

## First Job Experiences of RNs: Negative Perceptions and Work Environment (Tenerife, Canary Islands)

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### Abstract

**Aims and Objectives:** Present evidence of the experiences experienced by nurses graduated in Tenerife after joining the world of work and rotating for different services or units of work.

**Background:** The transition from student to professional is a complex phenomenon for a novice nurse as she begins to work and adapts to her new role within the work context. There is no information collected and analyzed about the experiences experienced by nurses graduated during their first contacts with the world of work, despite how transcendent their work in the health world is. Experiences are generally negative and are accepted by nurses as consubstantiating to their work "initiation process".

**Design:** A qualitative approach with a phenomenological methodology was used.

**Methods:** The Survey of First Job Experiences of RNs was made over 13 RNs graduated in Tenerife (University of La Laguna) from 2009 to 2014, being in their first job in a number of sanitary institutions in Tenerife (España).

The nurses graduated between 2009 and 2014 from the University of La Laguna are taken as a study reference, with a sample of No.13, who have started working in different health institutions in Tenerife (Spain). A semi-structured interview is conducted for data collection.

**Results:** The findings deal with the general

There were six general themes: (1) service rotation; (2) hard adaptation to the environment; (3) Small versus large hospital; (4) Private hospital in front of the public; (5) Hospitalization unit compared to special service and (6) half hospital- primary care.

**Conclusion:** Nurses at the start of work have no job or professional stability, there is an excessive turnover of services and specialties. Nurses say workplaces, support received and working conditions are critical to facilitating adaptation to work environments.

Relevance to Clinical Practice: This research shows that deep reflection is needed on the labour incorporation of new nurses and to be able to stabilize them both work and professionally.

**Keywords:** Novice Nurse; Job Transition; Stress; Phenomenology; Spain

### Introduction

Patricia Benner describes the different stages that a nurse goes through at the professional level according to her model of professionalization and learning, which is a reference in different research. The author refers that a novice nurse is "an in-experience nurse

with limited, uncompromising performance, governed by out-of-context rules and regulations without experience". Unknown definition that he usually refers to is the nursing student, although the lack of experience of a newly graduated nurse in an unknown work context causes him to be in a student situation again. Many of the novice nurses have to live new situations that they have never experienced and they have to deal with them. Nurses need two to three years to become competent and feel safe in their professional practice. Beginner nurses act on abstract principles, conventional models and theories to get involved in a new situation so that they can learn without rise and effectively [1].

In addition, there is a "cultural clash" to assimilate the challenges and the "newculture", or situation to live, and the identification of barriers to successfully carry the transition process from student to professional, in addition to the endoculture that this fact entails. Some of these barriers are related to the work environment, frustration and stress, inadequate preparation or lack of social support [2,3]. Colleges may play a more relevant role in explaining to future nurses that on-the-job learning differs considerably from inside schools [4].

### Background

According to Ellerton and Gregor [5], new graduates are not defined as prepared, but do not feel incompetent. It is clear that the new nurses feel that they are well trained, but need more time to feel competent in many respects [6]. There is a gap between what is taught in the classroom, and the work reality with the performance of the nurse's duties in the workplace [7]. In fact, Wong, *et al.* [8] explains that newly graduated nurses do not feel sufficiently prepared to take professional responsibility and for everything concerning decision-making. The training they receive from nursing schools is not enough to cope with professional reality.

For many authors the path from student to professional is experienced as a chaotic, unbearable and painful process that can even become more traumatic if new graduates become aware of the difference in ideas they have as students, to working reality [9]. The transition process is a period of change with facts that are uncontrollable, ambiguous and overwhelming [10].

According to Williams [11] the transition is complicated and difficult and involves the beginning of the closure of a stage, followed by a period of confusion and stress becoming the new nurse again as a beginner. Leducq., *et al.* [12] show that the first job as a professional, as well as the transition from student to professional, is a complex and dynamic period. A period when preparation and support are crucial. More innovations are needed to improve support in the transition period, clarify expectations and peer support.

Morrow [13] in a bibliographic review, highlights the historical problem of the first nurse. The transition period to the world of work has individual and social implications, and we cannot ignore the need to hire, retain and stabilize novice nurses.

Hospitals have a "golden time" to retain novice nurses when they start working, because if retention and support actions are not performed at the beginning of the work stage, high levels of stress can lead to job abandonment. Therefore, managers have to plan long-term strategies and plans with the aim of cultivating professional development for at least a year. There is therefore a need for professional nursing groups and organizations, universities and aforementioned managers to develop initiatives and resources for beginner nurses to have a successful transition [14,15].

