

A PHENOMENOLOGICAL STUDY EXPLORING
THE FIRST YEAR EXPERIENCES OF
NEOPHYTE NURSES IN TAIWAN

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Thesis submitted to the University of Nottingham for the
degree of Doctor of Philosophy

October 2009

Abstract

The high neophyte nurses' turnover rate has been recognized as one of the most important issues in Taiwan's nursing profession. Although Taiwanese nursing researchers have started to investigate the reasons why neophyte nurses' leave their jobs, most of the studies use quantitative research methodologies. Consequently, we still know very little about how neophyte nurses experience their first year after graduating. Therefore, in order to comprehensively understand more about the phenomenon of neophyte nurses' experiences following graduation, the research question was posed to guide the study: How do neophyte nurses experience their first year after graduating in Taiwan? The aim of the study was to explore the first year experiences of Taiwanese neophyte nurses.

The study was undertaken using a hermeneutic phenomenological approach. The participants were recruited from two sources: a nursing junior college and a healthcare institute in central Taiwan. One hundred and forty-three neophyte nurses from a local junior nursing college and one hundred and thirty-six neophyte nurses from a healthcare institute were the potential participants. Thirty-one neophyte nurses participated in this study. Data were collected via in-depth interviews and analyzed using phenomenological methods.

The findings of the study uncovered the phenomenon of how neophyte nurses experience their first year of practice in Taiwan. Three themes emerged from the analysis process, which are: hesitation, a hard beginning, and achievement. Prior to entering work and during their first year of practice, the neophyte

nurses felt hesitant. This period of hesitation has not yet been fully discovered either in Taiwanese literature or in that of the English-speaking countries. This is relevant to our understanding of the experiences of the neophyte nurses. When the participants started nursing, they experienced a hard beginning period. They learnt through tears, felt frustrated but also gained others' support. Then, they recognized that, in order to master the nurse role, they had to go through the transition period. It is important that keep practising nursing in the same unit and not to frequently change their posts during the transition period because entering any new post may need another period of time to adapt to their new role. By gaining positive feedback from the patients and their families, they finally felt a sense of achievement from nursing work.

The findings not only bridge the gap in the knowledge of how neophyte nurses experience their first year of practice, but also provide valuable insights for future neophyte nurses, and nurse administrators, preceptors and nurse educators who may wish to guide neophyte nurses. They will also help policy-makers to understand what efforts could be made to facilitate the neophyte nurses' transition from student to nurse and to reduce the number of neophyte nurses who leave the profession at an early stage.

Acknowledgements

This study would not have been completed without the help of many people. Firstly, I would like to thank my supervisors, Dr. Sheila Greatrex-White and Dr. Jacqueline Randle, for their continual advice, expert support, guidance and friendly manner, which always inspired me to carry out this work.

I am also thankful to all of the participants; without their participation, this study would not have been possible. I must admit that I learnt a great deal from the interviews conducted with them and from listening to their stories. Also, thanks go to my colleagues and nurse supervisor, Lu, for helping me to distribute the invitation letters to the potential participants.

Of course, I wish to thank all of my friends and colleagues at the University of Nottingham, both past and present. Without their friendship, I could not have had any of this wonderful studying experience in the UK.

I wish to thank my father, Kuen Chiuan Lee, and my two brothers and six sisters for their kind words, love and inspiration. Lastly, I would like to thank my daughter, Tia, and my husband, Cheng-I, who are always there through bad times and good, sharing my enthusiasm and achievements, tears and frustration, and for providing an ever warm family. Without their support, I could not have got this far.

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CHAPTER 1: INTRODUCTION

Introduction

This chapter discusses my ontological positioning and the background to nursing in Taiwan. The aim is to explain what motivated me to explore the phenomenon of Taiwanese neophyte nurses and give a context to the study. By phenomenon, I mean something that people experience. How Taiwanese neophyte nurse are nurtured is introduced, followed by a critical examination of the high neophyte nurse turnover. The first part is highly descriptive, but I make no apology for this, as it is important to understand the unique context within which the research was conducted, especially since this was a hermeneutic phenomenology study. It further justifies the study and the approaches taken. Finally, the structure of this thesis is introduced.

Ontological positioning

There are many reasons why people enter nursing. I, myself, entered nursing when I graduated from junior high school. Guided by a relative's suggestion, my parents helped me to choose nursing as my major subject in junior college. Gaining a university degree was my expectation since I was a child. Although I planned to study at general senior high school, and then go to university, I did not have much power to change my parents' minds about my studying at a junior college. After five years of study, I graduated and, in order to study further, found a non-nursing, part-time job. A few months later, I left that job and focused on revising for the university entrance exams. Consequently, I was offered the opportunity to study at university. After graduating from university,

I joined a public medical centre with a very high reputation as a Registered Nurse. I smoothly passed through the application process, was interviewed and started work. A month after graduating, I had become one of the permanent staff of that medical centre.

The medical centre where I worked provided an orientation programme for all neophyte nurses to introduce the hospital's mission, usual practical techniques, and salaries and benefits. Having attended this programme, I was taken to meet the head nurse, who arranged leaders to introduce their colleagues and the work environment to me. When these processes had been completed, I started to take care of patients under the senior nurses' supervision.

Two years later, I left my job to begin a master's degree. After completing it, I became a lecturer at a junior college and taught nursing administration, which I continued to do until I started studying for my PhD in England. Most of the students I was teaching were studying in their first semester of the fourth year of a five-year nursing programme. On completing this semester, the students undertake a one-year work placement in clinical practice settings, and then return to college to prepare for the national examination for the nurse's license in the final semester of their course. A second group of students I taught was studying in their final semester of a two-year nursing course. After completing this, the students became nursing graduates and prepared to become practising Registered Nurses. In this study, I call these new nurses 'neophyte nurses', since the term 'neophyte' is used to describe 'someone who is just learning to

do something and does not have much experience or skill' (Macmillan, 2002, p.935).

It is generally expected that the educational outcome of the School of Nursing in the Junior College was that neophyte nurses would find a job related to nursing after graduating. As a teacher, I hope that not only will the students have a good learning experience, but also that they will find employment as nurses after they leave college. That is what I believe to be a good outcome of my teaching. Therefore, since I have become a teacher, I value the students' development highly.

An important part of the course I teach in nursing administration involves human resources management, the nursing personnel system in hospitals, and the recruitment of new employees. Because all of the students on my courses are senior students, I am fully aware that they will start applying for nursing posts shortly. Therefore, I always discuss with the students the topic of nursing career development and their concerns about their future plans.

I can recall an experience where one student on the course I was teaching did not enter nursing after graduating in June. Rather, she took the National License Examination at the end of July in the year in which she graduated, and then started to look for a job. However, by July, most of the prestigious hospitals had finished recruiting new nurses, leaving this new graduate without employment. After completing new post applications, this student was eventually afforded interview opportunities after a very long wait. The student

rang me before each interview, seeking support and just simply to talk. After a number of conversations over many phone calls, the student eventually obtained a nursing post six months after leaving college. During the early stages in her new post, the student continued to keep in touch with me. I remember how she told me how difficult her job was: some of the senior nurses misunderstood what she did, and she felt much highly stressed. Moreover, sometimes, she sobbed down the phone line. I was privileged to share these experiences with her, and had an opportunity to encourage and support her during her transition from student to neophyte nurse. That was a very stressful time for her and a difficult time for me. This student's experience of being a neophyte nurse illuminated the neophyte nurse issue for me.

Further experience came from a group of student nurses studying in two-year nursing programmes. I taught them advanced nursing in their first semester of the course. Therefore, I had the opportunity to discuss with them their future career plans and how they were preparing to fulfil these. When they began their last semester, I met them in the nursing administration class and discussed the issue further. Some of the students had begun to seek jobs before graduating and had had some interviews. However, the students were hesitant and worried about these interviews: 'I don't know how to start looking for a job'; 'Will this hospital employ me?'; 'How can I interact with the interviewer?'; 'If I really got this job, how can I do it well?' All of these questions reflect what the students wished to find out and the anxiety they felt before becoming neophyte nurses. By interacting with the students, I understood what they needed to know about becoming neophyte nurses.

It was because of these experiences with past students that I ultimately conceived the research presented here that motivated me to explore the experiences of this group, especially since these students' experiences of being neophyte nurses appeared to be very different from my own. I began to think that, if I could understand more about the neophyte nurses' experiences, I would be better placed to assist them through their role transition. The neophyte nurses' experiences in this study are the phenomena (i.e. what people experience) that happen during the first year after graduation, together with their personal reactions and feelings, and the meanings of these events.

Despite the discussions in class with students on the course that I teach, communicating with the clinical nurse administrators is another way of understanding the neophyte nurse phenomenon. Over the past five years working as an academic in Taiwan, I have made it my 'business' to attend conferences and workshops where the focus has been on neophyte nurses. These conferences and workshops were specifically designed for nurse clinicians, administrators, and academics, and, at certain venues, a few neophyte nurses were invited to share their experiences. My attendance at such conferences helped me to gain a better understanding of the neophyte nurse phenomenon in Taiwan. For example, I realized that, although the number of students graduating each year exceeds the number of nursing jobs available, the nurse administrators were still struggling to recruit and retain nurses, and thus fill the vacancies. I discovered that the nurse administrators seemed to make great efforts to retain neophyte nurses, but the neophyte nurse turnover rate

remained high. I came to realize that the period of transition from student to neophyte nurse is problematic. In order to make the situation explicit to the readers, in the following section, I introduce nursing in Taiwan, and provide a brief outline of Taiwan's healthcare system.

Nursing in Taiwan

The population of Taiwan, the Republic of China, totalled 23 million in 2007. According to the Government Information Office (G.I.O., 2008), the citizens' average life expectancy was 75 years for males and 82 years for females. Like many other countries around the world, the elderly population is growing, with the proportion of senior citizens reaching 10% in 2007. The government launched the National Health Insurance (NHI) programme on March 1, 1995, to provide medical care for the whole population. In 2007, over 99% of Taiwan's population was covered by the NHI programme (G.I.O., 2008). Under the National Health Insurance Act, participation in the NHI programme is mandatory for all Taiwanese citizens who have resided in Taiwan for at least four months (G.I.O., 2005).

A network of hospitals and clinics serves the people of Taiwan. The medical care institutes can be divided into two categories: public and private. The public medical care institutes consist of 80 hospitals and 461 clinics, whereas the private medical care institutes cover 450 hospitals and 19,370 clinics (G.I.O., 2008). In addition, there is another medical care classification method led by the hospital accreditation system, based on the evaluation of the quality of the hospitals' medical services, personnel, facilities, management, and

community services (G.I.O., 2008). According to this system, the accredited hospitals in Taiwan are divided into four categories: medical centre hospitals, regional hospitals, district teaching hospitals, and district non-teaching hospitals (Huang, Hsu, Tan, and Hsueh, 2000); clinics are not subject to accreditation.

Within these two classification systems, nurses have the opportunity to be employed in the public medical care institutes, private medical care institutes, and clinics. In the medical care institutes, nurses can seek employment in medical centre hospitals, regional hospitals, district teaching hospitals and district non-teaching hospitals.

Prior to 2005, the nursing education system in Taiwan was divided into four categories; however, this has now changed. They used to be Vocational Senior High Schools, Junior Colleges, Institutes of Technology, and Schools of Nursing at universities. In accordance with the nursing education policy, Vocational Senior High Schools stopped enrolling students in 2005 (Chung & Hsu, 2007). Therefore, at this time, three main avenues led to the title of nurse: (1) Junior Colleges; (2) Institutes of Technology; and (3) Universities (Figure 1.1).

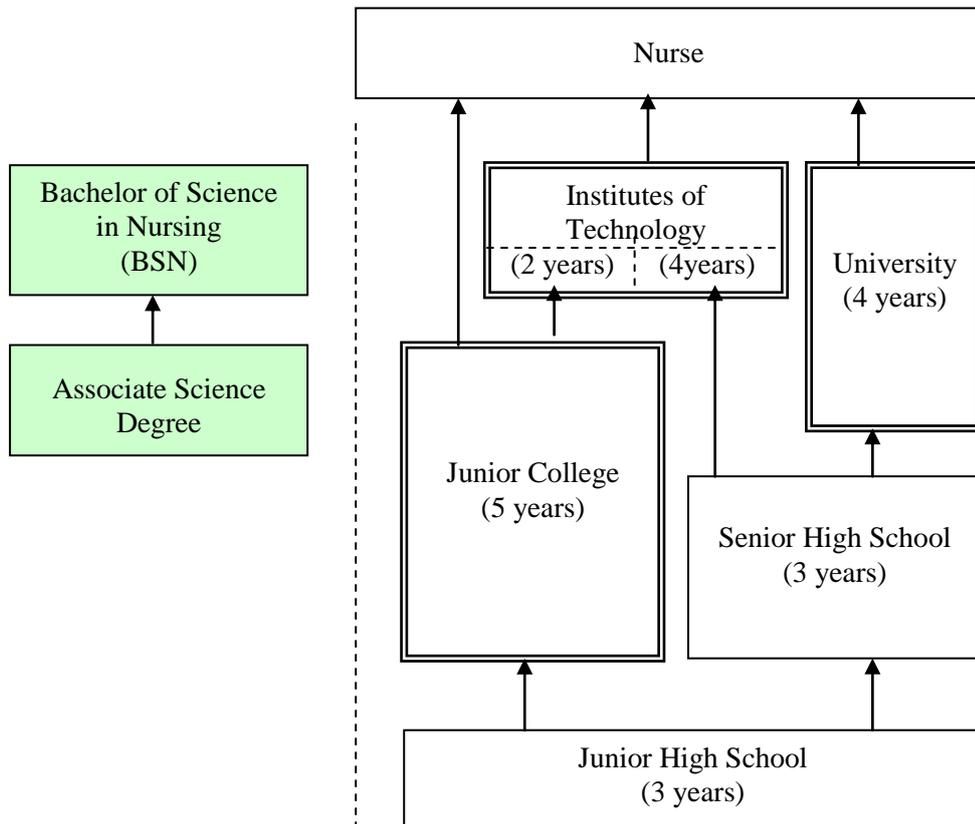


Figure 1.1 The nursing education system in Taiwan

Students who graduate from junior college are awarded an Associate Science Degree. They can choose either to enter the Institute of Technology to study further for a Bachelor of Science in Nursing (BSN) degree or to start nursing. The Institute of Technology is designed for students who have graduated from Junior College or Senior High School and are seeking a BSN degree. At the university level, the students at the Schools of Nursing are Senior High School graduates. This is similar to UK University nursing training, but there is a difference in the duration of the courses; for example, four-year nursing training courses are the norm in Taiwan in contrast to three-year courses in the UK. After completing a nursing course, as with other levels (e.g. Junior College or Institute of Technology), the students are eligible to take the National Nurse License Examination.

In Taiwan, graduation takes place at the beginning of June every year. There are two opportunities for neophyte nurses to take their nurse license exams. The first is at the end of July, which is about six weeks after their graduation, and the results are announced in September of the same year (Ministry of Examination, 2006). The second nurse license exam is in February and the results are announced in May of the following year. During the first year after graduating, before obtaining their nurse license, neophyte nurses could only be hired as trainee nurses, due to the Trainee Nurse Practice Regulation 2005. The regulation grants neophyte nurses a year in which to pass their license exam. Before they obtain their license, they can only practise nursing under senior nurses' supervision.

According to Taiwan's Nursing Act (2007), no one should practise nursing without having obtained a valid license within a year after graduating. Every nursing course in Taiwan, no matter at what level, leads to eligibility to sit the National Nurse License Examination in order to become a licensed nurse. Five licenses can be obtained depending on the different educational levels, the major subject, or specialist training. Students who graduate from Junior College, Institute of Technology, or University can apply to become a Registered Nurse (RN) or Registered Professional Nurse (RPN). The other two licenses are those of Registered Midwife (RM) and Registered Professional Midwife (RPM), designed for students who majored in midwifery. After practising as an RN, RPN, RM or RPM for several years, nurses have the opportunity to apply to become a Nurse Practitioner. The Nurse Practitioners

are employed by healthcare settings and involve more advanced nursing work, such as practising advanced nursing, education, consultation and research (Lee & Yang, 2000). In order to become a nurse practitioner, RNs, RPNs, RMs and RPMs will undertake a certain period of training, and must pass the Nurse Practitioner Examination. They are then awarded a nurse practitioner (NP) license. Taiwanese nurses, regardless of whether they are male or female, all follow the same path to become nurses. The vast majority of nurses are female in Taiwan, with only 0.6% being male (Yang et al., 2004).

Nursing students in Taiwan are less likely than those in other countries to select nursing as their first choice of profession (Yeh, 1997). The motivation for studying nursing is based on one's score in the Joint Entrance Examination (JEE), rather than on a personal interest in nursing. There are two routes that lead students to enrol in nursing college: application and the JEE. Except for the few students who enrol in nursing colleges via applying, most students enter via the JEE. This system requires students to make decisions about their further education based on one or two extensive academic tests. Students may feel compelled to accept any college or any discipline to which they can gain admission, based on their JEE scores. Therefore, the students are influenced by their entrance examination scores rather than their own preferences (Yeh, 1997). Also, Taiwanese society greatly values higher education. In the academic year 2007-8, per 1,000 people, there were 43 undergraduates, 8 Master's students, and 1 Doctoral student (G.I.O., 2008). This means that, for every 20 persons in Taiwan, more than one person is currently studying at

university or is in higher education. Many Taiwanese are trying to obtain their Bachelor's or higher degree.

Loss to the profession

Recently, the turnover rates of Taiwanese neophyte nurses have been alarming, and nurses appear to be leaving the profession in increasingly greater numbers. In other countries, it is estimated that the neophyte nurses' turnover rate is between 35% and 60% in the first year of employment (Duchscher & Cowin 2006; Godinez et al., 1999; Harrison, 2006; Thrall, 2007). According to these writers, the neophyte nurses can be expected to change their place of employment, or leave the nursing profession altogether, within their first year of professional practice and, alarmingly, the situation in Taiwan is similar. In recent years, Taiwanese neophyte nurses have had a high turnover rate in their first year after graduating.

In Taiwan, the overall nurses' turnover rate was 35% in 1994 (Tang, 1994). Regarding the turnover rate during the first year of employment, Hsiung and Tsai (1995) point out that 22% of nurses left their current job during their first year of nursing, and that 39% had left the profession within 2 years. This situation has become far worse during the past decade. Huang (L. H., 2004) stated that, in the hospital in which she was employed, the overall turnover rate was 7% in 2003, but the newly-employed nurses' turnover rate was 20%. The newly-employed nurses leave their positions at higher rates than the senior nurses. A survey conducted at one public hospital in Taiwan revealed that 42% of the newly-employed nurses left their post within 6 months (C. H. Huang,

2004). Similarly, Chan (2005), who conducted a study in a medical centre in Taiwan, found that the newly-employed nurses' turnover rate was 38%. Chan (2005) recruited 203 newly-employed nurses, who were assessed using a Job Adaptation Scale regarding their job adaptation 3 months after recruitment. Of these 203 nurses, 78 left and only 125 remained. It was concluded that over a third of newly-employed nurses leave their jobs within three months of employment. A further study conducted at the Nurses' Association of Taipei City used structured questionnaires to collect data on the nurses' turnover rates. A total of 181 nurses participated, and the findings showed that the turnover rate of nurses employed for less than three months was 32%, and those employed for less than a year was 58% (Shiau & Liu, 2005). Wu (2003) reported that 80% (N=20) of the participants in her study were considering leaving their current job. Because most of the newly-employed nurses are neophyte nurses, I have concluded that the evidence that points to the high turnover rate and intention to leave reveals that neophyte nurses seem to experience a difficult transition from student to nurse.

Neophyte nurses leaving their jobs not only leads to the loss of the costs of recruiting and training them (Chan, 2005; Chuang, 2002; Fagerberg, 2004; Lue, 2006; Thrall, 2007), but simultaneously affects the quality of the continued-care service, such as causing a higher risk of patient mortality and failure-to-rescue rates (Aiken et al., 2002; Needleman & Buerhaus, 2003), as well as negatively influencing the morale of the entire workforce (Chan, 2005; Chuang, 2002; Fagerberg, 2004; Lue, 2006). Also, in the past, nurses were required to have one to two years of medical-surgical nursing experience before beginning

to work in an Intensive Care Unit (ICU), but the current nursing shortage has resulted in a need for neophyte nurses to work in ICUs immediately after graduating (Messmer, Jones, & Taylor, 2004).

Regarding the reasons why neophyte nurses leave their jobs, in other countries, for example, the UK, shifting to another medical speciality may be one of the factors contributing to leaving nursing (Dearmum, 2000). For the NHS, the problem is both the retirement of nurses and also the transfer of nurses to other forms of health and social care (Andrews et al., 2005). In New Zealand, according to North et al. (2005), the most common reasons for nurses' leaving are: 'family/personal reasons', 'further education', 'career development/future career prospects', 'offer of employment elsewhere', 'overseas travel' 'better career prospects' and 'better wages/salary level'.

In Taiwan, a meta-analysis of the literature conducted by Yin and Yang (2002) aimed to determine the related factors of nursing turnover. A total of 129 studies related to nursing turnover published in the Mandarin language from 1978-98 were reviewed, and 13 studies, which included 4,032 participants, were finally used in their study. Twelve variables were inducted as the factors related to turnover among hospital nurses. Three dimensions were categorized: organizational, individual, and external environmental factors.

Nine of the twelve factors are related to the organization, which are pay (salary, fringe benefits and night-shift benefits), stress, recognition, scheduling (inflexible, night-shift work), individual growth opportunity (continuing

education and promotion opportunities), interpersonal aspects (supervision by the nurses' direct supervisor and peer group relationships), sense of achievement, organizational attributes (work environment, administrative policies, organizational commitment and organizational cohesion), and the work itself (challenge, job satisfaction, and autonomy). Among the organizational factors, pay, opportunities for promotion, job satisfaction, job stress, group cohesion, and autonomy are all significantly correlated with turnover. Among the individual factors, only marital status and educational level are correlated with nurse turnover. Nurses who are married and have a lower educational level are more stable in their jobs. Finally, geographical location (distance from home), and other job opportunities are classified among the external environmental factors. This paper provides a complete overview of the factors related to nursing turnover in Taiwan. However, the original articles do not focus on the neophyte nurses' turnover; therefore, these factors regarding nursing turnover do not apply specifically to neophyte nurses.

The National Union of Nurses' Associations (2005) reported that 51% of newly-employed nurses leave their jobs during their probationary period because of maladjustment and high perceived stress. The probationary period usually means the first three months of employment in Taiwan. That is to say, of every two newly-employed nurses, one leaves his/her job due to stress. These situations also appear to arise in other areas of Taiwan. According to the Nurses' Association of Hsinchu City, there is a 31% turnover rate among neophyte nurses. The main reason for leaving nursing was that 85% of neophyte nurses perceived stress and maladjustment (Huang, 2004). Shiau and

Liu's (2005) study shows that the influential factors include maladjustment to night shift work, a long distance between work and home, dissatisfaction with salary, dissatisfaction with the nurse managers' leadership, high work stress, a willingness to acquire different work experience, and insufficient nursing personnel. It would appear that stress and difficulty in coping with the environment are the major reasons for the newly-employed and neophyte nurses leaving.

The difficult transit from student to nurse may cause healthcare settings to lack experienced nurses. I assert that the difficult transition from student to nurse has damaged the development of the nursing profession. The high neophyte nurses' turnover has made the nursing personnel structure very different in Taiwan and other countries. In other countries, the problem of aging nurses has had a severe impact on the nursing profession. For example, in the UK, in 1991, one in four (26%) of all those on the Nursing and Midwifery Council Register were aged under 30; by 2007/2008, fewer than one in ten were under 30. At the same time, the proportion of registrants aged over 50 has grown to 31% (Buchan & Seccombe, 2008; Nursing & Midwifery Council, 2008). In Canada, a third of nurses are more than 50 years old (Canadian Institute for Health Information, 2004), whereas, in Taiwan, a third of nurses are neophyte nurses (Tsay & Wang, 2007; Yin, 2005).

In the UK, the USA and Australia, nursing college enrolment and graduation rates have dropped (Anonymous, 2002; Buchan & Seccombe, 2008; Cowin, 2002; Goodin, 2003; Tierney, 2003). Cowin (2002) points out, that enrolment

on undergraduate nursing courses in Australia has fallen by 11% over six years. This contrasts with the situation in Taiwan, where the number of newly-graduated nursing students is still greater than that of graduates practising nursing in healthcare settings. Up until 2006, there were 18,000 nursing graduates in Taiwan each year (Tsay & Wang, 2007), but only 6,000 new nursing posts are available (Shen, 2006). Although these 18,000 nursing graduates included those who were following work-study programmes, these students might have been working as part-time nurses. It is estimated that there are about 3,600 of these part-time students (Chuang, 2002). That is to say, there are, at least, 14,000 unemployed new nursing graduates per year but only 6,000 new posts for them. There has been no national survey so far that has sought to understand the development of the other 8,000 students' careers after they graduate. These numbers also imply that the nursing shortage in Taiwan is different than that in other countries. The nursing shortage is not the result of a lack of enrolled nursing students, but related to the neophyte nurses' transition from student to nurse.

Most of the studies focusing on the experiences of neophyte nurses are based in the UK, USA and Australia. Whether these results can directly apply to Taiwan's situation, due to its different culture and policies, is questionable. In recent years, due to the high turnover of newly-employed nurses, especially neophyte nurses, several studies have discussed this issue in relation to Taiwan. The details of these studies will be discussed in depth in the next chapter. Although the amount of literature is gradually increasing, such studies usually use quantitative research methodologies and methods (see Table 2.1). I would

argue that they tell us little about the neophyte nurses' first year after graduating, so this aspect remains largely unexplored. The first year experiences of neophyte nurses include many aspects, each related to the others, so quantitative research methods may not be the best way of understanding all of these. Therefore, more research on this subject is required, using a wider range of research methodologies and methods. All of the reasons presented above motivated me to undertake the research presented in this thesis. It is hoped that the study offers a new dimension to the phenomenon by allowing the participants to tell their own stories.

In order to understand the phenomenon better, that is neophyte nurses' first year experiences after graduating; the following research question was posed to guide the study: **How do neophyte nurses experience their first year after graduating in Taiwan?** By 'phenomenon', I mean something that people experience. It seemed to me that such a question necessitated a qualitative research approach (for further details, see chapter 3). The four major qualitative methods are phenomenology, grounded theory, ethnography and historiography (Beyea & Nicoll, 1997; Wright & Schmelzer, 1997). In order to answer the research question, the hermeneutic phenomenology method is deemed to be more suitable, because it seeks to understand more fully the structure and meaning of human experience and relate that to a lived event as it is immediately experienced (Beck, 1993; Neill et al., 1998) and the experiences as they interact with their environment (Beyea & Nicoll, 1997). The research focusing on Taiwanese neophyte nurses so far fails to apply hermeneutic

phenomenology to explore the neophyte nurse phenomenon. This is the first study to do so.

This is a timely and highly relevant research study, both for the nursing profession in Taiwan, and especially for me, which I hope will extend and build upon previous studies. This hermeneutic phenomenological study contributes to the understanding of the transition from student to neophyte nurse, in that it seeks to uncover how the phenomenon manifests itself in the lives of those who experience it i.e. neophyte nurses with its identification of the essential structure of this phenomenon. The findings extend those of previous quantitative and qualitative studies.

Thesis structure

Following this first introductory chapter, chapter 2 is the literature review, which critically examines the current research conducted in Taiwan and focuses on the perceptions of neophyte nurses and how students effect the transition from student to nurse. Chapter 3 relates the methodology and methods, showing why the hermeneutic phenomenology approach was chosen as the research methodology and how I conducted this study. The details of access, the decision trials and my personal reflexivity are presented. Chapter 4 reports the findings; it tells the stories of those who participated in this study. Three themes emerged from the data which are: hesitation, a hard beginning and achievement. Chapter 5 discusses the findings in the light of the literature. The last chapter, Chapter 6, concludes the thesis by presenting the conclusions, implications, reflexivity on doing hermeneutic phenomenological research and

recommendations for further research. Though I have included a section on reflexivity here, I should point out that my whole thesis has been a reflexive journey, in that I have questioned and requestioned everything at every stage of the process. This is all part of using a hermeneutic phenomenological approach.

