 2009).

PROBLEM DEFINITION

The high rate of unnecessary caesarean sections in India has made an increased need for a change in maternal care. A new kind of birthing center providing a new concept of maternal care is about to open in a city located in the eastern part of India. They will focus on nature’s way of childbirth, as a normal healthy event, with the intention to encourage and support patients. The clinic has employed five newly graduated nurses. Being part of a new concept in maternal care and having received the opportunity to work at a new advanced multispecialty hospital as well as being a newly graduated nurse can create a lot of expectations. Duchscher (2008) declares that to go from the known to the unknown creates new expectations on both a professional and a personal level.

AIM

The aim was to explore newly graduated nurse’s expectations before the opening of a natural birthing center in the eastern part of India.

METHOD

The authors have chosen a qualitative approach for this study. Qualitative research is about understanding phenomena, exploring issues and answering questions (Polit & Beck, 2008). The purpose of a qualitative study is to discover and identify the opinion of the person being
interviewed, based on their lived world, through an open mind in every situation (Patel & Davidson, 2003).

**Settings**
The Natural Birthing Center is a part of a newly built hospital in a smaller city located in the eastern part of India. With approval from the medical director the interviews were conducted in a private room at the hospital.

**Participants**
To fulfill the purpose of the study the main inclusion criteria was that the nurses should be employed at the Natural Birthing Center. All five nurses who were newly employed were requested and responded positively to participate in interviews. Due to this the interviews were considered enough to get an overview of the aim. The nurses were all females, between the age of 20 to 25. They were newly graduated which meant that they had a degree in GNM. Their school had a contract with the students that they would remain for two more years after graduating and work at the hospital on campus. Their English skills were considered well enough to conduct the interviews in English.

**Ethical considerations**
The principles of ethics are informed consent, confidentiality and trust (Ryen, 2004). Informed consent means that the participants have the right to know that they are subjects for research and the right to be well informed about the study (Ryen, 2004). Information should include that participation is voluntary and that they have the right to withdraw at any time. Confidentiality means to protect the participant’s identity, by changing names and other identifying information (Kvale, 1997). The reader should not be able to locate the interviewee. To win someone’s trust the researcher first has to be socially accepted by the group (Ryen, 2004). Kvale (1997) means that winning someone’s trust is a question of how well the researcher adapts to the participant’s local culture and moral values, this can be done through interactions. The interviews were conducted after being in the field for one and a half months, with the purpose to acclimatize. During this time the authors tried to interact with the participants, in order to win their trust.

In this paper everyone involved received information about the study and its purpose (Appendix I & II). The hospital director, the project manager and the head nurse all gave their approval for the study. When the authors arrived the intended participants where provided with both written and verbal information. It was pointed out that participation was completely voluntary and that it was possible to withdraw at any time without any further explanations requested. It was also noted that if the nurse decided not to participate it would not have any bad influence on her work. After taking this into consideration the interviewees gave their verbal consent to participate in the study. All participants were treated confidentially. The interviews were coded to protect identity which cannot be recognized in the final paper. This study has been approved by the Ethical Review Board at University West in Trollhättan, Sweden, do.2012/242B22.

**Preparations**
Before the departure from Sweden, information which was considered necessary for the study was read and collected. This included information about interviewing, how to ask questions and how to write and use an interview guide. To be prepared and reduce the risk of misunderstandings in verbal and non-verbal language the Indian culture was also studied.
Once in place in India the authors started off to practice interviewing and to try out the questions in the interview guide. This was performed on three voluntary midwives employed at the same birthing center as the nurses in the final study. In these interviews the authors used an interpreter. The midwives were informed that this material was not going to be used, it was only to improve the authors interviewing skills and the questions in the interview guide.

Before starting the interviews the interviewees were informed that there are no right or wrong answers to the questions and that it is her expectations that are of interest. Polit and Beck (2008) means that the researcher should encourage the participants to answer in their own words and talk freely about the subjects. The interviewees were also informed that the interviews would be recorded with their approval and it was explained how this would be done. In this way all data needed for the study was obtained.

**Data collection through qualitative interviews**

The authors found qualitative interviews relevant as a data collecting method to achieve a deeper understanding for the newly graduated nurses’ expectations.