Thryose., *et al.* [16] refer that nurses feel good about the chosen profession, however, not with working conditions. The interaction between new nurses and experts influences acting and feeling valued. As the interaction and integration of professionals grows, the sense of safety of new nurses increases.

A suitable work environment for new nurses makes them look more integrated and safer. A relaxed environment for the novel facilitates the transition from student to professional (Regan., *et al.* 2018). Even Ebrahim., *et al.* [17] explains that emotional support for new nurses during the transition period cannot be overlooked.

The development of complex and multivariate competence as it comprises a number of interpersonal attributes such as trust, knowledge and skills. Thryose., *et al.* [16] emphasize that it is unrealistic to expect that novice nurses can be competent or independent once they have finished the race and that guidance programs for the new nurse are very beneficial [18].

Clark and Springer [19] says about the day-to-day work of nurses that can be *chaos*. The saturation of work makes them feel that they cannot assimilate what they do, nor that they can stop to think about what they do, which influences when treating their patients. With regard to the aspects that make them feel more satisfied with their work are the assessment by the patients, and the good treatment received by the team that welcomes them. What worries them most is certainly not knowing the protocols, rules, etc. makes them can be saturated by stating that they do not feel sufficiently prepared.

**Aim of the Study**

Describe the experience lived and what the nurses graduated from the University of La Laguna between 2009 and 2014 and who begin working in health institutions on the island of Tenerife (Spain) in the first months after their incorporation of work and by rotating by hospital or out-of-hospital work unit.

**Methods**

**Design**

Qualitative research is proposed with a hermeneutic phenomenological approach that uses speech analysis as a method of study, as it focuses on the narratives of experiences expressed by nurses.

**Participants**

The chosen study population is the nurses who graduated from the University of La Laguna between 2009 and 2014. The University of La Laguna has in Tenerife a University School of Nursing and a university nursing school attached to it. The participants of this study have practiced in both public and private health institutions on the island of Tenerife. Table 1 shows the number of nurses graduated from both schools. It must be said that from 2009, there is a change of nursing curriculum at this university, moving the degree from three academic courses (graduates) to four academic courses (graduates).

|   | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|------|------|------|------|------|------|
| Diplomas in Nursing. Ull. Tenerife      | 100  | 107  | 111  | 16   | 3    | -    |
| Diplomas in Nursing. Affiliated school  | 59   | 62   | 74   | 4    | -    | -    |
| Graduates in Nursing. Ull. Tenerife     | -    | -    | -    | -    | 82   | 98   |
| Graduates in Nursing. Affiliated school | -    | -    | -    | -    | 53   | 59   |

**Table 1:** Nursing graduates from the University of La Laguna between 2009 and 2014 on the island of Tenerife (Spain).

It is therefore taken for the conduct of this study, a sample for convenience of No. 13, of which 10 women and 3 men with an age range of between 23 and 30 years participate. It is not taken into account for the taking of the sample neither the age nor the sex of the participants.

**Data collection**

A semi-structured oral interview of approximately twenty minutes is conducted to the participating nurses, where the proposed objective that delves into the questions is: “How is your adaptation to your work environment? Tell us.”; “How is the experience of fitting into the new working group?” and “Did you feel differences in joining a hospitalization plant, special service, or primary care?”.

The interviews are conducted in 2015 and the analysis of the results in 2016. Interviews are conducted even when they have been able to overcome the saturation point.

**Data analysis**

After the collection of data from semi-structured audio interviews, a selection, segmentation, categorization and coding of narrative discourses are transcribed and made. For this realization, the NVIVO 10 software is used. Both the collection of data and the analysis thereof has been carried out by guarding the confidentiality and anonymity of nurses (by using codes such as “nurse 1”).

**Results**

The adaptation to the new environment is “hard” for the nurse because it depends on the reception provided by the rest of the colleagues to integrate into the team and feel safe and done with their work. The professional incorporated into an unknown unit attaches great importance to the support it receives from the rest of its colleagues and colleagues. The fact that the nurse has excessive service rotation increases her insecurity and the feeling of feeling unrated by the health institutions that hire her: she feels like fungible and interchangeable material.