In order to understand the phenomenon under study, I present and discuss articles and studies written in both English and Mandarin in this thesis. I found that, since many Taiwanese scholars have the same surnames; in order to differentiate the articles and studies by different scholars who share the same surname that were published in the same year, I add their initials in the text to avoid any confusion.

Also, using the first person in academic work has been advocated by many authors (Fulbrook, 2003; Johnson, 2004; Webb, 1992). While conducting hermeneutic phenomenological research, it is especially important to describe the outcome in the first person, because the reflexivity of the researcher is the core element of this methodology, which requires researchers to reflect continuously throughout the research process on their actions, the participants' actions towards them and how they are collecting, analyzing and interpreting the data. Therefore, in this thesis, I use the first person 'I' to describe how I conducted this study and how I interpreted and understanding the phenomenon under study.

Summary

This chapter has provided a brief introduction to my background in nursing and motivation in undertaking this research. Also, it gives a brief introduction to Taiwan's nursing and nurse education. I tried to show some of the unique conditions, such as the entrance routes of nursing students, the willingness to study nursing, the desire to obtain a higher degree, and the nurse license qualification process. The high turnover rate of neophyte nurses is one of the biggest issues in Taiwanese healthcare provision at present. The process of progressing from student nurse to neophyte nurse consists of many steps, such as waiting for opportunities for advanced education, preparing for the National Nurse License Examination, looking for a job, working as a neophyte nurse, etc. Certainly, there are different issues in the first year after graduation, but there is a lack of knowledge about Taiwanese neophyte nurses' experiences during this period. Therefore, this study aims to explore how neophyte nurses experience their first year after graduating in Taiwan. The study has the potential to not only bridge the gap in the knowledge of how students make the transition to neophyte nurses, but also provides valuable information for future neophyte nurses, helps nurse educators and nurse administrators to guide students, and provides information to policy-makers to enable them to establish policies that will facilitate the transition process. The chapter has also given some justification of why the study is needed, and has hopefully 'whetted the appetite' of the reader to learn more, which will hopefully guide the reader through my unfolding research journey. The structure of the following chapters of the thesis has been outlined. In the following chapter, the literature regarding neophyte nurses will be critically discussed.

CHAPTER 2: LITERATURE REVIEW

Introduction

Due to my concerns about and interest in the phenomenon of the neophyte nurses, I undertook a review of the current research about neophyte nurses in order to understand more about how they experience their first year after graduating in Taiwan. This review focuses on the academic literature and official documents that have been published in English or Mandarin. The literature reveals that the prominent issues are the neophyte nurses' perceptions, including 'reality shock' (so-termed by Kramer, 1974), stress, role transition, and the process of professional socialization. These topics will be discussed in this chapter. Before discussing these issues further, I will introduce the current research focusing on neophyte nurses in Taiwan.

Current research in Taiwan

In order to understand more about the phenomenon of Taiwanese neophyte nurse, I started by searching the literature written in Mandarin. Table 2.1 shows the characteristics of the research conducted in the past decade. Among these 20 studies, 8 focused on neophyte nurses, and the rest on newly-employed nurses from the target healthcare institutes. Although the terms I used (neophyte nurse and newly-employed nurse) might generate confusion about to which group of nurses I am referring, in Mandarin, both neophyte nurses and newly-employed nurses are called '新進護理人員', and most newly-employed nurses are neophyte nurses. Therefore, in Table 2.1, the studies that focused on

newly-employed nurses were also included. The other reason why I preserved the term ‘newly-employed nurses’ in this Table was because the term used by the researchers implies a tendency for these studies to have been conducted by the nurse administrators from those hospitals at which the participants worked. The power relationship between the researcher and the researched might need further consideration. This will be discussed later. In addition, eight studies had been carried out or published in 2008-9. Based on the discussion in the previous chapter, the Taiwanese neophyte nurse turnover has become higher than ever before; this table shows the tendency for researchers in Taiwan to focus on this ‘新進護理人員’ issue.

Table 2.1 Summarises the characteristics of the studies which discussed the issue of Taiwanese newly-employed nurses and neophyte nurses during the past decade.

Researcher	Methodology	Number of participants	Purpose
*Yu, 2000	Quantitative	112	To explore how socio-demographic data and the work-related data relate to the perceptions of work environment of neophyte nurses , and their coping strategies.
Chen, Lu, & Chen, 2001	Quantitative/ Quasi-experimental design	Experimental group: 15 Control group: 10	To explore differences in nursing competency, professional socialization and job satisfaction among neophyte nurses who received the preceptor programme or traditional orientation programme.
*Chuang, 2002	Quantitative	554	To investigate the job values, professional socialization and job satisfaction of newly-employed nurses in Taipei medical centres, and to examine the relationships between them.
Chen et al., 2003	Qualitative (Grounded theory)	4	To explore the experiences of neophyte nurses when facing stress.
Lin, 2003	Quantitative	138	To explore the work frustration, stress and help-seeking behaviour of newly-employed nurses.
*Wu, 2003	Qualitative	20	To explore neophyte nurses' perspective in order to understand their subjective view of the first year's work experience, the condition of how they adjust and the ways they choose to fit into the clinical environment; also to explore the impact of the first year's clinical nursing experience on graduate nurses.
Wu & Chan, 2003	Quantitative/ Quasi-experimental design	Experimental group: 16 Control group: 14	To explore the effects of the weekly supervising conference on newly-employed nurses' job satisfaction, nursing competency and professional socialization.
Chang, Chen, & Kuo, 2004	Quantitative	104	To explore newly-employed nurses' work stress perceptible level and related factors in newly-established hospitals in Taiwan.
*Huang (C. H.), 2004	Qualitative / Quantitative	Qualitative—12 Quantitative—105	To discuss how neophyte nurses feel about their self-perceived level of work stress and related factors.
*Chan, 2005	Qualitative / Quantitative	203	To investigate the reasons why newly-employed nurses leave, and why they may change their mind from the intention to quit to staying.

Note: * Unpublished master's dissertation

Table 2.1 Summarises the characteristics of the studies which discussed the issue of Taiwanese newly-employed nurses and neophyte nurses during the past decade. (Continued)

Researcher	Methodology	Number of participants	Purpose
*Lue, 2006	Quantitative	187	To study the relationship between work stress and intention to quit among newly-employed nurses on a general medical and surgical ward in a medical centre.
*Huang, 2007	Quantitative/ Quasi-experimental design	Experimental group: 25 Control group: 33	To evaluate the effects of the group conference on neophyte nurses .
*Chang, 2008	Quantitative	153	To understand the relevant turnover factors for neophyte nurses .
Chuang et al., 2008	Quantitative	87	To investigate the correlation between workplace stressors, work stress and social support among newly-employed nurses.
*Huang, 2008	Qualitative	Preceptors:7 Newly-employed nurses:7	To investigate the experiences of newly-employed nurses in the course of their training from the perspectives of new nurses and preceptors.
*Lin, 2008	Quantitative	214	To understand the status of neophyte nurses' work stress, job satisfactions and intention to leave; to investigate the impact of personal attributes on their work stress, job satisfaction and intention to leave; to investigate the relationships between work stress, job satisfaction and intention to leave of these nurses; to explore the predictable factors of their job satisfaction status, and to explore the predictable factors of their intention to leave.
Wu, Hsu, & Wen, 2008	Quantitative (structured questionnaire)	92	To explore the professional confidence, practice competency and related factors of newly-employed nurses who had worked on surgical wards for less than a year.
*Wu, 2008	Quantitative	100	To explore the implementation of the nursing preceptorship on the work-related stress, satisfaction and turnover intention of newly-employed nurses.
Li et al., 2009	Qualitative (Focus group)	54	To understand the narrative of newly-employed nurses facing work stress.
Tsai, Chuang, & Chien, 2009	Quantitative	78	To estimate the nursing competency of newly-employed nurses and the related effects in a medical centre.

Note: * Unpublished master's dissertation

According to Table 2.1, most of the studies were conducted by applying quantitative methodologies; only six of them applied qualitative methodologies. However, among these six qualitative studies, four (Chan, 2005; Chen et al., 2003; Huang, 2008; Wu, 2003) focused on nurses who held a BSN degree or where the majority of participants were BSN degree holders. In only two of them did the majority of participants come from Junior College (C. H. Huang, 2004; Li et al., 2009). These studies will be discussed in the following sections.

Huang (C. H., 2004) evaluated the work stress of neophyte nurses working in 16 public hospitals. The participants had been practising nursing for 1-6 months. Huang's study was divided into two parts. Firstly, 12 neophyte nurses were interviewed by the researcher, using semi-structured interviews to establish their stressors and their responses to stress. Secondly, based on the findings from the interview data, she developed a questionnaire to examine the neophyte nurses' stress and related factors. In the second part, 109 neophyte nurses were recruited, and 105 participated, making a high response rate of 96%. The results showed that the average coefficient score for the work stress of neophyte nurses ranged from low to medium. Their emotional responses to work stress were: feeling very tense mentally while on duty, feeling frustrated frequently, and feeling anxious easily. Their physical reactions to work stress were: feeling exhausted, feeling very tired, backache, low immunity and frequent illnesses. The higher job demands seemed to cause a higher score for self-perceived levels of work stress. Higher scores for control over one's job and support from one's manager and colleagues seemed to lower the scores for perceived work stress.

Although the results could help us to understand the neophyte nurses' stress and related factors, it is necessary to question further the data collection process and the rights of the participants. In Huang's study, the questionnaires were circulated by the Division of Nursing in those target hospitals at which the participants worked. Although Huang provided an envelope for the return of each questionnaire, the potential participants had to hand in their completed questionnaires to the Division of Nursing, and then the Division of Nursing sent the collected questionnaires back to Huang. One might argue that the high response rate was due to the way in which the questionnaires were circulated and collected by the Division of Nursing, which had the authority to influence the participants' work.

High response rates also arose in the following studies. Lin (2003) conducted a survey in a regional hospital in southern Taiwan. In her research, she did not focus on neophyte nurses, but newly-employed nurses. The response rate in Lin's study was 97%. The participants' ages ranged from 19 to 35 years old. Among the participants, 57% had experience of working in other healthcare institutes. A modified Work Frustration Scale was used to examine the nurses' frustration level. The results show that newly-employed nurses suffer from a moderate level of work frustration. They also show that the more stress they feel, the more work frustration they perceive. For newly-employed nurses, the most frustrating events were: dealing with emergencies and accidents, staffing and interpersonal relationships, nursing work, and, lastly, the work climate. There is a negative correlation between work frustration and help-seeking

behaviour. Newly-employed nurses do not seek help when they experience work frustration.

Another cross-sectional study that attracted a high response rate was conducted by Tsai et al. (2009), who sought to evaluate the nursing competency of newly-employed nurses. In their study, they recruited newly-employed nurses from a medical centre in Taiwan. Seventy-nine newly-employed nurses who had worked at this medical centre for between three months and a year were the potential participants. Subsequently, seventy-eight questionnaires were returned to the researchers. The response rate was 99%. Similarly, the study conducted by Wu et al. (2008) attracted a 95% response rate and that of Chuang et al. (2008) a 100% response rate. It is possible that the high response rates of these studies might have been a consequence of managerial pressure from the Division of Nursing in which the participants were working.

Li et al.'s (2009) study employed a focus group to understand the narratives of newly-employed nurses facing work stress. Fifty-four newly-employed nurses were recruited from a teaching hospital in South Taiwan to form 7 focus groups. The data, gathered from semi-structured interviews, were analyzed. Li et al. identified newly-employed nurses' stressors and how they coped with their stress. However, Li et al.'s study only focused on newly-employed nurses' work stress, and there is no reference to how these nurses experienced the period prior to becoming a nurse. The research is narrow in its focus.

One grounded theory study (Chen et al., 2003) explored the work stress experienced by neophyte nurses. Four participants were interviewed, and the Autonomy Protective Theory was generated. The authors concluded that the time factor played an important role in reducing the intensity of the nurses' stress. The neophyte nurses could realize their stressors and adjust themselves by applying their own strategies for coping with the stress. However, the participants in their study had all graduated from the same university and were working in the same healthcare institute, additionally, this study focused only on workplace stress rather than their overall experience, as perceived by neophyte nurses, from graduating to becoming nurses. It is necessary to evaluate this research process. Chen et al. claim that they used theoretical sampling to select their participants; however, they used only four participants. In addition, when they interviewed the third participant, they found that no new concepts emerged, and concluded that they had reached saturation point in the data. It is necessary to consider the rigour of this research.

Although these studies (Table 2.1) investigated neophyte nurses' stress, several points should be carefully noted. Firstly, most of the studies use quantitative research methods to examine the relationship between work stress, job satisfaction, nursing competency, and professional socialization by using standard questionnaires. The participants could only express their perceptions and opinions through those predetermined questions. Also, many of the studies had a very high response rate. Whether the power imbalance between the researcher and the researched had been carefully considered should be assessed. All of the studies focused on neophyte nurses or newly-employed nurses'

‘work’ experiences; none sought to explore the neophyte nurses’ experiences from graduation to the end of the ensuing year. Therefore, in order to understand how neophyte nurses’ experience their first year after graduating, further study is required.

Neophyte nurses’ perceptions

Wu’s (2003) study, conducted in Taiwan, shows that others’ positive feedback about their nursing professionalism and the improvement in their clinical nursing are satisfactory experiences for neophyte nurses, while, in the UK, Jackson’s (2005) study shows that neophyte nurses define a ‘good day’ as doing something well, enjoying a good relationship with their patients, feeling that they have achieved something, getting their work done, teamwork, and feeling wonderful at the end of the day. However, as multiple studies show, the work experience of neophyte nurses is extremely traumatic. The words used to describe the neophyte nurses’ negative feelings include ‘terrifying’, ‘distressing’, ‘frightening’, ‘horrible’, ‘stressful’, ‘vulnerable’, ‘worried’, ‘absolute hell’ (Kelly, 1998; Maben & Clark, 1998) and ‘thrown in at the deep end’ (Amos, 2001).

Research has revealed that neophyte nurses perceive that their experience as a new nurse in the clinical setting was very difficult for the first 2 months (Kapborg & Fischbein, 1998; Kelly & Ahern, 2008). Great anxiety was expressed by the staff nurses interviewed during their first two months regarding their lack of familiarity with the ‘structure and geography’ of the organization (Charnley, 1999), while Godinez et al. (1999) conclude that the

first 3 months of employment as a neophyte nurse have been identified as one of the most stressful times in a nurse's career. Alternatively, Huang (C. H., 2004) shows that the first six months of employment are particularly stressful for neophyte nurses, whereas other research indicates that six months is still not long enough to allow neophyte nurses to adjust to their role as a professional (Kamphuis, 2004). Bradby and Soothill (1993) suggest that, to effect a status transition, between 6 and 10 months may be required.

Charnley's (1999) study reveals that nurses experience significant stress and anxiety during their first 6 months in practice. Fox et al. (2005) point out that the participants reflect a more positive attitude 6-9 months after being employed than in their first 2-3 months. In particular, the participants who had had negative experiences during their first few months of the transition programme indicated that they had developed resources which assisted them to overcome their barriers and problems.

Nurses' stress may influence their job satisfaction (Brief et al., 1979). For example, a study conducted by Lee (2004) reveals that the frequency of the work stressors experienced by nurses is a significant predictor of their degree of professional job satisfaction. Moreover, Lue (2006) uses a structured questionnaire to evaluate the relationship between work stress and intention to leave in three medical centres in Taiwan. A total of 187 participants who had been practicing nursing for 3-12 months were recruited for her study. The results show that the neophyte nurses' work stress has a significantly positive relationship with their intention-to-leave.

Being a neophyte nurse is challenging and different from being a senior student in nursing college. The duration of the period of transition depends largely on how much difference is experienced by the person affected in terms of the new and old roles, or new and old role orientations (Louis, 1980). The term ‘reality shock’ is used by Kramer (1974) to describe the experience of neophyte nurses during their first few months of practice. During this period of practice, neophyte nurses often experienced a ‘shock-like reaction’ to finding themselves in a work situation for which they had spent several years preparing, and for which they thought they were going to be prepared, then suddenly discovering that they are not. The term ‘reality shock’ describes the neophyte nurses’ discovery that their college-bred nursing practice values often conflict with their new work-world values (Kramer, 1974).

Brown and Olshansky (1997) investigated the first year employment experience of primary care nurse practitioners. Thirty-five nurses participated in individual interviews (11 participants) and 7 focus groups (24 participants). Even though the study participants had an average of a decade of professional nursing experience, appropriate credentials, and two years of graduate study in the field of primary care, which included clinical practice in the NP role, nevertheless, they still reported experiencing considerable difficulty in ‘feeling real’. Therefore, even nurses with years of experience still have difficulty when they move from a familiar workplace into unfamiliar surroundings, so it is little wonder that neophyte nurses may experience shock-like feelings.

A study conducted by Bendall was originally published in 1976 and reprinted in 2006 in the *Journal of Advanced Nursing*. She argued that a common complaint among students was that ‘what was taught in college was not what was practised on the wards’, and vice versa (Bendall, 2006). Bendall’s study showed that there were wide differences between the colleges and clinical practice. Data were collected from 270 participants. The results showed that there was no correlation between saying and doing in 84% of the participants. Bendall concluded that ‘the large majority of nurses in training do not do things which they say they would do and do things which they do not say they would do’ (P. 14). This results in an even greater gap between education and service, and might make it more difficult for neophyte nurses to cope with the nursing work environment.

In addition, nursing colleges emphasize patient-centred care, but clinical practice appears to adopt a task-oriented perspective (Fagerberg & Kihlgren, 2001). In Kapborg and Fischbein’s (1998) study, all of the neophyte nurses who participated found it difficult to find sufficient time in which to take care of their patients. The participants felt dissatisfied because it was difficult for them to find enough time to give full attention to each patient. The more administrative work the neophyte nurses had to do, the less time they could spend on patient-oriented activities (Kapborg & Fischbein, 1998).

Neophyte nurses may possess neither the skills nor experience to deal with unplanned events or patients (Pancia, 1991). In Clark and Holmes’ (2006) study, there are several different views of the competence of the neophyte

nurses and nurse managers respectively. A level of competence is assumed when neophyte nurses enter the workplace. This is supported by Duchscher's (2001) study, which indicates that many of the participants cannot accept that they still have to depend on their colleagues, although all of the nurses could have been well trained at college, and may have gained a certain level of competent technical and clinical knowledge and skills, Jasper (1996) highlighted that neophyte nurses may still lack certain skills, such as analytical decision-making and confident interpersonal skills.

Some studies show that neophyte nurses feel unprepared. Magnussen and Amundson's (2003) qualitative study of 12 student nurses, who had all completed at least two semesters of a six-semester programme, suggests that many student nurses expressed feelings of unpreparedness. This finding corroborates Gerrish's (2000) study, which found that neophyte nurses felt they were just 'fumbling along' in the period immediately after graduating.

Heslop et al. (2001) suggest that feeling unprepared may be one reason why most of the participants preferred to undertake a 'graduate programme'. The students were asked, 'Do you believe that you have been adequately prepared to fulfil the graduate programme role?' (p.632). Only 29% answered "Yes" and 47% said that they felt inadequately prepared. The most frequent (21%) answer to the open question, in which they were asked to outline their concerns about commencing as graduate nurses, was 'don't know enough' (p.632).

Moreover, it has been found that taking care of a dying patient is emotionally upsetting (Kapborg & Fischbein, 1998). Neophyte nurses could feel uncertain about how to care for seriously ill patients. In addition, even though they have been trained at college to be professional nurses, neophyte nurses can still feel uncertain about how to care for seriously-ill patients and can feel upset about caring for dying patients (L. H. Huang, 2004; Kapborg & Fischbein, 1998). Also, communicating with the patient's relatives seems to be a problem for neophyte nurses, particularly if the patient is very ill (Kapborg & Fischbein, 1998).

The transition from student to neophyte nurse

Transitions are processes that take place from birth to death (Hunter, Bormann, & Lops, 1996). The processes involve a directional change or flow from one state to another and functioning in a different manner (Ashforth, Kreiner, & Fugate, 2000; Meleis & Trangestein, 1994). These ongoing processes are considered as necessary aspects of one's psychological development (Brown & Olshansky, 1997). Although the transitions are natural processes and to be regarded as normal issues during human life, they can still be very stressful and may make individuals feel vulnerable, which is a difficult position for many.

Corwin (1961), Brown and Olshansky (1997) describe a transition as the turning point when neophyte nurses leave college and enter the clinical setting to face their greatest challenges. However, according to the definition of a 'turning point', this is the moment when a significant change occurs (Merriam-Webster, 2006). The transition seems not to be a certain point in time that

neophyte nurses' experience, but rather, researchers view the transition as a period of time that incorporates a socialization process or rites of passage, during which the neophyte nurses gradually absorb and adopt the language, culture and rules of the workplace (Fox et al., 2005). The term 'transition' suggests both a change and a period during which the change is taking place.

Transitions that may make the subjects vulnerable include many perspectives. They are: 1) developmental and lifespan transitions which are regarded as changes that occur over the human lifespan and which can often be anticipated, such as adolescence, pregnancy, childbirth, parenthood, the menopause, aging, and death; 2) social and cultural transitions such as migration, retirement, and family caregiving; and 3) illness experiences, which include changes to health status, such as diagnosis, surgical procedures, rehabilitation and recovery (Liddle, Carlson, & McKenna, 2004; Meleis et al., 2000). Nurses play their role as caregivers to patients and their families when they are undergoing transitions. However, along the nursing career pathway, the nurses themselves may face many transitions. In this section, the role of the transition process of neophyte nurses from student to nurse is discussed.

Fox et al. (2005) define the term 'transition' as being generally used to denote a period of time when a new member of staff undergoes a process of learning and adjustment in order to acquire the skills, knowledge and values required to become an effective member of the health-care team. Benner (1984) constructs the nursing professional development process from novice to expert. Neophyte nurses are separate from the student's role and enter the nursing workplace,

moving from the stage of novice to that of advanced beginner. Regarding the first year of work experience of neophyte nurses, this process is mainly termed 'role transition', which is a key concept in the adaptation of student nurses to the neophyte nurse role. In this period, graduates abandon their student role to take on that of a professional nurse. The transition is a dynamic, interactive process and a particularly stressful experience (Bick, 2000; Godinez et al., 1999). Therefore, neophyte nurses often feel overwhelmed and extremely vulnerable (Bick, 2000). Taylor, Westcott and Bartlett (2001) state that neophyte nurses are 'in a delicate period of transition involving the consolidation of their educational socialization and the commencement of secondary socialization into their first workplace' (p.23).

The process of role transitions has been defined by various researchers. Van Gennep (1960) observed that important life passages generally consist of three phases, with their attendant rituals: 1) rites of separation, in which a person disengages from a social role or status; 2) rites of transition, in which the person adapts and changes in order to fit new roles; and 3) rites of incorporation, in which the person integrates the self with the new role or status (van Gennep, 1960). For neophyte nurses, many authors have expressed a similar view: that neophyte nurses move from student to nurse in the same three stages (Evans, 2001; Godinez et al., 1999; Tradewell, 1996).

Rites of separation, which Ashforth et al. (2000) called 'role exiting', involve psychologically and physically detaching themselves from their old roles. In this stage, neophyte nurses are recuperating from college, looking for a job and

worrying about the certificate examination (Brown & Olshansky, 1997). Neophyte nurses leave behind a long stressful stint as students, and may feel uncertain about the future (Evans, 2001). In addition, they may be aware of the differences between nursing as a student and as a neophyte nurse in terms of their preparation for their new role (Jasper, 1996).

The transition phase bridges the gap for neophyte nurses between being students and becoming nurses, which is characterized by confusion and disequilibrium (Young & Wilkerson, 2000). This phase is the most stressful period of the role transition. The completion of the orientation, the distribution of uniforms, the ability to work full-time on shift rotations, and the change from being managed to managing nursing care are significant rites of passage during the transition phase (Jasper, 1996; Tradewell, 1996). Brown and Olshansky (1997) emphasize that the transition phase is the most painful part of the first year of nursing practice. This echoes Kramer's (1974) 'reality shock' that neophyte nurses experience when they begin nursing.

The rite of incorporation, or 'role entry' as it is called by Ashforth et al. (2000), is the stage during which neophyte nurses incorporate their new roles. The concept of shared governance is an example of the rites of integration, according to Tradewell (1996). Once neophyte nurses have successfully completed the rite of transition, it becomes easier for them to cope with their new work environment and they become more skilful in managing their patients and the procedures. However, this phenomenon, becoming experienced, is not a linear process; nursing practice is not experienced only as

a skill or a set of skills and so cannot be described adequately in such a simple way (Arbon, 2004). The outcome indicators of the rites of integration are subjective well-being, role mastery and dynamic integration (Hunter et al., 1996; Meleis et al., 2000). Although the literature shows that neophyte nurses, transiting from student to nurse, undergo the same three stages, I would argue that, according to the different social context and educational preparation of Taiwanese and other countries' neophyte nurses, whether Taiwanese neophyte nurses undergo the same transitional process is questionable.

Transitions may also involve more than one person, and may refer to both the process and the outcome of complex person-environment interactions (Meleis & Trangestein, 1994). The term socialization was used to refer to the 'shaping' of the person and to the mechanisms whereby individuals were transformed into persons (Hurley, 1978). Hinshaw (1978) stated that socialization refers to individuals learning the necessary knowledge and skills, as well as internalizing the values and attitudes of a particular social system, in preparation for fulfilling a specific role in that system. Berger and Luckmann (1967) proposed two types of socialization: primary socialization and secondary socialization. Primary socialization is the process found in childhood. The individual's internalization occurs only as identification occurs. The child takes on the significant others' roles and attitudes; that is, internalizes them and makes them his/her own. This process 'entails a dialectic between identification by others and self-identification, between objectively assigned and subjectively appropriated identity' (Berger & Luckmann, 1967, P. 132). All identifications take place within horizons that imply a specific social world

(Berger & Luckmann, 1967). Berger and Luckmann stated that in primary socialization, there is no problem of identification. There is no choice of significant others. The individual must accept significant others with no possibility of choosing for another arrangement (Berger & Luckmann, 1967).

Secondary socialization is the subsequent process that a person undergoes in order to become socialized into the wider society or an occupation (Howkins & Ewens, 1999). Berger and Luckmann (1967) point out that secondary socialization is the internalization of institutional or institution-based 'sub-worlds'. It is determined by the complexity of the division of labour and the concomitant social distribution of knowledge. The process is 'the acquisition of role-specific knowledge, the roles being directly or indirectly rooted in the division of labour' (Berger & Luckmann, 1967, P.138).

Tradewell (1996) also divides socialization processes into individual socialization and organizational socialization. In terms of the time taken for professional socialization, individual socialization begins in the initial nursing education programmes (MacIntosh, 2003) and was documented in the literature as early as 1958 (Tradewell, 1996). Students begin exchanging their own values for those of the nursing profession. Once students adopt the characteristics of the profession, they develop a commitment to it.

Professional and organizational socialization are bridged by the stage of organizational entry, or orientation, which lasts from 1 to 3 months (Tradewell, 1996). Organizational entry occurs when the graduate actually begins work. In

the same period, the rites of passage occur. The purpose of these rites is to facilitate the process of becoming an insider. These rites of passage are also called the rites of separation, the transition phase, and rites of integration, as discussed above. In these stages, there are differences between the nurses' personal and organizational goals. For instance, individuals are trying to become members of their organizations, but, for organizations, the competence to deal with the work requirements is the most important aspect of all. Therefore, conflict arises. The newcomer spends a huge amount of energy on adjusting and coping during this phase. Kramer (1974) points out that any socialization may be either totally congruent or partially congruent. Congruent socialization is the ability and motivation to act or behave on the basis of a value or belief system that matches one's behaviour. The internal changes—beliefs and values—are congruent with the external changes—specific behaviours, through which beliefs are translated into action. Incongruent socialization is any omission or combination of omissions of either one's values or behaviour. The neophyte nurse may eventually adopt behaviours which may have initially conflicted with their previous values, and accept them (Pancia, 1991). Tradewell (1996) points out that successful organizational socialization is largely determined by the organization's ability, clearly and concisely, to communicate these role behaviours to the newcomer.