Interviews can be structured, semi-structured or unstructured (Patel & Davidson, 2003), they can also be standardized or have a low degree of standardization (Trost, 2010). In this study semi-structured interviews with specific topics and a low degree of standardization were used. According to Trost (2010) a low degree of standardization is when the researcher asks opened questions and makes the interviews as a professional dialogue with a language designed for the interviewees. A semi-structured interview means that the researcher has decided what to ask in advance (Polit & Beck, 2008).

For this study an interview guide (Appendix III) with specific topics and open questions was designed, which could be followed up by new questions. The interviews started with basic questions about the interviewees background, for example “why did you become a nurse?” in order to create a relaxed atmosphere. It continued with opened question such as “how does a normal day of work look like for you as a nurse?”. To then shift the focus directly at the aim of this study, for example “what are your expectations of your work here?”. The remaining questions were directed towards expectations about team and personal actions, for example “what do you see as your responsibility as a nurse?”. The interviews were conducted individually, present were the two authors and one nurse. The duration of the interviews was thirty-five to sixty minutes.

Different kinds of techniques can be used when recording data (Patel & Davidson, 2003). With approval from the participants the interviews were recorded with a digital tape recorder and then transcribed. During the interviews one author was in charge of asking the questions from the interview guide while the other author was handling the electronic equipment. The person handling the recorder was free to ask follow up questions, as well as the interviewing person. The authors switched responsibilities every other interview.

**Qualitative content analysis**

The collected data was analyzed by using a qualitative content analysis with an inductive approach, focusing on the manifest content (Appendix IV). Graneheim and Lundman (2004) describes the inductive concept as an unprejudiced analysis of the text, it can be based on an individual’s narratives about their experiences. They define the manifest content to be what the text says, the obvious and visible contents. In the text variations appear when differences and similarities is compared. The established concepts related to qualitative content analysis
are: unit of analysis, content area, meaning unit, condensation, abstraction, code, categories and theme (Graneheim & Lundman, 2004).

The unit of analysis in this study was newly graduated nurses’ expectations before the opening of a Natural Birthing Center. In the process of analysis the interviews were listened to carefully and then transcribed word by word and read several times. This gave the authors an overview of what the text said. The authors started transcribing the first interview together to learn the process. The remaining four were divided and transcribed individually. Then the authors listened to what the other person had transcribed to make sure that no mistakes had been made. The entire text was then divided into meaning units after its context. A meaning unit is a constellation of words or sentences related to each other by their content and context (Graneheim & Lundman, 2004). In the next step the meaning units were carefully rewritten into a shorter text, maintaining the context. This process is mentioned as condensation according to Graneheim and Lundman (2004). The abstraction continued as the condensed text was given codes. The meaning of a code is referred to as a label of a meaning unit, including the core. Codes can be seen as tools that allow the researcher to consider the data in new and different ways (Graneheim & Lundman, 2004). The authors then compared the codes to the aim in this study, to find differences and similarities, from this, categories and sub-categories were created (Table 1). The meaning of a category is codes with similar contents that share communality. It is important that the code only fits in to one category. A category can also be divided into different sub-categories (Graneheim & Lundman, 2004). After taking the whole text into consideration the theme, overcoming the fear of the unknown to master the art of care, was found. A theme means to link together the underlying meaning of meaning unit, categories and codes (Graneheim & Lundman, 2004).

Table 1: Example from the analyzing process

<table>
<thead>
<tr>
<th>Meaning units</th>
<th>Condensations</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>and respect to the doctors and midwives and respect is very important thing</td>
<td>I have to give respect to the doctors and the midwives so that they will</td>
<td>By respecting get respect</td>
</tr>
<tr>
<td>when we give respect to doctor and midwives then also they give respect to</td>
<td>respect me</td>
<td></td>
</tr>
<tr>
<td>me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes there we will get tensed cause what happens we are because of</td>
<td>If there is a lot to handle and few nurses working on each shift we will</td>
<td>Low labor</td>
</tr>
<tr>
<td>less nurses we also two three if we will have two three nurses who will</td>
<td>get tensed</td>
<td></td>
</tr>
<tr>
<td>handle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>And we have eh good skills then only we will know that day we eh is there</td>
<td>When we have good skills we can see if there will be complications or normal</td>
<td>Good skills gives clinical eye</td>
</tr>
<tr>
<td>any complication or it will be normal delivery</td>
<td>delivery</td>
<td></td>
</tr>
</tbody>
</table>

Credibility

According to Graneheim and Lundman (2004) credibility is about the focus of the research and how well the purpose of the study is revealed in data and the process of analysis.
The trustworthiness in this study is increased because the method is described in such ways that it is possible to repeat. To facilitate transferability there should be a distinct description of context and culture, selection of participants, data collection and process of analysis (Graneheim and Lundman, 2004). Both quotations and illustrated images were presented in the study. Illustrations of meaning units, condensations and abstractions facilitate the ability of judging credibility. Another way to approach credibility is to use quotations, to see differences and similarities between categories (Graneheim & Lundman, 2004).