Participants refer that there are differences when incorporated into different types of hospitals, units or specialties. They show differences in the incorporation into a first frente or third level hospital, a public or private institution, or a hospitalization unit versus a special service and y differences between working in primary care and hospital care. Differences marked by workloads, livelihoods, working conditions and environments. Special services that pose at least one challenge for the nurse to adapt and work safely in intensive, operating and pediatric units. For the beginner nurse it is a challenge to work in these units because of the poor preparation they have had during their academic training, in fact they rotate for these services because their preparation or reception to work in them is not taken into account.

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|--|
| General Themes                                   |
| Service rotation                                 |
| Tough adaptation to the environment              |
| Small versus large hospital                      |
| Private hospital in front of the public          |
| Hospitalization unit compared to special service |
| Hospital media- primary care                     |

**Table 2:** Uses a summary of the categories established.

**Service rotation**

The joblessness expressed by newly graduated nurses in the early years has meant that their first contracts are usually part-time trabajo in different hospitals and units: they work in the operating room or in a critical unit regardless of dicha their preparation to work

in such complex units from the argument that it is for service needs an immediate incorporation is needed and without preparation time. In addition, every time you start in a new unit of work, nurses are required to learn quickly as if they were a professional who has been working in that unit longer.

Lack of stability leads to uncertainty because you do not know what the next professional position you are going to work in will be. This conditions professional beginnings marked by uncertainty in the time of their reception and training in skills.

As a result of job instability, nurses feel and express that they are not considered sufficiently prepared. Excessive rotation by different services or units means they cannot finish learning enough in a given branch or specialty. One of the side effects that has excessive service rotation, and adaptation to each new unit, is that each service or unit is different. This is an effort to integrate into the unit and perform the work because it does not know the same and the environment and environment of that unit.

“I started in a unit but then every day I saw that as I lacked it was in silence, they sent me somewhere or another. Now I know all the places I go, maybe there are some services I’ve only been in but at first I went to the top every morning to know where I had to go and my fear was a new place: where I’m going to go, what people will be like, what I’m going to have to do. You start to wonder all those things and a lot of anxiety” (Nurse 1).

“All when we start in a new place to work (a place we don’t know), no matter how much experience we have, we feel lost because we don’t know how to work, where things are, routine and more. You are doubly lost if you also have no experience because you have many doubts, that you would know how to solve only if you had that experience that you lack. So, a new environment is already stressful because it’s unknown and we can’t control the situation as we might in other circumstances” (Nurse 2).

“The way you work is different depending on where you go everything is different even if you’ve been working for ten years and changing services or changing hospitals, you have to re-adapt again. Things change completely: the way we take patients, it changes computer science, it changes everything, so for me everything is different wherever you go between the same plants in the hospital are different from each other” (Nurse 3).

### Tough adaptation to the environment

Adaptation to the environment is mainly given by the factor of interpersonal relationships within the work teams. Work environments determine that a work experience may or may not be satisfactory. Welcoming the nurse into a new unit is very important so you can feel safe and comforted in your work. On many occasions the welcome to the new professional is not as warm and human as it should be. Important is the role that as a leader, the supervisor of a unit plays with the first nurse as a guide. In most cases the orientation or reception in the first moments is non-existent: the new professional on the go begins to work with a high pressure of care, to which adds the need to assume the changes quickly make sure that you do not have time for learning with serenity. It would be desirable for the newly graduated to have a person to guide him and convey trust.

“The system is also a jungle, it is to survive. So, as you work and you get a little so happy because you adapt but when you go out you are green in every way even in the sense no longer of techniques but in the sense of treating people, of treating your colleagues, of all these things, of having tools to face a problem that I think is created when you are rolling and that when you work you create those tools. People are not for the job of welcoming anyone. It’s very rare to see someone you get somewhere and welcome you. They always tend to set you aside and give you as a quarantine and when they see how you are and how you work then they usually approach you” (Nurse 4).

“In my opinion a good supervisor can prepare a system, or if I were a supervisor, I would spend a day in case you have any questions. I help you in any doubt you ask me. Guiding him to teach the facilities explaining how techniques are done is more to offer me if in any technique you have help let me know that I remind you and that is what could be done” (Nurse 5).

“My first contract was a week in the emergency pre-assault zone of a third-level hospital. I adapted to the environment simply by running back and forth, that was my adaptation, having to do thousands of things. I didn’t have time to adapt: they tell you where you have to work and where things are. I just felt tired, overwhelmed, you don’t know if you were doing it right or wrong. Just the only guarantee of knowing that everything was fine was trying to accomplish all the tasks and everything that came up. Finish the shift and say, I hope I forgot nothing and I’ve done it all” (Nurse 1).