Professional socialization is the subconscious process of internalizing the values, traditions, obligations, and responsibilities of the profession, thereby achieving an occupational identity (Tradewell, 1996). It is regarded as a specific aspect of secondary socialization (Mitchell, 2002) and it is suggested

that, unless a person develops a firm identity of whom he/she is in the role and his/her relationship to others, that person is likely to be vulnerable when negotiating a major status passage (Tradewell, 1996). Adopting a nurse role is part of the socialization process that graduates must undergo (Pancia, 1991). In order to integrate neophyte nurses into the nursing profession, professionals apply certain procedures, which contribute to the continuing cycle of new professionals learning how to practise their nursing skills (du Toit, 1995). The socialization process demands that neophyte nurses should quickly gain the respect and admiration of their colleagues, whose acceptance is critical to their professional development (Duchscher & Cowin, 2006). A sense of belonging and total job satisfaction have a relatively strong relationship, according to a survey of neophyte nurses conducted by Winter-Collins and McDaniel (2000). Their finding suggests that a strong sense of belonging is associated with neophyte nurses' job satisfaction.

It has been acknowledged that interpersonal relationships affect neophyte nurses' adjustment to their nursing role. The healthcare system is usually led by male doctors. Traditionally, doctors have greater power than nurses. This domination has existed for a long time and is seen as the result of social construction. The healthcare system was seen as a hierarchical organization (Lee, 2005). Neophyte nurses entering the clinical settings are inevitably entering this hierarchical system. Therefore, communication with doctors may be difficult for neophyte nurses. The nurses in Kapborg and Fischbein's (1998) study felt uncertain about the most appropriate time at which to call a doctor when a patient's condition deteriorated. A neophyte nurse who is fearful about

communicating with the doctors may be unable to report the information that is pertinent to the current care plan (Kapborg & Fischbein, 1998).

In addition, neophyte nurses have been found to be particularly susceptible to workplace bullying (or horizontal/lateral violence) (McKenna et al., 2003; Roberts, Demarco, & Griffin, 2009; Simons, 2008). Workplace bullying is an international problem of nursing, as evidenced by research conducted in the UK (Hume, Randle, & Stevenson, 2006; Lewis, 2006; Quine, 1999; Randle, 2003), the USA (Simons, 2008), Australia (Hegney et al., 2006), Canada (Hesketh et al., 2003), New Zealand (McKenna et al., 2003), and Sweden (Strandmark & Hallberg, 2007). Recently, a study was conducted in South Taiwan regarding workplace bullying (Lin & Liu, 2005). In Lin and Liu's study, 62% of the 205 participants reported that they had encountered violence. However, this study only focused on exploring the prevalence of workplace bullying committed by patients and their family members against healthcare workers, and incidences between the healthcare workers themselves were not included.

Workplace bullying has been shown to impact on the physical and psychological health of the victims (Edwards & O'Connell, 2007; Hume, Randle, & Stevenson, 2006; Johnson, 2009; McKenna et al., 2003). McKenna et al. (2003) conducted a mail survey in New Zealand, in which 551 neophyte nurses participated. Among these neophyte nurses, 41 reported that being bullied by colleagues had reduced their confidence or self-esteem. The psychological consequences of the bullying behaviour include fear, anxiety,

sadness, depression, frustration, mistrust and nervousness. The physical consequences include weight loss, fatigue, and headaches. Workplace bullying can also negatively impact on patient safety (McKenna et al., 2003), work performance (Johnson, 2009), nurses' job satisfaction (Quine, 1999), and nurses who are exposed to workplace bullying are more likely to leave either their current position, or nursing as a profession (Cox, 1987; Jackson, Clare & Mannix, 2002; McKenna et al., 2003; Simons, 2008). One in three participants in McKenna et al.'s (2003) research indicated that they had considered leaving nursing as a consequence of bullying behaviour.

A study conducted by Godinez et al. (1999) shows that interpersonal relationships among the staff, preceptors, and neophyte nurses affected the process of role transition. Fox et al. (2005) also reveal the importance of a positive attitude among the clinical staff and nursing management. When the other staff members were positive, the new staff member felt more comfortable in the new environment. Therefore, without doubt, interpersonal interaction is an important issue for neophyte nurses when they are practicing nursing.

Society, identity and reality are 'subjectively crystallized' within the same process of internalization (Berger & Luckmann, 1967). This crystallization is concurrent with the internalization of language. Berger and Luckmann believe that language constitutes both the most important content and the most important instrument of socialization. For example, a study regarding nurses' experiences of those who are new to critical care, conducted by Farnell and Dawson (2006), suggests that adapting to the 'culture' of the unit and learning

to 'speak the language' appear to facilitate the nurses' socialization into the unit and helps them to become part of the team. This is also supported by Tradewell (1996), who mentions that unique language, rules, and ways of thinking are developed, both within the nursing profession and within the hospital, and the neophyte nurse is socialized into this language and method of behaviour.

In the nursing profession, the handover report encompasses both an information and relationship exchange (Hays, 2003). Holland (1993) identified the handover report as a nursing ritual. She proposed that a handover was seen as a social phenomenon, with the exchange of information as helping to achieve social cohesion on the ward. When nurses gave their handover report to the nurses on the next shift, the presenting nurse was scrutinized by the other nurses (Manias & Street, 2000). The values relating to nursing practice were transferred during the handover and, therefore, it helped newcomers to become competent members of the ward culture (Lally, 1999). Also, maintaining a nursing record was associated with the nursing process; therefore, it was highly valued as a symbol of professionalism (Allen, 1998, 2007).

To help to buffer the reality shock and keep neophyte nurses from running for the exit, research has revealed that formal orientation programmes, the preceptorship system, organizing a supportive focus group, and weekly supervisory conferences have a significant relationship with nursing retention (Frizell, 1991; Lavoie-Tremblay et al., 2002). These findings are also supported by Taiwanese research (Chen et al., 2001; Hsiung & Tsai, 1995;

Huang, 2007). Thus, it could be concluded that suitable support may be one of the methods for retaining neophyte nurses.

Summary

Since Taiwan's healthcare institutes are experiencing a high neophyte nurse turnover rate, Taiwanese researchers have made efforts to investigate the issues related to being a neophyte nurse. However, although the number of studies has increased, none of these has focused on exploring the neophyte nurses' experiences. Although several studies related to the neophyte nurses' transition have been conducted, most of these are based in the UK, the USA, and Australia. Whether the findings can represent Taiwanese neophyte nurses' experiences is arguable, due to the different health policies and culture there. The literature, so far, shows that the voices of Taiwanese neophyte nurses have not yet been heard.

The perceptions of being neophyte nurses appear to reflect a largely negative experience. The neophyte nurses' experiences in their first year after graduating seem overwhelming. Kramer describes the neophyte nurses' reaction when they enter a new environment to practise nursing as a reality shock. A big gap exists between what the neophyte nurses have learnt and what they are expected to practise. Neophyte nurses have a perception of being unprepared, and may need a period of time in which to adjust to their new role.

Ven Gennep proposes three rites of passage: separation, transition, and incorporation, to describe the transitional processes. Neophyte nurses who

change their role from student to nurse seem to follow these three steps. In addition, the nursing profession sees the transition process as professional socialization. In order to feel like a member of their organization, professional socialization is achieved by internalizing the values, traditions, obligations and responsibilities of the profession.

The study aims to explore Taiwanese neophyte nurses' experiences during their first year after graduating from nursing college and becoming neophyte nurses. The research not only bridges the gap in the knowledge about Taiwanese neophyte nurses' transition, but also provides valuable information for future neophyte nurses, nurse administrators, and nurse educators, for guiding neophyte nurses. It does so by utilizing a hermeneutic phenomenological approach to guide the data collection and analysis and see how these experiences are manifested to the participants, placing neophyte nurses' perspectives and experiences at its centre. The following chapter describes the reasons why the hermeneutic phenomenology was chosen as the methodology for this research, where this research was undertaken and how it was carried out.

CHAPTER 3: METHODOLOGY AND METHODS

Introduction

This chapter focuses on the methodology underpinning my research and how I applied these theoretical and philosophical principles when conducting the research. In the following sections, the rationale for the hermeneutic phenomenological methodology and the detailed research methods will be critically examined. In this chapter, in order to differentiate the original terms used in German, I have used the *verdana* font to identify the original words.

The research approach selected depends on the research question (Beyea & Nicoll, 1997; Speziale & Carpenter, 2003). In order to make a decision on the most appropriate research methodology, the question of which data could assist in answering that research question should be established. King (1994) asserts that both objectivity and subjectivity are ways of knowing, analysis, interpretation and understanding. They are not independent of each other, and nor should they be. In a similar vein, Kelly (1978) states that different methodologies are appropriate for tackling different problems. Following these lines, Webb (2002) proposes that ‘one research methodology is not necessarily stronger or more prestigious than the other’ (p. 28). That is to say, there are no ‘right’ or ‘wrong’ methodologies. The researcher needs to make a decision about how to collect the sort of data that can answer the research questions (Jootun, McGhee, & Marland, 2009). Thus, the research design is a series of decision-making processes. The decision to apply a particular methodology

involves a critical thinking process and must have an underlying rational explanation.

Quantitative research methodologies are used to seek the truth in order to explain a phenomenon, whereas qualitative research methodologies use many different truths to investigate a phenomenon (Clarke, 1995). In addition, quantitative research methodologies are interested in causal relationships, while qualitative research methodologies seek to understand the meaning of the phenomenon in question (Clarke, 1995). Qualitative research methodology involves the determination to see through the eyes of those being studied in order to discover the informant's subjective view of the phenomenon of interest (Wright & Schmelzer, 1997). Similarly, Hewitt-Taylor (2001) proposes that qualitative methodologies emphasize the value of individual experiences and views, as encountered in real-life situations. Rowan and Huston (1997) state that qualitative research, designed to observe social interaction and understand the individual perspective, provides an insight into people's experiences, why they do what they do, and what they need in order to change. Nevertheless, not all questions are best addressed by qualitative methodologies or methods and, even within qualitative research, each approach and technique has its own particular strengths when addressing certain types of question (Rowan & Huston, 1997).

According to Webb (2002), qualitative methodologies are more appropriate when the focus of enquiry is one of exploration. In my study, this is due to the intention to understand the phenomenon, which is the experience of Taiwanese

neophyte nurses in their first year after graduating. From the very beginning of my research, I questioned which research methodology would be better for exploring the neophyte nurse phenomenon. The methodological issues discussed here focus on a phenomenon about which little is known and what the nurses experienced in the context of nursing in Taiwan. These may include complicated situations and interpersonal actions, which are linked to each other, so quantitative research methodologies may not be the best way of understanding all of these aspects, because these are not well suited to capturing the continuous processes of experience. Therefore, in order to understand how neophyte nurses experience their transitional period from student to neophyte nurse during the first year after graduating, a qualitative research methodology was chosen in order to maximize the exploration of individual experiences.

As stated in chapters 1 and 2, nursing research in Taiwan has, so far, failed to explore the experience of neophyte nurses. My aim was to explore how neophyte nurses experience their first year after graduating from nursing college, especially in the high turnover rate environment. This will help to rectify the gap in the literature and may contribute to our understanding of the neophyte nurse phenomenon.

Among the qualitative research methodologies, phenomenology is grounded in the belief that a truth can be found in lived experience; in particular, phenomenon that are not well understood and that are central to the lived experience of human beings are appropriate topics for phenomenological

research (LeVasseur, 2003). The point of phenomenological research is to borrow other people's experiences in order to understand their deeper meaning within the context of the whole of human experience (Baker, Wuest, & Stern, 1992), rather than focussing on developing theory, for example, in grounded theory. It does not produce empirical or theoretical observations, but offers accounts of experienced space, time, the body and human relations as we live them (van Manen, 2002). Therefore, the phenomenological methodology was adopted in order to present the neophyte nurses' experiences during their first year transition period. It was their experience of being neophyte nurses that I wanted to capture, rather than the theories that pre-determine the experience.

Phenomenology

Phenomenology is the study of a phenomenon (something people experience) and incorporates the analysis of phenomena (i.e. what people experience); it is a methodology that was elaborated by Edmund Husserl, the German philosopher and mathematician. For Husserl, the aim of phenomenology is to describe how the world is continued and experienced through consciousness. Husserl was interested in the epistemological questions of knowing and recognizing experience as the ultimate basis of knowledge. He believed that there are essential structures to human experience. Three dominant notions are essential to Husserlian phenomenology: intentionality, essences and phenomenological reduction (bracketing or *epoche*) (Freshwater, 2000; Koch, 1995).

In the view of Husserlian phenomenology, the mind (human consciousness) is directed towards objects and this directedness is called 'intentionality' (Koch, 1995). The term was introduced by Franz Brentano to describe the view that consciousness is always conscious of something (Greatrex-White, 2004; Koch, 1996). It indicates the inseparable connectedness of the human being to the world, which means that all thinking (imaging, perceiving, remembering, etc) is always thinking about something, and the same is true for actions (van Manen, 2002). This object can be real (e.g., a person), imaginary (e.g., a dream or imagined entity), or conceptual (e.g., justice) (Hein & Austin, 2001; Koch, 1996). Husserl viewed the essence of the phenomenon as the relationship of the 'subject' to the 'object' (Corben, 1999; Greatrex-White, 2007). The term 'phenomenology' expresses a notion which can be formulated as to the 'things themselves'; therefore, it is necessary to take the term as including the phenomenon itself, rather the subject's perception and experience of the phenomenon (Crotty, 1996).

Van Manen explains that essence is that which makes a thing what it is and without which it would not be what it is. However, the term essence does not describe the whatness of a phenomenon but the meaningful relations that we maintain with the world (van Manen, 2002). Hermeneutic phenomenology attempts to discover the meaning of human experiences as they are lived (Beck, 1993). In contrast to Husserl, who searches for the truth, reality or essence, Heidegger (1962), van Manen (2002), and Spinelli (2005) suggest that we experience the phenomenon of the world, rather than its reality. When things have meaning, they are somehow revealed as being relevant to our lives, as

playing a role in our world, as making a difference to us (Greatrex-White, 2004; Polt, 2003). The inquirer using Heideggerian phenomenology always asks about the meaning of human experience (Koch, 1995). Lived experience is the basis for recalling how one lived through an event. Recollection implies that what can be recalled must have already been constituted as meaningful (Kleiman, 2004).

Phenomenological reduction is generated from Husserl's *epoche* (Mu, 1996). 'In our human life we begin in the natural attitude and the name for the processes by which we move to the phenomenological attitude is called the phenomenological reduction.' (Audi, 2005, p.405) Husserl asserts that we should thoroughly change our attitude to the world; we have to bracket the things that we take for granted, in order to avoid any pre-assumption or pre-judgement about a phenomenon before we can circumstantially investigate it. The term 'bracketing' is borrowed from mathematics by Husserl. Bracketing is a technique used in descriptive (or Husserlian) phenomenology to retrieve the investigator's original perception of a phenomenon (Neill et al., 1998). That is to say, *epoche* does not contradict the existence of things, but uses a transcendental perspective to reflect our experience (Mu, 1996). Husserl believes that, via phenomenological reduction, *epoche*, and bracketing, one can leave aside one's personal prejudices (Haggman-Laitila, 1999; Huang et al., 2006). Researchers using this approach have to describe the essences of the phenomena, and avoid any individual interpretation. However, the extent to which a researcher can be totally naïve remains debatable (Greatrex-White, 2004, 2008; Jasper, 1996). This will be discussed in greater depth later.

Hermeneutic phenomenology

Martin Heidegger, a colleague of Husserl, turned away from a study of essences towards a study of 'Being' (LeVasseur, 2003). The term Being is always the Being of an entity (Heidegger, 1962), which refers to anything at all that has existence of some sort (Polt, 2003). Heidegger's work, 'Being and Time' (1962), offers an interpretation of *Dasein*, which, directly translated, means Being-there or Being-in-the-world, and refers fundamentally to how we make sense of the world, our place in it, and how we become aware of this place, rather than in any detached way (Conroy, 2003). Heidegger believes that the terms 'human' and 'Being' are interdependent (Huang et al., 2006) and rejects the notion that we are observing subjects from the world of objects about which we try to gain knowledge. This, to me, appeared in direct opposition to Husserl's phenomenology.

Heidegger does not believe that getting to know and describe the experience of a phenomenon is enough. Instead, he stresses the importance of discovering how individuals come to experience the phenomenon in the way in which they do. However, Crotty (1996) argues that nurse researchers rarely take the term to include the phenomenon itself, but, rather, the individuals' perception and experience of the phenomenon. To view phenomena as the synthesized essence of the individuals' experiences is commonplace in nursing research. Crotty named it the 'new phenomenology' or so-called American style phenomenology. Crotty argues that, viewed in this way, phenomena are still on the level of subjective experience. However, the phenomena of

phenomenology are not just any experiences. The hermeneutic phenomenological method is grounded on the belief that understanding can be found in the lived experience and that human experience, though highly individual, can be researched to uncover new ways for a phenomenon to exist or manifest itself. It is not about describing subjective thoughts, attitudes or feelings about particular subjects but about describing phenomena, i.e. what people experience.

Heidegger does not focus on human being and its everydayness for its own sake, but as a way of finding out the meaning of Being in general (Horrocks, 2000). When using Husserl's phenomenology to conduct a study, the researcher should bracket their advance knowledge or assumptions that might guide the results in a certain direction (Haggman-Laitila, 1999), whereas, when using Heideggerian phenomenology to undertake research, the researcher does not insist on an objective investigation of the phenomenon under examination, and one's reflection on experience is more important than the physical reality. Heideggerian phenomenology is based on two essential notions; namely, historical understanding and the hermeneutic circle. Heidegger held that consciousness could not be separated from 'being in the world'. We are unable to bracket our prior conceptions and knowledge completely because we are necessarily embedded in a particular historical context (Koch, 1996; LeVasseur, 2003). I agree with Greatrex-White (2004; 2008) that we cannot separate our past history from the notion of that which we are investigating. The researcher needs to realize that bracketing all of one's fore-structure is not really possible (van Manen, 2002).

We are always already in the world. According to Heidegger (1962), whenever something is interpreted, the interpretation has a fore-structure of understanding of fore-having, fore-sight, and fore-concept. This structure is essential to the hermeneutic understanding of Being. Heidegger argues that the interpreter inevitably brings certain background expectations and frames of meaning to understanding a phenomenon. Gibson (2000) and Greatrex-White (2004, 2008) argue that researchers should declare their fore-structure of understanding of their Being-in-the-world before embarking on an interpretation. That is why I started this thesis from my personal background and past experiences of interacting with neophyte nurses by addressing my ontological position. I believe that it is impossible for investigators to bracket their consciousness.

I also recognized that being human means to participate in a social, cultural and historical context, in order to understand a person's behaviour or expressions, one has to study the person in context, as it is only what an individual values and finds significant that becomes visible (Heidegger, 1962; Pascoe, 1996). Therefore, if I had attempted to bracket and not acknowledge my knowledge and experience of neophyte nurses' experiences, I believe that I would not have been true to my own beliefs, which, in turn, could affect the trustworthiness of the study. Therefore, I decided to use the Heideggerian interpretive phenomenological approach as my research methodology, rather than Husserl's descriptive phenomenology.

If Heidegger's notion of fore-structure of understanding is considered, what I take from my data may depend upon my own prior understanding. Heidegger insists that humans are inseparable from an already existing world. Human beings refer to anything at all that has existence of some sort. Anything we can think about, speak about, or deal with involves 'beings' in some way (Polt, 2003), just as I cannot separate my past experiences as a neophyte nurse and lecturer who already has some understanding of the phenomenon being studied. As stated in chapter 1, my personal interest in studying this topic and my understanding of the Taiwanese neophyte nurses' experiences originated from my personal experience of being a neophyte nurse when I started my nursing career and interacted with senior nursing students and neophyte nurses. I found that my students' experience was very different from my own. They had no idea what to do after graduating. This information made me realize that they might have difficulty in coping with their new role as a neophyte nurse, so I attended seminars and conferences related to neophyte nurses. However, I found that, despite the nurse administrators' efforts to retain neophyte nurses in their posts, the high neophyte nurse turnover persisted. This background information that I had before I started my PhD programme is my fore-structure of understanding of this phenomenon. Because of this fore-structure of understanding, I also regarded the neophyte nurses' experiences in a negative light. However, when I studied their experiences further by the time I completed this thesis, I found that they were multifaceted. All of these processes changed my understanding of the Taiwanese neophyte nurses' experiences (Figure 3.1). In this hermeneutic phenomenological research, I, as a researcher, am an active participant in the interpretive process rather than a

passive recipient of knowledge. It is in a continuous spiral of learning and becoming.

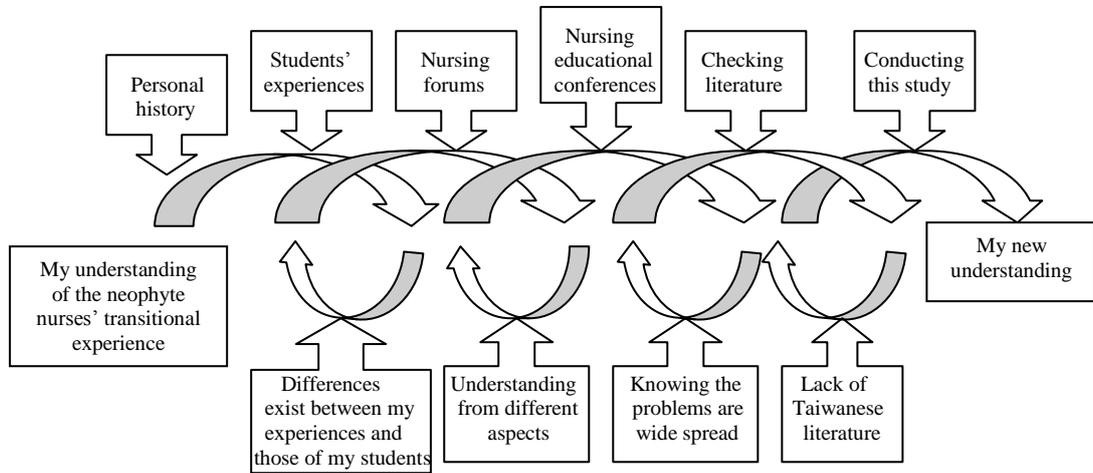


Figure 3.1 My understanding of the neophyte nurse phenomenon

Heidegger held that consciousness cannot be separated from 'Being-in-the-world'. In choosing to focus upon the transitional experience of neophyte nurses because of my personal experience with senior students and neophyte nurses, this is part of my Being in the world. I attempt to explore the phenomenon of the transition from student to neophyte nurse in Taiwan, rather than trying to get inside the moods of the neophyte nurses or describe the essence or truth of their experiences as they experienced them. I can never know their experience; only their reflections on their experiences, as interpreted by myself as the researcher. Therefore, my concern is how they say they experienced their first year after graduating from college. This includes the context—their being in the world.

Heidegger believes that meaning lies in the individual's transaction with a situation, so that the situation constitutes the individual, and the individual

constitutes the situation. What we do, which makes up *Dasein*'s world, is established by 'Das Man' (which translated into English as 'the They', or 'the One'). 'The They' is the embodiment of *Dasein*'s world and *Dasein*'s personal possibilities of what 'They' can be. Through 'the They', we make sense of ourselves and the world around us by learning how others live. Individuals make the world intelligible by participating in a social context, a world, which has certain customs embodied by and expressed through 'the They' (Lemay & Pitts, 1994). 'The They' has a normative function in the sense that it shapes *Dasein*'s behaviour. However, we may interact with people and things in a way that is taken for granted, which is called 'ready-to-hand' by Heidegger (1962), and without paying much concern to them. We continue to interact with people and objects in our everyday existence without thinking about what we are doing until we are stimulated by the unusual.

One of Heidegger's central concepts is understanding. He asserts that understanding is always an interpretation. To interpret a text such as interview transcript is to come to understand the possibilities being revealed by it (van Manen, 2002). As humans, we have 'possibilities for being', and grasping these possibilities is 'understanding' (Crotty, 1996). Understanding has the potential to change and increase. The fore-structure of understanding influences the interpretation, thereby resulting in different interpretations of a text from one interpreter to another (Greatrex-White, 2004). Therefore, interpretation varies from interpreter to interpreter. Even the same text interpreted by the same interpreter, at another time, also produces differences in understanding. What this meant for my research is that my uncovering of the

neophyte nurse phenomenon is one uncovering; not the uncovering. Different participants and a different researcher might uncover the phenomenon differently.

Based upon the discussion above, researchers who apply the methodology of hermeneutic phenomenology are actually conducting a process that seeks to make sense of how the participants make sense of their experiences (Smith, 1995), so the phenomenon under study is constructed by both the participants and the researchers. There may be a risk that the knowledge produced by hermeneutic phenomenology could be influenced by the researchers' own standpoint and is always an interpretation of the participants' experiences (Willig, 2001). This is why Waterhouse (1981) questioned 'the correctness of Heidegger's interpretation'. However, these are seen as a 'necessary precondition' for understanding the participants' experiences (Willig, 2001). Therefore, it is suggested that the research decision trials and the researchers' reflexivity during the processes of conducting hermeneutic phenomenological research should be fully demonstrated, such as critically examining the researchers' influences when conducting the research. Self-questioning while reading the data or reflecting on the research processes may help to lower the risk posed by the researchers (Greatrex-White, 2004, 2007, 2008; Smith, 1995). My reflexivity on conducting this study will be discussed later.

This should not be seen as a negative (as some positivists might) but as a way of adding to the body of knowledge and a spiralling upwards. Gadamer, Heidegger's student, asserts that horizons are temporal; a person does not have

a closed horizon; it is always in motion (Koch, 1996). The process of understanding can never achieve finality, as it is always open and anticipatory (Pascoe, 1996; van Manen, 2002); it is as a spiral structure: each turn around the 'circle' reaches a deeper level. Because our horizon cannot be fixed, there can be no final or absolute truth (Pascoe, 1996). As Heidegger commented, perfect unconcealment is impossible; truth is necessarily accompanied by untruth (Greatrex-White, 2004; Polt, 2003). Therefore, hermeneutically, the interpretation is never final or complete; it is always a state of becoming. Our understanding about the neophyte nurse phenomenon may grow when we investigate it further, but our understanding will never be completed.

Methods

In order to establish how neophyte nurses experience their first year after graduating in Taiwan, hermeneutic phenomenology was used as the methodology to guide this study. In the following sections, the participants, how their accounts were obtained, ethical considerations, the data analysis and the rigour of the study are introduced.

Participants

There is little literature discussing the number of participants in phenomenological research. Employing a small sample size while doing phenomenological research has been highly criticized. For example, Paley (2005) points out that the number of people interviewed in phenomenological studies is usually small, and often tiny. He says that a sample size of between 6 and 12 is the norm, and the samples are very often taken from a single institute.

For instance, Strandberg and colleagues (2001) recruited only three participants in their study. Paley emphasizes that such limited samples cannot be representative of any population at all. To me, this criticism misses the point of hermeneutic phenomenology, where the emphasis is on exploring a phenomenon rather than seeking to make generalizations.

However, not all phenomenological studies have a small number of participants. For instance, Greatrex-White (2007), in a study uncovering the phenomenon of studying abroad, recruited 26 students for her study. Chang and Horrocks (2006) recruited 19 participants for their study. Two to three face-to-face, shared conversations were conducted with each participant separately. A study conducted by Benner (1994) included 12 interviews each with the 23 participants. She claims that a large amount of text that provides redundancy, clarity, and confidence in the text is more reliable than a small amount of text. Therefore, in my study, in order to avoid such criticism as that of Paley (2005) or producing an unmanageably large dataset, I set a number of 30.