RESULT

Overcoming the fear of the unknown to master the art of care, was the theme of this study’s result. The fear of the unknown was seen as the nurses showed a lot of anxiety about being new graduates, using new approaches and working at a new hospital. A strong eagerness could also be seen, which was to develop and learn how to master the art of care. Under the theme four categories were found, unknown future, in relation with patients and relatives, opportunities to develop as a nurse and to become a good nurse. These categories also had sub-categories (Table 2).

<table>
<thead>
<tr>
<th>Theme</th>
<th>Overcoming the fear of the unknown to master the art of care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>Unknown future</td>
</tr>
<tr>
<td>Sub-category</td>
<td>How to manage new situations</td>
</tr>
</tbody>
</table>

**Unknown future**

This category was designed when a pattern was revealed of uncertainty about what the future would bring and anxiety of starting to work as a newly graduated nurse. How would they deal with new situations that could arise? Uncertainty was also seen due to the lack of knowledge and experience in the working field.

**How to manage new situations**

The interviewees expressed expectations about how to handle new situations, this included both feelings and thoughts. The nurses talked about not knowing in advance what kind of situations will be encountered. They believed that it was necessary to be in a situation to know how to handle it, meaning adjust actions after every new situation. Feelings of pressure occurred related to those new situations.

“We do not know what will happen in the end… we have to work with the situation and the patient”

Feelings of higher demands were also revealed by one nurse, related to situations when people ask questions. In her sense this was because it is a fancy hospital and people who come here
have money and power. Nurse’s expectations of what people will expect from them were also seen in the content, this meant that they felt uncertain even in known situations.

“If I come across a situation that I have experienced before I do not know what I will do because this is a different place and more educated people will come here, they will ask questions and we should give them all the answers”

Many of the interviewees expressed worries about how the work would develop and be organized. A concern that there would be situations with high work load and low labor could be seen. A different concern was if any patients would come at all and the importance of doing a good job to recruit patients.

“I do not know how they will make the shifts here, if only two are working it will be impossible to go and see all the patients”

Lack of knowledge and experience
A second sub-category was created because of the concern that could be seen among the interviewees related to feelings of not having enough knowledge and experience.
An expectation mentioned was that working here would be different and difficult. Different because this was a new place and difficulties were related to lack of experience in working and the fear of coming across more challenging cases.

“I am thinking that it will be different here because I am used to work with simple deliveries, now it will be difficult”

The concern about having lack of experience also brought feelings of low confidence. It was expressed that those feelings existed because they had not gained enough skills to be confident. Some nurses expected to gain more confidence when work was progressing.

“I have low confidence now, but I am sure that I will gain more confidence here”

All the interviewees talked about technical work and how to handle new machines which had not been seen or worked with before. This created concerns about how they would do here. Earlier knowledge studied felt irrelevant when the nurses were expecting to use new approaches.

“Whatever we have done before we are not going to practice here”

In relation with patients and relatives
Giving support and guidance
The findings under this category include expectations of the nurses’ performance in relation with patients and relatives. The core that could be seen in the expectations was about practicing a new approach, these included concepts such as support, giving guidance, involvement and cooperation.

A lot of the interviewees talked about the importance of making patients understand and how to be successful in this. There were strong beliefs that teaching patients would get them to understand, cooperate and become less concerned. It was also said that patients would be more supported here which was expected to facilitate the nurse’s work. Supporting first-time
mothers was important as they were expected to not have as much knowledge. Supporting could contain actions such as guidance, giving time and to help the laboring mother.

“It is different here because the patient will get more support and she will cooperate, which facilitates our work”

One nurse stated that they should answer patient’s and relative’s questions because then they would be pleased and happy. There were also thoughts of using communication as a tool to support and encourage patients. Working with and including relatives in the patient’s care was unfamiliar for the nurses, but here relatives where required to participate in care. An expected demand was that relatives should be knowledgeable through education, to be able to help the woman.

