



Experiences of experienced nurses working with newly qualified nurses

A literature Review

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Abstract

Background: Globally nursing workforce has been established to contribute the highest population of care providers within healthcare systems. Existent research has shown that newly qualified nurses experience pressure while transiting and coping at the workplace. More research is needed to understand the experiences of experienced co-workers who work with the newly qualified nurses.

Aim: To explore the experiences of experienced nurses working with newly qualified nurses

Method: Literature review method was used. Data were sought from three scientific databases CINAHL, Medline and PubMed. After data search, screening, and critical appraisal a total of seven articles were selected for analysis. Data were analysed using content analysis.

Results: Findings from the performed analysis resulted in three categories; First category was skills and competences which presented the experienced nurses views on new nurses' level of competence in various roles and care tasks. Second category was workplace support which was experienced as support that was offered to new nurses within a healthcare unit. Third was relations and elaborated the various relationships new nurses had with colleagues, patients, and other individuals within a care context.

Conclusions. Healthcare organizations need to input resources and mechanisms toward supporting the transition phase for a newly qualified nurse. Aspects such as, collegial support, continuous learning within the clinical setting and competence development may make the newly qualified nurses more comfortable and increase their expertise in nursing care.

Keywords/tags (subjects)

Newly qualified nurse, Nurse, Experience, Transition, Nursing workforce, Healthcare

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1 Introduction

Globally nursing workforce has been established to contribute the highest population of care providers within healthcare systems (Drennan et al., 2019; WHO, 2020). The World Health Organization (WHO) estimates that combined nurses and midwives make up half of global care providers, this translates to an estimated population of twenty seven million professionals (WHO, 2020). Nurses serve an integral role towards access, maintaining and responding to healthcare needs (Drennan et al., 2019). These roles are effectively met when healthcare systems have sufficient, well qualified and quality nursing workforce (Drennan et al., 2019; WHO, 2020).

There has been an increased demand for nurses due to experienced nurse workforce shortages within countries (Drennan et al., 2019). Nurse workforce shortages are expected to exacerbate and by the year 2030, it is estimated that the demand for nurse workforce would increase due to increased retirement rates (WHO, 2020). Factors associated with nursing workforce shortages include an increase in the ageing population, demand for care, ageing nursing workforce that has resulted in retirements and many qualified nurses that are not practicing nursing (Nortvedt et al., 2020). To meet nursing workforce deficits, there have been efforts to increase the number of new graduates to the workforce, through nursing education and migration across borders (Buttigieg et al., 2018).

Existent research has shown that newly qualified nurses experience pressure while transiting and coping at the workplace (Craigie, 2014). Transition from school to work life has been experienced to exert anxiety, stress and even burnout. This is also compounded if the environment in which the nurses work is not supportive and thus can have a negative impact on health and wellbeing overtime (Laschinger et al., 2019). Evidence shows that beyond external supporting factors, enhancing and use of personal attributes such as stress coping mechanisms, affect positively on mental wellbeing of newly qualified nurses (Laschinger et al., 2019). However, more research is needed to understand the experiences of experienced nurses who work with the newly qualified nurses, since negative experiences have been associated with negative impacts on the overall well-being, job satisfaction and patient care (Detmir, 2013).

This literature review is aimed at establishing the experiences that experienced nurses have of working with newly qualified nurses.

2 Nursing workforce

2.1 Global nurse workforce

WHO has outlined the state of global nursing scope. It is reported that by the year 2018 there was a global nursing workforce amounting to 28 million. However, it is to be noted that by the year 2028 there is an expected rise in nurse retirement rates of almost five million within a span of one decade (WHO, 2020). Nursing workforce supply and demand variances have been well documented globally (Park & Yu, 2019; WHO, 2020). With workforce changes, strategies to maintain a sufficient workforce have been suggested in existing literature. For instance, Park and Yu (2019), investigated various policies towards ensuring nurses' sufficiency. It was established that improved remuneration, sufficient nurse support during education, conducive working terms and environment, allowed for smooth nursing care and alleviated nurses' burnout and intentions to leave. Adverse care outcomes and nurse related burnout have been noted when supportive policies and sufficient workforce have been found missing (Geuens et al., 2017).

The global strategic directions for nursing and midwifery by WHO, lays out proposals towards the maximization of nursing workforce towards meeting populations' health. Among key policy issues towards availability of sufficient and well qualified nurses, is development of quality nurse education that will foster new nurses to the workforce, and adoption of nursing models that ensure ease of licensure, registration and successful transition for graduating nurses (Catton, 2022).

There is also a challenge with the ageing nursing workforce where it has been projected that many nurses are bound to retire in the next decade (WHO, 2020). For instance, in Ireland, a third of the workforce is aged over fifty years old, while in the United States the percentage is significantly higher at half of the total nursing workforce. Other nations across the globe seem to have a similar trajectory with Canada, Japan, Australia and United Kingdom reporting between twenty and forty percent (Ryan et al., 2019). The ageing nursing workforce not only warrants for the increment in education and transition of younger nurses to the profession, but also poses a significant challenge towards retaining these nurses in the workforce (Ryan et al., 2019; Catton, 2022)

The ageing nursing workforce composes of nurses who possess significant experience in the profession and are key towards transferring knowledge to younger colleagues (Kwok et al., 2016). Previous literature has documented the merits of having experienced nurses within the workforce. According to Fackler (2019), the complex nature of nursing care and the healthcare organizational structure requires experience towards successful delivery of quality and safe care.

Forbes et al. (2022), explored the perceptions of safety culture and compared newly graduated and experienced nurses' perspectives. Although the findings showed that newly graduated nurses were aware, cautious and able to communicate safety issues, their perceptions of organizational safety culture developed over a period. Within this period a positive effect was realized in instances where there existed support of a more experienced nurse at the early career stage.

Freeling et al. (2017), examined the attitude's views and expectations of experienced nurses of their newly graduate counterparts in an operating theatre setting. Results showed that unfamiliarity of the newly graduated nurses with the setting, insufficient skills, work related stress and workforce generational differences posed significant challenges to the newly graduated nurses. This called for support both co-worker and organizational and of significance was the mentorship of an experienced colleague.

These studies i.e., Forbes et al. (2020) and Freeling et al. (2017), elaborate in brief the significance of both the newly graduate and the experienced nurse to the workforce. With the projected global nursing workforce shortages (WHO, 2020) there looms a challenge that the newly graduate nurses might not benefit from the key co-worker support that the experienced nurses that are leaving the profession may offer (Freeling et al., 2017; Forbes et al., 2020). Newly graduated nurses have been found to experience various challenges while transitioning to work life, lack of familiarity with the nature of work, organization, scope of practice and demands towards the delivery of safe and quality care. Overcoming these challenges has been found to allow a smooth transition and possible retention to the workforce (Tomietto et al., 2015; Laschinger et al., 2019).