Since this was hermeneutic phenomenological research, the participants were chosen because of their knowledge and experience of the phenomenon under study, which was being a neophyte nurse in the past year of the time of the study. Phenomenology stresses that only those who experience phenomena are capable of communicating those phenomena to the outside world. The research method aims to ‘borrow’ the experience of others who had experienced it (van Manen, 1990) to provide an interpretation of that experience. Following this

guideline, in this study, the selection of appropriate participants involved contacting those who had acquired experience as neophyte nurses, had the ability to articulate their experience, and were willing to share this experience. In order to achieve a thorough description and gain better coverage of the phenomenon under study, the participants were invited to participate from two sources: a nursing junior college and a healthcare institute in central Taiwan. Although one might argue that these two institutes could not fully represent the phenomenon of Taiwanese neophyte nurses, however, it is impossible to recruit all Taiwanese neophyte nurses into one study due to the restricted access, limited time and high cost. Therefore, I chose to approach potential participants from the institute at which I had worked as a lecturer before I started my PhD. studies in England, and a General Hospital which is near where I lived when in Taiwan.

Since the purpose of this study was to understand how neophyte nurses experience their first year after graduating, as they moved from the role of student to that of nurse, therefore, neophyte nurses who were currently employed were suitable, potential participants for my study. Participants who met the following criteria were approached:

1. Those who graduated a year ago.
2. Those who were currently a nurse employed by a healthcare institute.
3. Those who were fluent in Mandarin or Taiwanese.
4. Those who voluntarily consented to participate in an interview in order to share their experiences of the past year.

One hundred and forty-three neophyte nurses from the local Junior Nursing College and one hundred and thirty-six neophyte nurses from the General Hospital were the potential participants.

Obtaining accounts of being a neophyte nurse: back to the things themselves

In the Junior College, I proposed an application in February, 2007. After gaining the agreement of the Research Audit Committee of the college, the collegial officer helped me to circulate the invitation letters (Appendix I) and participant information sheet (Appendix II) among the potential participants. At the General Hospital, my application was proposed in May, 2007. After acquiring the agreement of the Research Audit Committee of the healthcare institute, the invitation letters and participant information sheet were circulated to the potential participants.

Each of the potential participants was invited by a letter accompanied by a reply form and a stamped addressed envelope. The potential participants could tick agree or disagree in the blank spaces on the form and choose either to leave their contact information or not, stating whether or not they were willing for me to contact them. According to the participants' decision, if they agreed to take part in the research, I contacted them by phone to arrange an interview. If they declined to take part in the study, then I did not contact them further, out of respect for their decision. Subsequently, among the 143 potential participants from the local Junior College, 36 replied. Twenty-five of them agreed to take part in the study and 11 declined. Out of the other group of 136 potential participants from the General Hospital, 19 neophyte nurses replied.

Six of them agreed to participate and 13 declined. On reflection, it would have been useful to follow up those who did not participate, but, in order to avoid any sense of coercion, this was not done. For the detailed data collection procedure, see figure 3.2. Six months were spent on the data collection process, from July to December, 2007, after gaining the certificate of ethical approval (Appendix III). The details of the ethical consideration will be presented later.

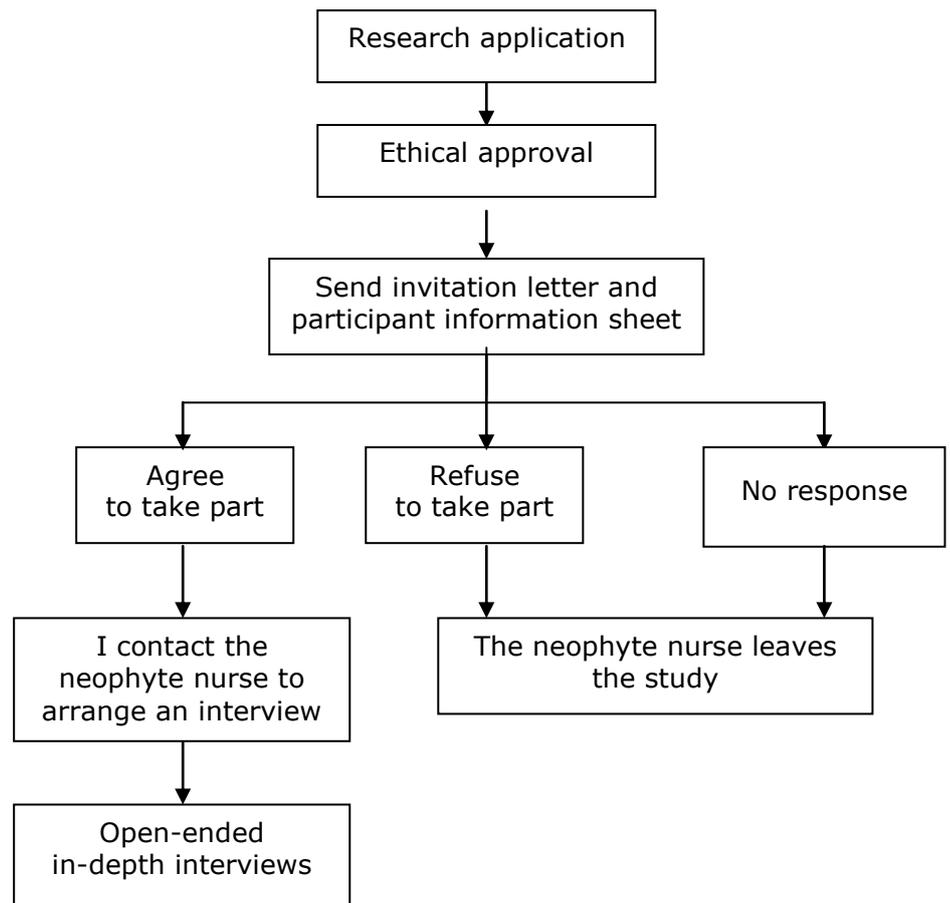


Figure 3.2 Data collection procedure

Consequently, 31 neophyte nurses participated in this study. The detailed demographic characteristics of the participants are shown in Table 3.1. In order to maintain confidentiality and protect privacy, I have changed the names of all of the participants. Their working institutes have also been encoded. The participants' ages range from 21 to 25 (Mean= 21.7 years old). All of the participants were female and only one was married. The educational level of all was junior college.

The participants' experiences of taking the RN/RPN license and advanced college exams are shown in Table 3.2. All except one have at least one nurse license which they obtained a year after graduating. Seventeen participants indicated that they obtained their nurse license three months after graduating, and seven ten months after. Three participants obtained their nurse license 15 months after graduating. Twenty-six participants had taken advanced college exams, and only two had not. Among these 26 participants, 12 indicated that they had taken the exam twice, in their graduating and second year, respectively. Table 3.3 shows that the participants' work experience ranges from 1 and 4 hospitals/units. Their working institutes varied (Table 3.4); two were from medical centre hospitals, 17 from regional hospitals, eight from district teaching/non-teaching hospitals, and four from small clinics. This provides a sufficiently broad range of neophyte nurses.

Table 3.1 The demographic characteristics of the participants

No	Name*	age	Marital status	Institute**	Working Units
1	Chia-Hui	21	Single	DT1	Delivery Theatre
2	Chia-Jung	21	Single	RH1	Operating Theatre
3	Chia-Ling	21	Single	C1	Paediatric Ward
4	Chia-Ying	21	Single	C1	Paediatric Ward
5	Ching-Yi	25	Single	RH2	Out Patient Department
6	Hui-Chun	21	Single	RH1	Out Patient Department
7	Hui-Ju	21	Single	RH1	Out Patient Department
8	Hui-Ling	21	Single	C2	Paediatric Ward
9	Hui-Ting	21	Single	RH2	Out Patient Department
10	Hui-Wen	23	Single	DNT1	Operating Theatre
11	Pei-Chun	23	Single	DNT1	Operating Theatre
12	Pei-Fen	23	Single	MC1	Medical-Surgical Ward
13	Pei-Shan	21	Single	RH3	Psychiatric Ward
14	Shin-Yi	22	Single	DNT1	Operating Theatre
15	Shu-Chuan	21	Single	C3	Paediatric Ward
16	Shu-Fen	22	Single	DNT2	Mixed Ward
17	Shu-Hua	22	Single	RH3	Urology Ward
18	Shu-Hui	22	Married	DT2	Medical-Surgical Ward
19	Shu-Ting	22	Single	DNT1	Operating Theatre
20	Ya-Fang	22	Single	DNT3	Mixed Ward
21	Ya-Fen	23	Single	RH3	Rehabilitation Ward
22	Ya-Hui	21	Single	MC2	Intensive Care Unit
23	Ya-Ling	21	Single	RH4	Baby Room
24	Ya-Ting	21	Single	RH5	Orthopaedic Ward
25	Ya-Wen	21	Single	RH5	Surgical ICU
26	Yi-Chun	23	Single	RH3	Post-Operation Care Unit
27	Yi-Fang	21	Single	RH3	Mixed Ward for Very Important Persons
28	Yi-Ju	21	Single	RH3	Paediatrics
29	Yi-Ling	21	Single	RH3	Urology Ward
30	Yi-Ting	22	Single	RH3	Mixed Ward for Very Important Persons
31	Yu-Ting	22	Single	RH3	Respiratory Care Centre

*Pseudonyms

**MC: Medical Centre Hospital

RH: Regional Hospital

DT: District Teaching Hospital

DNT: District Non-teaching Hospital

C: Clinic

Table 3.2 The experience of taking the RN/RPN licence and advanced college exams

No	Name*	RN licence / time of obtaining the RN licence after graduating of (months)	RPN licence / time of obtaining the RPN licence after graduating of (months)	The experience of taking advanced college exams in the graduation year	The experience of taking advanced college exams one year after graduation
1	Chia-Hui	Yes/ 3	Yes/ 3	Yes	No
2	Chia-Jung	Yes/ 3	Yes/ 3	Yes	Yes
3	Chia-Ling	unmentioned	unmentioned	Yes	Yes
4	Chia-Ying	Yes/ 3	No	Yes	No
5	Ching-Yi	Yes/ 10	Yes/ 10	No	Yes
6	Hui-Chun	Yes/ 10	unmentioned	Yes	Yes
7	Hui-Ju	Yes/ 3	unmentioned	Yes	Yes
8	Hui-Ling	Yes/ 15	No	Yes	Yes
9	Hui-Ting	Yes/ 15	unmentioned	Yes	No
10	Hui-Wen	Yes/ 3	No	Yes	No
11	Pei-Chun	Yes/ 3	No	Yes	Yes
12	Pei-Fen	Yes/ 3	Yes/ 3	Yes	No
13	Pei-Shan	Yes/ 10	Yes/ 10	Yes	Yes
14	Shin-Yi	Yes/ 3	Yes/ 15	Yes	Yes
15	Shu-Chuan	Yes/ 10	Yes/ 10	Yes	No
16	Shu-Fen	Yes/ 10	No	unmentioned	No
17	Shu-Hua	Yes/ 10	Yes/ 15	Yes	Yes
18	Shu-Hui	unmentioned	unmentioned	unmentioned	unmentioned
19	Shu-Ting	Yes/ 3	Yes/ 3	Yes	Yes
20	Ya-Fang	Yes/ 3	Yes/ 10	Yes	No
21	Ya-Fen	No	No	No	Yes
22	Ya-Hui	Yes/ 3	Yes/ 3	unmentioned	No
23	Ya-Ling	Yes/ 3	No	Yes	No
24	Ya-Ting	unmentioned	unmentioned	No	No
25	Ya-Wen	Yes/ 15	Yes/ 15	Yes	No
26	Yi-Chun	Yes/ 3	Yes/ 10	Yes	Yes
27	Yi-Fang	Yes/ 3	Yes/ 3	Yes	No
28	Yi-Ju	No	Yes/ 10	No	Yes
29	Yi-Ling	Yes/ 3	Yes/ 3	Yes	Yes
30	Yi-Ting	Yes/ 3	Yes/ 3	No	No
31	Yu-Ting	unmentioned	Yes/ 3	Yes	No

*Pseudonyms

Table 3.3 The participants' work experience and length of work

No	Name*	Work experience (Institute/ unit)	Time before obtaining first nursing post (months)	Length of first post (months)	Length of second post (months)	Length of third post (months)	Length of fourth post (months)
1	Chia-Hui	1	3	10			
2	Chia-Jung	3	2	0.5	6	3	
3	Chia-Ling	3	3	--	3	3	
4	Chia-Ying	1	2	11			
5	Ching-Yi	4	2	3	3	<1	<1
6	Hui-Chun	1	6	7			
7	Hui-Ju	1	6	7			
8	Hui-Ling	3	2	1	2	8	
9	Hui-Ting	1	2	9			
10	Hui-Wen	3	3	<1	7	<1	
11	Pei-Chun	2	4	--	12		
12	Pei-Fen	4	5	<1	3	1	6
13	Pei-Shan	2	0	12	2		
14	Shin-Yi	2	4	--	12		
15	Shu-Chuan	4	11	--	--	--	4
16	Shu-Fen	3	2	<3	10	2	
17	Shu-Hua	4	2	2	--	--	1
18	Shu-Hui	2	unmentioned	<1	unmentioned		
19	Shu-Ting	3	4	--	1	11	
20	Ya-Fang	1	10	6			
21	Ya-Fen	1	15	1			
22	Ya-Hui	3	0	2	5	6	
23	Ya-Ling	1	4	11			
24	Ya-Ting	1	2	15			
25	Ya-Wen	1	3	14			
26	Yi-Chun	1	4	10			
27	Yi-Fang	1	3	11			
28	Yi-Ju	3	12	--	--	2	
29	Yi-Ling	3	3	4	--	3	
30	Yi-Ting	1	5	10			
31	Yu-Ting	4	3	1	3	1	9

*Pseudonyms

Table 3.4 The participants' working institutes list

	Medical Centre		Regional Hospital		District Teaching/ Non-teaching Hospital		Clinics	
	Code	Number	Code	Number	Code	Number	Code	Number
	MC1	1	RH1	3	DT1	1	C1	2
	MC2	1	RH2	2	DT2	1	C2	1
			RH3	9	DNT1	4	C3	1
			RH4	1	DNT2	2		
			RH5	2				
Sub- Total		2		17		8		4
Total	31							

During the process of choosing research method, some qualitative researchers suggest that observational data should be gathered before conducting interviews (Dingwall, 1997). However, observational data come from the researcher's one-way records, seeing things from the researcher's perspective and interpreting them in the same direction. This goes against the central assumption of the hermeneutic phenomenological method. With the hermeneutic phenomenological research method, the one who experiences a certain event has the most understanding of that phenomenon. The researcher can better understand the phenomenon only through the perspective of those who have experienced it. In this vein, Haggman-Laitila (1999) suggests that the data collection cannot be built solely on observation, because this does not involve an interactive formation of new understanding. Through observations, the researcher can do nothing but describe what he/she observes from his/her own perspective (Haggman-Laitila, 1999).

Some researchers apply focus groups as a method when conducting a hermeneutic phenomenological study of neophyte nurses' experiences (McKenna & Newton, 2008; Ransé & Arbon, 2008). However, the

applicability of focus groups as a method of data collection in hermeneutic phenomenological research is a topic of much debate. This debate primarily focuses on opinions about the fundamental assumptions of phenomenological research. Webb and Kevern (2001) point out that focus groups and phenomenology represent a ‘methodological incompatibility’. I agree with Webb and Kevern (2001) that a phenomenological approach requires an individual to describe their experiences in a ‘relatively uncontaminated way’. The group context, involving interaction between several participants, may not allow data to be gathered in an uncontaminated way. Therefore, the focus group method of data collection is not compatible with phenomenological research (Webb & Kevern, 2001).

Silverman (1993) points out that structured interviews maintain a hierarchical relationship in research. The interaction between the researchers and the researched are shaped by the relationships of power. The power normally determines what is said and sayable. Under the conditions of the researcher and participants’ subordination, nurses typically do not have the power to define the terms of their situation. Allen (2006) states that ‘Both of these – controlling access and definition – are ways of taking power’ (3.2 Radical feminist approaches, para. 5). Moreover, it is expected that an interactive and non-hierarchical method will allow the participants’ voices to be heard. Therefore, it is important to avoid using structured questionnaires to gather their accounts of experience. In my research, I attempted to avoid creating a power imbalance between the researcher and the researched, and aimed instead to provide a

chance for the neophyte nurses to begin to assert control over their own self-definition. This was in line with hermeneutic phenomenology.

In phenomenological research, data can be of various types. Hallett (1995) stated that written texts could be viewed as the data for analysis when conducting phenomenological research. Indeed, Greatrex-White (2004) used diaries as a form of hermeneutic phenomenology data collection. Most published research, however, used interviews to collect the experience of the participants. Hallett (1995) pointed out that it was important in phenomenology to adopt an open, accepting interviewing style, which permitted the participants 'to voice their genuine views, opinions and feelings without constraint'. This view was supported by Wright and Schmelzer (1997), who pointed out that, in an exploratory study, when little was known about a phenomenon, an open-ended, flexible approach to the data collection allowed the researcher to add or change the questions based on the ongoing findings. Moreover, Willig (2001) and van Manen (1990) emphasized that, for phenomenological study, it was extremely important that the questions posed to the participant were open-ended and non-directive. Guided by my reading these works, I did not intend to guide the direction of what the participants had to say, but rather allowed the participants to narrate their stories in whichever way they wished. Therefore, in my research, the content and structure of the interviews were open-ended, in which I asked the participants about their experiences of being a neophyte nurse.

The reasons for choosing the interview method are that it enables me to obtain an in-depth understanding of the participants' thoughts and feelings; it allows the participants to use their 'unique ways of defining the world'; it assumes that no fixed sequence of questions is suitable for all participants; and it allows the participants to 'raise important issues' (Donovan, 2002, p. 460; Silverman, 1993, p. 95). This method gave the participants control over what they chose to tell me about their stories in order to illustrate their experiences over a year after graduating. The participants were encouraged to convey the meaning of their experiences to me, determining to what extent and how deeply to share their experiences. All of these points match the principles of the phenomenological research method, since this does not set any particular direction for guiding what the participants say. The participants were asked to describe their experiences in as much detail as possible, including the thoughts and feelings associated with their experience. I said to the participants: **'Tell me about your experience since you graduated'** No further guidance was given throughout the first interview beyond this starting question, and the participants were encouraged to cover the topics that they felt were relevant. I did not want to define the areas that each participant covered but rather encourage them to raise any issue that was important to them.

The importance of the interview location is supported by the following authors. Thapar-Bjorkert and Henry (2004) note that the interview location should be considered because it will influence the participants' perception of power. Henry (2003) suggests that the researcher needs to be aware constantly of the power that he/she holds, and should seek to balance the position of the

researcher and the researched. In order to avoid the researcher exerting power over the researched, in my study, the interview location depended on the participants' opinion, not being in a certain place selected by myself but in the hospital where they work, or a place outside the hospital close to their working institute, dormitory, or home. The purpose of this decision is to seek to diminish the power imbalance between myself and the participants.

Before the interview started, it was necessary to break the ice. I thanked the participants for taking part in the study first, explained why they had been invited to take part, and then asked them how they were feeling; such as, 'Are you anxious about this interview?' Each participant was offered the opportunity to ask questions before signing the consent form agreeing to participate in the study. This procedure is important in building trust and rapport. Van Manen (1990) stresses that the atmosphere of the interview should be like chatting with a friend, because the participants are like co-investigators in the study. My aim was to explore the phenomenon 'with' neophyte nurses rather than 'on' them

Prior to the interview, I informed the participants of the purpose of this study. The participants were encouraged to explore their world and experiences freely, relating their narrative in any way they pleased, by saying such things as 'nothing is wrong or right'; 'talk freely', 'reflect on your own statements' and 'take your time'. During the interview process, I listened intently to the story until they had no more to say and interrupted only when I wanted the participants to clarify or deepen their responses. In particular, if the participants

said some common phrases that were unclear, these had to be clarified so that I could understand their specific meaning. Also, in order to clarify parts of their stories, some clarifying questions, focused on elaborating the narrative, were used, such as: ‘Would you mind explaining what you mean by that?’, ‘What happened then?’, ‘In what way?’, ‘Can you give an example?’, ‘Can you tell me more about that?’, ‘How did you feel about that?’, ‘What did you think?’, and ‘What did this experience mean to you?’. Such questions allowed the participants to stay in the situation and expanded their understanding of it. Moreover, patience or silence was a way of prompting the participants to gather their recollections and proceed with a story. If there seemed to be a block, I repeated the last sentence or thought in a questioning tone and thus triggered the participant to continue. Benner (1994) points out that direct, first-person narrative accounts give a closer view of everyday lived understanding rather than generalizations about what one believes or what one usually does. Therefore, in the interview process, it is important to remind the participants to describe their own experiences rather than those of others. Whenever it seemed that the participants were beginning to generalize about their experiences, I inserted a question that returned the discourse back to the level of concrete experience, such as: ‘Can you give an example?’ or ‘Did you have this experience? Can you tell me more?’

Moreover, the power held by the participants could be emphasized during the interview process, because the focus of this interview was to explore their experiences during the past year. Although I was a lecturer at a junior college, in terms of understanding the experiences of neophyte nurses, the one who had

a profound perception of it was the one who had experienced it. No one could understand their past year's experience more deeply than they did themselves. Therefore, during the interaction process, I was a listener and a learner of the stories.

By reviewing the phenomenological studies, I found that most of the researchers had interviewed their participants only once before conducting the data analysis. However, because the goal of hermeneutic phenomenology is understanding, some researchers suggest that multiple interviews are preferable (Cohen, Hahn, & Steeves, 2000; Crist & Tanner, 2003). This allows the researcher and participant a second chance to ensure that understanding has occurred. For example, Benner (1994) mentions that, often, the interviewer will fail to ask an 'obvious' question, assuming that he or she understands the participant's story, terms, descriptions, and feelings. She suggests that reading the prior interview allows the researcher to clarify his/her initial interpretations and thus ask further crucial, descriptive questions that may have been overlooked previously

Munhall (1994) claims that a researcher who ends a single interview with 'Is there anything else you might like to add?' is asking the question for that moment only. During the time that follows, more reflection occurs and the participant may wish to describe their experience further. Also, Cohen et al. (2000) point out that, although repeated interviews over time are unnecessary in the study of experiences, it is useful to have at least two interviews with each participant. The reason for the second interview is not to challenge what the

participant said during the prior interview, but to gain more information and provide a conversation in which the participants can offer a further description of the experience under inquiry or any new lines of inquiry (Cohen et al., 2000; Crist & Tanner, 2003). Therefore, in my study, I left the number of interviews flexible. The interviews were not limited to just one, but depended on how rich the participants' experiences were, and their willingness to talk more. The time and date of the second or third interviews were decided by the participants. Most of them who agreed to talk more about their experiences gave me the next date while completing their first interview and others asked me to phone them later because they wanted to check their work schedule before making the appointment. Consequently, 18 participants were interviewed once; 12 twice; and only one three times.

The interviews were tape recorded to avoid any loss of information (Speziale & Carpenter, 2003; Wright & Schmelzer, 1997). Too (1996) points out that there are several advantages to using taped interviews. They allow the interviewer to interact with the participants rather than having to concentrate on note-taking. Also, during the data analysis process and writing up stage, I could easily go back to listen to the tape when I encountered points which were unclear.

During the interviews, I listened carefully to the participants and also looked for both verbal and nonverbal cues. These observations, referred to as field notes, need to be recorded as soon as possible after each interview (Wright & Schmelzer, 1997). Field notes have been used in Jasper's (1996) research to identify non-verbal communication, and her observations enabled her to recall

the totality of the interviews during the transcription and data analysis processes. In my study, field notes were made after each interview, which helped me to identify important clues. Take one participant (Ya-Fen) as an example, with whom I conducted three interviews. When she talked about her family's attitude to her job-search process, in the second interview, she mentioned it casually, but when we discussed this issue more deeply in the third interview, her manner of speaking expressed her dissatisfaction with the same issue. I noticed this difference because I had made field notes immediately after the first interview, so that I could recall the participant's nonverbal cues, such as her facial expressions, tone, and body language. These clues proved valuable for the data analysis.

Before I started the second interview, I was thinking about what I should ask them. I was aware that, while applying hermeneutic phenomenology as a research methodology, I should avoid giving any direction to the participants. Also, I found that, during the interview process, the participants usually condensed their most important experiences into the precious minutes of the interview. It is difficult to make everything clear in just a few minutes. Therefore, I decided that, after completing each first interview, I would listen to the tape recordings of the participants as soon as possible in order to gain an immediate sense of them and took notes. All of the points that had not yet been clarified during the first interview were noted and brought to the second interview. The second interview provided a second opportunity for me to raise those points that I could not understand during the first interview. The participants were asked to explain more or give an example, in order to

illustrate their experiences more completely. For instance, Yi-Fang added a lot of information about her distressful experience before she faced the stress of working independently. She could not remember why she was crying at a particular moment, but finally recalled this experience when she had a second chance to talk more. The average duration of the interviews was approximately an hour (58 minutes and 11 seconds).

Ethical considerations

Ethical approval acts like a wall to provide protection for the participants before a study is conducted. In my study, a request for ethical approval was sent to a local Institutional Review Board (IRB) in central Taiwan prior to the data collection. All of the details about how to approach the participants, their rights, how to acquire their information, and the potential risks were presented. The IRB had the right to review and monitor the study every year during the research period. The ethical approval certificate (appendix III) was obtained in May, 2007.

In order to respect the participants' autonomy in my study, before the interviews started, the written consent (appendix IV, V) was presented to the participant in advance and the study was briefly explained. It is important that all of the participants knew they had the right to refuse or withdraw their consent from the study at any time prior to and at every stage of the study, without repercussion. Therefore, this right of the participants was shown on the participant information sheet and they were also reminded of this verbally at the beginning of each interview.

In order to avoid any breach of confidentiality, the interview data are kept safe in locked facilities and the data for analysis are stored on a password-protected computer. I assured the participants that the information they provided would be presented anonymously in publications. In addition, each participant was given a pseudonym, so that their real name is known only to the researcher. Therefore, nobody else is able to identify any of the participants.

In addition, as stated earlier, the researcher and the participants' relationship needs to be considered because power can be an obstacle to what the participants said. Power could be defined as someone getting someone else to do what they want them to do (Allen, 2006) or the ability to influence or control what people do or think (Macmillan, 2002). As to what extent power influences people, Foucault comments that "power is everywhere...because it comes from everywhere" (Allen, 2006). Henry (2003) suggests that the researcher needs to be constantly aware of the power that is held by the researcher, and should seek to balance the position of both the researcher and the participants, as highlighted by feminist methodologists. In order to avoid the participants experiencing stress in their institutes, they might be worried about the effects of what they had said during the interview. They might wish to give acceptable, positive answers in order to avoid their stories becoming known to their managers. Therefore, in my research, the participants were not nominated by their nurse managers to take part in my study. In addition, I am not a nurse manager, mentor or preceptor of the neophyte nurses, but an

outsider to their work hierarchical system. My position as a researcher meant that I did not hold a high position in the neophyte nurses' working institutes.

It could be argued that I was a nursing lecturer, teaching nursing administration in a college, so the power I held might still be greater than that of the neophyte nurses. However, since I did not have any opportunity to influence their work and promotion, the power imbalance between me and the participants was less than that between the participants and their nursing managers. After interviewing the participants, some of them even said that sharing their experiences with me had provided them with a chance to talk, particularly since I share a similar nursing training background as them. Through this process, they said that they felt relaxed, and, finally, had someone who can 'understand' what they are talking about without having to explain the complexity of the medical system or nursing work environment. Also, it has to be acknowledged that the participants in my study did have power over what to share with me during their interview process, and the interview locations were decided by the participants.

Data analysis

In nursing research, the most commonly used phenomenological methods of analysis are those of Colaizzi, Giorgi, and van Kaam (Beck, 1994). However, these three analysis methods are all based on Husserl's phenomenological approach. Therefore, these were unsuitable for this research, due to the different philosophical assumptions.