“Relatives will ask us questions about the patient’s condition which we should answer”

“We think relatives should be involved here we are not used to working like that, but if we want that to happen we have to set that rule”

One interviewee felt that during working hours they have to devote completely to work and always be in a good mood towards the patient. It was also said to be a nurse’s responsibility to perform the safe care that patients were expecting when they come to hospitals.

“When we start our work in the morning we leave our tensions at home and come with happy sharing faces which makes the patient happy, because if we are irritable the patient will get frighten”

**Opportunities to develop as a nurse**

**Trough theory and praxis**

This category came to life when findings showed that several of the interviewees expected to gain new experience through work. Feelings of happiness were expressed among the nurses. Working here was seen as an opportunity to develop through theory and praxis. Their new practical experience was based on all the different cases they expected to come across.

“Here I am learning things that I could not learn before, which is very good for me”

The developing process included hopes of being more educated both technically and practically. Stated in one of the interviews was the need for a desire to learn more to be able to develop. To get increased knowledge they expected someone to teach them this, the new knowledge would give them a good clinical eye.

“I think it is interesting to learn new theory from the latest research, we like to learn new things and we would also like to practice them”

**To become a good nurse**

**Working in cooperation with colleagues and individually**

This category describes the humble attitude that the nurses are expecting to show each other, the midwives and the doctors. Individual accomplishments were also included in the process of becoming a good nurse. The nurses expected there to be benefits of working in team. To achieve good results that are of advantage to the patient, it was central to have a good spirit when it came to working together as a group of doctors, midwives and nurses. By doing so
they expected the work to be effective. A good cohesion including helping each other and sharing knowledge in the team was seen to be of importance to improve work.

“Without help we could not do anything we work in team, that work is good”

“… in the team there are more brains and therefore more knowledge and we can learn from each other so that we can give good care to the patient”

It was said that a nurse should have good knowledge, since she will handle a lot of patients. The nurses expected to use their knowledge and skills here and to try their best to perform good care. One nurse described it as to provide all the skills that she possessed. To achieve this support from colleagues as well as being supportive was expected to be necessary to be able to become a good nurse.

“I have to give all the care and the skills that I know”

“… I need some support I cannot manage alone”

By respecting colleagues the nurses expected to receive respect from them. Other expected obligations when it came to colleagues were that one should not hurt or speak impolitely about them. It was important to care for the colleagues.

“I have to give respect to the doctor and midwives, so that they will respect me”

**DISCUSSIONS**

**Method Discussion**

When conducting a field study one should be aware of unpredictable incidents and to have in mind that original ideas might need to be changed and that this does not necessarily mean something negative (Holme & Solvang, 1997). In this study we had to be flexible. From the beginning we aimed to explore nurses experiences of working at a Natural Birthing Center. But since the hospital building was not completed when we arrived the unit had not started its practice and the aim had to be reconsidered. While in place the intended nurses were found to be newly graduated. Because of this the aim was recast to explore newly graduated nurse’s expectations before the opening of a natural birthing center in the eastern part of India. As the aim was not completely clear when interviews were conducted it is possible that this might have affected the size of the material within the field of survey. The material was still considered to be sufficient.

To come closer to the Indian health care culture a qualitative approach was chosen. We considered interviews to be the only method in which nurse’s expectations could be explored on a deeper level. Qualitative interviews gives new insights and wider perceptive of individuals perceptions (Holme & Solvang, 1997). We decided to use semi-structured interviews with specific topics and a low degree of standardization, due to the belief that it would give us in-depth answers. For our assistance an interview guide was designed to help us due to our inexperience as interviewers. It appeared to be difficult trying to create a dialog in the interviews. Sometimes the participants had a hard time understanding the questions and we had difficulties explaining them in other ways. Over time the interviews became richer in valued information, since we learned to follow up what the nurse had talked about without
concern as to whether she had answered the question or not. Holme and Solvang (1997) state that the interview guide should be used as a tool and not be strictly followed, this will give the interviewee an opportunity to express their views and thoughts in a natural way.

We chose to interview participants one by one, to give all of them the same chance to express themselves. By being two interviewers we could both come up with new questions, this was thought to increase the possibility of gaining more from the interviews. We think that being two interviewers can also have affected the interviews negatively if the interviewee felt overwhelmed by us but this was not our intention. The researcher should focus on the relationship with the interviewee, not only on the answers given (Kvale, 1997). Before each interview the placement in the room of the interviewee and ourselves was carefully considered to reduce the superiority in the situation.