In exploring the turnover intention of newcomer nurses within the first two years of employment, Tomietto et al. (2015) established that new nurses benefited well from initial support that allowed them to master their work and be able to effectively deliver care. The role of the experienced

nurse as a mentor and role model towards knowledge and competence acquisition was established to be significant towards integration and eventual retention to the workforce.

2.2 Nursing roles and knowledge transfer

According to WHO, nurses are tasked to provision of care to persons of diverse ages, gender, families, conditions and in many care contexts. The nurse role spans from health promotion, disease prevention up to until caring for dying patients. These nurse roles differ internationally such that the tasks, duties, and definition of who is a nurse might change with geographical context (WHO, 2020). It is however notable that nurse's role is ensuring delivery of quality and safe care is prime. It is estimated that on an annual scale patient death due to insufficient, unsafe care in low income and middle-income nations amounts to over 8 million mortalities. Nurse roles in follow up and acting on patients changing conditions, expertise delivery of interventions and aversion of fatal outcomes is crucial (WHO, 2020)

Nursing practice has been facing challenges and demands from an ageing population and increased demand for care provision to diverse populations. Nursing related roles are founded on individual knowhow, professionalism, legally and socially driven aspects (Van Schothorst–van Roekel et al., 2021). The challenges faced by nursing workforce and impediments to achieving the delivery of quality care has necessitated healthcare organizations towards defining nurse roles and mixing different nursing skills towards overcoming care delivery constraints (Jacob et al., 2015). Van Schothorst–van Roekel et al. (2021) viewed skill mix as grouping or combining of nurses with different levels of experience. Skill mix in nursing is used towards developing care teams that have nurses with different experiences, education, and field of practice. Even though a large volume of existent research around skill mix has examined the role of registered nurses while working with practical nurses, care as-assistants and from an inter professional perspective with other healthcare workers. It is to be noted that skills mix also entails the differing experiences and educational levels of registered nurses working in a team (Dahlke & Baumbusch, 2015).

With a large pool of nurses all with diverse expertise, skill mix has been observed as an efficient way to maximize on the current nursing workforce towards the delivery of quality and safe care (Van Schothorst–van Roekel et al., 2021). Skill mix in nursing also helps towards cautioning the in-

experiences of junior nurses who are entering a demanding profession and taking advantage of expertise of more experienced colleagues (Twigg et al., 2019; Van Schothorst–van Roekel et al., 2021). For instance, Twigg et al. (2019), Investigated the effect of nurse skill mix on overall adult patient care outcomes in acute care hospitals based on outcomes such as patient restraint, prevention of pressure ulcers, cardiac arrest, and urinary tract infection among others. It was concluded that where there was a high skill mix, positive patient outcomes and overall reduction in mortality were achieved.

Due to the generational diversity in the current global nurse workforce composition, transfer of knowledge from the more experienced to younger co-workers has been found to be of essence. Knowledge transfer is a process through which individuals benefit from the experiences and expertise of their co-workers towards efficient fulfilment of tasks (Burmeister et al., 2020). In nursing, this transfer of knowledge helps with adoption of evidence based, good practices and workplace routines. Knowledge transfer within the healthcare setting has also been found essential towards enabling, fostering, and maintaining inter professional practice (Tasselli, 2015). Nursing practice has been defined as knowledge driven profession and that nursing knowledge accumulates over time. Due to the accumulation of knowledge older experienced nurses are found to possess experience, work values, knowledge of practice context and ability for decision making (Gaffney, 2021).

Transferred knowledge according to Gaffney (2021), includes human, social, structural, and cultural. Human knowledge includes the expertise of experienced nurses, and it is transferred to younger counterparts through interactions and strategies such as mentoring and preceptorship. Social knowledge involves co-worker relationships as individuals or in teams and knowledge is transferred through collaborative working approaches. Cultural knowledge entails the organizational culture dictated by the values and norms in a particular organization. Of particular risk is this type of knowledge due to high retirements and turnover rates within the nursing workforce. Lastly, structural knowledge is vested in routines within the organization, experienced nurses are of importance towards transferring this knowledge that would enable younger nurses deal with the diversity of work-related tasks.

While examining strategies towards maintaining a sufficient nursing workforce Connolly et al. (2006) investigated the importance of the older and experienced nurse in the workplace. It was

established that this cohort of nurses was found to possess knowledge and experience that helped healthcare organizations efficiency and productivity through attending to tasks and roles that needed more experience and transferring this experience to the next generation of nurses. As elaborated by Gaffney (2021), knowledge transfer needs to be well arranged, resourced, and supported if younger nurses are to benefit from the experiences of older experienced nurses. Strategies that have been pointed out as essential towards efficient knowledge transfer include among others; mentorship, preceptorship, social networking, and teamwork (Gaffney, 2021).

2.3 Newly qualified nurse

Newly qualified nurses have been defined using different terms and criteria in research. For instance, Clinton and Walker (2012), while researching, used younger nurses' experiences in the workplace. Their inclusion criteria for a young nurse were that they had to be thirty years and below. In another study conducted in the Finnish context, explored young nurses' turnover intentions during early career stage. Nurses included in this study were aged below thirty years, with age ranging from 24-29 years (Flinkman & Salanterä, 2015). These two studies elaborated that newly qualified nurses are defined as young nurses and are categorized as those nurses aged below thirty years of age.

Newly qualified nurses have also been termed as junior nurses. These nurses have been defined using their years of clinical experience. For instance, in a cross-sectional study conducted by Wenxia et al. (2022), where junior nurses transition and related shock was explored, nurses included in the study were those that had a clinical experience of less than five years. Yip et al. (2021) while exploring junior nurses' transformation after providing care to corona virus disease patients, included junior nurses as those nurses whose clinical experience after graduation and licensure ranged from four months to four years of experience.

These studies show that a newly qualified nurse also termed as junior (Clinton & Walker, 2012; Wenxia et al., 2022) or young nurse (Flinkman & Salanterä, 2015) is one that has a short clinical experience after graduation and certification with years in experience ranging below five years (Wenxia et al., 2022; Yip et al., 2021), and may as well be young in terms of age, with research showing a range below thirty years (Clinton & Walker, 2012; Flinkman & Salanterä, 2015). In this literature review junior or young nurses are also termed as newly qualified.

Research has shown that the intergenerational nursing workforce composing of newly qualified and experienced nurses may be experienced differently by the two groups of nurses (Castel et al., 2016). These experiences may affect workflow, professional identity, development and even nursing care and care quality outcomes (Castel et al., 2016; Flinkman & Salanterä, 2015). Thus, understanding the challenges that junior nurses undergo as they enter the profession may help us understand the experiences of their experienced counterparts and overall working relations between these groups in nursing care environments (Ching et al., 2022; Wenxia et al., 2022).

2.4 Experienced nurses

Experienced nurses have been defined using various terms including, older nurses (Fackler, 2019), senior nurses (Jangland et al., 2021) and in most research literature as just experienced nurses. These nurses have been found to have extensive work experience and expertise in nursing care that span a considerable amount of time (Fackler, 2019; Jangland et al., 2021).