In van Manen's (1990) view 'the method of phenomenology and hermeneutics is that there is no method!' (p.30) Hein and Austin (2001) point out that hermeneutic phenomenological research has no step-by-step method or analysis requirements. However, for a novice phenomenological researcher, it is still necessary to construct certain steps by which to guide the data analysis process. Therefore, I was guided by the reading of Chang and Horrocks (2006), Greatrex-White (2004; 2007; 2008), van Manen (1990), and Willig (2001). The analysis process includes:

Gaining the immediate sense. I listened to the tape recordings of the participants as soon as possible after the interviews in order to gain an immediate sense of them and took notes, which provided a direction for further analysis.

Transcribing verbatim. The interview data were transcribed verbatim into Mandarin in order to provide a written text for analysis. The total number of words in Mandarin is 491,984. Although hiring individuals to transcribe research tapes is common practice, I decided to transcribe the interview data verbatim myself, since most of the participants, in sharing their experiences, mentioned their own names, and those of their friends and colleagues, their work institutes and even their supervisors. I transcribed these interviews myself in order to keep this personal information private, and, above all, to immerse myself in the interviews and thought processes deeply. Some points that I was unaware of in the previous stages did emerge during this process. My interpretation and understanding of neophyte nurses' experiences were derived

through the process of constructing the transcripts by listening and re-listening to the interviews

Translating into English. Since this study interviewed Taiwanese participants using Mandarin or Taiwanese language, in order to gain my supervisors' support during the data analysis process, eight of the 45 transcriptions were translated from these two languages into English. A bilingual translator translated the interview from Mandarin into English, and a native English speaker proofread it. Finally, I conducted a check to see whether the participants' views had been accurately represented. Those quotations which are presented in the next chapter followed the same process as these 8 transcriptions. Also, in order to eliminate translation-related problems, Birbili (2000) suggests that the researcher can consult other people. Therefore, I constantly discussed with a doctoral student who is fluent in Mandarin, Taiwanese, and English regarding the best terms to use. My supervisors read through these eight interview transcripts and offered valuable suggestions to assist with the quality of data interpretation regarding the emerging themes

The interviews were conducted in Mandarin and Taiwanese; only a few terms or words were in English, but then finally the interviews were translated into English as written texts to produce a thesis in the English language. It was anticipated that some of the original meaning might inevitably be lost during the translation and interpretation processes. In order to limit the influence of the translation process, I used other words to explain the situation which, to me, preserved the essence of the meaning. For example, when the neophyte nurses

were talking about their feelings while unemployed, they described themselves as being like ‘rice worms’. They used this term to describe their position as being like that of a worm, eating rice at home, to imply that they were not making any contribution to their family or society. In this example, I changed ‘rice worm’ to ‘parasite’ to make the meaning clear to those without a knowledge of Mandarin/Taiwanese.

Intensive reading of the texts. At this stage, I read and re-read each of the transcripts and field notes in order to become fully immersed in the data. I was conscious that I was making sense of the phenomenon of being a neophyte nurse (intentionality). At this stage, I produced wide-ranging and unfocused notes that reflected any initial thoughts that had arisen in response to the text. These included associations, questions, summary statements, comments on language use, and so on. For example, Chia-Hui talked about her family’s response when she decided not to become a nurse: they disagreed with her decision. She asked her sister how she had found this limbo status, and finally found a way to cope with it. I read Chia-Hui’s story and noticed that ‘family attitude’ may have had some influence on the neophyte nurses’ decision-making process. Also, ‘gaining others’ experiences’ might have helped her to cope with her doubts about becoming a nurse.

Seeking meaning units. A meaning unit can be part of a sentence, a sentence, several sentences or a paragraph of text, i.e. a piece of any length that conveys just one meaning. Although Greatrex-White (2004, 2007) concluded that it was better to analyze her data without the aid of a computer in order to stay close to

the original data, I decided to use a computer to help me to deal with the vast amount of interview transcriptions. I used Microsoft Word to deal with the interview data at the early data collection stage and organise the meaning units. However, I found that it was really difficult to sort out the data. Therefore, I turned to the NVivo Qualitative Data Analysis Programme to help me to undertake free coding. One of the advantages of using NVivo is that this software can list selected quotations according to the given codes. Thus, I could easily refer to the original text, since I used codes to deal with the data at the start of the data analysis. Therefore, during this stage, NVivo computer software was used. However, personally, I like reading things on paper, not on the computer screen, and, also, feared that the computer might crash at any time. Then, I might lose the analyzed data on which I had spent much time working. In order to ease my fear, I sought meaning units from printed transcriptions and keyed them into the computer afterwards. Thus, although I used computer software to help me to deal with the data, the computer was only used to ‘organize’ the meaning units, not to replace my analysis.

I moved on, working through the text line-by-line to capture what was represented there. An example of how I sought meaning units in one of the interview transcripts is included in Appendix VI. It was found that the length of the meaning units might differ from one another. Some of the meaning units are just a few words long, whereas others consist of several pages. Also, one paragraph may convey not just one meaning unit, but two or three.

Identification of themes. All of the meaning units of the transcripts and field notes were systematically categorized at this stage. I wrote the meaning units on repositionable, post-it notes. Because these could be easily relocated, therefore, I could reorganize the structures at any time I needed. I condensed and abstracted the units of meaning and put them onto A4 paper in order to form categories. This process is illustrated in Appendix VII. By reorganizing these notes over and over again and thinking about what the meaning units and categories manifested, three themes emerged from these processes. A summary table of the structured themes and categories, together with quotations illustrating each one, was produced. Appendix VIII shows how the themes are structured by category, and meaning unit.

The rigour of the study

Many studies apply Lincoln and Guba's (1985) criteria for evaluating the rigour of their research. However, by using hermeneutic phenomenology, applying Lincoln and Guba's criteria might produce philosophical inconsistencies (de Witt & Ploeg, 2006). For example, an underlying assumption of credibility is that the goal of research is truthfulness. Credibility is a qualitative parallel for internal validity in the quantitative criterion of rigour. The goal of quantitative research, informed by the positivist world view, is finding the epistemological single truth that lies in an objective real world. In contrast, in the interpretive paradigm, the researchers are not searching for particular truth, and reality is assumed to be multiple and constructed rather than singular and tangible (Sandelowski, 1993). Because Heideggerian scholars believe that knowledge is never independent of interpretation, research findings

are not considered 'true' or 'valid' (Draucker, 1999). The goal of hermeneutic phenomenology is an increased understanding of the multiple interpretations of the meaning of human experience. Therefore, each individual may have a different interpretation of the same issue (Sandelowski, 1993).

Confirmability is an expression of the freedom from bias in research findings. However, the findings of hermeneutic phenomenological studies are not neutral and value-free. Instead, the researcher's fore-structure of understanding is clarified and becomes an integral part of the study findings. Therefore, De Witt and Ploeg (2006) insist that the philosophical inconsistencies show that confirmability and credibility are inappropriate generic qualitative criteria for expressing rigour in hermeneutic phenomenological studies.

In addition, the use of a reflexive diary has been advocated by a number of authors (Greatrex-White, 2004, 2007; Jootun, McGhee, & Marland, 2009; Northway, 2000). The researcher's reflexive diary is particularly important when conducting hermeneutic phenomenological research because it is considered as part of the rigour of the research (Bogat & Severinsson, 2006; Koch, 2006; Whitehead, 2004). Yardley (2008) claims that reflexivity is often an important part of the transparency of the study. Reflexivity can promote critical thinking and be used to record information obtained during the research process (McBrien, 2008; Northway, 2000). The foci for the reflection can be personal experience, knowledge of the relevant literature, the researcher's decisions and insights, and data generated by previous studies (McBrien, 2008; Priest, 2002). Therefore, I kept a reflexive diary from the beginning of the

research to the end of the writing-up process in order to make the research process explicit. It tracks my reflections on the data collection, analysis and relevant reading as a means of deepening the reflexive, critical nature of the research. In using a reflexive diary, researchers are engaging in a critical dialogue with themselves (Greatrex-White, 2004, 2007; Northway, 2000). Throughout the research, I constantly questioned both the transcriptions and myself: 'How do neophyte nurses experience their first year after graduating from nursing college?', 'Is this what it means to be a neophyte nurse?' By asking these questions, my interpretation of the participants' accounts and this process helped me to make judgements about defining the essential structures of the neophyte nurses' experiences, to focus on the phenomenon under study and differentiate hermeneutic phenomenology research from other forms of qualitative research approach.

Also, dialogue with other colleagues is identified as an important strategy which stimulates reflexive thought (Northway, 2000). I regularly discussed my findings and interpretations of the neophyte nurses' experiences with my supervisors, who constantly questioned my research steps and asked me to provide evidence for my interpretations. This process reminded me that I should be aware that I was interpreting the participants' stories to form a further understanding of the phenomenon, and so should stay as close as possible to the data generated by the interviews.

For the assessment of consistency, throughout the data collection and analysis processes, I undertook all of the interviews in person and transcribed the

interview data myself. This ensured that the data collection and verbatim transcription processes were undertaken in like manner, therefore lessening the risk of inconsistencies arising during them (Hass, Coyer, & Theobald, 2006). Also, because I transcribed all of the interview data myself, this could reduce the misuse of the participants' words or terms. During the transcription process, I listened to the audiotape repeatedly, so the experience of interacting with the participants was brought back. This helped me to make notes on interpreting their experiences.

The sampling of the key informants is an important check on the trustworthiness of a study. The selection should include participants with a range of views on the topic and from a range of different backgrounds (Twinn, 1997). In my study, the participants consisted of neophyte nurses from an educational institution and a healthcare institute. This not only provides different educational backgrounds, such as different areas in Taiwan, but also different working environments, including various healthcare institutes (Table 3.4). Therefore, the data are generated from various sources but focus on the same issue in order to enhance the research trustworthiness.

Corben (1999) points out that transferability is irrelevant to phenomenological research because the data gathered are unique to the individual providing them and cannot be generalised to other, similar studies (Corben, 1999). She believes that both Husserl and Heidegger regard the phenomenon as unique, and surely this cannot be transferable. Other researchers (Donovan, 2002; Fleming, Gaidys, & Robb, 2003) also question whether the uniqueness of the experience

described means that it cannot be generalised. However, Polt (2003) claims that 'the guiding possibility in one's life may be the possibility of existing generously' (p. 54). This notion is also supported by Crotty (1996), Greatrex-White (2004), and Paley (2005). As Heidegger wrote (1962), 'Being-in is Being-with Others', 'the world is always the one that I share with Others' (p.155). As stated previously, Heidegger uses the term *Das Man* to explain the relationship between the individual and others. Each person is just one of the others. The patterns of meaning of one's own experiences are also the possible experiences of others, and therefore may be recognizable by others (Ashworth, 2003; van Manen, 2002). This had been proved when I conducted this research. Some experiences that the participants shared to me were similar to those described by other neophyte nurses before I started my research. Therefore, I believe that the experiences shared by the participants may apply to other neophyte nurses

In addition, phenomenological studies leave space for the reader's judgement. Phenomenologists (Greatrex-White, 2004; Koch, 2006; Priest, 2002) believe that, once the original context has been described adequately, such as providing detailed information regarding the participants, selection methods, context, and data generation and analysis methods in order for the readers to decide how far and to whom the findings may be generalised, a judgement of transferability can be made by the reader. As you are reading this thesis, you are forming your own interpretation of it and also your own opinion about the neophyte nurse phenomenon. This exploration of the phenomenon of being a neophyte nurse will enable you to decide upon your own interpretation of what I have revealed,

and then apply your fore-structure of understanding to my interpretation of my research.

Summary

This chapter discussed the reasons why hermeneutic phenomenology was chosen as the research methodology for this study. The details of how I conducted this study were also presented and the processes critically examined. The important issue of the rigour of the study was comprehensively addressed. In the following chapter, the participants' experiences of being neophyte nurses in their first year after graduating will be described.

CHAPTER 4: FINDINGS

Introduction

This chapter presents an interpretation of the participants' experiences of being neophyte nurses in Taiwan during their first year after graduation. Thirty-one neophyte nurses participated in this study. Each participant was asked, 'Tell me about your experience since you graduated'. They were encouraged to talk about their experiences and feelings about being a neophyte nurse. The interview data were transcribed into written form for analysis. In order to preserve the participants' confidentiality, pseudonyms were given to both the participants and their colleagues. The healthcare settings which the participants mentioned were also changed to codes.

Since this study is a hermeneutic phenomenological research, the researcher was regarded as a tool for collecting and interpreting the data. Based on his/her fore-structure of understanding (see chapter 3), it is recognised that each researcher will produce different findings and interpretations based on his/her background and interests. It is possible that a different researcher might choose another way to interpret and present the data. Therefore, these findings constitute a possible way of being a neophyte nurse in Taiwan: a truth, rather than the truth. Also, as stated in the previous chapter, the interviews produced a great quantity of transcribed data; thus, I cannot present all of the stories and words in this thesis. The examples included in this chapter are just a small portion of the transcriptions.

The findings of the study uncovered the phenomenon of how neophyte nurses experience their first year of practice in Taiwan. Three themes were uncovered through my interpretation of the participants' accounts, which are: **Hesitation**, **A hard beginning**, and **Achievement**. The first theme, hesitation, reveals how the neophyte nurses took some time before making a decision about entering nursing. Three main factors influenced the process, which were 'family involvement', 'peer effects', and 'wanting to become qualified'. 'Family involvement' describes the family's role in the neophyte nurses' lives following graduation. The family is involved in the whole process of being a neophyte nurse, from their choice to study and undertake further education, obtaining their nurse license, choosing a job, and providing support. 'Peer effects' reveal how the neophyte nurses were influenced by their peers, including deciding about further study, looking for a job, and supporting and competing with their peers. 'Wanting to become qualified' presents how the neophyte nurses sought to become qualified, licensed nurses and their concerns about obtaining educational qualifications in nursing. The second theme, a hard beginning, uncovers how the neophyte nurses face the real nursing environment, interpersonal relationships, and, finally, how the participants adjusted to the new nursing environment. The third theme, achievement, reveals the neophyte nurses' experiences after having practised nursing for a period of time. Quotes from the interviews were used to support the findings, and these also allow the readers to access and judge the trustworthiness of the findings of this study. Each quote was followed by the participant's pseudonym, times of interview, and the page number of the transcription in the Mandarin version. Since 18 participants were interviewed only once, the quotes from

these participants do not state their interview times. To clarity, when quoting the participants' accounts, I use *italics* to identify the voice of the participants in this thesis.

Hesitation

In my past few years of teaching nursing, I have chatted with my students who had graduated and who were looking for nursing posts. Most of the students came to me to seek advice about interview techniques or how to choose healthcare settings when they were applying for their first nursing posts. This study certainly opened up another window for me in understanding the experience of neophyte nurses. In this study, the participants shared their experiences of the period from before they had made their decision to become a nurse to until they had been working for a period of time. Before starting to practise nursing in clinical settings, the neophyte nurses were hesitant. The term hesitant was used by the participants to describe their decision about whether to enter nursing. They were worried and nervous about choosing nursing as their career. 'Hesitation', as I term it, is a theme because it encompasses a series of events and feelings that arise following graduation from nursing college. It marks the period before the neophyte nurses make a decision to choose nursing as their career. I found that not all of the neophyte nurses had decided to become nurses after leaving college. For instance, Yi-Chun reported her hesitation and indicated that only a third of her classmates had decided to become nurses. She said:

Almost everyone in my class was very hesitant about choosing this career before graduating. Only a third of them did decide to give it a

try and would go to whichever hospital would hire them. (Yi-Chun, P1)

In their first year after graduation, most of the participants did not have a clear plan about what to do. Graduating from nursing school was not the same thing as directly starting a nursing career. There were many neophyte nurses who only started to think about their future after their graduation. They did not have a clear picture of their future and did not know ‘where to go’ or ‘what to do’. As Chia-Jung stated, if no one gave her any suggestion, she ‘felt like a cloud floating in the sky’. In a similar vein, Shin-Yi and Shu-Ting mentioned their plans to study at military school, because they were unsure about their future career. Therefore, further study was just a way of choosing where to go. One of them commented:

I was really not sure what I should do about my future career and I was considering military school for sure...I actually just didn't think too much at that time and had no idea where I should go. (Shin-Yi, first interview, P8)

Moreover, the participants were also struggling over the decision about whether to get a job or to study further. To study further to gain a higher qualification seems to be an important issue for neophyte nurses in Taiwan. How the working environment and their families pushed them to study further will be discussed later. How did the neophyte nurses themselves feel about engaging in further study? A possible answer might be ‘hesitant’, because it appears that they were swinging and struggling between studying and working after graduating. They did not really know what they wanted to do and so followed others’ opinions. For example, Shu-Hua described how her friend had

followed her teacher's suggestion to prepare for two different routes at the same time and set further study as her goal, with getting a job as her back-up plan if she failed the advanced college exams. Shu-Hua described her friend's situation as follows:

My friends took the teacher's advice that they must have at least two options to choose from. So, if they got into the advanced college, then they will go on to study; otherwise, they can go straight to work. If they reached a dead end one way and were left with no alternative, they would have to wait for a long time before another suitable chance for them to move forwards came up. (Shu-Hua, first interview, P4)

She continued to talk about this issue during her second interview. Although she had made a decision to study further initially, her friends and teachers all suggested that she should have a back-up plan too. Finally, she was influenced by them to prepare for these two routes.

A failure to have a back-up plan might lead to a reality shock. Yi-Fang described her feeling when she failed the advanced college exam and had to face the reality of working in nursing after her graduation. She said:

I suddenly couldn't accept that I was going to face reality and start work; I had difficulty adapting myself from one extreme to the other. (Yi-Fang, first interview, P1)

Conflicting thoughts also emerged with regard to choosing the hospital level. Some of the participants reported that they were struggling to make a decision about whether to work in a bigger hospital or in a small clinic. They compared

the advantages and disadvantages of different scales of hospital before making their final decision. For example, two participants commented:

I thought that I couldn't make a decision about whether to work in a hospital or a clinic. I wasn't sure which one I should go to. I considered my future prospects and working in a hospital is a much better choice although there are so many rules and strict systems to follow. Working in a clinic is obviously easier and more relaxed. (Chia-Hui, P5)

I just thought that I am still young; I shouldn't stay in the clinic all my life. If I keep working only in the clinic, that means I am not capable of working in the big hospital. If one day I get fired, I will go nowhere after that. If I have been working on the wards, I could develop enough experience and ability to move on to any other job I want in the future. (Hui-Ju, P5)

In addition, the neophyte nurses shared their thought processes when they were considering working in nursing. The participants reported that they lacked confidence about practising clinical skills, feared making errors, and were particularly worried about dealing with problems by themselves, coping with the busy environment, administering medication, injecting patients and forming nursing care plans. The participants said:

If I work in the hospital, I don't have the confidence that I am fully capable of dealing with problems on my own. (Shu-Chuan, P18)

I probably didn't have enough confidence to cope with the busy environment. I was scared of being too busy and disorganized. I didn't feel that I had learnt everything to perfection in school. (Shu-Fen, second interview, P6)

I was scared of dealing with some medicine-giving procedures. I couldn't really name a reason but I was just constantly lacking confidence. I often felt that I didn't have any confidence to inject patients, give medication or produce a specific care plan. (Shu-Ting, first interview, P10)

Also, the interpersonal relationships with their work colleagues were another concern that prevented them from directly starting their nursing career. Before entering the nursing workplace, they collected related work information to help them to make a decision, and thought that working as a nurse might involve a lot of in-fighting or workplace conflict. Therefore, they were afraid to enter nursing. The following extracts highlight this:

When I graduated from school, I really wanted to break away from the title of nurse...I was so scared of the reality of a nursing job...It is like a myth that there would be much in-fighting between all my close colleagues. (Yi-Ju, P8)

I hadn't thought about my work career at all at that time...Some senior schoolmates always talked about their work lives, such as their difficult work relationships or isolated social lives. I was a little scared by this information. (Yu-Ting, P16)

Also, the participants saw that some neophyte nurses were picked on by the senior nurses during their work placement. Yi-Chun said:

There were neophyte nurses working in the unit where we did our work placement. We saw that the neophyte nurses were picked on by the senior nurses. I thought...if I was working here, I would become one of the neophyte nurses and be picked on by them. Then I felt...I couldn't become one of those; I would feel lonely and insecure. (Yi-Chun, P10)

Owing to the fact that the neophyte nurses did not know where to go, their lack of confidence about practising nursing and concern about their interpersonal relationships, they were too afraid to start nursing, and so chose to escape instead. As Pei-Shan said, 'I was actually looking for an excuse to escape from nursing' (first interview, P18). The participants chose to escape from nursing because they thought that they were unprepared for clinical nursing work. They

did not want to face the reality so soon. Therefore, they made an effort to revise for the advanced college exam instead of entering nursing directly, which would enable them to delay starting their careers for a few years. The following extracts illustrate this experience:

I started to make an effort to revise for the advanced college exam because I wanted to escape from clinical work. So I decided to work harder and take the advanced college exam so that I didn't have to face the reality so soon...I didn't want to start work because I didn't feel fully prepared (Yi-Fang, second interview, P13)

I was trying to be honest with myself as I didn't want to start work yet but I couldn't name a reason why...so I decided to spend another two years in college. (Chia-Jung, P8)

The other reason why the participants were hesitant about entering nursing was that they did not wish to engage with the working style that they had witnessed during their work placement. For example, Pei-Chun saw that some nurses had difficulty in writing up the nursing records or that their working day was extended. She said:

I didn't have a good experience during my work placement; I didn't like the record keeping, giving patients injections and the routine lifestyle. The main problem was that I had to keep records, and it always delayed me from going home, so I decided not to work in the nursing industry after I finished nursing school. (Pei-Chun, first interview, P1)

These factors led the participants to consider dropping nursing as their career immediately after graduation.

This hesitation over deciding whether to become a nurse or not could lead to a period of unemployment. As shown in Table 3.3, most of the participants did

not enter the nursing profession immediately after graduating. Of the 31 participants, only two of them directly entered nursing after graduating and 20 did not obtain their first nursing post for at least three months. The experience of unemployment caused them to experience negative thoughts and start to doubt themselves. They felt useless after staying at home for a certain period of time, and even wondered if they were suffering from a mental illness. The following data illustrate this experience:

I stayed at home...I actually had a suspicion that I might have some mental illness like depression or something and I consistently felt depressed and felt bad about myself. I felt totally useless and assumed that other people also looked down on me. Whatever they said to me sounded like a harsh comment and I thought everyone was picking on me...I was lonely and feeling useless. When I read their blogs, I could see that they had pictures showing their new lives, new friends and various new activities but I couldn't join them at all. I felt the long distance between us and was totally remote from them. I stayed at home all day because I didn't have money. I spent all my savings before the graduation then came home. Everything was expensive to me, such as train tickets or the postage to send my CV off. I was totally skint at that time. I often typed some very dark and sentimental diary entries online; everything looked grey in my eyes and I was also lacking self-confidence at that time. I was angry with myself because I hadn't passed the exam and found a good job so I had to stay at home all day like a useless blob. I seldom went out and if I saw those old classmates, I would naturally build a thick wall between us and even made myself dislike them. I was probably jealous of their new lives so I excluded myself from them although I actually wanted to be close to them. I thought that they had left me for new friends so no matter what they said to encourage me, it would all sound sarcastic. I would rather no one came to talk to me because I knew that whatever they said would make me feel even worse. I knew I had a very bad self-esteem problem. (Yi-Fang, second interview, P8)

Yi-Fang's experience showed the influence of her period of unemployment. Once the participants had been in limbo for a period of time, they suffered from negative thoughts. These thoughts even changed their view of themselves.

Also, when coming into contact with other, unrelated people, being unemployed might also put pressure on the neophyte nurses. Shu-Chuan described one of her experiences regarding how people saw an unemployed person and her feelings about this. She commented:

Once I got knocked down by a car and the driver rushed out to ask me if I was injured, what I was doing, where I lived, etc. I told him that I was unemployed and he pulled out 2000 dollars straightaway, without asking any further questions. I was actually hurt by his kindness and felt that I was an appalling, idle loafer who just happened to have an accident. I understood that he might mean well but the way he looked at me still frustrated me a hell of a lot. He did say to me, "It's OK. Just take the money as you are not working now". I was quite upset and really felt that the 2000 dollars was a donation to charity. (Shu-Chuan, P18)

Although Shu-Chuan mentioned that the driver might have meant well, she still felt frustrated. She continued:

Actually, I appreciated what he said to me on that day...It made me realize how people saw an idle loafer and what it felt like to be treated that way. To be honest, that's not a nice feeling even if you knew that people didn't mean to pity me. However I still felt that I was so useless when I sensed that sort of attitude from other people. (Shu-Chuan, P19)

It appears from Shu-Chuan's account that other people's attitudes made her feel useless. This was not just what she felt during her first year after graduating from school. The feeling of being 'useless', 'living aimlessly' or 'living like a parasite' was reported by the participants when they described their period of unemployment. As the participants commented:

During the time of being a "parasite" at home, my life became so boring...I woke up late and turned on the computer as soon as I got

up. My Mum asked me, "Are you not feeling bored stuck at home all day everyday?" I just said to her that I have got nowhere to go anyway and she would say to me that I could just go out somewhere and play, which was still much better than staring at the computer all day. (Yi-Chun, P9)

Well...it's quite hard to look back. I felt I lived aimlessly everyday and didn't know what I really wanted. I was counting the days all the time and it was actually a waste of time. (Shu-Chuan, P19)

The period of hesitation and delayed employment was certainly not an easy time for the neophyte nurses. They could not cope well with their aimless life. Before they tasted the flavour of not knowing what to do, they seemed never to consider the effects of unemployment. Only when they had this experience did it help them to decide exactly they wanted to do.

A few of the participants made the decision to become nurses because they thought that they had to have a taste of being a real nurse before studying further because they were unsure whether a nursing career suited them. If they chose to study further first, then they might have more time in which to discover that they did not want to become a nurse. Therefore, they decided to give it a try after graduating. As the participants said:

During the work placement, I already thought about my suitability for working in this kind of environment. After my work placement, I decided to work first and practise clinical work. I thought if I ever wanted to study further, the clinical foundation I have now would help my studies a lot. If I continued studying right after I graduated from junior college, I might lose my sense of reality about this industry and eventually find out that this career might not suit me. Then I would leave in the end, despite the time and effort I already spent in school. (Ya-Ting, P6)

My family always assumed that I would go on to study at the 2-year advanced college but I thought I should work first to assess my

suitability for this career. (Yi-Chun, P7)

I have been feeling that the nursing job may not suit me and people also said the same thing but, if I never gave it a try, I would never know. So I decided to spend a year or two trying this career and answering the questions in my mind. (Shu-Ting, first interview, P10)

Even the neophyte nurses who eventually became nurses during their first year after graduating remained hesitant about choosing nursing as their lifelong career. The participants felt that nursing is hard work, not only because the hours are different from other jobs, but also because of the responsibility of caring for others. Because of Taiwan's nursing shortage and high turnover (see chapter 1), the participants reported that they had to take on an increasing amount of more responsibility and felt great work stress. The long hours, heavy workload, and rotation system made the participants reconsider nursing as their life career. Although they were in their first year after graduation, they were not planning to remain in nursing for the rest of their lives. The participants said:

Maybe because I am still young so I don't mind working on the wards to earn more money and learn more practical skills. However, I am sure that I won't be working on the wards after a certain age. I actually thought that, if the family finances were OK, there would be no need to work the three shift system because it really damages your health in the long term. (Chia-Jung, P12)

I am still young now, and can rotate the shifts with other nurses. But, I think if a nurse is over thirty and still working on the wards, it is really a strange thing. (Pei-Fen, second interview, P9)

The extracts from the interview data presented above suggest that the participants were hesitant about choosing nursing as their career. Although the participants did not encounter exactly the same thing, what they experienced

was the same sense of difficulty regarding choosing nursing as their career. It appears that they often entered nursing late because they feared that they lacked the confidence and skills for it, so they tried to delay becoming a nurse by engaging in further study. Through delaying becoming a nurse, they became unemployed and learnt how this made them feel.