### Small versus large hospital

Nurses show that in a “small hospital” as it is a smaller institution, the reception to the first nurse is better as there is an atmosphere of greater comfort and more familiar among co-workers.

Unlike the context of a small or top-notch hospital, in complex or third-level hospitals the adaptation is more difficult: there is amore competitive, more impersonal, colder environment in which it is more difficult to fit in for a newly qualified nurse. Participants state that within large hospitals, a bad environment is created mainly by large working groups and interpersonal relationships between peers themselves. The first nurse refers that in large hospitals she is treated indifferently or inappropriately what makes her feel marginalized, such as the new one within the unit of work.

“I really got lucky enough to start in a psychiatric hospital so I started in a small hospital, I didn’t start in the hospital itself. So, it was a slightly smaller hospital that only has 4 plants, so it makes the deal very familiar. It’s true that then when you go to the big dimensions you immediately notice that older people despise you for being the new one, they always have a place to take the blame” (Nurse 5).

“But it then depends in the large hospital or public depended on the service, in fact they told you have already fallen into a new service here we will welcome you well or maybe you would reach others that maybe neither greeted each other and there were rifi rafes” (Nurse 7).

“It depends on the atmosphere: if there is a good cool atmosphere, in that case I make the most of it to learn more and more. When the atmosphere is not very good, so that it does not affect me I dedicate myself solely and exclusively to patients ignoring the bad environment that may be” (Nurse 8).

### Private hospital in front of the public

Nurses appreciate significant differences between a public or private hospital. Substantial differences are found in working conditions, in the workplace, in the media or workloads. All these conditions are valued as better in public institutions. In private institutions, fewer staff are hired, in fact a nurse may be tending two hospitalization plants at once in the same shift. That’s why the nurse in a private hospital manifests more “stress,” more tiredness and more insecurity. It refers to feeling less supported, and that the institution provides you with fewer means to provide quality care. Public institutions have more means for the nurse and work in better conditions.

“In private I felt insecure. It is not the same to work in a public environment as in a private environment. Access to training is totally different in the public environment: you are always hearing about courses and if you have the possibility to access courses in the private environment you have to look for life. I’ve always worked better in the public than in private. There’s a bad thing in the private” (Nurse 9).

“Since I have been in so many different hospitals and in private everything mixes it not because it is a concrete service but in private I have felt more insecure about being alone. Also carry two floors because even more insecurity. Something’s going on upstairs, the assistant isn’t well prepared, or whatever, that killed me, come on. I was saying that every day something happens and here it will be assembled but not because it was for a special service but for carrying two floors because you are alone... because for example I’ve done loose days at the IUC and you feel super tucked in because they’re watching you all the time” (Nurse 4).

“I started working in private hospitals where there was only one nurse per plant so the support was practically non-existent instead in public centers when working with more people, although it is embarrassing to go slower, etc. you always have someone to trust to be able to solve doubts” (Nurse 10).

### Hospitalization unit compared to special service

Nurses reflect on perceived differences when working in a special service or hospitalization plant. They refer that in hospitalization plants the work is physically more exhausting because they are in charge of more patients and many tasks to perform, however, the work focuses more on tasks and protocols already structured and the one they care for is more stable. The “stress” expressed by nurses working in hospitalization units is conditioned by workloads and the need to perform tasks within the time stipulated in the shift. In special services such as intensive or emergency, workload work per nurse is lower but with more unstable patients.

“In a plant it can be a little more complicated or does not depend on how it is structured and depends on how you carry it, but in a plant the same things are always done. There are things that yes or yes are always going to be done and already later you have special little things, but the difference with a special service is brutal. It’s not the same as an emergency room as a hospitalization plant” (Nurse 11).

“Of the plant the most stressful is the overload of work, because the patient is “stable”, however the plant work depletes much more physically because you have many more patients, there is more bureaucracy and everything in general multiplies. While in special services, you usually have fewer patients (6 patients are the most I have had in these services) and of course they are patients in which you normally have to do certain checks from time to time and that you simply have to write down on graphs, although on the other hand stresses more psychologically because you are more in tension because they are more unstable patients” (Nurse 3).