While exploring older nurses' experiences of changing roles as they age, Fackler (2019), in their inclusion criteria for older nurses, included nurses who were fifty years and above and had worked more than five years within the clinical environment. On the other hand, Freeling et al. (2017) while investigating, used experienced nurses' views and expectations with regards to newly qualified nurses within the clinical context. Experienced nurses were included based on their current or prior experience supervising and guiding newly qualified nurses within the workplace.

Beyond age and span of work years, it seems experienced nurses are also defined by their clinical roles, for instance, in roles such as mentorship of junior nurses according to Jangland et al. (2021); Freeling et al. (2017) and enabling intergenerational workplace knowledge transfer (Mion et al., 2016).

2.5 Challenges faced by newly qualified nurses

Newly qualified nurses have been found to experience challenges especially when they initially transit from nursing education, licensure, and initial nursing practice. Phenomena such as transi-

tion shock reported by Wenxia et al. (2022), practice induced stress that may lead to attrition during early career transition (Wu et al., 2012; Yeh & Yu, 2009) and competence challenges that may expose them to adverse events such as medication errors (Lim et al., 2014) have all been found to challenge the initial practice period of a newly graduated nurse hence impeding a smooth adaptation to a healthcare organization. For instance when Murray, Sundin and Cope (2019), investigated the attitudes of newly qualified nurses towards patient safety, interviewed nurses were found to experience uncertainty and indecisiveness while giving care and this potentially predisposed them to near misses and adverse patient safety occurrences.

Kumaran and Carney (2014) studied the transition from graduation to nursing practice from a sample of ten newly graduated nurses, findings showed that newly graduated nurses experienced anxiety and fear, but also were excited and eager towards practicing nursing. These mixed feelings were also recorded in a study done by Duchscher (2008), whereby it was established that newly qualified nurses underwent a process that involved learning and transformation of the nurses' feelings and actions within the initial period of transition.

These documented, personal and practice related challenges have been found to affect intentions to leave during early career phase. For instance, Tomietto et.al., (2015), studied newcomer nurses and their intention to leave within the first two years of employment, the study intended to understand how newcomer nurses integrated to an organization. It was established that initial career stages involved a nurses need to acquire survival competences that were crucial to performing tasks, overcome the feeling of insufficient competence and that needs within the organization evolved such that group socialization came later after a new nurse had already acquired competence and confidence to perform within a healthcare setting (Tomietto et al., 2015).

While exploring the perceptions of newly qualified nurses within mental health settings, Mabala et al. (2019), established that these nurses underwent a process that entailed: fear which was related to the care context in mental health; doubt with regards to one's own competence and if it was enough to offer maximum care; an effect on their level of confidence and a need for support towards overcoming these challenges.

Hence there exists sufficient research evidence that shows newly qualified nurses undergo personal challenges for instance with confidence, self-doubt, stress, and anxiety (Mabala et al., 2019; Carney 2014; Duchscher, 2008). Mabala et al. (2019); Wenxia et al. (2022); Wu et al. (2012); Yeh & Yu, (2009), noted that competence challenges were induced by practice environment and lack of extensive expertise. It was also noted that these challenges may affect the process of professional socialization, if newly qualified nurses were not accorded sufficient support within their practice environments and healthcare organizations (Tomietto et al., 2015).

2.6 Strategies to support the newly qualified nurses

Various support strategies have been adopted within healthcare, towards supporting the transition and adaptation of newly qualified nurses. These strategies have been adopted to cushion and facilitate the use of competence, development of new competences and eventual delivery of safe and quality care (Wenxia et al., 2022). Research by Tomietto et al. (2015) has shown negative outcomes especially where supportive strategies for newly qualified nurses have been minimal or missing, hence leading to intention to leave and attrition or even significant lack in delivery of quality and safe care (Lim et al., 2014).

Laschinger et al. (2012), explored in their research the satisfaction of new graduates and related intention to leave. Participating newly qualified nurses reported having received organizational support during their transition. This support included: orientation to work, preceptorship and an educational program for newly graduated nurses. Eventual study results revealed that initial support and personal resources of newly graduated nurses affected their work satisfaction adaptations and intention to remain in a healthcare organization. These results correlate with the findings of Tomietto et al., (2014) where efficient socialization to an organization relied on strategies such as support from management, competence support from experienced nurses and mentoring, which were found to avert intention to leave and attrition within the first two years of a newcomer nurse employment. Tomietto et al. (2014) and Laschinger et al. (2012) show that beyond the organization and organizational structured support strategies the role of experienced nurses was important. Similar findings have been documented in research conducted by Missen et al. (2016), where the perceptions of experienced nurses towards newly graduate nurses were inquired. In the systematic integrative review, there emerged themes related to clinical competence, decision making, personal competences and readiness for nursing practice. Experienced

nurses viewed that a newly graduate nurse lack of these competences required extra support within the organization and from colleagues.

Collegial support and collegiality within the nursing workforce has been found to be crucial, and it has been defined as an ethical relationship among nurses that also affects delivery of quality and safe care (Kangasniemi et al., 2017). For instance, even though a discussion between nurse colleagues was found in certain circumstances to spur feelings of collegial criticism, Padgett (2013) found that such support as competence discussion between experienced and newly licensed colleague was helpful towards competence development and delivery of care. Experienced nurses act as educators and help newly qualified nurses acquire nursing skills and knowledge, these nurses are expected to create a learning atmosphere, provide practical education, give guidance in inter-professional communication, evaluate, give feedback, support, and empathize with newly qualified nurses (Clipper, 2015).

Newly qualified nurses may be inexperienced in independent working and experience interpersonal relationship challenges, thus require mentoring to help integrate in the workplace (Kalischuk, 2013). Mentorship has been widely used in healthcare as a strategy towards acquiring work related competence and enhanced work satisfaction and retention in the nursing profession. Mentorship may happen both in a formal manner, where it is arranged within the structures of an organization or in an informal manner, where there exists no profound structure (Hale and Phillips, 2019). Davey et al., 2020, inquired the importance of nurse-to-nurse mentoring using a sample of nurse mentees and experienced nurse mentors. It highlighted that mentorship relationship required resources, time and space as well as a positive nurse mentor-mentee relationship. It further established that mentorship was an essential strategy towards supporting newcomer nurses towards learning and settling into their nursing roles (Davey et al., 2020).

Preceptorship entails a working relationship and support between a more experienced and an inexperienced counterpart, this approach helps towards teaching practical work and learning new skills (Alves et al., 2020). A study that investigated how preceptorship affected new nurses' competence, socialization, and retention, established that preceptorship promoted nurse competence, workplace adaptation and clinical learning (Ke et al., 2017). Preceptorship has been experienced to

be efficient within various settings where nursing is practiced. Hardie et al. (2013) for instance, explored the development of a preceptorship educational program aimed at developing preceptors' communication and interpersonal skills. It was established that during preceptorship nurse competence developed through efficient communication, feedback, and positive attitude of a preceptor.