We knew in advance that all participants would speak Hindi as their native language and since we do not possess skills in this language it was considered to use an interpreter. This was tested in the practiced interviews and the results were that the translated answers were a summary of what the interviewee had said. The interpreter also added her own statements to the questions and in to the answers given. The participants in the final study were considered to have English skills well enough to conduct the interviews without an Indian interpreter, which was found to make the answers more reliable. On the other hand using a second language than what is native for both authors and participants, resulted in difficulties in expressions that led to misunderstandings. Retrospectively when the interviews were transcribed and read it was sometimes hard to understand the given answers, this might have affected the result as some words in the interviews had to be construed to obtain a context.

The interviews were conducted at the hospital, because it was considered to be an environment where both interviewees and interviewers would feel safe. This was also a suitable place that fit in to the nurse’s busy schedule. The location where the interviews are conducted is important because it will affect the answers. To make the participant feel natural in the situation the researcher should instruct them as to how the interview will proceed (Holme & Solvang, 1997). During the time data was collected the hospital building was not completed. This resulted in disturbances in terms of loud noises and people interrupting when interviews took place, this ended up being a problem in the process of analyzing when transcribing the interviews. It might have affected the result and it could have been easier if the interviews had been conducted somewhere else, but finding a quiet place in the city was not easy. Because of this it was necessary to listened to the interviews several times. It was also difficult to find the time for interviewing because of the nurse’s busy schedule, this can be seen in the interviews by lack of focus and concentration. As in one interview the nurse had to leave for class and the interview had to be continued the next day.

During the week that interviews were conducted the nurses had classes in natural births. This may have affected the result because the new knowledge created new expectations for each day. This could be seen in the answers given by the participants. We sometimes felt like the nurses wanted to please us by giving us the answers that they thought we wanted to hear, this could also have influenced the result. Holme and Solvang (1997) means that participants quickly can create a picture of the researcher and then try to answer the questions in order to please the expectations they believe the researcher has of them. This can be avoided if the researcher acts as an interested listener. Some challenges faced in this context were associated with hierarchy because of the image of welfare in countries from the west. We found it difficult to be accepted as “real” people, so we tried to spend a lot of time with the
participants and in acclimatizing to the Indian culture and the prevailing culture of the team at the Natural Birthing Center in order to come closer to the participants. According to Kvale (1997) it is important to adjust to the local culture and moral values of those to be studied, it can be done through praxis and interactions with the locals. For us this was also important to win the nurse’s trust. Polit and Beck (2008) means that much information will not be shared with the researchers if the interviewee do not feel a trusting bond. On the other hand we were also aware that too close relations can have an influence on what is said in an interview. According to Kvale (1997) close relationships might result in that the researcher loses the critical perspective on the information communicated in the interviews.

To reduce the risk of ethical issues everyone involved received letters about the study. Kvale (1997) state that problems can appear when interviews take place in institutions where superiors consent to a study may mean that there are demands on employees to participate. By taking this into consideration managers received their letters by E-mail and the importance of the voluntary participation for the nurses was pointed out. When the nurses arrived they were provided with both written and verbal information about the study. By being in place in person the risk of misunderstandings could be reduced and we could make sure that the nurses received the right information.

**Result Discussion**

The purpose of this study was to explore newly graduated nurse’s expectations before the opening of a natural birthing center in the eastern part of India. The categories found were unknown future, working in relation with patients and relatives, opportunities to develop as a nurse and to become a good nurse. Being part of a new concept in maternal care and having had the opportunity to work at a new advanced multi-specialty hospital as well as being a newly graduated nurse was the source to the expectations revealed in the present study.

One of the main findings was that there was uncertainty in the process of being a newly graduated nurse. This was revealed by anxiety in how to manage new situations and feelings of lack of knowledge and experience. According to Duchscher (2009) these feelings was normal expressions among newly graduated nurses. To go from the known to the unknown can lead to challenges and this creates new expectations on both a professional and a personal level (Duchscher, 2008).