Family involvement

The participants' accounts show that the family played an important role in the neophyte nurses' decision to become a nurse. This influence continued from before their graduation to the end of the year and would continue into their future life. When the neophyte nurses were at nursing college, their families regarded them as children, providing them with what they needed and meeting their financial needs. Sometimes, their families even made the decisions for them, but, when they graduated, the neophyte nurses changed their role not only from a student nurse to a neophyte nurse in their professional career, but also from a dependant to a provider in their family. Their family no longer provided them with money. They shared their family's costs and even took responsibility for helping their family to resolve their health-related problems. In some circumstances, their families started to seek the neophyte nurses' help when making decisions. The family role shift happened during this period.

Although some participants said that they perceived that their role in the family had changed after they left nursing college, not all of them felt that they could then make all of their decisions by themselves. For instance, it was common for the neophyte nurses' families to attempt to influence them to obtain a

further educational degree. Their families considered that further study was important in the belief that a higher degree would improve their future career. Yi-Ling recalled that her mother stated that her 'college qualification could never compete with a university qualification' (Yi-Ling, second interview, P1). The parents thought that, if the neophyte nurses could obtain a further degree, they would probably have more opportunities to obtain a better job and the salary would be higher than that of junior college graduates. This notion was supported by Yi-Ting's account:

They thought that I have to reach a certain level in terms of education nowadays and the more I studied, the more likely it is that I will find a good job. (Yi-Ting, second interview, P1)

Meanwhile, the families considered that the number of university graduates was increasing in Taiwanese society. If the students had graduated from senior high school and chose to go to university, more than 90% of applicants were being accepted by universities nowadays (Chou, 2008). 'It sounds like a joke if they didn't study at university' (Yi-Ling, first interview, P17). If the neophyte nurses had only graduated from junior college, they would find it 'difficult to compete with university graduates'. Therefore, the participants' families hoped that the neophyte nurses could continue studying and obtain a university degree, at least.

Obtaining a university degree seems to have become a tendency in Taiwan (see chapter 1). Many of the neophyte nurses chose to take the advanced college entrance exam. In this study, 26 participants had experience of taking this exam, although not all of them were interested in studying further. Those who were

not aiming to obtain a further degree preferred to get a job immediately after graduating. Their plans and those of their families were obviously contradictory. If the families pushed the neophyte nurses to study further, it put pressure on them. For example, Ya-Fen felt that she 'was forced' by her family (second interview, P3). She had decided to get a job before she graduated from junior college and never considered studying further, although her family put constant pressure on her to obtain a further degree. She was even forced by her family to give up a job opportunity that she obtained before graduating and to give up two opportunities to sit the nurse license exam in her first year after graduating. She was annoyed about this and had to change all of her plans in order to revise for the advanced college entrance exam. She said:

Actually, I didn't want to study any further before I graduated. All my friends knew that I didn't want to study further; I wanted to start working as soon as possible. The reason I took the exam revision programme was because I wanted to obtain the nursing license, and it was my brother who got me to study. I applied for a job in a nursing home at DTI hospital before I graduated. I found it really interesting to look after those elderly people, who were really adorable. I did get the job and my Mum also supported my move and views. However, my brother wasn't happy about this outcome and he said to me that I shouldn't start working before I got my nursing license. He liked to study and he wanted me to be like him, but I told him that my interest wasn't in books and I did not want to waste another year and a lot of money on the exam revision programme. My Mum changed her mind and tried to convince me to listen to my brother in the end. They knew I didn't like to study but, in the end, we kind of reached an agreement that I would take the exam revision programme and I did my best to prepare for the 2-year advanced college entrance exam and the Registered Professional Nurse license exam...I took the further education exam and licensure exams a year after I graduated from school. My brother said that he reckoned that I didn't study hard enough to pass the exam before I graduated, so why not use this year to prepare for the exam properly. So I didn't take the exams (Registered Nurse license and Registered Professional Nurse license) in July 2006 and February 2007 until July 2007. As my brother wanted me also to take the exam for the 2-year advanced college, I did what he said and took that

exam in April 2007. So my schedule for taking those exams was different from the other students in my year, and, as my Mum liked to listen to my brother's opinion on everything I really couldn't say much but let them arrange it for me. (Ya-Fen, first interview, P3)

Ya-Fen perceived great pressure from her family. Her mother compared her academic performance with that of her brother, who was good at studying, and fulfilled his mother's expectations. After her brother graduated from junior college, he transferred to university by passing the transfer entrance exam. Ya-Fen was asked to follow the same route as her brother by her family. However, she was not interested in studying. She planned to start nursing straight after graduation. Since their expectations differed, family conflict ensued. It seems that this stress was greater than that of being a neophyte nurse in the workplace for Ya-Fen.

The experience of being under pressure from the family to obtain a further degree was not only perceived by Ya-Fen. Another participant, Hui-Wen, received a job offer from a district hospital after graduating and worked there for two weeks. Then, her parents asked her to leave her job in order to revise for the advanced college exam. She finally left that post at her parents' request. Also, Yi-Ling, had a similar experience of 'being pushed' by her family to leave her nursing job because they thought that further study was a better option for her than going straight to work. She said:

I was working in this unit for 4 months, since my Mum kept pushing me to go to the exam-revision centre to revise for the advanced college exam. Then I left. (Yi-Ling, first interview, P1)

Many of the participants experienced similar instances of family pressure to engage in further study, and this pressure from the family to obtain a further degree appears to have influenced their career routes.

Apart from pushing the neophyte nurses to obtain a further degree, the families were expecting them to obtain their nurse license after graduating. As stated in chapter 1, obtaining the nurse license provides the neophyte nurses with the opportunity to work legally in the nursing field, to have more choice in their selection of work institute, and to earn a better salary. Therefore, most of the neophyte nurses aimed to obtain their nurse license after graduating (see Table 3.2). Although some of the participants were disinterested in starting nursing straight after graduating, their families thought that ‘the license is very important’ and ‘insisted’ that, no matter what they wanted to do, they had to pass the nurse license first in case they wanted to work as a nurse in future. Therefore, in order to push the participants to pass the license exam, their family strictly monitored their revision, especially if they had failed it the first time. Yi-Ju described her experience of this.

My family was really pushing me to study hard for the next license exam because they knew that I had failed it once. Last year, when they checked on my exam revision progress, I always said to them that I was studying but I failed the exam in the end. So, this year, they became even stricter in monitoring my study to see if I was really revising for the exam. (Yi-Ju, P10)

The pressure to pass the nurse license exam came not only from their families, but also from the wider community, such as their neighbours. The participants felt stressed and annoyed when their relatives or neighbours kept asking

whether or not they had passed the nurse license, especially when they had failed it. Moreover, if their families compared the participants with others, the participants had to face the stress of both failing the exam and interacting with their families. The participants described how they had been compared with others and the stress resulting from this:

My cousin is a nurse and, when I was revising for the exam, my parents asked my uncle if this exam is easy to pass or not, and he said it's easy, as his daughter passed the exam first time. So my Dad asked me why on earth I had tried three times already and still hadn't passed it. (Hui-Ling, P10)

My Dad wasn't happy about the fact that the other newly graduated nursing students could pass the exam first time and I couldn't...He kept blathering on to me that I didn't study hard enough so I kept failing the exam. (Shu-Fen, second interview, P9)

One of my sources of stress was my next-door neighbour...He knew that I was revising for the license exam. He always asked me if I knew the result yet or if I had passed the exam. One of my neighbours even teased me; by saying he hadn't seen me in the hospital. I was really annoyed by these people and the whole thing. (Shu-Fen, second interview, P8)

In addition, the neophyte nurses were influenced by their families regarding choosing nursing as their career. When the neophyte nurses were deciding whether or not to go into nursing, their families played an important role. In this study, most of the participants stated that their family considered nursing to be 'a good job'. They thought that it was a 'professional', 'stable job', 'offering higher pay than other careers'. These opinions enhanced and supported their intention to become nurses.

Their family's positive perceptions about nursing might also have been influenced by their friends and relatives. When their families mentioned that they had a daughter who worked in nursing, their friends and relatives expressed 'envy'. This made their families 'proud of', 'feel nice' and like they were 'earning prestige'. Therefore, the participants' families thought that having a family member who works in nursing was an honour. They would be 'very proud of' them and could 'show off to people' about it. These thoughts influenced the neophyte nurses' decision about whether or not to become a nurse.

The family's positive image of nursing might encourage the neophyte nurses to choose nursing as their career; however, not every neophyte nurse was interested in working in nursing, based on their negative work placements. Those who were disinterested in working in nursing described their experiences of being forced by their family to become nurses against their will. Their families insisted that the participants had to follow their decision and become nurses. Hui-Ju and Pei-Chun expressed their feeling regarding this:

After the work placement, I lost interest in nursing so I didn't want to take the license exam either. I made it very clear that I didn't want to take the exam because I didn't want to work as a nurse. However, my Dad insisted that I should become a nurse...He thought that it's very difficult to find a good job and, if I became a nurse, I wouldn't have this problem. (Hui-Ju, P4)

They kept trying to brainwash me that nursing is a stable job in terms of career and income. (Pei-Chun, first interview, P2)

Moreover, the participants' families also tried to help the participants to choose a hospital. They encouraged the participants to choose 'larger' or 'public'

hospitals based on ‘the benefits of a higher salary’, and the opportunity to ‘gain more professional knowledge and skills instead of doing a lot of trivial things’. The family’s involvement was not only an attempt to influence the participants’ attitudes about choosing nursing as their career but also actively involved them in helping the participants to find jobs. Some of the participants’ families introduced them to the hospitals or tried to find job vacancies on the Internet. Pei-Shan described her mother’s concerted effort to help her to find a job:

My Mum really pushed me to send my CV everywhere; she was more enthusiastic about it than I was. She found many hospitals’ webpage links and told me to check “my favourites” when I had time because she had saved all the information there. (Pei-Shan, second interview, P3)

Interestingly, in this study, almost all of the participants who mentioned their family’s opinions about nursing evaluated these positively and all of the families tried to encourage the neophyte nurses to take up nursing, except that of Shu-Hui, who was married. Shu-Hui encountered great pressure from her family. Her husband and father-in-law hoped that she would leave nursing, mainly because of the shift work and overtime. They also worried that she might be affected by the legal problems associated with medical malpractice. Therefore, they suggested that, if she really wanted to work, she should find a job with more normal working hours and one where there was no threat of the legal problems associated with medical malpractice. She commented:

They often complained that nursing wasn’t a wonderfully well-paid job; it’s not worth doing the night shift on such a tight rota...My family thought that people nowadays are so forward thinking and

the medical techniques and knowledge are moving fast everyday; people would be more and more knowledgeable and the legal problems from medical malpractice would therefore also increase. Also, when talking about family life, they didn't think it was appropriate that my husband and I couldn't see each other very often, even if we lived in the same house. They had a very traditional idea about the family and the life between couples. They thought that a woman doesn't have to earn a lot of money but she has to have a normal work schedule that allows her to have time to look after her family. My husband told me that one of his work colleagues was dating a nurse in the RH5 hospital. She has a fairly regular work schedule, which is 8 to 4. The two of them would start sending text messages to each other after 4pm so how come I had to work late so often? My husband did ask me to change to the RH5 hospital because it looked like they had a more stable work schedule. (Shu-Hui, P13)

Most of the neophyte nurses, although they were not facing problems related to being married, had heard from their seniors that nurses who got married found it difficult to continue in nursing, and had to make some changes, such as 'transferring career or unit', or 'going part-time'. Some of them even 'left their job and became a housewife'. These experiences had some influence on the neophyte nurses when planning their nursing career. Chia-Hui expressed her concerns as follows:

Sometimes, the evening-shift staff could be on duty for 24 hours and there are no way you can go home. Some senior nurses who have families wouldn't work a shift like that. Although the money is good, if you can't create a balance between your job and family, all the money will be meaningless. (Chia-Hui, P16)

She continued to describe an example of this that she had heard from the senior nurses. She said:

I heard some senior nurses saying that their children always asked their father 'Where is Mum?', 'How come Mum has disappeared?' or 'Why does Mum have to work so long?' Don't you feel sorry for them when you hear that? They do a job that takes up most of their time and they have to sacrifice the time with their family. (Chia-Hui, P18)

Although the neophyte nurses were just beginning their nursing career, and most of them were not considering marriage or children yet, they had heard many related experiences from the senior nurses about how nursing impacts on family life. They thought that it will 'not be possible to do the night shift' and run a family at the same time, especially in a work environment that is short-staffed. They had had a taste that they 'did not have enough off-duty time', and the heavy workload made them 'spend their off-duty time lying in bed' in their first year after graduating. Therefore, while considering how nursing work might influence their family life, the neophyte nurses seemed to have a tendency to plan to work as nurses for only 'a few years' and then leave the profession in the near future. The influence of them leaving the nursing profession early will be discussed later.

During the first year after the neophyte nurses' graduation, the family also played a supportive role. Ten of the 31 participants reported that their families provided great support during this transition. When the neophyte nurses complained about their work conditions or relationships with their colleagues, their family would give them mental support to help them through it. Yi-Ling and Chia-Ling shared their experiences as follows:

I shared lots of things with my Mum. She would teach me to see things from a different angle and I could normally see things

differently after talking to her. If the senior nurse picked on me at work and I complained to my Mum, she would say to me that this senior nurse must have been picked on big time before, so she was doing the same thing to the neophyte nurses now. She said, “You want to be a better role model so you will not pick on the neophyte nurses in the future”. I thought that was a fair comment and, after I talked to my Mum, I did feel better and more relaxed. (Yi-Ling, first interview, P19)

When I had just started work, as I knew very little about this place, I complained a lot to my Mum about the work. My Mum always said to me that I should learn to tolerate the work conditions more because I was there to gain experience, not to complain all the time. She said to me that I would learn how to deal with every situation myself by watching how other people managed every issue at work. (Chia-Ling, P8)

The family’s support made the participants ‘feel better’ and encouraged them to deal with similar situations in the future. Yi-Fang’s family took her to the temple to pray, to fortune-tellers to ask about her future, and even for facial treatments when she failed to find a job, because they believed that this would improve her destiny (second interview, P9). Nevertheless, when the neophyte nurses failed to find a job, their family’s reactions were not always positive. For example, some families expected them to start nursing immediately after graduating. If they were unemployed after graduating, this might increase the risk of friction between the neophyte nurses and their families. One participant said:

After I graduated, people kept asking me, “Where are you working? Are you a nurse now?” People just assumed that I must be a nurse because I had studied at nursing school. I then said to them that I stayed at home and they all made a face like I was doing something that I would regret as I’d spent five long years in the nursing school. Sometimes I even felt that they saw me as a burden on my family because I didn’t become a nurse and just stayed at home. During that period of time, people just wouldn’t leave me alone and always said to me that nursing was a great job and why didn’t I go for it? Even my Mum would complain about me to the neighbours that I

was doing nothing and just staying at home all day. She didn't really care if she humiliated me in front of everyone or not. (Shu-Chuan, P7)

Ya-Fen had a similar experience to Shu-Chuan. She was very upset when her family 'kept teasing' her and said that she 'had got what she deserved, which was no job in the bag at all' (second interview, P8). Her father also said, 'If you can't find a job you like, maybe you can work in the WD food factory?' (third interview, P2) He saw that Ya-Fen could not find a nursing job, so asked her to abandon her search and get a job in a factory. All of these reactions made Ya-Fen feel 'very frustrated'.

During the first year after graduating, the family had an important influence on whether and how the neophyte nurses entered the nursing profession. They felt pressurized by their families to engage in further study, obtain their nurse licenses, choose particular institutes or even leave their job. Also, they felt supported by their family while they were looking for a job and throughout their first year. Therefore, the family's involvement was certainly an important factor during the neophyte nurses' first year after graduating.

Peer effects

During the first year after graduating from nursing school, the neophyte nurses' peers played a very important role in their decision-making process about becoming a nurse and look set to be a continuing influence in the future. For instance, although many of the neophyte nurses planned to study further, not all of them were enthusiastic about this, and some planned to start nursing straightaway, while they were students. However, their peers were all

preparing for further study. Only a few of the senior students did not set this goal. In order to be like their peers, the neophyte nurses eventually sat the advanced college exams with their peers. Chia-Hui and Shin-Yi commented:

I saw that everyone went to the advanced colleges so I followed them but I wasn't enthusiastic at all. (Chia-Hui, P26)

I wasn't planning to take the exam at the beginning but I saw everyone was filling in the exam application form so I sat the exam with one of my classmates in the end. (Shin-Yi, second interview, P2)

As mentioned earlier, some of the neophyte nurses took the advanced college entrance exam because they had not yet decided upon their own route and were unsure what they wanted to do: to study further or get a job immediately. Therefore, they simply followed what their peers did, thinking that, if they passed the exams, then they would go on to study with their friends; if they failed, they would find a job afterwards. Shu-Hua said:

I would say that most people hadn't got a clue what they were going to do when they were at school. They probably just did whatever most people were doing and had no idea which route was better for them. (Shu-Hua, first interview, P3)

The neophyte nurses were the same age as their peers, and had the same training background. It was important that they supported each other. This was crucial, especially when the neophyte nurses entered a whole new working environment. They needed someone with a similar background with whom to share their experiences, offer mutual encouragement, and overcome difficulties. They needed someone to make them feel that they were not alone. For example, when Hui-Ting was looking for a job, she was considering whether she would

be with her friends or classmates. Sometimes, when one of their peers left their job, the others would be affected by that, and leave subsequently. This situation was mentioned when the participants recounted their first year experiences. Hui-Ling and Ya-Fen had related experiences of leaving their job due to their peers' leaving. Furthermore, because nursing is a profession, it involves lots of complicated medical matters and interpersonal networks. Their families and other professionals could not easily understand the culture of nursing. The neophyte nurses found that, when they shared their experiences with their family, their family could not truly understand what was going on; especially when they were dissatisfied with their work, talking to their families did not always elicit positive feedback. In contrast, their peers were in similar circumstances; they were all neophyte nurses, looking for jobs or working in a brand new environment, and had just started to care for real patients. They could easily understand what the others said and share their own experiences with them. Hui-Ting commented:

When I was in the outpatient department, I often complained to my family about the patients. Some patients never know when to ask questions and every time they came into the consulting room, by jumping the queue, they would start to ask hundreds of questions. My Mum always said to me that I should just ignore them or ask them to leave. In the end, I said less and less to my Mum, as I just wanted to talk to someone or have a moan. It was quite different when I talked to my classmates...When I complained to my classmates, they would wonder why the patients and doctors were so bad, and moan with me...This made me feel that I could ease my stress from work. (Hui-Ting, P5)

Therefore, owing to the expectation of peer support, when Hui-Ting was looking for her second job, she considered whether her peers would be nearby. During the interviews, it was found that some participants 'felt very lonely'

because they could not see their friends after starting work. Furthermore, the peer role not only provided mental support to the neophyte nurses, but they also 'shared information' with each other. For example, the peers shared their work experiences, 'compared hospitals', and provided 'job seeking information', such as 'introducing' their friends to their working units and helping them to 'cope' with working there.

When the neophyte nurses entered a new environment, they needed others' support and help. If other neophyte nurses entered the unit at the same time, they could easily build up a relationship with them because they were all new; especially when they had something to complain about, the other newcomers became good listeners. Ya-Ting and Yu-Ting said:

There was another colleague who entered the unit at the same time as me. We became good friends and shared many secrets. When we were unhappy about our work, we would talk to each other privately. After we talked things through, we felt better. (Ya-Ting, P7)

I and another colleague joined this department at the same time. We bonded well and always shared stuff with each other. (Yu-Ting, P11)

In addition to gaining support from other neophyte nurses, the participants reported that they could form better interpersonal relationships with other younger senior nurses. They thought that the younger senior nurses were simply under-going the transition from student to nurse; therefore, they would understand better what the neophyte nurses were feeling than the other seniors. For example:

I would talk to the younger senior nurses because they might understand better our situation of being a new nurse. They could share their experiences with us and suggest how we could do things better, but the older seniors would forget what it was like to be a neophyte nurse. I did think so. (Yi-Ting, second interview, P1)

A similar situation also arose for the neophyte nurses. After they had been working for a period of time, they had the experience of being a neophyte nurse; therefore, they tried to treat the neophyte nurses as well as they could. They hoped that the incoming neophyte nurses would not have the bad experiences that they had had; therefore, they seemed to have more patience to teach the incoming neophyte nurses, and tried to share their own experiences with them. Shin-Yi and Yi-Fang said:

I was hoping that, if someone could have told me that, I would have felt better at that moment. So I told her, 'you don't have to be nervous'. (Shin-Yi, second interview, P7)

I would tell other new staff the problems I had at work. At least, they would know what to do and wouldn't get shouted at if they ever had the same problem. (Yi-Fang, first interview, P23)

The peer effect was not always positive, however. For the neophyte nurses, being compared with other neophyte nurses could make them feel stressed, and entering a new environment and starting to learn how to do nursing was not just their own business. The nurse managers and senior nurses would make comparisons between the newcomers. The neophyte nurses found it stressful when they were compared with their colleagues. For example:

The department I was in had two neophyte nurses. We were from different schools and we would be inevitably compared with the other person in this unit. This kind of direct comparison was a great pressure and, being a neophyte nurse, I didn't really know what to

do to reduce my stress, so the problem just kept building up. (Shu-Hua, first interview, P4)

One of my classmates entered her unit with another neophyte nurse. They were compared by the senior nurses...She said, some seniors liked this one, and some liked the other. (Yi-Ling, second interview, P8)

In addition to the comparison made by the senior nurses or nurse managers, the neophyte nurses also drew comparisons between themselves and their peers. When they found that their performance was worse than that of others, they felt stressed, too. For example, when the neophyte nurses were looking for a job, they often found that their friends had already obtained one. This was a big warning to them; they would feel that they were lagging behind others and this would give them the drive to catch up with their peers. Shu-Hua and Yi-Chun shared their experiences in this respect:

I can see that they all have the life that they want now, so what about me? They already have substantial experience of clinical work but I am just starting now and of course I would have the urge to catch up with them. (Shu-Hua, first interview, P23)

My friends and I were planning to work in nursing. After some of them had found a job, I started to get nervous and wondered why they had found jobs but I hadn't. I was really nervous about it. (Yi-Chun, P9)

Although their peers could not dominate the neophyte nurses' career decisions, as their families did, there is no doubt that they had a huge influence. In some cases, their support was even considered to be better than that that the families could provide. Therefore, in order to understand the experience of being a neophyte nurse, the significance of the peer effect should not be neglected.

Wanting to become qualified

Unlike the neophyte nurses in the UK, Taiwanese neophyte nurses should obtain at least one nurse license in order to practise nursing legally. As stated in chapter 1, there are four nurse licenses in Taiwan: Registered Nurse (RN), Registered Professional Nurse (RPN), Registered Professional Midwife (RPM), and Nurse Practitioner (NP). Based on my past experiences of interacting with senior students, most of the nursing students take the RN license and RPN license exams after graduating from nursing college.

Recent nursing graduates aim to obtain their nurse license in order to qualify after graduating from nursing school, not only because this is demanded by the Nursing Act (2007) but also because the hospitals set this as an entry requirement for neophyte nurses. The qualified nursing personnel is one of the items through which hospitals gain accreditation in Taiwan. In order to reach the standard for hospital accreditation, some hospitals have set entry requirements when recruiting nurses. Therefore, neophyte nurses who apply for nursing posts will find it difficult to get a job in these hospitals before they obtain their license. The participants knew that the healthcare institutes had set the entry requirement only to hire licensed nurses; therefore, they were trying hard to obtain their nursing licenses in order to fulfill the hospitals' entry requirements. The participants reported the following experiences regarding the hospitals' requirements:

As we haven't got the license exam results, the manager told us that, if we wish to work in a public hospital, we must have a license. (Chia-Jung, P1)

There were quite a few vacancies in the hospitals in June but they all required either Registered Nurse or Registered Professional Nurse licenses. As we haven't got the license in our hands yet, they were really hesitant to hire us. (Yi-Chun, P6)

I visited some hospitals and all of them required the Registered Nurse license or Registered Professional Nurse license, so I realized that I must obtain a license if I ever want to work as a nurse. (Yi-Ju, P11)

Before September of their graduation year, the neophyte nurses could not obtain their license exam results; therefore, they could not be hired immediately after their graduation by the hospitals which had set these entry requirements. The participants' experiences presented above obviously stopped the neophyte nurses from getting a job in these hospitals. Moreover, based on these entry requirements, some hospitals chose to interview the neophyte nurses only after they had obtained 'at least one nurse license'. Before they obtained their license, they did not have any opportunity to be interviewed for the jobs. Shu-Ting and Ya-Hui described their experiences of hospitals asking them to wait for their license exam results before interviewing them.

The interview day was the same as the day on which we got our license exam result...The hospital asked us to bring the license result on that day or we wouldn't get hired. We have to obtain at least one license in order to fulfill the requirements to work as a nurse in the hospital. (Shu-Ting, second interview, P3)

No matter where you go, a small clinic or a hospital, they will always ask you if you have got your license...They would ask you this as early as the interview stage. They even ask you the same question for the post of dental assistant...Those bigger hospitals would only interview you if you have got a license. I tried to apply for a job at the RH8 hospital but they only said to me, "Come back after you get your license" and then never called me again. (Ya-Hui, second interview, P1)

Though the nurses need at least one license in order to practise nursing, either the RN license or the RPN license means that they are qualified to apply for nursing posts. However, in some special units or larger hospitals, the hospital requires a RPN license instead of an RN license. That is to say, if the neophyte nurses wish to apply to work in the special units, they should obtain their RPN license in case they decide to work in other special units or larger hospitals in future. If the neophyte nurses had only obtained their RN license, this was not enough to fulfill the requirements. Shu-Ting described her experience of this:

At the beginning, we were both willing to work in the ICUs but, as my friend didn't have her Registered Professional Nurse license, she was assigned to the OR and I stayed in the ICU. (Shu-Ting, first interview, P6)

However, the graduation and obtaining of the license certificate were not simultaneous. As mentioned in chapter 1, the graduation was held at the beginning of June, but the exams were held at the end of July and the results were announced in September of the same year. If the neophyte nurses passed the license exam, they would obtain their license three months after graduating. The neophyte nurses needed to wait for their results before getting a job in the larger hospitals. If they had failed the first license exam, they would have to wait six months before sitting it again. This would have some influence on the time when they began nursing.

When the neophyte nurses failed the exam, they felt 'stressed', 'frustrated', 'upset' and even considering 'leaving nursing' or their current jobs. Most of the participants who failed the license exam kept trying to pass it. Even though

they had passed the RN license but failed the RPN license, they reported that they would ‘keep taking the exams’ until they finally passed them. A year after graduating, some of the participants had taken the nurse license exams three times already. Ching-Yi, for example, indicated that her classmates planned to continue taking the exam until they passed it. They had set the goal of passing the nurse license; no matter how long it took, they would continue to take the exam until they achieved their goal.

According to the Trainee Nurse Practice Regulation 2005, the neophyte nurses could be hired as trainee nurses for a year. However, when they failed the license exam, the neophyte nurses were worried that they might be ‘sacked’ or ‘looked down’ on by their colleagues as a result. In addition, Shu-Hua was worried that she might encounter the legal problems from medical malpractice in the future. She thought that, if she obtained her nurse license, she would have more confidence to deal with the patients’ problems and so avoid the legal problems from medical malpractice.

Owing to the fact that obtaining at least one nurse license is the basic requirement for some larger hospitals, when the neophyte nurses failed to pass the nurse license, they might be forced to make changes. For instance, Chia-Ying was ‘planning to work in the clinic for a year to pass the exam for the RPN license’. Hui-Ling aimed to work in a big hospital, but eventually ‘worked in a small clinic instead’. Shu-Fen found that there were ‘many part-time nurses’ working in her unit, and that ‘most of them had failed the license exam’.