3 Purpose and research question

The aim of this literature review is to explore the experiences of experienced nurses working with newly qualified nurses. The purpose is to find information that newly qualified nurses could use towards overcoming workplace challenges. The research question is: what experiences do experienced nurses have of working with newly qualified nurses?

4 Methods

4.1 Literature review

This study adopts a literature review method. Literature review is defined as a research approach that through the review, critique and synthesis of existent literature that is related to a specific topic, generates new incites or perspectives (Torraco, 2016). Literature review has been found to have inherent advantages; firstly, researchers are able to develop further on already existent research rather than having to repeat existent works. Secondly, conducting a literature review enables a researcher to be well versed with existent research in their field. Thirdly, literature review helps establish existing research gaps and possibility for further research (Schryen, 2015). Literature review also helps towards establishing other methodological approaches that have been used towards studying a phenomenon and interaction with key terminology and concepts related to a specific phenomenon (Baker, 2016).

Nurses have been found to interact with a myriad of extensive nursing research and publications however, to be able to make use of the high volume of research, literature reviews are useful since they consolidate the existent knowledge and offer more comprehensive evidence (Baker, 2016). To effectively conduct a literature, review a systematic three stage process has been suggested for adoption, this process includes searching, critiquing, and synthesizing (Marshall, 2010).

The steps of the literature review are searching, critiquing, and synthesizing as elaborated by Marshall (2010). This has been adopted towards answering our research question. The steps are elaborated in Table 1.

Table 1. Three step literature review process

STEP	Activities
Searching	<ul style="list-style-type: none"> • Definition of inclusion and exclusion criteria • key search terms • Selection of electronic databases • Conducting the search and article selection
Critiquing	<ul style="list-style-type: none"> • Evaluating the evidential quality of the selected papers using critical appraisal tools
Synthesizing and writing	<ul style="list-style-type: none"> • Objective data analysis • Presentation of results and conclusions

4.2 Data search

Data was searched from three databases: CINAHL, Medline and PubMed. The search was performed using a predefined protocol according to the PICOs. This literature review included P-population: Experienced nurses I-Interest: experiences Co-Context: working with junior nurses and S-studies: published in English language, peer- reviewed, free access, full text available and published between 2013-2022. Predetermined inclusion and exclusion criteria were applied to ensure that only data that answers the research question is selected for screening and analysis.

Table 2. Inclusion and exclusion criteria against PICOs

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> • P-population: Experienced nurses • I-interest: Experiences • Co- Context: Working with newly graduated nurses. • S-studies: Published in English language, peer- reviewed, free access, full text available and published between 2013-2022. 	<ul style="list-style-type: none"> • Other healthcare professionals that registered nurses • Other outcomes that experiences including attitudes and perceptions. • Other experiences that those of working with junior nurses will not be considered. • Studies in other languages than English, not published, peer-reviewed and published before 2013 will not be considered.

Formulated key search terms, that also aligned with PICOs, were used during the data search. The key terms were: experienced nurses OR expert nurses OR nurses OR nursing AND work experience OR working AND newly graduated nurses OR novice nurses. Table 3 below represent both the inclusion and exclusion criteria and key search terms respectively.

Table 3. Key search words

<p>Experienced nurses OR expert nurses OR nurses OR nursing work experiences OR working Newly graduated nurses</p>	<p>AND</p>
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4.3 Data selection and quality appraisal

Data screening and selection were performed separately and together by the authors to ensure objectivity. A total of N=618 articles were retrieved from three scientific databases: CINAHL, Medline and Pub-Med. Data analysis started with the removal of duplicate records n=293. Initial screening was performed through reading title, and at this stage a total of n=277 articles were eliminated as they did not answer the research question. This was followed by abstract screening of n=48 articles and at this stage studies n=38 were eliminated due to reasons such as not answering the research question, wrong population, wrong outcome and setting. Next the articles were further screened by fulltext of n=10 articles. However, during data extraction a further n=3 articles were eliminated as they did not answer the research question due to the findings being other outcomes that were not experiences of experienced nurses. Finally n=7 articles were selected and analysed for results. Figure 1 presents the Prisma flow chart, which shows the article screening and selection process.