The nurses in this study were newly graduated from the GNM program. The main purpose of this education is to learn how to care for the sick persons in hosptials (Current nursing, 2011). At the birthing center the nurses was expected to care for patients who come for a natural delivery, this is viewed as a normal healthy event and not a medical procedure (http://www.santevithospital.com). During three and half years of education, one year is inter alia devoted to midwifery practice (Current nursing, 2011). We think that a source of anxiety among the nurses could be the small amount of experience in maternal care they have from school along with the learned purpose to care for the sick persons. Since this kind of natural birth is likely something they have never experienced during their education, it results in feelings of lack of knowledge and experience. In a study by Duchscher (2009) newly graduated nurses felt disparities between what they had anticipated regarding their role and what they were expecting to do in the “real” world, they blamed lack of educational preparations.

The nurses had many expectations about the fancy hospital that was going to be equipped with the latest technologies. This provoked concerns among the nurses, as they said in several of the interviews, that they were used to working by hand and had little experience in
technologies. Tumblin and Simkin (2001) state that new techniques have distanced the nurse from the woman in labor, the nurse may spend more time with computers than providing the woman with supportive care. They also feel that maternal care has become more medical. In another study the challenges of promoting and practicing normal birth against an increasingly medical backdrop were considered, this was shown to be difficult (Barkley, 2011). This can be compared to the perceptions in which the Natural Birthing Center views childbirth as a normal, healthy event and not a medical procedure. The nurses in our study were worried about not being able to handle new techniques but shouldn’t they really be worried about not being able to provide care in natural births in an otherwise very medical field? A confident nurse is not dependent on technology, instead the nurse steps away from technology and towards the woman (James et al. 2003). This statement supports the theory of newly graduated nurse’s low confidence in clinical practice. Low confidence was also seen among the participants in Duchscher’s (2009) study. In our result the feeling of having low confidence was related to the feelings of not having enough knowledge and experience. As some nurses mentioned they would gain more confidence when work had started. Some nurses in Duchscher’s (2008) study felt that coming across challenges where they experienced having lack of skills or knowledge would affect an already fragile confidence. By being able to carry out independent nursing tasks the self-confidence increased (Thrysoe, Hounsgaard, Dohn & Wagner, 2011).

The nurses in our interviews only express positive thoughts about being a part of a team and that it would create a good environment for continued work. At this stage it was about building a team. The nurses expected that a good cohesion would be of importance to improve work and benefit the patient, this included helping each other and sharing knowledge within the team. A good cohesion was expected to be achieved by not harming colleagues and always talking to each other so that no misunderstandings or disputes would occur. If all members feel free to speak up about problems it will result in a comfortable atmosphere. A central aspect in providing safe care is about how good members of a group communicate with each other (Quality patient care in labor and delivery: a call to action, 2012). By this we can see that all the expectations the nurses had about working in a team shows a mature perspective where they attempt to create conditions for the development of a good team.

The nurses in our study had individual goals, expressed as performing good care, trying their best and having good knowledge and skills. There would be times when they were in need of support. To get support, kindness and cooperation from colleagues is important to be able to develop as a nurse (Thrysoe et al. 2011). It is also important for a nurse to have self-awareness and self-respect as well as respecting others, it will facilitate to establishing and maintaining cooperation with patients, relatives and colleagues (Orem, 1991). The nurses mentioned that by respecting others they expected to receive respect from them. We wondered what the meaning was of the statement respect? As we could see, respecting others seemed to mean to be aware of and treat each other according to their working position. The kind of respect shown seems to affect the possibilities of establishing good cooperation within the team.

The nurses in our study had expectations of developing through theory and practice. It was seen as a unique opportunity to be allowed to work at this Natural Birthing Center and learning new health care concepts. When entering the professional practice as a newly graduated nurse, tremendous changes can occur which is closely related to the process of discovering, performing, learning and adjusting (Duchschers, 2008). On a self-developmental level the nurses had a desire to learn more, they felt that having good skills would give them a
clinical eye. We found that they were also going to be part of developing something bigger, the quality of maternal care. Performers in nursing care should take initiative to improve the quality in care (Quality patient care in labor and delivery: a call to action, 2012). There will be a point when constant requirements of learning, growing and changing will be exhausting and a wish to feel familiarity, consistency and predictability will arise (Duchscher, 2008).