### Hospital media-primary care

Nurses refer to substantial differences when incorporated into a hospital setting or primary care environment. As for the workload, the work environment or patient care. There is usually a better adaptation to the primary care environment for these same reasons. The workload in primary care is lower than in hospital care, so the working environment and interpersonal relationships are better among peers: the new nurse integrates better into health centers. Smaller workloads lead to better quality patient care. As an inconvenience of primary care is that a nurse is alone in front of the patient and has to solve many problems and situations that arise in consultation, as well as have better communication with the patient.

“My impression is that in primary care the treatment of the patient is different, you end up knowing both his environment and his way of understanding certain aspects of life, however in hospitalization (as a rule) you know him in a more needy state than when it is solved, the nurse-patient relationship ends. Besides, in primary care, I feel like we’re working as a team and not in hospitalization” (Nurse 8).

“A lot of difference, especially when it comes to receiving help from colleagues, not everywhere is the same workload, not everywhere do they have time to tell you where something is... and sometimes in these services they practically tell you to look for the life that they also have many patients, which is understandable... but when you’re lost in a new place and you see that there’s no one who can even explain you, and afraid to make a mistake we all have when we start in a new service we don’t know about... It’s complicated. Really where it’s been the easiest for me has been in primary care” (Nurse 12).

“I assume that in Primary Care the incorporation is faster due to the type of work that is done that is usually common between different health centers unlike what happens between different hospitals or different services of the same hospital” (Nurse 13).

### Discussion and Implications

Joining as a first-time nurse in the work context in Tenerife is a complex process: it can be as a nurse generalist, so it can be hired to work in any unit or service, except in the specialty of obstetric- gynecological nursing. In a professional environment that has no professional or work stability, at in which temporary contracts coexist in certain institutions or specialties with rotations between those work specialties. A nurse in Tenerife may have a contract in a critical unit temporarily, terminate that contract and join other units or services such as emergency, operating room, pediatrics or primary care. Excessive rotation and lack of stability makes the new nurse feel limited as a professional, and every time she joins a new unit she lives with uncertainty the incorporation into it and her future work.

We note that in our work the reference of nurses to excessive service turnover is somewhat disturbing and influences the clash with reality, what Kelly and Ahren [20] call double reality *shock*. Constantly rotating is in itself stressful because the nurse has to re-integrate into a new working group [21]. Nurses show in this research that in their first bars within working life it made them constantly change work unit and specialty.

We establish a marked difference between adapting to the hospital environment and the primary care environment in Tenerife. There are differences in peer treatment, workloads, teamwork, working conditions or job satisfaction. The disadvantages that are perceived when working in primary care are the lack of resources that may be available with respect to specialized care, which the nurse often finds herself. Nurses thus show a better adaptation to primary care than to hospital care or the private institution.

There are differences in how nurses perceive working in a hospitalization unit or special service. We see, for example, how in critical units, nurses refer to “stress” as a result of patient instability, instead in hospitalization units due to labor overloads.

There are differences in relative manifestations between a public hospital and primary care in terms of environment and conditions, and because between a public and a private hospital they are more pressing, also between a first-level hospital and a third-level hospital. A small, or top-notch hospital, such as tenerife’s psychiatric hospital that mentions one of the interviewees, bears similarities to those observed in the incorporation into primary care. This is mainly due to the good working well to environment because being a smaller institution there is a more familiar treatment among colleagues and it is easier to welcome the new worker, unlike what can happen in a large hospital where there is the aforementioned harsh adaptation to the environment due to the competitive and cold environment that the new nurse lives where she is “despised” for being the new one. The problems that interviewees perceive in primary care, are related to the lack of resources or the absence on many occasions of peers, because when living in small physical spaces everything is closer.

We perceive that adapting to a large hospital, particularly third-level, is tougher for the novice nurse. In our research, the nurses interviewed do not express the intention to leave the profession, although interpersonal relationships really influence the new nurse especially being able to feel supported, con with social support from the rest of the team [22]. We agree with Rhéame, *et al.* [23], Spence Laschinger, *et al.* [24] and Jewell [25] noting that novice nurses are in a vulnerable position within nursing teams and that it affects them in the development of their safety and confidence.

Not helping the new partner is considered an uncivil behavior on the part of the rest of the staff [26] and the contempt for being the new one [27,28], as unprofessional behavior. The nurses interviewed attach great importance to the work environment and the relationship with co-workers: it is easier to work safely feeling the support of the team in which the work environment influences the new nurse on an emotional, physical and professional level [8,15,17,19,29].