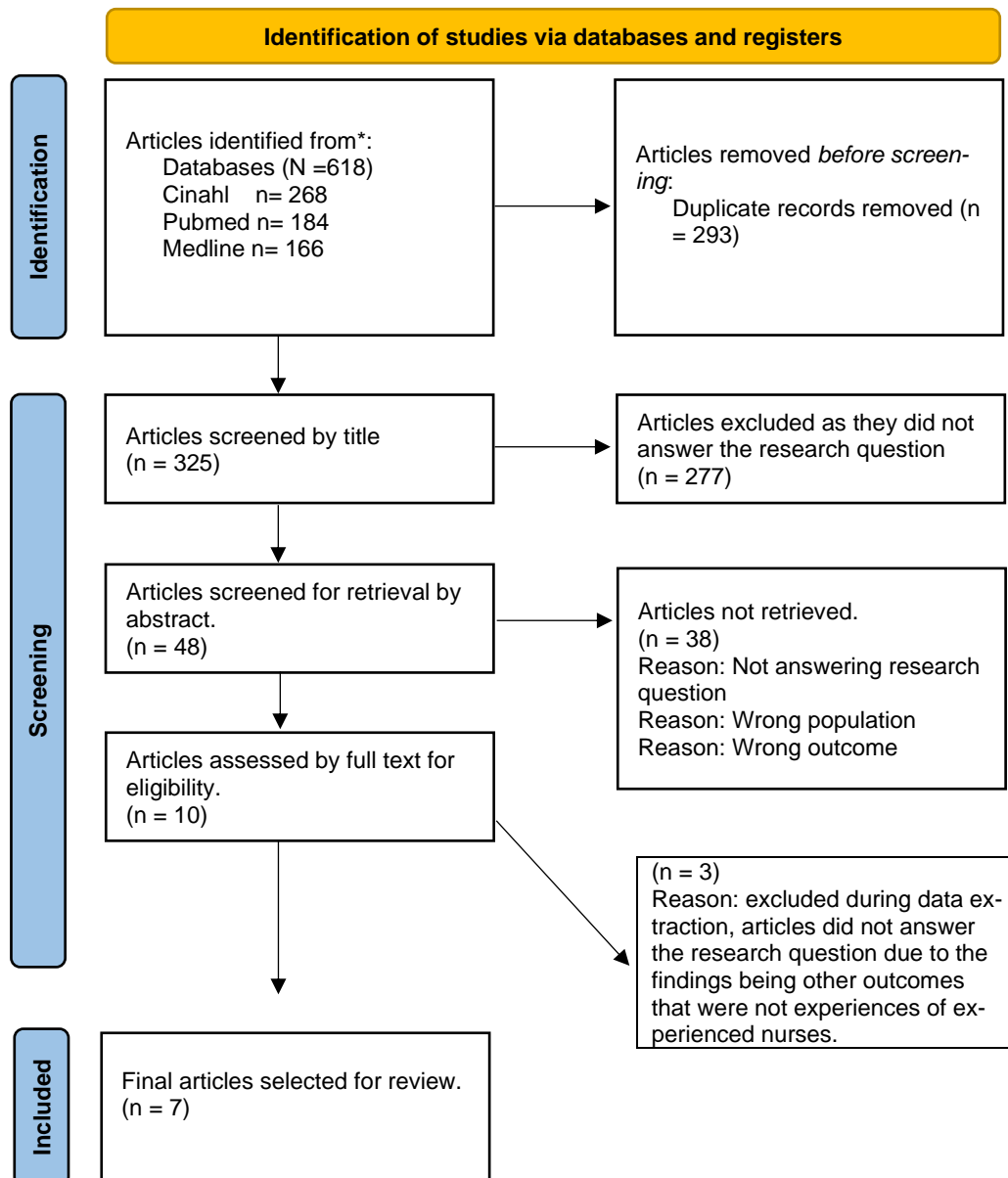


Figure 1. Prisma flow

Final selected articles $n=7$, underwent quality appraisal which was performed by the authors to ensure that only articles of high quality were selected for analysis. This process was done using critical appraisal tool by Hawker et al. (2012). This tool scores article on the quality of nine aspects that include abstract and title, introduction and aims, method and data, sampling, data analysis, ethics and bias, results, transferability or generalizability and implication and usefulness. These nine aspects are rated as good, fair, poor, very poor and scaled numerically from minimum score of one and maximum of four. A paper that meets maximum points gets a total score of thirty-six points and minimum nine points for a very poor paper. The lower scores a paper gets indicates

that it is of low quality (Hawker et al., 2012). All selected articles were found to be of good quality with the highest scoring thirty four points and the lowest twenty eight points and were analyzed for results (See. Appendix 1)

4.4 Data analysis

Qualitative content analysis is an analytical approach used to analysing and making meaning of research data (Elo et al., 2014). The process of content analysis can be categorized into three phases. First, preparation phase involves data preparation and decision on the unit of analysis. Second, organization phase which involves data categorization, abstraction, and interpretation. Third, reporting phase where the analysis process and resultant results of the analysis are reported (Elo et al., 2014).

This literature review has followed the three steps of preparation organization and reporting as elaborated by Elo et al. (2014). In the preparation phase, selected articles were read several times to make meaning of their key findings. Unit of analysis in sentence form was mapped and transferred manually to an excel sheet. This was followed by the analysis phase where, data were analysed using inductive content analysis (Kyngäs, 2020). This approach is applicable when analysing text data through formation of patterns, that are based on the similar and dissimilar concepts in the analysed data (Graneheim et al., 2017).

The process of inductive analysis aims at producing new insights rather than the basic knowledge about a particular phenomenon (Graneheim et al., 2017; Kyngäs, 2020). In the analysis process analysis units were categorized into 63 meaning units, and these were then categorized into 48 open codes. At the abstraction and interpretation phase seven subcategories were established and categorized into three main categories.

5 Results

Analyzed research papers were all published between the years 2011 and 2022, one each in (2011), (2012), (2013), (2014), (2016), (2021) and (2022). Four were done using qualitative approach, two were mixed-method studies and quantitative studies. These studies were conducted in the following countries: United States, Namibia, Norway, Australia, Canada, Saudi-Arabia and Iran.

Findings from the performed analysis resulted in three categories: first category was skills and competences which presented the experienced nurses' views on new nurses level of competence in various roles and care tasks. Second category was workplace support which was experienced as support that was offered to new nurses within a healthcare unit. Third was relations and elaborated the various relationships new nurses had with colleagues, patients and other staff. Table 4 below presents the outcome of content analysis.

Table 4 Outcome of content analysis

Categories	Sub-categories
Skills and competences	Limited skills of newly qualified nurses
	Managerial competencies
	Professionalism
Workplace support	Collegial support
	Mentorship and preceptorship
Relations	Relationships
	Effect to workplace and colleagues

5.1 Skills and competences

5.1.1 Limited skills

The experiences of experienced nurses were that their newly qualified counterparts were limited in basic nursing, clinical and practical skills (Hezaveh et al., 2013; Ballem & MacIntosh, 2014; Ashipa-la & Shatimwene, 2021). These limitations were experienced in many areas (Brown & Crookes, 2016), especially with handling demanding tasks (Ashipala & Shatimwene, 2021) and emotional events such as the care of dying patients (Alsalamah et al., 2022) and management of critically ill patients (Ballem & MacIntosh, 2014). This showed that the nurses were not necessarily ready after graduation (Brown & Crookes, 2016) and had challenges containing themselves since nervousness (Alsalamah et al., 2022) was a common phenomenon experienced by the newly qualified nurses.

5.1.2 Managerial competences

Managerial skills and competences were experienced to be low or even lacking in newly qualified nurses. These were expressed as a lack of managerial (Ashipala & Shatimwene, 2021; Hezaveh et al., 2013) and work delegation skills (Ashipala & Shatimwene, 2021). There was noticed low administrative competence and a lack of efficient work organization and planning (Hezaveh et al., 2013; Ballem & MacIntosh, 2014). It was however experienced that these newly qualified nurses were good in how they managed their individual work and nursing duties within the clinical setting (Ashipala & Shatimwene, 2021), even though they had challenges with prioritization of tasks (Ballem & MacIntosh, 2014).

5.1.3 Professionalism

Experienced nurses expressed that newly qualified nurses' professional levels were good (Ashipala & Shatimwene, 2021; Snelvedt & Sorlie, 2012). These new nurses conducted themselves professionally (Ashipala & Shatimwene, 2021), with good mannerism and professional conduct (Ashipala & Shatimwene, 2021). The newly qualified nurses exemplified a strong professional identity (Ashipala & Shatimwene, 2021; Snelvedt & Sorlie, 2012) and developed a sense of

responsibility when they were conferred with influential roles within the organization and ward level (Sneltvedt & Sørli, 2012).

5.2 Workplace support

5.2.1 Collegial support

Newly qualified nurses were experienced to have required and benefited from collegial support (Kramer et al., 2012; Sneltvedt & Sørli, 2012; Alsalamah et al., 2022; Alsalamah et al., 2022). Experienced colleagues supported newly qualified nurses (Sneltvedt & Sørli, 2012) and this collegial support helped in successful nursing tasks accomplishment (Alsalamah et al., 2022). Major support was needed in doing advanced care interventions (Brown & Crookes, 2016) and in tasks that were related to professional development (Sneltvedt & Sørli, 2012). Support with arranging tasks helped newly qualified nurses to develop (Kramer et al., 2012). It was however experienced that the increased demand for collegial support, increased experienced nurses' level of workload (Alsalamah et al., 2022).