Something else that can be exhausting is all of the demands that newly graduated nurse’s face. In our study the nurses expressed feeling demands from patients and relatives. The demands were based on the expectations of those that would visit the hospital. A common feeling is fear of failing patients, colleagues and themselves (Duchscher, 2008). This hospital is equipped with the latest technologies, state of the art facilities and has a world class infrastructure (http://santevitahospital.com). It was built because of people’s expectations for a new proper hospital with good qualities (A. Sahu, personal communication, May 14 2012). From this the nurses expected to meet wealthy patients and relatives that were educated. Because of the patient’s and relative’s knowledge they were expected to ask a lot of questions for which a nurse would be expected to have all the answers. They had different strategies for handling situations. Many of the nurses described that they had to be in a situation to know how to handle the conditions. According to Duchscher (2008) high levels of stress can be associated with dealing with questions and demands from patient’s relatives. In our study some nurses described that they even had worries of how to handle known situations, because if the patients they were expecting to meet. When this was considered subsequently we found that the nurses felt secure in knowledge as long as patients were considered a subordinate, but an educated patient made them doubt their knowledge. In a nurse/patient relationship it is the nurse who possesses the knowledge and therefore also the power. We believe that having power does not mean that either the nurse or the patient should abuse it.

Demands can be hard to achieve when experiencing high workload (Duchschers, 2009). Worries about low labor and high workload were mentioned more than once among the nurses in our study. We were thinking could the uncertainty of low labor actually have something to do with the fear of working independently as a newly graduated nurse? To work independent can be overwhelming and is often characterized by ambivalence and fear according to Thrysoe et al. (2011). Some of the nurses in our study explained that they were not used to working with relatives in the same way that they expected to do here. The clinic sees relatives as an essential part of care and expects to involve them in the support of the laboring women (http://www.santevitahospital.com). One nurse said, if they want to involve relatives here rule will need to be put in place. They expected to gain benefits from this as the relatives could help to encourage, coach and support the patient. This could facilitate the expected high workload.

In our study the nurses had thoughts about what kind of care they would perform on patients. Many of the nursing interventions mentioned were about educating and helping the patients and relatives to understand. The nurses expected to use guidance and support in their work. We felt that when patients where talked about they were considered an entire group, but as we see it the actions can be seen as individualized according to patient. As Orem (2001) state with her self-care deficit theory, nursing needs to be seen from each person’s individual needs. In our study it would therefore be in the nurse’s interest to explore each patient’s needs from what they possess, to work patient-centered. The meaning of working patient-centered is to accept values, cultures and choices of the woman and her family (Quality patient care in labor and delivery: a call to action, 2012). India is a country of multiculturalism and many
different religions and beliefs (Gama, 2009). Could patient-centered nursing care be hard to perform with so many cultures to respect?

In our study the nurses expected to be more supportive. Orem (2001) describes different kinds of relationships that need to be developed for maintaining good nursing, one is of supportive and educative character. She means that nursing should be used as a helping service using different kinds of methods. The nurses in our study expected that good support through labor pain would make the patients more pleased. Supporting first-time mothers was expected to be particularly important, because the nurses did not possess as much knowledge. In delivery care the nurse can be supportive by listening or through an understanding presence. In some situations it requires the use of other methods such as verbal encouragement of physical assistance (Orem, 2001). In our study the nurses expressed the importance of giving time and help to the patient, they felt that a natural birth is not something that can be rushed. James et al. (2003) identifies patience as a key attribute to providing a meaningful and safe birth. In our study it was said that the patients that comes to hospitals expect to receive safe care. Many people choose a hospital in the private sector since they think it can provide more qualified care than the public sector can offer (Peters et al., 2002).

When the nurses in our study spoke of making patients understand, they expected that it would be accomplish by education. By informing patients the nurse involves them in their own care, understanding leads to shared decision making between the nurse and the patient (Quality patient care in labor and delivery: a call to action, 2012). In our interviews it appeared that education would lead to cooperation which would facilitate nurses’ work. We understood this in terms of something they would get from the patients, in their beliefs they did not have to earn the trust to get cooperation. They expected that it would be easier to educate a knowledgeable patient because they would be more receptive of this new knowledge. In learning it is important that the patient is engaged, it is also essential that the nurse motivate the patient (Orem, 2001).

The nurses talked a lot about the comfort of working in a team as a newly graduated nurse. Being part of a group ensured getting support and the possibility of learning from each other. The nurses also wanted to develop, but fear of how to handle independency was seen. Fears of not being able to meet patients and relatives demands were based on experience. The feelings of uncertainty were grounded in the inexperienced.