The private health in Tenerife, for the nurses interviewed, present a worse working conditions, resources and means, staffing or work environment. As Clark and Springer [19] point out, oversaturation of work becomes chaos for new nurses.

The adaptation to the work environment of the nurse in Tenerife is governed by the current professional and work nursing context of Spain: the nurse is hired indiscriminately to units, services, specialties, or institutions regardless of her experience as a professional, without being welcomed in the unit or specialty, without stable contracts and with a high turnover of services, which is aggravated in the aforementioned critical units, operating room or pediatrics.

If we add to all this the environmental context of the units of work, in which the nurse enters a process of new socialization where with her professional limitations she has to integrate and adapt many times, and that in her words makes her feel alienated, despised or marginalized. With behaviors, sometimes uncivable of teammates. The work environment therefore plays an important role in the adaptation of the nurse in addition to that it can result in the exercise of a better job because it feels supported and supported. Support is a very important element for the new nurse especially not to make any kind of mistake [30] and the oldest nurses must support, engage and become more involved with support for new nurses. One of the great causes of stress in beginners is related to difficulties in interpersonal relationships [31].

In the works of Price, *et al.* [15] or Wong, *et al.* [8], it has been argued that novice nurses positively value the figure of the tutor or mentor to cope with the transition period. New nurses also demand that health institutions and official agencies worry about their tutoring to help them in their job and professional stability.

In the first year of work of the new nurses, in require the first phase of her transition process, a more relaxed environment and supportive environment is required in which the new nurse joins the profession [32] and how a more relaxed environment with better interaction and assessment by veteran nurses makes the new nurses feel safer and more in feared in the equipment [16].

In small institutions or primary care, the nurse shows in her narrative discourses a better adaptation to the work environment and her own work without obviating that the labor burdens and complexities of the units influence the work "stress". Although authors such as Aggar, *et al.* [33] indicate the need to develop training programs also in community nursing to facilitate their incorporation into health centers. Transition or training programs should not be limited to critical units only. A well-designed environment facilitates the labour incorporation of nurses [16], therefore, health institutions must consider and reflect seriously on improving the labour incorporation of nurses. In addition, greater research efforts are needed to study the transition process from student to novice nurse and to assess whether transition or counseling programs are being helpful to the new nurse [12-14].

### Study Strengths and Limitations

The strengths of this research focus mainly on the research being investigated in terms of improving labour incorporation and transition of nurses in different health and work contexts in Tenerife, something that brings novelty and a starting point of research for the future in terms of improving labour incorporation. The limitations have been found to be able to contrast these results with results of research carried out in the context of Spain published internationally. That is why this research can be considered a starting point to take into account, for example, to compare experiences to labour incorporation in a private institution to a public institution.

### Conclusion

The nurses graduated from the University of La Laguna when they start working in the professional and work context of Tenerife, have no professional or work stability. They rotate for multiple services and specialties from public third-level hospitals, special services, private institutions, and even primary care. Experiences in joining different contexts mainly concern the complexity of the patients to be treated, the workloads or the working environment: perception of support and reception to new nurses. It is noted in the participants' speeches that a familiar and welcoming environment, in which the new nurse feels supported, facilitates integration into the workplace

which happens most often when incorporated into primary health care or a top-notch hospital. It is evident as Harrison., *et al.* [34] provides that creating a positive work environment has a positive impact on quality user service [35].

**Relevance to Clinical Practice**

Deep reflection by health institutions is needed to facilitate the labour incorporation of new nurses in the different health institutions and contexts of Tenerife. The stability and retention of nurses mainly goes through the support and reception they receive. In addition, stabilizing nurses means ensuring patient safety.

**Summary Box**

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| <b>‘What does this paper contribute to the wider global clinical community?’</b>  |
| This research provides evidence on how newly graduated nurses experience their incorporation into work in different work environments: a private or public institution, a high-complexity service, or a primary care consultation private institution.                  |
| There is little scientific production on this subject in Spain, so it provides an interesting starting point for new research. In addition, it provides unreleased information about the impact of the negative experiences of newly graduated nurses in the workplace. |
| The incorporation of nurses is a tough and complex process, so health institutions need to start reflecting on the incorporation of nurses into different jobs.   |

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**Disclaimer**

Everything presented in this research document, part of the views of the authors themselves. This investigation does not reflect any position or policy of health authorities or institutions in Tenerife (Spain).

**Contributions**

Study design: CMG and AMG; data collection and analysis: CMG and AMG and manuscript preparation: CMG and AMG.

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