5.2.2 Mentorship and preceptorship

Mentorship and preceptorship (Hezaveh et al., 2013; Alsalamah et al., 2022; Brown & Crookes, 2016; Sneltvedt & Sørli, 2012) were experienced to be essential towards orienting newly qualified nurses to their work and roles which leveraged the feeling of being lost (Ashipala & Shatimwene, 2021). Mentorship also helped with professional tasks, development and improved newly qualified nurse confidence (Alsalamah et al., 2022). Preceptorship on the other hand was important due to lack of independence by newly qualified nurses (Brown & Crookes, 2016; Hezaveh et al., 2013). Preceptorship was offered by experienced colleagues (Hezaveh et al., 2013), and helped learning, development and gaining of confidence by the newly qualified nurse (Hezaveh et al., 2013; Kramer et al., 2012).

5.3 Workplace relationships

5.3.1 Relationships

Relationships were experienced in the context to which newly qualified nurses related with colleagues, patients, and relatives (Hezaveh et al., 2013; Alsalamah et al., 2022; Sneltvedt & Sørli, 2012; Ashipala & Shatimwene, 2021). There were experienced inter-professional communication challenges (Hezaveh et al., 2013). There was a need to guide newly qualified nurses regarding patient and family relations (Sneltvedt & Sørli, 2012). This is due to experienced challenges in relating and communicating with patients and families (Hezaveh et al., 2013). There was however noticed that newly qualified nurses possessed good teamwork skills (Ashipala & Shatimwene, 2021) and they overcame challenges both in communicating with patients, relatives, and colleagues through a strong collegial cooperation (Alsalamah et al., 2022).

5.3.2 Effect to workplace and colleagues

Newly qualified nurses were experienced to have an effect to their experienced counterparts and the healthcare organization (Alsalamah et al., 2022). Their presence helped add to the nursing human resource, which helped relieve the amount of workload at the ward and organizational level (Alsalamah et al., 2022; Kramer et al., 2012). These newly qualified nurses when they entered the workforce, experienced colleagues observed that they brought with them new knowledge, ability, and expertise (Alsalamah et al., 2022).

6 Discussion

The results of this literature review show that experienced nurses' experiences of working with newly qualified nurses is multifaceted. Although they experienced challenges such as low competency and challenges with advanced care, there were also positive aspects that the newly qualified nurses brought to the workplace. For instance, up-to-date information and new perspectives and this had a welcome effect to the workplace. However, transition experiences such as transition shock (Ho et al., 2021) workplace incivility (Mammen et al., 2023) and the roles that their experienced qualified nurses played towards a successful transition (Carlin & Duffy, 2013) affected the experiences and relationships between experienced nurses and their newly qualified counterparts.

Presented findings show that newly qualified nurses were experienced to have needed support and guidance from experienced colleagues. Previous research has shown that identifying support needs for newly qualified nurses was essential towards development of support strategies (Hayton et al., 2021). In improving the ability of newly qualified nurses to operate independently and efficiently, establishing the learning needs, process, and environment within the healthcare organization is essential (Aldosari et al., 2021).

The learning environment involves the organizational nature and atmosphere that fosters nurses on-the-job learning (Hayton et al., 2021). This coincides with the findings of this literature review where skills and competences of the newly qualified nurses needed to be developed and the work environment affected how they learned and developed. Evidence has also shown a positive effect where newly qualified nurses transitioned to a supportive environment and were able to learn and develop (Smythe & Carter, 2022).

The results of this literature review show that newly qualified nurses were viewed to be an addition to the nursing workforce. However, evidence has shown that negative transition experiences may contribute to early career attrition for newly qualified nurses if there is insufficient support (Barrett, 2020). Our findings show that newly qualified nurses were experienced to have needed mentorship and preceptorship from experienced colleagues and this provided positive transition. Barrett (2020), established that a successful preceptorship which was well organized and there was a named preceptor for the newly qualified nurse, affected positively on the retention rate of

newly qualified nurses within a workforce. Brook et al. (2019), investigated interventions that supported retention of nurses in the profession, preceptorship and mentorship were found to be significant. Mentorship and mentee relationship was found beneficial towards a successful mentorship and either organized or random pairing of mentor and mentee was effective (Brook et al. 2019)

This review established the importance of relationships between colleagues, patients, and their families. We found that experienced nurses, had experienced that newly qualified nurses needed to improve on how they related within the clinical context. Positive collegial relationships that are built on trust and workplace friendships have been found to affect positively on the delivery and quality of care as well as build cohesion within a nursing team and the organizational atmosphere (Ka & Altunta, 2019).

Moreover, relations between a nurse, patients and their families has been shown to improve the involvement of patients to their care and hence improve patient centred care (Hwang et al., 2019) This further promotes a newly graduates nurse relationship competence which then affects how patient care happens and the overall quality of care (Wiechula et al., 2016). Good family and nurse relationship promotes family centred care (Dennis et al., 2017). Hence, improving newly qualified nurses' relationship competence can positively affect how they adopt and promote patient and family centred care (Wiechula et al., 2016; Dennis et al., 2017).

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7 Ethical considerations

This literature review followed research ethics and abided by good scientific practice and academic practices (TENK, 2020). To ensure authenticity and reproducibility, rigorous research process was followed and all materials pertaining the research were handled and stored carefully (Smith & Noble, 2014). This literature review analysed research that was conducted in different countries and care settings, this enhances the transferability of our results into such settings and nursing populations (Orb et al., 2001). To increase transparency and data availability (Joshi & Bhardwaj, 2018; Khan & Hoey, 2017) all data we used have been appended (Appendix 2). Through conducting critical appraisal and including only those articles that were of good quality, this enhanced the trustworthiness of our research (Goard, 2015). Finally, by having two writers of the literature review, researcher triangulation was used and this helped enhance the quality of the results and also enriched the objectivity of this literature review (Heale & Forbes, 2013).

The limitations in this study are that the selected articles were limited to certain care settings and geographical settings. This might limit the transferability and generalizability of the findings (Burchett et al., 2011). Majority of the analysed articles were published between the year 2011 and 2016 and thus the information gathered was not quite recent, hence the presented results may miss most recent research evidence (Ochieng, 2009). Three scientific databases were used in data search and only articles that were done using qualitative research were selected. This might have introduced a methodological bias and limited our results (Kaufmann et al., 2016).

8 Conclusion

This literature review sought to understand the experiences of experienced nurses while working with newly qualified nurses. There is evidence that there is an experience gap when newly qualified nurses transitioned to the workforce. Moreover, their ability to handle technical aspects of care and caring for patients needing critical care needed development. There is extensive evidence from previous research with regard to competence needs and development of newly qualified nurses after transition. This kind of support has been established to relieve tension and negative experiences as well as avert possible attrition.