CONCLUSION

Our study shows the importance of creating good conditions for newly graduated nurses to develop. It is all about how the organization and the individuals meet, this is a precondition for newly graduated nurses to feel comfortable. In our study it was seen that the nurses felt unsure in their role and about their future. To be able to care for patients and relatives as a newly graduated nurse in a professional manner and make them feel safe, it is important to have the confidence to feel safe in nursing. It is also of importance that the organization allows the nurse to develop by creating attuned climates for this, all to become a good nurse. At the hospital studied the management have provide the nurses with theoretical and practical education, both before the opening and during the progressing work. From the nurse’s perspective this was seen as an opportunity to develop, indirectly this brought them closer together as a team and a group was formed. By belonging to a group the possibilities to have
support increases and provides opportunities to learn from each other which results in feeling comfortable.

We like to see this as an opportunity to spread knowledge about nurse’s expectations about this new concept, with hopes that more hospitals will imitate. Our results show expectations of newly graduated nurses. On an organizational level this can be used in how to see what needs to be done to make newly graduated nurses feel comfortable and welcome in the working environment. As the nurses in our interviews expressed they were in need of feeling support, have a safe environment to work in and opportunities to develop. We think that further research should be directed at how newly graduated nurses experience working.

**ACKNOWLEDGEMENTS**

Thanks to a Minor Field Study (MFS) scholarship distributed by Swedish International Development Cooperation Agency (SIDA), we were given this opportunity to go to India and collect data for our Bachelor essay. We will also give thanks to the management at the hospital for welcoming us and giving their approval for conducting this study. Especial thanks to the nurses who agreed to participate and to the midwives who helped us developing the material. Many tanks to consulting midwife Marianne K Nyberg for introducing us to the hospital and taking care of us in India. We would also like to say a special thanks to our supervisor, Gudrun Rudolfsson, who have supported and believed in us through the whole process. Let us not forget all the other people we met during our stay that made our journey unforgettable, thank you.
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To the Director at … hospital in … India

Hello!
We are two nursing students from Sweden who was given the opportunity to go to India to collect data for our exam essay, thanks to SIDAs Minor Field Study scholarship. We have a great interest in traveling but have never been to India before, we are very excited to see your country, learn from the culture and the Indian model of care.

You have received this letter as a request for permission to conduct a study at … Hospital.
Our ambitions are that the study will lead to reflection and new insights that may contribute to the development of the maternal care department and the hospital.

The aim of the study is to explore nurse’s expectation in working at a newly opened child birth clinic in …, India. Data will be collected through interviews; the duration of the interviews will be about an hour. Interviews will be recorded and then transcript by the interviewers, the transcript material will be coded to protect the interviewees identity. All participants will be treated confidentially and cannot be recognized in the paper. The study will be presented at the University West in Sweden as a bachelor essay in nursing.

The intended participants are the nurses at the maternal department at the hospital, if you approve this study they will receive an invitation to participate. It is of importance to note that participation in the study is completely voluntary and the nurses can withdraw whenever they like without any further explanations requested. Looking forward meeting you in a close future.

If you have any questions please contact:

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To the nurse at the maternal department of ... hospital in ..., India

Hello!

You have received this letter as an invitation to be a part of a study about nurse’s expectations in working at the maternity department in ... Hospital. Data will be collected through interviews. The duration of the interviews will be about an hour and we agree on where and when they can take place.

With your approval the interviews will be recorded and then transcript by the interviewers, the transcript interviews will be coded to protect your identity. All participants will be treated confidentially and cannot be recognized in the paper.

Participation in this study is completely voluntary and it is possible to change your mind whenever you like without any further explanations requested. If you decide not to participate it will not have any bad outcomes on your work at the maternal department.

Please take your time to consider your participant and we will contact you again. The study will be presented at the University West in Sweden as a bachelor essay in nursing.

We are two nursing students from Sweden who was given the opportunity to go to India thanks to SIDAs Minor Field Study scholarship. We have a great interest in traveling but have never been to India before, we are very excited to see your country, learn from the culture and the Indian model of care.

If you have any questions please contact:

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Interview guide

Why did you become a nurse?
What is your education in nursing?

How does a normal day of work look like for you as a nurse?
Can you tell us about something that you usually don’t experienced during a work day?

How do you experience your work here so far?
What are your expectations of your work here?
What do you think your contribution will be to this birthing centre?

What do you see as your responsibility as a nurse?
When do you need to ask for assistance from other professions?

Do you have something that you would like to add?
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