In addition to doing part-time jobs or practising nursing in small clinics, five participants who had failed the nurse license exam chose to give up work in order to revise for the next exam. They indicated that ‘working in nursing and revising for the exams at the same time was too difficult’; especially when they were ‘new to the workplace’, they ‘had much to learn’. Therefore, once they had received their exam results, Ching-Yi left her job to attend a revision programme, and Hui-Wen also left her post two months before sitting the next license exam. Shu-Hua described her concerns as follows:

I began to work on A Floor of the RH3 hospital and, as I didn't pass the exam for the license qualification, I was feeling stressed for quite a while. I told the head nurse that I wanted to take the exam for the license qualification again, and then the head nurse suggested that I go part-time and use the spare time to revise for the exam. I knew I am not the kind of person who can do several things at the same time so I told the head nurse that I wanted to concentrate on revising for the exam and therefore I had to leave my job. (Shu-Hua, first interview, P1)

Shu-Ting also reported that her peers entered nursing a year later than herself because they had spent their year revising for the exam. Obtaining the nurse license certainly had an effect regarding the date on which the neophyte nurses started work.

The Trainee Nurse Practice Regulation 2005 states that the neophyte nurses can practise nursing under the senior nurses’ supervision for the first year after graduation. The participants reported that the hospitals gave them a certain period of time, ‘six months’ or ‘a year’, in which to obtain their nurse license. During this period, the neophyte nurses were hired as ‘trainee nurses’ or ‘part-

timers', and were only paid the lower rate. Having a RPN license attracts the largest salary; an RN license holder would have less, and someone without a license would have the lowest salary. For example, in Hui-Ling's clinic, the nurses with a nurse license were paid 'a monthly 800 dollars allowance', but those without a license received no allowance at all. Taking another example, Shu-Fen (first interview) indicated that her hospital would 'pay an extra 2000 dollars to an RN license holder, and 4000 dollars to an RPN holder', every month. The difference between an RN and an RPN depended on the hospital; the minimum difference was '1000 dollars' (Pei-Chun, first interview), and the maximum was '3000 dollars' (Ya-Fang).

Once the trainee nurses had obtained a nurse license, the hospital then upgraded them to formal nursing staff. If the trainee nurses failed the exam, some hospitals would terminate their contracts. However, apart from those hospitals which had higher requirements, most of the healthcare settings accepted these trainee nurses. As mentioned earlier, when new nurses started to work independently, they were expected to care for the same number of patients as the senior nurses, doing exactly the same things as their colleagues, and taking complete responsibility for their patients' care. That is to say, even though the trainee nurses had not obtained their licenses yet, they were working as nurses in the hospitals, and, no matter what their posts were, they were practising nursing.

Their educational level is another major concern of the neophyte nurses. In Taiwan, regarding the educational requirement, the neophyte nurses could

practise nursing after graduating from nursing school. As mentioned in chapter 1, this educational requirement could be fulfilled at nursing junior college, Institute of Technology, or university level. The former's graduates acquire an Associate Science Degree, and the latter two offer the same educational degree, which is the BSN. All of the graduates from these nursing educational institutes are qualified to take the nurse license exam. Once the graduates obtain their nurse license, they are qualified to become nurses. However, although attending junior college fulfils the basic educational requirement for taking the nurse license exams, the data derived from these interviews showed a different picture of the qualified nursing educational level as the participants perceived it. In order to be competitive in the nursing field in the future, most of the neophyte nurses were considering undertaking further study.

One of the reasons why the neophyte nurses decided to study further after graduating was due to the hospitals' requirements. Some of the participants reported their experience of applying for jobs at hospitals which required a further educational qualification, especially the bigger hospitals. Therefore, the neophyte nurses found it difficult to be recruited by those hospitals because of their lower educational level. The following extracts show how the participants experienced the hospitals' entry requirement for a further educational qualification:

When I started to apply for jobs, many hospitals wouldn't recruit me because they thought the college qualification wasn't good enough. (Chia-Jung, P8)

This is the hospital's policy...The hospitals preferred to hire nurses with a university qualification and they expected us to keep self-

developing at work. Most of the hospitals would clarify this point at the interview stage. (Hui-Wen, first interview, P10)

In order to obtain a BSN degree, the nursing college graduates have to spend two years studying at Institute of Technology or three years if they transfer to a university. In my past experiences of interacting with my students, most of the junior college graduates chose to study at Institute of Technology because they can obtain an equivalent degree more quickly. If the participants did not obtain a university qualification, they thought that they might not have the opportunity to be hired in the future or might become the 'lowest educated' among their colleagues, so they would have less opportunity for promotion. For example, Hui-Ling commented that 'most of my colleagues had graduated from university or were studying on the in-service programme'. She was worried about her lower educational degree compared with that of her colleagues. Ching-Yi obtained her RN and RPN licenses 6 months after graduating; she was also concerned about her lack of theoretical knowledge. She finally decided to sit the advanced college entrance examination for further study. Therefore, obtaining a further educational degree became one of the major concerns of the neophyte nurses, who believed that obtaining a university education would qualify them to work in these hospitals. They wanted 'an equal starting point' as their colleagues, which was a BSN degree. In this study, 26 of the 31 participants had taken the advanced college entrance exams. The following extracts demonstrate the participants concerns about being less qualified than others:

What I am worried about now is that new nurses keep coming into the industry and all of them keep studying so, if you don't have a

good qualification to start with, you won't even get a job in the first place. (Pei-Chun, first interview, P13)

Your career can be easily suppressed if you don't keep self-developing yourself when working on modern nursing premises. (Hui-Ting, P12)

The neophyte nurses' educational level would have some influence on their salary. The graduates with a BSN would be paid more than those who had graduated from junior college. The difference depended on the hospitals. According to the participants' accounts, the difference was between 1000 (Shu-Hua, first interview; Ya-Wen) and 4000 dollars (Pei-Chun, first interview) per month. Therefore, if they could obtain a BSN degree, they would be paid more than if they had graduated from junior college. The participants believed that obtaining a RPN license and a further educational degree would enable them to become a qualified nurse and access a better nursing working environment.

A hard beginning

The experience of starting nursing was extremely hard. In this study, more than one in three of the participants expressed that they had cried about their nursing work during their first year after graduating. For neophyte nurses, it is not easy to engage with their work environment. They felt unsettled when they entered the nursing workplace and encountered a new environment. They also needed to revise their practical skills, learn the ward routines and rules, understand the equipment, get to know the doctors' habits, take complete responsibility for caring for their own patients, and accept a high workload. They had many things to know, learn and do, and even had to worry about the legal problems associated with medical malpractice. These things were all new to them and

quite different from what they had experienced during their work placement as student nurses. Therefore, they had to find a place within their working environment. For instance, Yi-Ting (first interview, P17) indicated that she thought that ‘nurses should work as a team’. However, although she had been nursing for a few months, she ‘could not perceive that she was working in a team’ and sometimes experienced difficulty in communicating with her colleagues. She found it difficult to adapt to her work environment. Yu-Ting also felt isolated within her working unit. She stated, ‘Although I gradually became far more experienced in some treatments, I still felt much excluded by the whole department’ (Yu-Ting, P3).

It would appear that time is needed to engage with the nursing work environment and the nurse role in order to ‘fit in’ or make sense. When the neophyte nurses had been nursing for ‘a certain period of time’, they found that they were gradually ‘becoming very skilful’. They indicated that the first one to four months was the hardest period for them, describing this period as ‘very difficult’, ‘harder than anything else’, ‘really stressful’, and ‘the hardest time’.

The following extracts highlight this view:

The first three, four months were really difficult. Apart from looking after parturient, I had to learn to assist with operations like C-sections and recognise all of the tools. It was really difficult at the beginning because many tools were different from operation to operation and I had to remember all of them over three months. I really struggled at the beginning. (Chia-Hui, P7)

The first three months were harder than anything else, even though I did my work placement there before. The first three months were like a probationary period when I was still getting used to the environment, policies, doctors’ habits and some work routines. There was a lot to learn. (Shu-Hui, P1)

As Shu-Hui stated, although she had done her work placement in the unit in which she started nursing, however, familiarity with the setting does not appear to have made the transition easier. She still felt that the beginning stage was harder than anything else.

I was really stressed during the first two months because I felt that I didn't learn enough during the work placement. Also I didn't pay a lot of attention to studying at school so my clinical experience was very limited. Sometimes, when the senior nurses asked me some theoretical questions, I just couldn't connect the practice with the textbooks. (Ya-Ting, P2)

The first three months were the hardest time because you were totally unfamiliar with everything. (Yi-Ling, second interview, P14)

I had only been with that unit for about a month, and was not familiar with anyone or anything yet. Since I hadn't had my own shadow nurse to lead me, the pressure had started to get to me. (Yu-Ting, P3)

According to Yu-Ting's account, lacking any senior nurses' guidance during the beginning stage certainly make her transition more difficult. The orientation programmes provided an opportunity to train the newcomers, which included environment orientation and an introduction to their work content. Some even 'revised the frequently used nursing techniques or how to write nursing records'. For the neophyte nurses, a good orientation was very important and also helped them to engage with their nursing work. However, although the healthcare institutes understood the importance of providing good orientation, they did not seem to provide it effectively. For example, some units were too busy to offer effective orientation, and left the neophyte nurses

to read files or find things out by themselves. Ya-Ling and Yu-Ting shared their experiences of their first day in their work unit:

There were 30 or 40 babies in the baby room and it was the first time that I had seen so many babies in the baby room. All the staff was too busy doing things to explain anything to me. I was left alone to read the new staff manual quietly...She was just too busy to show me around. So she asked me to read the manual first and I ended up sitting there all day. (Ya-Ling, P2)

They showed me the inventory checklist on the first day when I wasn't yet familiar with the department at all. One of the senior nurses told me that I should read through the inventory checklist myself but, if I had any questions, I could ask any of the other nurses on site. (Yu-Ting, P2)

Yu-Ting continued to express her feelings:

I was really scared on that day. It really wasn't the kind of start that I expected to ease me in and, although I was a newcomer to this department, I had to learn everything all by myself. The thing was that I had already put on a uniform and, if a patient needed something, he would call for my assistance regardless of whether I was a junior or senior, so my first working day in the accident and emergency department was a hurry-scurry mess. (Yu-Ting, P2)

For Yu-Ting and Ya-Ling, their first day of nursing did not involve any orientation at all. They simply read the files and learnt about the equipment by themselves.

As the participants had spent five years studying at junior nursing college, they were supposed to be competent, newly qualified nurses after graduating. However, many of them still 'felt unprepared' for nursing. As Chia-Hui said:

I didn't think that I was fully prepared for work. The nursing clinical

supervisor asked me why I had to start that late. I told the supervisor that somehow I still felt that I was a student and hadn't prepared myself for being a working person. (Chia-Hui, P7)

During the probationary period, the participants explained that they found it challenging to enter a new unit, where they might be unfamiliar with the equipment and/or where it was stored. Therefore, they perceived that they could not fulfill the nurse role with any proficiency. For instance, they thought that they could not do things as quickly as the other senior nurses, and they made more mistakes than others. Hui-Ling shared her experience of trying to take responsibility for the care of her own patients. She stated that, although she had arrived on the ward at 7am, an hour before the day-shift began, to prepare, because she was unfamiliar with her work, even after the other senior nurses had pushed their treatment carts out to treat their patients, she was still doing her preparation in the preparation room. Moreover, Ya-Fen (first interview) stated that, one day, because she was unfamiliar with the discharge procedures, she forgot to key in 'discharge medicine' for the patients who were being discharged so, when the patients' families went to the discharge desk, they could not get the patients' medicine. Finally, she had to run to the desk herself to notify the desk staff, which took up both her own time and that of the patients. In addition, some of the participants indicated that they could not find certain equipment (Shu-Hua, first interview) or did not know what to do (Yi-Chun) in an emergency. Therefore, in the initial stage of their work, the participants perceived that they were not proficient at nursing. This might make the neophyte nurses feel very worried. Taking Yi-Fang (first interview) as an example, she reported that she had an experience of dealing with an AAD (discharge against medical advice) case. She said:

My first AAD case was an old lady; I was worried about her condition every day but never knew what to do I asked other people, but no one knew the exact procedure...and no one would explain things clearly to me. (Yi-Fang, first interview, P14)

She continued to describe her experience of dealing with an elder gentleman with critical condition who wished to return home for just half an hour. According to the rules of the hospital, critical patients were not allowed to leave the hospital. Therefore, when the patient stated his requirement, she did not know what to do, and was worried about the legal issues. She said:

I wasn't happy that we were forced to accept and deal with this unreasonable request; what if this patient really had an emergency? Who's going to take full responsibility? I didn't know the complete procedure at that time and what if I missed something important? If I did something wrong, what should I do and how did I deal with the problem? I only started this job less than a year ago and, if I got sued at this stage, the rest of my career would be ruined. (Yi-Fang, first interview, P22)

According to the participants' accounts, most of the healthcare settings set a probationary period of three months. During this period, the neophyte nurses learnt the unit's routines and were guided by senior nurses. The guidance period varied; normally, it would last for a month. If the neophyte nurses worked in small clinics, the guidance period could be just one to three days. If the neophyte nurses worked in bigger hospitals, the longest guidance period could be three months. More than one nurse might be shadowed at a time. During this period, the participants described their experiences as being 'like a trainee nurse'. They started by learning about their work units, the treatment procedures and routines, and then started to care for their own patients, starting

with only a few patients. Finally, they gradually progressed to caring for the same number of patients as their seniors. Before they became formal staff members, they did not have to take any responsibility for the patients and their work. They could ask for the senior nurses' help when they encountered problems, but, when they started to work independently, they had to take full responsibility for both their patients and their work. The following extracts show that, once the neophyte nurses realized that they were going to have to work independently, they became 'so nervous', 'worried' and experienced various emotions and physical symptoms as a result.

Last week, when the senior nurse told me that she wanted to give me a whole team to care for and she would just keep an eye on me, I literally couldn't sleep that night and got up several times to go to the toilet because I was so nervous. (Shu-Hua, first interview, P18)

I always worried that if I started to work independently, I might face a situation where I wanted to help but I didn't know how, or, when I was busy doing something, no one would come and help me. (Shu-Fen, second interview, P6)

I shadowed the senior nurses for a month. One day, the head nurse said to me that I would start to work independently on such and such a date and I immediately went into a panic because I couldn't even make everything perfect when I shadowed the senior nurses and now I had to work independently all of a sudden. I felt so scared when I heard that I had to work independently and I eventually started to cry. I said to my friend that I was so scared about working independently because I didn't feel that I was ready and I was worried that the patients might have some accidents under my care. I cried so much at that time...I cried all day when I heard that I was going to become a formal member of staff. (Yi-Fang, first interview, P4)

Yi-Fang explained her concerns further during her second interview:

I started to think that if, one day, I was assigned a long-Kardex

notes patient and the other nurses wanted to do the handover procedure for him with me, how could I detail and list every important note, as that was my first day of looking after him? If I couldn't highlight the points at that time, what should I do? I kept imagining this picture at work and eventually I started to worry that, if this kind of situation happened after I became a formal member of staff, what would I do? Then I started to cry. (Yi-Fang, second interview, P16)

In addition to worrying in advance about working independently, this concern persisted when this became the reality for the nurses. Shin-Yi and Shu-Ting described how they felt when they started to work independently:

When you just started work, there would be someone guiding you and, if you didn't know something, you knew there was always someone there to help you. However, once you start to work independently, you could get very nervous and work slowly. Sometimes, when the doctor asked you to get or do something and you suddenly forgot what to do, you really got very nervous. (Shin-Yi, first interview, P9)

On one occasion, the senior nurses all went home and the department suddenly became empty so I was assigned to be the floater and help with a local anaesthetic surgery. I had never actually done the floater shift before and I didn't know what to do. Therefore, most of the time, I was just standing near the door and watching people coming and going, and really wanting to call someone to come in and help me. (Shu-Ting, second interview, P1)

Many of the participants reported that they had to work overtime when they started nursing. Not only did the participants themselves have to work long hours, but so did their classmates, colleagues and roommates. The overtime issue has been noted in Taiwan for many years, and the neophyte nurses' delayed days off are particularly important in this respect. Although the healthcare settings are trying to stop the neophyte nurses' from having to work overtime, the findings suggest that this issue persists. According to my experiences of contacting with senior students and neophyte nurses, normally,

the nurses who worked the day shift would go off duty at 4 or 5pm and those working the evening shift would go off duty at 11pm or midnight. However, according to the participants' accounts, working 'from 8am till 7 or 8pm' or even later on the day shift seemed to be 'a regular pattern' for neophyte nurses. The evening shift might be from '4pm till 3 or 4am', so working for up to 12 hour shifts appears to be common. Pei-Fen had experience of working the evening shift and going off duty early the next morning. When this happened, her mother said to her, 'You could almost buy some breakfast' (second interview, P7). This illustrates how serious the problem of overtime is for neophyte nurses.

Continually working for so long might lead neophyte nurses to leave the profession. This was reported by many participants. The long hours not only influenced the neophyte nurses' willingness to remain in the nursing profession but also causing misunderstandings with their families. Some of the participants' families compared them with other professionals and put pressure on them, suggesting that the neophyte nurses should curtail their working hours and leave work on time. Ya-Fen shared her uncle's opinion:

My uncle also laughed at me, saying 'What's the point, if other people can finish work on time and you have to work for 12 hours a day?' Sometimes, my family could really say something not very nice deliberately...I wanted to show them that I could do my job well and finish work on time; who wouldn't? (Ya-Fen, third interview, P5)

The neophyte nurses' families were not just saying that they should not work such long hours, but even suggested that they should leave their job. This had been discussed previously in the families' involvement section. Furthermore,

the overtime problem also affected the neophyte nurses' choice of work unit. They collected information from their senior schoolmates and classmates and made comparisons. Then, the participants commented that 'the nurses who work on the general wards were more likely to have to work overtime than those who work in the special units'. According to my findings, when the participants looked for a job, the overtime issue was one of their main concerns.

Shin-Yi commented:

Another good thing about working in the operating theatre is that you can go home on time. If, for any reason, you stay at work longer than you're supposed to, you can claim overtime, unlike on the wards. The biggest problem there is the endless extended working hours. (Shin-Yi, first interview, P5)

Another reason for the neophyte nurses' overtime, in addition to their heavy workload, was because they did not know how to write up the nursing records. In Taiwan, the nurses on each shift must write up their own patients' nursing records at least once. Keeping nursing records took up a lot of time or even led to the need to work overtime when the participants started nursing. As Yi-Fang and Shu-Hua reported:

I often stayed late to finish writing up the records at that time...I could be delayed until 6pm, 7pm or 8pm. (Yi-Fang, second interview, P4)

I wrote nursing records till 7 or 8pm that day because I had to write them once for the senior nurse to check for me, and then a second time in the formal record. So, I always had to write it twice. (Shu-Hua, first interview, P8)

As stated earlier, the neophyte nurses needed the senior nurses' guidance during their first few months to ensure that they were doing everything

correctly. Therefore, they had to undergo a period of supervision by the senior nurses. Most of the neophyte nurses would write a first draft of their nursing records for the senior nurse who shadowed them. After these had been approved by their seniors, the neophyte nurses rewrote them onto the patients' charts.

Apart from having to write them twice, the participants reported other difficulties related to writing the nursing records, such as it being difficult to write them in a certain format, the different format from teaching and practice, the lack of a consistent standard and unfamiliarity with the tasks, all of which meant that keeping the records was a very time-consuming process. The following extracts highlight this:

The main difficulty for me was writing up the nursing records. Writing up nursing records took a lot of time, because you can't write in spoken language. You have to write it using a certain format. I always spent lots of time thinking about how to transfer it into written format. (Pei-Shan, second interview, P1)

This hospital uses SOAP but we were taught the DART format at school. When we started work, most of my friends encountered a problem with writing up nursing records. (Shu-Hua, first interview, P6)

Pei-Shan and Shu-Hua pointed out that one of the neophyte nurses' concerns is writing the nursing records in a certain format. Although the neophyte nurses were taught how to write nursing records in school, however, many of them still found them difficult to write when they started nursing.

As different nurses have different ways of doing things, I could get stuck at any point when one way clashes with another. Once, one of

my nursing records had been approved by senior nurse A but was rejected by senior nurse B; I was so confused about the double standards. (Shu-Hua, first interview, P7)

I was still new at that time and often couldn't complete the tasks in one go so I spent quite a lot of time running around the department and sorting things out, and that would leave me no time to write up the records. (Yi-Fang, second interview, P5)

From reading these accounts, the method of writing the nursing records was certainly an important issue which required much attention, especially during the neophyte nurses' first year. They lacked the skill to write the records and needed more opportunities to practise their writing skills in order to become familiar with the format before they entered the nursing field. Also, they needed a constant standard for writing the nursing records.

Another reason why the neophyte nurses delayed going off duty was because they experienced difficulties with using professional English. In Taiwan's health care system, the patient's profile is called a chart, which is mainly written in English. The patients' progression notes, examination results, consultation sheets, operation records and even the doctors' prescriptions are written in English. For the neophyte nurses, it is a big challenge to understand all of the related terms in a very short time. In this study, one in five (19%) of the participants reported that they experienced problems when using English when they started nursing. They not only could not read the patients' examination reports initially, but also had problems in providing handover reports to the next shift. They spent a lot of time translating and went home late. As the participants said:

Normally, we were working 8-4 or 8-5 shifts. At the beginning, we went off duty at about 6 or 7pm. Only once, I worked till 9pm...That time, I was checking some consultation reports. All the reports were typed in English, and I couldn't understand what they meant. (Ya-Ting, P3)

Once I didn't go off duty until 5 or 6pm because I was unfamiliar with some English descriptions on the prescription sheet so I had to spend some time translating them and checking the important notes. As my English wasn't good and I had to translate it into Mandarin to give a handover report to the senior nurses, I could only take it slowly and use the dictionary. (Ya-Fen, third interview, P5)

Apart from delaying their off-duty time, the difficulty in using English also made these participants feel stressed during the handover meetings. These were held twice per shift, at the start, when the nurse received the report from the previous shift, and again at the end, when she handed over to the next shift. In the first handover meeting, the nurse had to understand what the previous shift nurses said. According to the patients' conditions, the nurse would construct a care plan and provide treatment for the patients. The more information they understood; the more patients' details they could control. Also, if the neophyte nurses could understand more about the patients' conditions, they would need less time to check the dictionary and spent more time on caring for their patients. Therefore, all of these issues were related to what care they could provide for their patients. In the second handover report, the nurse had to hand over the patients' information to the next shift nurses. They had to read out the patients' diagnoses, treatments, operative methods, medication, etc. to the next shift nurses and most of these should be read in English. This process made the neophyte nurses feel much stressed. The participants even said that giving a handover report was 'the scariest thing' when they began nursing. Yi-Fang, Ya-Wen and Shu-Hua reported having experienced problems with reading out

the patients' charts and handover notes while making handover reports. They said:

I would say that having a handover report was the scariest thing for me. Some of the senior nurses' English was very good and they would write the handover notes in English, such as such and such a patient had a consultation in Cardiology or such and such a department. So did the doctors...As I didn't use English that much, I often couldn't understand their notes. (Yi-Fang, first interview, P9)

I just couldn't produce a handover report...When I received a report from the senior nurses, I could understand what they were talking about, but 8 hours had passed, and it was my turn to give a report to the other senior nurses. Then, I forgot. Because all the reports were in English. At the beginning of work, it was busy all the time, so I didn't have time to check the meaning. Everything needed to be checked, but I didn't have time to do that. (Ya-Wen, P2)

When I created a handover report, I suddenly forgot how to understand English. Some English was the diagnosis, and some was the medication. I didn't know how to read it and just got stuck there. (Shu-Hua, second interview, P4)

One way in which the neophyte nurses coped with the use of English during the handover report was by translating it into Mandarin in advance and reading it in Mandarin in order to make the handover process smoother. As Shu-Hua said:

Normally, the patients' diagnoses are all in English. We have to read the diagnoses in English when we create a handover report, but I don't know how to pronounce it. So I translate them into Mandarin. (Shu-Hua, first interview, P15)

The difficulty in finding the patients' key problems was another reason why the neophyte nurses felt that they could not handle the handover well, especially when they had just started work. As the participants said:

I always had a fear at the handover because I couldn't finish my work in time most of the time and didn't know what to say during the handover. I was scared that people might think that I was talking nonsense if I said too much, or I didn't have any points and spoke too slowly. The senior nurses would ask some questions but I would have no idea that these questions were the points because I didn't ask the patients or follow up their conditions...I was chased after by millions of different questions and I was kind of living in hell everyday. (Yi-Fang, first interview, P4)

I couldn't really host the meeting properly anyway because I often couldn't follow the other nurses' points immediately. Also, as their handwriting was so untidy, I couldn't glance through it quickly and, in the end, I might get too nervous and just "zone out" from the meeting. (Yi-Fang, second interview, P17)

Being new to a department made it difficult for the neophyte nurses to handle the handover meetings because they were unfamiliar with the working unit. The other reason that the participant mentioned was 'a lack of practice in school', so they lacked confidence about producing a handover report (Shu-Hua, first interview, P15).

If the neophyte nurses felt stressed when creating a handover report, this might affect their intention to remain in their post. Shu-Hua (first interview, P15) stated that she left her job during her first year after graduating because she was 'so worried about the handover reports'. However, every nurse had to undergo this difficult process when they decided to enter the nursing profession. Therefore, some of the neophyte nurses would practise before the formal handover meeting. Yi-Fang said:

I personally didn't like those moody senior nurses so, if I knew that I would be doing the handover with a moody one, I would sit down and run through the handover notes before it started. (Yi-Fang, first

interview, P9)

Understaffing

As stated earlier, once the neophyte nurses graduated from school, entered the nursing field and began to work independently, they had to accept the whole responsibility for their nursing work by themselves. Because of the nursing shortage, the participants reported that some healthcare settings decreased the number of nurses' days off in order to buffer the nursing shortage. Chia-Hui described the severe conditions after she entered nursing as follows:

When I started this job, each member of staff would have eight to ten days off a month. Now everyone is too busy to take a day off and we can only have a maximum of 5 days off a month. (Chia-Hui, P19)

Influenced by the nursing shortage, some healthcare settings attempted to prolong the nurses' working hours in order to lessen the impact of the nursing shortage. For example, it was reported by the participants that some units were operating 12-hour shifts. According to the neophyte nurses' accounts, Taiwanese nurses work 8 hour shifts on a three-shift system: the day, evening, and night shift. However, when the units experienced a nursing shortage, some of them adopted a two-shift system of 12 hours each, so the number of working hours was increased by 50 percent. The two-shift system posed both a physical and mental challenge for the nurses. Chia-Hui stated that:

I work like a donkey everyday. In my department, there would be a hundred plus babies born every month and sometimes it could shoot up to a hundred and forty babies a month. When that happens, we will work the 8 to 8 shift to cope...because we don't have enough staff. (Chia-Hui, P16)

Yu-Ting indicated that her previous unit used this 2-shift system to help to schedule the nurses' days off:

I was told that I would have to work an 8 to 8 shift during the New Year period in turns. Most people don't know that nurses normally work an 8 to 8 shift during the New Year; even my family didn't know. (Yu-Ting, P5)

Apart from working for 12 hours a day, Chia-Hui also reported that her unit would give the nurse days off but deducted the hours for these, so that, when the unit became busy, they would be called back into work at any time. Chia-Hui described her unit condition as follows:

I have a feeling that the hospital is also trying to control the budget. Sometimes, when we're on the day shift, if there are no parturient, they will give us time off...They will give you a day off but deduct the hours from your scheduled shift. These people are calculating all the time. Sometimes, they will call you at seven thirty in the morning to give you a day off but, if there is an emergency, you will still be called back into work. (Chia-Hui, P19)

In Chia-Hui's situation, she questioned how she could use this day off properly. It was as if she was on call, and eventually ended up staying at home. She reported feeling 'unworthy' and 'insecure' about her work. The nurses' working hours could become longer and longer. Even if the nurses had scheduled a day off, their heavy workload might make it necessary for them to spend the whole day in bed in order to catch up with their sleep. Chia Hui continued that:

We are really short of staff so the schedule must be tight as well. At the end of the day, the money really is nothing, as money can't buy you a good break. We are only human. Working for five long days is

enough to tire me out; I really need a break, even if there is only one day...Now you only have a day off. You just want to sleep and do nothing because you have another long shift the next day. The staff rota is really tight so that also restricts our social life...You really will have some insecurity with this kind of work schedule. As we have a problem recruiting new staff, so we always do on-call duty to cope with impromptu cases. (Chia-Hui, P19)

In this study, there were some problems with the participants' work schedule. Firstly, those participants who worked in small clinics reported that their work schedule differed from what had been mentioned during their job interviews. For instance, Chia-Ying indicated that she was told that she would have six days off per month, but, after she started work, she found that 'this six days off meant four full days plus two half days'. That is to say, she only had five days off per month, rather than six.