Healthcare organizations need to input resources and mechanisms toward supporting the transition phase for a newly qualified nurse. Aspects such as, collegial support, continuous learning within the clinical setting and competence development may make the newly qualified nurse more comfortable and increase their expertise in nursing care. Despite these the results show that these newly qualified nurses contributed to the workforce and taking into consideration the current global nursing workforce problems their smooth transition and relations with colleagues and patients goes a long way towards supporting delivery of quality care.

Further investigation can be done using different methodological approach for instance inclusion of quantitative studies in the review. Also factors that contribute to a smooth workforce transition for newly qualified nurses are worth investigating as this might help organizations prepare well for these nurses as they join the workforce.

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Appendix 1. Selected articles for the literature review

	Title of study, year, author/s, and country	Participants	Context	Methodology	Key Findings	Quality appraisal score (Hawker et al., 2002)
<u>1</u>	Novice Nurses' Experiences of Unpreparedness at the Beginning of the Work (2013) Mahbobeh Sajadi Hezaveh, Forough Rafii and Naiemeh Seyedfatemi Iran.	21 participants including: 17 novice nurses, 2 supervisors and 2 experienced nurses	Hospital context in four medical wards in Iran	Qualitative study: Data analysed using conventional content analysis	Novice nurses were limited in various soft skills that included but not limited to intravenous cannulation, resuscitation, emergency and critical situations and time spent in task execution. There were challenges noticed in reporting and communication with other professionals and even patients and relatives and this had personal and care outcome consequences. Adopting the leader role was noticed to be challenging for novice nurses especially where they were expected to manage teams within a shift.	34
<u>2</u>	A Narrative Exploration: Experienced Nurses' Stories of Working with New Graduates (2014) Ballem and MacIntosh. Canada.	Seven experienced nurses	Hospital context in two teaching hospitals in Canada	Qualitative study; Narrative data analysis.	Experienced nurses were excited about working with newly graduated nurses as they perceived them as a source of more staff and lowered workload. On the contrary there were feelings of increased workload due to the need of supporting new graduate nurses. The new nurses were viewed as lacking good work organization, low in confidence and unable to prioritize roles. Experienced nurses experienced that they had an opportunity to update their knowledge and clinical expertise towards guiding the new nurses. Newly qualified nurses' clinical expertise and ability to react to critically ill patients were also felt to be lacking and experienced nurses felt they had to take charge towards supporting these nurses.	28

3	Barriers and Facilitators of Working with Dying Patients among Novice Nurses in Saudi Arabia (2022) Alsalamah et al. Saudi Arabia.	Twelve nurses	Hospital context, emergency department in Saudi Arabia	Qualitative phenomenology approach, data analysed using content analysis	Novice nurses lacked experience with taking care of dying patients due to gaps in education and mentorship. There was experienced sense of nervousness by novice nurses in their initial care of critical patients which might hinder inter team and nurse patient working relations. Cooperation and support to novice nurses from experienced colleagues made them overcome challenges and successfully deliver care. Moreover, mentorship from experienced colleagues helped task completion, confidence, and professional growth for the novice nurses.	32
4	Valuing Professional Pride and Compensating for Lack of Experience: Challenges for Leaders and Colleagues Based on Recently Graduated Nurses' Narratives (2012) Torild Snelvedt, Cand san and Venke Sørliie. Norway.	Nine nurses	Norwegian healthcare context	Qualitative phenomenological hermeneutic study	Newly graduated nurses were found to benefit from initial inception to workplace, colleagues and patients which alleviated the feeling of being lost. It was also experienced that new graduate nurses had a strong professional identity that helped their initial professional stage. The nurses required tasks that helped towards their professional growth and having colleagues who could help them in tasks that they were less experienced in. Management organization of tasks and offered influence opportunities to newly graduates helped motivate them and gave a sense of responsibility. Guidance with how to relate with clients and patients helps the newly graduate take control and understand care situations.	30
5	What level of competency do experienced nurses expect from a newly graduated registered nurse? Results of an Australian modified	495 nurses	Australian nursing education and healthcare context	Mixed methods study	Newly graduate nurses' skills were measured within thirty skill areas. The results showed that new graduates are experienced as not being ready after graduation and this is shown in lack of independence in many competence areas. Of the lowest competent areas were supervisor, case management and leadership roles. Clinical monitoring and advanced delivery of medication i.e. intravenously were found to be among tasks that graduate nurses were in need of support.	32

	Delphi study (2016) Roy A. Brown and Patrick A. Crookes Australia.					
6	Perceptions of Employability Skills of Newly Qualified Nursing Graduates from the University of Namibia (2021) Daniel Opotamutale Ashipala and Gelasius Panduleni Shatimwene Namibia.	168 nurse managers	Namibian healthcare context	Quantitative descriptive cross-sectional study	Newly qualified nurses professional conduct at work was found to be good on their punctuality to work, professional dress code and respectful. Their practical skills were perceived to be lower in over 50% of respondents with variance in accuracy in vital signs measurement, invasive procedures (IV, catheterization & NGT). Blood sample taking and CPR were challenging to most. Newly graduate nurses were found to lack in certain areas of managerial skills, for instance delegation skills were low while aspects as work management and teamwork were found to be good in most.	30
7	Impact of Residency Programs on Professional Socialization of Newly Licensed Registered Nurses (2011) Kramer et al. United States of America.	907 nurses	USA healthcare context	Mixed methods study	Experienced nurses experienced that preceptorship was essential towards supporting newly graduate nurses transition to the profession, with a preceptor's style and nature of preceptorship being instrumental towards the newly graduate nurse learning and developing. A longer preceptor period was instrumental to gaining confidence for the newly graduate. Post perception support was also instrumental to the newly graduate nurses' sense of independence. There was no demand for complete independence at the initial professional stages and hence sequencing of duties from challenging to less challenging helped with development.	34

Appendix 2. Content analysis

Quality appraisal score (Hawker et al., 2002)	Meaning units (63)	Open codes (48)	Sub categories (7)	Categories (3)
34	<p>Limited in various soft skills. Limited in intravenous cannulation. Limited in resuscitation. Limited in emergency and critical situations. Limited in time spent in task execution. Challenges in reporting. Challenges in communication with other professionals. Challenges in communication with patients. Challenges in communication with relatives. Challenges in adopting leadership roles. Challenges in managing teams.</p>	<p>Basic skill limitations. Limitations in care interventions. Limited in care management. Interprofessional communication challenges. Nurse-patient communication challenges. Nurse-relative communication challenges. Low administrative competence.</p>	<p>Limited Skills Basic skill limitations. Limitations in care interventions. Limited in care management. Lack clinical skills. Inability to manage critical patients. Lacks experience with dying patients. Low level of experience. Not ready after graduation Low competence in many areas. Low competence in demanding tasks. Low practical skills. Nervousness taking care of critically ill patients.</p>	<p>Skills and competences Limited skills. Managerial competences. Professionalism. Workplace support Collegial support. Mentorship and preceptorship. Relations Relationships effect to workplace and colleagues.</p>

32	<p>Perceived them as a source of more staff. Perceived as a source of lowered workload. Increased workload due to the need of supporting new graduate nurses. New nurses were viewed as lacking good work organization. Were viewed as low in confidence. Were viewed as unable to prioritize roles. Experienced nurses experienced that they had an opportunity to update their knowledge. Experienced nurses experienced that they had an opportunity to update their clinical expertise towards guiding the new nurses. Lacking clinical expertise and ability to react to critically ill patients. Experienced nurses felt they had to take charge towards supporting.</p>	<p>Add to human resource. Relieve workload. Support increased level of workload. Missing work organization and prioritization. Bring latest knowledge and ability to update expertise. Lack clinical skills. Inability to manage critical patients. Needed support from experienced colleagues.</p>	<p>Relationships Interprofessional communication challenges. Nurse-patient communication challenges. Nurse-relative communication challenges. Guidance with nurse, patient, and family relations. Good teamwork skills. Hindered nurse-patient relationship. Overcame challenges through collegial cooperation.</p>	
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28	<p>Novice nurses lacked experience with taking care of dying patients.</p> <p>Novice nurses lacked experience due to gaps in education and mentorship.</p> <p>Experience of nervousness by novice nurses in their initial care of critical patients.</p> <p>Nervousness by novice nurses might hinder inter team working relations.</p> <p>Nervousness by novice nurses might hinder nurse patient working relations.</p> <p>Cooperation and support to novice nurses from experienced colleagues made them overcome challenges.</p> <p>Cooperation and support to novice nurses from experienced colleagues made them successfully deliver care.</p> <p>Mentorship from experienced colleagues helped task completion.</p> <p>Mentorship from experienced colleagues improved confidence.</p> <p>Mentorship from experienced colleagues helped professional growth.</p>	<p>Lacks experience with dying.</p> <p>Nervousness taking care of critically ill patients.</p> <p>Hindered nurse-patient relationship.</p> <p>Overcame challenges through collegial cooperation.</p> <p>Collegial support helped care delivery.</p> <p>Mentorship helped with tasks, confidence, and professional growth.</p>	<p>Managerial competence</p> <p>Low administrative competence.</p> <p>Lack managerial and delegation skills.</p> <p>Work management skills were good.</p> <p>Missing work organization and prioritization.</p> <p>Collegial Support</p> <p>Collegial support helped care delivery.</p> <p>Needed support from experienced colleagues.</p> <p>Support increased level of workload.</p> <p>Task arrangement helped support development.</p> <p>Need support in advanced care interventions.</p> <p>Support from colleagues helped with tasks.</p> <p>Needed tasks that helped professional growth.</p>	
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30	<p>Benefit from initial inception to workplace, colleagues and patients which alleviated the feeling of being lost.</p> <p>New graduate nurses had a strong professional identity that helped their initial professional stage.</p> <p>Nurses required tasks that helped towards their professional growth.</p> <p>Nurses required colleagues who could help them in tasks that they were less experienced in.</p> <p>Offered influence opportunities to newly graduates helped motivate them.</p> <p>Offered influence opportunities to newly graduates have a sense of responsibility.</p> <p>Guidance with how to relate with clients and patients helps the newly graduate take control.</p> <p>Guidance with how to relate with clients and patients helps the newly graduate understand care situations.</p>	<p>Work orientation alleviates feeling of being lost.</p> <p>Strong initial professional identity.</p> <p>Needed tasks that helped professional growth.</p> <p>Support from colleagues helped with tasks.</p> <p>Developed sense of responsibility through individual influence.</p> <p>Guidance with nurse, patient, and family relations.</p>	<p>Mentorship and preceptorship</p> <p>Preceptorship support from experienced nurses.</p> <p>Preceptorship helped learning and development.</p> <p>Preceptorship helped gain confidence.</p> <p>Preceptorship helped independence.</p> <p>Mentorship helped with tasks, confidence, and professional growth.</p> <p>Support through mentorship.</p> <p>Lacking independence.</p> <p>Work orientation alleviates feeling of being lost.</p>	
32	<p>New graduates are experienced as not being ready after graduation.</p> <p>Lack of independence in many competence areas.</p> <p>Lowest competent area was supervision.</p> <p>Lowest competent area was case management.</p> <p>Lowest competent areas were leadership roles.</p> <p>Clinical monitoring was found to be among tasks that graduate nurses needed support.</p> <p>Advanced delivery of medication i.e., intravenously were found to be among tasks that graduate nurses needed support.</p>	<p>Not ready after graduation.</p> <p>Lacking independence.</p> <p>Low competence in many areas.</p> <p>Support through mentorship.</p> <p>Need support in advanced care interventions.</p>		

30	<p>Newly qualified nurses professional conduct at work was found to be good.</p> <p>Newly qualified nurses were found to be good on their punctuality.</p> <p>Newly qualified nurses had good professional dress code.</p> <p>Newly qualified nurses were found to be respectful.</p> <p>Practical skills were perceived to be lower.</p> <p>There was variance in accuracy in vital signs measurement, invasive procedures (IV, catheterization & NGT).</p> <p>Blood sample taking and CPR were challenging to most.</p> <p>Newly graduate nurses were found to lack in certain areas of managerial skills.</p> <p>Newly graduate nurses were found to lack in delegation skills.</p> <p>Aspects of work management and teamwork were found to be good in most.</p>	<p>Good professional conduct.</p> <p>Good work conduct.</p> <p>Good work mannerism.</p> <p>Low practical skills.</p> <p>Low competence in demanding tasks.</p> <p>Lack managerial and delegation skills.</p> <p>Good teamwork skills.</p> <p>Work management skills were good.</p>	<p>Effect to workplace and colleagues</p> <p>Add to human resource.</p> <p>Relieve workload.</p> <p>Bring latest knowledge and ability to update expertise.</p> <p>Professionalism</p> <p>Good professional conduct.</p> <p>Good work conduct.</p> <p>Good work mannerism.</p> <p>Strong initial professional identity.</p> <p>Developed sense of responsibility through individual influence.</p>	
34	<p>Experienced nurses experienced that preceptorship was essential towards supporting newly graduate nurses.</p> <p>Transition to the profession, with a preceptor's style and nature of preceptorship was instrumental towards the newly graduate nurse learning and developing.</p> <p>A longer precepted period was instrumental to gaining confidence for the newly graduate.</p> <p>Post induction support was also instrumental to the newly graduate nurses' sense of independence.</p> <p>Sequencing of duties from challenging to less challenging helped with development.</p>	<p>Preceptorship support from experienced nurses.</p> <p>Preceptorship helped learning and development.</p> <p>Preceptorship helped gain confidence.</p> <p>Preceptorship helped independence.</p> <p>Task arrangement helped support development.</p>		