Secondly, the participants reported that they had only a very few days off. This might be because some small clinics only provide limited days off. For instance, Hui-Wen (first interview) reported that she worked in a small clinic and had only 4 half days off per month. This equalled only two full days off per month. In addition, the other more common reason for the limited number of days off was the nursing shortage. The insufficient number of nursing personnel forced the hospitals to reduce the number of nurses' days off in order to keep the hospital functioning.

Thirdly, the nurses used a work schedule to arrange their work. In some small clinics or hospitals, although the total number of working hours was not particularly high, some nurses still reported that they felt that they were working too long hours. This was because of the working section arrangement.

Generally, in small clinics or some hospitals' outpatient departments, the doctors' health consultation time was divided into three sessions- morning, afternoon, and evening. The patients could consult their doctor during whichever session they wished. Between the sessions, the nurses had two hours or longer to take a break, but, if one nurse worked through these three sessions on the same day, she would have to stay at her unit from morning until night. For instance, Hui-Ting stated that she had worked 'from 8am until 11pm', and felt like she 'had stayed at the hospital all day'.

Therefore, after beginning nursing, the neophyte nurses felt that their social life was being affected by their work. Their social circle was growing smaller and smaller. Only if they requested days off in advance would the head nurse arrange this for them, and, even when they were scheduled to have a day off, they could not find friends with whom to spend it. Chia-Hui explained that this working style made her find her work 'meaningless'. She stated:

No one wants to work that kind of shift as you are stuck in the hospital and can go absolutely nowhere. It's meaningless work. Your social life becomes very limited. You will not have time to hang out with your friends and whatever you are doing is going to be fast-speed action. This is the kind of sacrifice you don't want to make. (Chia-Hui, P17)

Chia-Hui felt that she was sacrificing her social life because of her insufficient number of days off. Moreover, after starting work, it appears that the clinical nurses had a heavy workload. Many of the participants described their work as overloaded. Taking the general wards as an example, excluding a few medical centres, most of the hospital nurses had to care for over 10 patients on their day

shift, and at least 20 on their evening shift. The number of patients on the night shift was the highest. After the neophyte nurses started to work independently, they had to care for the same number of patients and take full responsibility for them, like the other nurses. The nurses in the small clinics had to cope with a high turnover of patients. The work content in the clinics was complicated; the nurses who worked in the clinics might have to ‘do reception work’, ‘assist the doctors’, and ‘inject patients’ on the same shift. This made the neophyte nurses feel overloaded. The participants commented:

It was a really busy year. In our clinic, there could be more than 200 patients a day. I was always very busy all day. I did the reception and injections. I was busy all day long. (Chia-Ling, P1)

On a particular Friday, we had admitted more than 100 patients and the whole department was overcrowded like hell. The standard routine in this department was firstly a check-up by the triage nurses; secondly the doctor would conduct a further examination and give the treatment order; then we handled the patient according to this order. On that mad, busy Friday, everyone had piles of orders on our treatment carts and it just didn't seem to be going down at all. On top of that, we were constantly calling patients to have X-rays, CT scans, etc.; even the transportation ladies were so busy transporting patients on each floor that it left no one extra who could help. If I transported the patient myself, there would be no one to cover my duty area. It was really a big mess that day. (Yu-Ting, P8)

There were 4 nurses and a head nurse on duty during the day shift, and each staff member would have 10 to 12 patients. There were 2 nurses on duty during the evening shift and, when all 43 beds were fully occupied, each nurse would have more than 20 patients. There was only one staff member on duty during the night shift. (Shu-Hui, P1)

If we had fewer patients, each nurse should care for at least 12 patients. When we got more patients, you might have to care for 15 patients. (Ching-Yi, P6)

The neophyte nurses not only cared for ‘too many patients’, but also had to undertake much non-nursing work. Some healthcare settings did not employ assistants; the nurses had to do the assistants’ work, such as ‘transmit/receive the samples’, ‘scan the results’, etc. This gave the neophyte nurses less time to spend with the patients.

In their work units, the participants reported that the turnover was high. Many participants mentioned turnover. For example, the following extracts reveal the severity of the nurses’ turnover rates:

The staff turnover rate in this department is high and, so far, we have lost more than 10 people...For some reason, we just couldn’t keep the staff in this department. Although there was a continuous supply of new staff, they were all like drifters. People here always complain about the overloaded work schedule and being overstretched, both mentally and physically. (Ya-Ling, P5)

The turnover rate in the MCI hospital remains high. There were lots of new nurses who left their jobs just after one month of pre-work training. They left during the three month probation period. There were 3 new nurses who joined our unit 2 months ago, and 2 of them have left. The last one is considering leaving. They all left when they started to work independently. (Pei-Fen, second interview, P1)

There were 9 new nurses who entered that unit at the same time. Five of them had left, and the other 4 stayed. Only 4 persons stayed. (Shu-Ting, first interview, P6)

Some neophyte nurses changed their job frequently during the first year after graduating. In this study, 31 neophyte nurses participated in the interviews. There were five participants currently working in their fourth job; nine in their third job; and four in their second job (details see Table 3.3). This unstable job status was observed in the first year after graduation.

One of the reasons causing the neophyte nurses to leave their current job was their desire to study further. Eight of the 31 participants (26%) indicated this factor. Some of these eight neophyte nurses took exam-revision programmes to revise for the advanced college exam; the others were afraid of their contract being limited, and so tendered their resignation before the exam. In this situation, whether they could have an opportunity to study at an advanced college or not, they left their job afterwards.

The second most frequently mentioned cause of the high turnover was the desire to revise for the nurse license exams. Seven participants (23%) mentioned this. Thirdly, interpersonal relationships and the management style also caused six participants (19%) to leave their job. Fourthly, the participants reported that their salary was too low or that what they were paid did not match the work they did. Four participants (13%) reported this. The following reasons for the high turnover were the contract and the in-service education, each proposed by two participants respectively. Other reasons were work stress, the difficulty of writing up the nursing records, the inadequate benefits, the heavy workload, being too far from home, the working climate and working environment, the rotating shifts, overtime, handover reports, or being transferred to another unit. Each of these reasons was mentioned by one participant, respectively.

According to the participants' accounts, except for those working in small clinics, it is necessary to sign a work contract to work at most healthcare institutes in

Taiwan. Once the nurses have signed the contract, the hospitals obtain the nurses' guarantee to work for them for a certain period of time, normally one or two years. If the nurses want to break their contract to leave their jobs, they have to pay an indemnity to the hospital. The participants reported that the amount of the indemnity is about 'half of the monthly salary' for clinics, and 'one or two months' salary' for general hospitals. For the nurses, signing a contract can bring them some benefits from the hospitals; for example, the hospitals will increase their salary. Yi-Ling (second interview) reported that, before she signed the contract, she could only get 85% of her full salary from the hospital. After she had signed the contract, she received full pay. Moreover, the healthcare institutes provided varied contractual allowances, from 500 dollars (Hui-Wen, first interview), to 12,000 dollars (Chia-Ying; Ya-Ling) to 24,000 dollars (Chia-Hui) per year. It depended on the particular hospital. However, signing a contract meant not only that the neophyte nurses could increase their salary, but also that this decision would affect them for the next one or two years, marking the start of their professional career. Therefore, when the time came to sign the contract, the nurses considered many different aspects. Yu-Ting commented:

People more or less would have some level of pressure when seeing a contract in reality, especially for people who have just graduated from college. As a new graduate...RH5 hospital has a fixed one-year contract and RH3's is a two-year one. Of course, we would think about a long-term plan and its suitability. The inter-relationship with patients, the department's atmosphere, the work relationships and the salary, the leaving scheme etc., all have to be taken into account. That's why people are often terrified when seeing a real contract. A real contract means you have to face the music...I wouldn't think too much before I saw the contract, as I was still free to go anytime I like. Once I signed the contract, it would be a good one or two years before I could think about something else. (Yu-

Ting, P9)

Chia-Ying expressed her hesitation about signing the contract as follows:

I knew that I had to sign the contract since I was interviewed. However, I just protracted the time as long as I could, because I was really hesitant about whether I wanted to sign it or not. (Chia-Ying, P15)

Taiwan suffers from a general nursing shortage. In particular, the neophyte nurses had a high turnover rate. Therefore, some healthcare institutes tried to retain the neophyte nurses by means of the work contract. Yi-Ling and Chia-Ying shared their experience of being pushed into signing the contract by their managers:

The head nurse constantly put pressure on me to sign the work contract...they were talking on and on...just wanted me to sign the contract. (Yi-Ling, second interview, P3)

She kept pushing me to sign the work contract since I started my probation period. She asked me all the time, 'Do you want to sign the contract?' (Chia-Ying, P2)

There was another issue related to signing the contract. Four participants (Chia-Ying, Ching-Yi, Hui-Chun, Hui-Ju) indicated that they felt cheated when they signed the contract; for example, the benefits or conditions that the managers had promised orally were not really implemented later, or some issues were not mentioned before but proposed later. Chia-Ying and Hui-Ju shared their experiences of this:

I think...the new graduates were really easy to be cheat...I asked the manager about the year-end bonus. She said all holiday bonuses

were included, although she didn't give any details. However, after we signed the contract, we got nothing. (Chia-Ying, P2)

One day, the head nurse announced that, if a nurse left her job within a year, she had to pay an indemnity. I was scared after I heard that. I started my job just two months ago, and then heard about this announcement. I felt very uncomfortable, and like I'd been cheated because they didn't say anything about this before. (Hui-Ju, P6)

As shown above, when the neophyte nurses signed the work contract, they experienced pressure. This pressure might arise from the fact that they had just entered the workplace, because some healthcare institutes pushed the neophyte nurses into signing the contract as soon as they started their probationary period. Moreover, the conditions mentioned by the managers verbally were not always the same as the reality.

Owing to the high turnover rate, in the participants' working units, many of the nurses lacked experience and most of them were very young. Regarding their age, Pei-Fen and Ya-Ling indicated that the oldest nurse working in their units was only about 28 years old. They stated that:

The oldest nurse in my unit has only been working in the MCI hospital for 7 years, and she is just about 28 or 29. (Pei-Fen, first interview, P12)

Most of the nurses in this department are young; the oldest was born in 1979 (28 years old) and the majority of the staff was born between 1981 (26 years old) and 1983 (25 years old). However, with the young staff's high turnover rate, almost everyone was at the junior level. The lead senior nurse was the only married staff member in the department. (Ya-Ling, P3)

Because of the lack of experienced nurses, the neophyte nurses had to learn from their own experiences. Therefore, they felt that their opportunity to learn was limited. After working for a couple of months, a few of the participants even became the guides of newcomers. They described this experience as ‘a novice leading a novice’. The neophyte nurses had not completed their training when they started to work in nursing, and had to guide the newcomers, even though they did not feel sufficiently trained themselves. This became a big pressure for the neophyte nurses. As Shin-Yi commented:

Half of the nurses in the operating theatre are newcomers. That is really horrible. You just think that you were not well prepared to teach them. Honestly, being a ‘senior’ nurse is really stressful. (Shin-Yi, second interview, P4)

From these accounts, it appears that the field of nursing did not have sufficient nursing manpower to deal with the patients’ needs. Also, they lacked a comprehensive, thorough training to prepare them for working independently.

In order to save personnel costs, the hospitals adjusted their personnel policies. The hospitals recruited many part-time workers to work in the out-patients departments. Ching-Yi indicated that, in her unit, almost 50% of the nurses worked part-time. In addition, some hospitals paid different rates in order to cut costs. For example, before the neophyte nurses obtain their nurse license, they will be paid at the assistant’s rate. Once they pass the nurse license, they can earn the nurse’s rate. Moreover, some hospitals used the work schedule as a tool for decreasing personnel costs. Taking Ching-Yi as an example, she mentioned that ‘the night shift allowance was 500 dollars per night. If the nurse

was scheduled to work for over 15 nights a month, her night shift allowance would rise to 550 dollars per night', but, in her unit, 'the nurse manager always ensured that the nurses only worked 14 night shifts per month, and so would receive only the lower rate'.

Poor working conditions in the small clinics

In this study, six of the thirty-one participants (20%) currently worked or had experience of working in small clinics. Two of them had experience of working in two different clinics. It was found that poor working conditions could exist in the small clinics. For instance, the participants indicated that the work in the clinics was very complicated. In addition to caring for the patients, there were 'lots of chores'. The bigger hospitals would employ cleaners, so the nurses would not have to do any cleaning, but the nurses who worked in the small clinics would be asked to clean them, including 'cleaning the toilets', 'wiping the floor, windows, or even the televisions' (Hui-Ling). Also, the nurses working in the clinics would 'receive less salary and benefits' (Hui-Ling). Regarding the salary, the participants reported that the nurses in the bigger hospitals could earn a salary of from '20,000 dollars' to 'over 40,000 dollars per month', whereas those in the small clinics could earn 'less than 30,000 dollars'. Most of the neophyte nurses who worked in the small clinics reported that they received very few allowances when they delayed their days off. Take Chia-Ying's account as an example; she said:

The overtime pay was about 2 dollars per minute (about 2GBP per hour). It was really tricky because we could only get paid overtime 15 minutes after our normal hours stopped. For example, normally, the doctor would finish his health consultation at 9:30pm, and we

could only count from 9:46pm. Once, one of my colleagues who worked part-time told her husband she had earned 72 dollars (1.2GBP) in overtime pay that month. That was even not enough to buy a meal. (Chia-Ying, P8)

Workplace relationships

When the neophyte nurses entered their nursing units, they were entering not only a new healthcare setting, but also a new interpersonal network. Only by continuing to connect with other nurses and colleagues could the neophyte nurses practise nursing well. Therefore, learning how to establish their relationships with their colleagues became a very important issue for the neophyte nurses.

The period of being neophyte nurses was a time for constructing their interpersonal relationships with their colleagues. However, the interactions between the neophyte nurses and their colleagues were not always positive, and some encountered workplace bullying. According to the participants' accounts, the interpersonal relationships were a great source of stress for them. Before they entered nursing, they were filled with concern that, when they entered the workplace, they might encounter 'back-biting in the work unit', or might find 'it difficult to be accepted by colleagues'. Although not all of neophyte nurses encountered workplace bullying, when this happened, it deterred the nurse graduates from choosing nursing as their career. By bullying, I mean neophyte nurses who perceived their colleagues' behaviour as hostile or aggressive towards them. In this section, the workplace bullying that the neophyte nurses encountered is presented.

When the neophyte nurses were new to the workplace, there appeared to exist in a power imbalance between the senior workers, the patients and the newcomers. Their senior colleagues obviously had more power than the newcomers and sometimes treated them unfairly. In this study, 18 of the 31 participants indicated that they themselves or their peers had been bullied by senior colleagues, which led to various degrees of trauma. During the interviews, the participants shared lots of experiences about this. The bullying came from many quarters, including the doctors, senior nurses, managers, non-professional colleagues, etc. The seniors bullied the newcomers verbally, through their behaviour, and through unfair treatment.

The most frequent type of bullying reported by the participants was verbal bullying, including being ‘told off’, ‘picked on’, becoming the subject of ‘innuendo’ or ‘ridiculed’ by their senior colleagues. Being told off was reported by 11 of the 31 participants, who stated that the doctors told the neophyte nurses off most frequently, followed by the senior nurses and then the managers. The doctors usually told them off because of their unfamiliarity with their job. For example, the new nurses could not work as quickly as their seniors, did not know the doctors’ habits and/or could not handle every detail of the patients’ conditions. Shu-Hui shared her own and other neophyte nurses’ experiences of how the doctors bullied new nurses by asking non-stop questions and/or telling them off.

Some doctors like to ask a series of questions like, “What kind of milk is this patient drinking? How much does he drink per meal? What’s the total amount of calories? What are the ingredients? Why is he drinking this kind of milk? Is this patient’s digestive system

working OK?” Normally, I would react with, “Well...” and could never remember the number of calories in the milk, although I do know the amount of milk he normally drinks, the brand and the state of his digestive system. Then he may keep chasing me with a million other questions like, ‘What colour are his stools? What is their texture like and how much is there?’ The medical doctors often ask those questions. With asthma patients, some doctors may ask the nurses questions like, “What are the three ingredients in the inhalation drugs, the differences between them and when should they be used?” Some new nurses are still adapting to the environment and can get very nervous when the doctor suddenly asks them something and they forget everything they know. And the doctors can get quite upset and even tell them off because of their forgetfulness. (Shu-Hui, P2)

Shu-Hui’s account illustrates a typical situation whereby the neophyte nurses were harassed by non-stop questions. Yi-Ling (first interview) reported that she was continually asked questions by a senior nurse in front of a patient. She ‘felt really upset at the time’ because she had only been working in the unit for about three days; she could not understand why the senior nurse treated her like that. In the second interview, she mentioned another senior nurse who also asked non-stop questions when she gave her handover reports to her. Yi-Ling described how stress she had felt by this:

When I started to work independently, I felt stressed if I had to give a handover report to the senior nurse. She always picked on me...Every time, when she was working the evening shift, I felt really stressed. (Yi-Ling, second interview, P5)

Another participant, Yi-Ting, felt ‘really horrible’ when her roommate described the following situation to her:

My roommate told me that she had experience of working in another hospital. She said that, when she was working there, the senior nurses were continually asking ‘Why?’ when she gave a handover report...I felt that was really horrible. (Yi-Ting, first interview, P15)

Apart from verbal bullying, the neophyte nurses were compelled to endure being bullied by their seniors. The bullying that the neophyte nurses experienced included 'being thrown the patients' profiles', 'materials' or 'instruments'. When the senior nurses were unhappy with the neophyte nurses, they might throw the patients' profiles onto the table in front of them. Yi-Ling (second interview) reported that a few neophyte nurses left her unit because one of the senior nurses always threw the patients' profiles down in front of them. Moreover, Chia-Hui had medical equipment thrown at her by a surgical doctor in the delivery room. She said:

I remember one particular experience that really frustrated me and me almost left my job. One day, during surgery, the doctor asked for a urine catheter with a single conduit. At that time, I only knew about the kind with 2-way conduit so I passed one over. The doctor didn't check it before fitting it, and, after the catheter came into contact with the patient's perineum, he spotted the mistake. He shouted at me, "Is this what I asked for?" I froze and didn't know what to say. Maybe he thought I was an experienced nurse because I always worked on his operations but actually I had started less than a month before and wasn't totally familiar with the environment yet. I know I gave the wrong one but I just couldn't accept that he threw the catheter at me...He threw the catheter at my body. I really wanted to cry at that moment but I held back the tears. I felt humiliated and didn't think that I should accept bullying like this. I know that I had done something wrong but it was really unnecessary to overreact like that. (Chia-Hui, P7)

Chia-Hui proceeded to describe the doctor's behaviour on the following day:

He threw a surgical instrument at me during an operation the next day because I handed him the wrong implement. All of the surgical tables are aseptic, and we can only place and move our hands within a certain range. When the doctor throws something at you, you have nowhere to escape and my hands were bruised where the implement hit me. (Chia-Hui, P8)

Additionally, the neophyte nurses were also bullied by their colleagues. For example, they might be asked to do more work than their seniors or were only able to use certain facilities, such as the computer or digital blood pressure monitor, after others had finished with them. When the facilities were limited, the senior nurses dominated their usage. Therefore, the newcomers had to adapt to this situation. Pei-Fen described this as follows:

We all needed to key the patients' data into the computer at work. Once, when I was using the computer, the senior nurse said to me, "Stop working; I want to use it". In fact, I was in a hurry but I still had to let her use it first. So, I moved my stuff to the other side of table and felt upset. (Pei-Fen, first interview, P6)

In addition, unfair treatment might occur when the neophyte nurses were delivering their handover reports. The handover report was mentioned often in relation to the first year of nursing. It suggests that the neophyte nurses were required to achieve a higher standard of handover report than the senior nurses.

Pei-Fen commented:

When we gave the handover reports to the senior nurses, we were especially aware that the suction bottle had to be replaced even if it had not reached the changing standard, and the CVP wound dressings had to be changed, too, but they did not do the same thing when they gave the handover report to us. When we gave the handover report to them, they just said to us, "Why hasn't this been changed? Why hasn't that been changed?" (Pei-Fen, first interview, P6)

The neophyte nurses felt that they were treated *unfairly* because of their senior colleagues' obvious power over them, but they had no choice but to comply. Therefore, due to the imbalance in power, the neophyte nurses sought methods

for protecting themselves. Quite a few participants reported that, even if they were dissatisfied with a situation, they did not express their opinion because they considered themselves as 'a new nurse'. Sometimes, they knew that the senior nurses had made a mistake but 'did not dare to say anything', and 'remained silent'. Yi-Ting even used self blame to resolve the problem. She commented:

One senior nurse said that I was poor at communicating. She said this to me angrily. But I did not do it on purpose. And I even said to her, 'Yes, that was my fault. I didn't make it clear'. (Yi-Ting, first interview, P14)

The participants reported that, when they were bullied by their colleagues, they felt 'stressed', 'frustrated', 'upset', 'humiliated', 'wronged', and 'angry'. Some of them would 'cry in the toilet', 'in the corner of the nursing station', or after they 'went off duty'. All of these negative perceptions made them feel like they were having a hard time during their first year after graduating. Some of them even considered leaving nursing because of being bullied by their senior colleagues. The influence of this bullying cannot be ignored. Chia-Hui mentioned about one of her schoolmates left her job because of being bullied by a doctor. She commented:

The direct cause of my schoolmate's leaving was an incident that happened during that doctor's operation. She made a mistake and that doctor shouted at her so loudly that even people outside the delivery theatre could hear him. She was totally humiliated, as they weren't alone; the anaesthetist was also present. She was angry that that doctor embarrassed her in front of everyone. (Chia-Hui, P11)

Chia-Hui stated that, if she were her schoolmate, she would have done exactly the same, and left her job after being bullied like that. During the first year after graduating, the neophyte nurses shared their personal experiences with their peers. Although the participants might not encounter this kind of bullying, they still felt bullied by their seniors, which is the essence and feeling shared by the neophyte nurses. This bullying evokes negative feelings in the neophyte nurses and may cause some of them to alter their career plans.

The participants who were bullied felt that they suffered as a result. However, some reflected on their past, painful experiences; they stated that these had been ultimately valuable. They mentioned things like, ‘she picked on me like that just because she wanted me to know; all I had to do was bear it; once I passed it, everything would be alright’. They interpreted their seniors’ bullying behaviours positively, regarding them as a learning process. Although they felt that their senior colleagues should not have acted in this way, they still thought that, if they had not undergone these processes, they ‘would not have learnt things so quick, or would not have learnt so much’. This process for them was like a learning experience. After six months of being bullied intermittently by the doctor, Chia-Hui eventually developed a positive view of her experiences. She commented:

I really thanked this doctor after the first six months. I started to appreciate his bullying, as his dressing-downs made me see my problem immediately and I became extra cautious about everything...It is true that you will grow faster when working in a stressful environment. Some doctors may let you take your time but, without the pressure, you may not remember things quickly enough. You will be more vigilant after an experience like that. So I really appreciate that doctor even now, when I recall the memories;

without his short temper, I would never have grasped his working style, his customs and what he wanted and didn't want during surgery in such a short time. (Chia-Hui, P8)

Apart from their senior colleagues' power over the neophyte nurses, the patients seemed also to have greater power than them. I found that, during the interviews, the participants spent a lot of time discussing their relationship with their colleagues, and less time on the nurse-patient relationship. Soon after starting nursing, their nursing techniques and interaction skills were less developed than those of the other senior nurses. Therefore, the neophyte nurses seemed more easily to become a target for the patients' criticism. For example, some of the participants had the experience of patients directly refusing an injection from them and asking the senior nurses to do it instead. The participants felt frustrated during the nurse-patient interaction. When the workload was heavy, this problem became more obvious. The participants commented:

At the beginning, the patients had a really bad temper. I was blamed everyday. (Chia-Ying, P8)

I probably looked very inexperienced at that time, so every time I injected a patient, they always pulled a face at me, which really made me feel reluctant to continue. (Hui-Ling, P2)

The patients were really complaining...It looked like...we had done something wrong to them. (Chia-Ying, P11)

When the neophyte nurses started working in the clinics, they perceived that they had a lower status. They found that the patients and their families had totally different attitudes when they interacted with the doctors and nurses. This phenomenon is widespread in the healthcare environment, regardless of

the level of the healthcare institute. Hui-Ling referred to this experience when she interacted with the patients and their families. She said:

I felt that the nurses in the clinic have a much lower status because the patients always have a bad attitude towards us but not to the doctors. (Hui-Ling, P14)

The problem of their lower social status not only annoyed the neophyte nurses when they interacted with the patients, but also made the doctors distrust the neophyte nurses. As Shu-Chuan described:

Once someone called to ask how to deal with a fever and I told her what to do but she just threw it back at me, saying, "Is it what the doctor told you?" and I said "no". Then she said to me, "Then just put me through to doctor Chen". Although the doctor didn't say anything different from what I said, she still preferred to listen to the doctor. I still remember that the doctor was really busy that day so I tried to give her some quick ideas to solve her problem but then she started to say to me, "I thought the patient has the right to ask the doctor questions". So I just had to put her through to the doctor; otherwise, what else could I do? (Shu-Chuan, P15)

In this circumstance, Shu-Chuan described that the doctors thought that the nurses should deal with things like this by themselves, and not call them. The doctor even doubted Shu-Chuan's competence to deal with the patients' problems. For this reason, sometimes, Shu-Chuan had to explain the whole situation to the doctors afterwards. These problems continued to happen in her workplace, and she still had no alternative.

The patients' attitudes to the neophyte nurses had some influence on the neophyte nurses' decisions about their future nursing career. Hui-Ling

indicated that she had wanted to become a nurse, but, after she started nursing, the patients' bad attitudes made her consider taking up another profession.

During this study, this particular phenomenon of the patients' power over the neophyte nurses was found. Some of the neophyte nurses tended to work in the special units, which involved less contact with the patients and their families. When the patients are admitted to a general ward, their families are always at their bedside to take care of them. The families might ask many questions and frequently ask the nurses for help. If the neophyte nurses did anything that the patients or their families disliked, they soon became the target for blame. In the special units, the patients' families were only allowed to visit at certain times, so the nurses there had less contact with this group. Therefore, many participants chose to work in the special units. Ya-Wen and Shu-Ting revealed their thoughts about this:

My friend who works on the wards told me that you will be dealing with many miscellaneous things every day, and the patients' families seem to have never-ending questions there. Sometimes, when you're still dealing with one case, another case arises so you have to juggle so many problems at the same time. If you answered this patient first, the other patients may complain about waiting. (Ya-Wen, P8)

I don't like dealing with the patients' families so I chose to go to the ICU. (Shu-Ting, second interview, P6)

While the neophyte nurses complained that interacting with their senior colleagues was stressful, they also reported that they sometimes received great support from their seniors which served to ease their transition process. They received support from many sources, such as their colleagues, peers, family, etc, the latter two of which had been discussed previously. Their colleagues'

support came from the nurse managers, senior nurses, doctors and colleagues. The most important groups were the nurse managers and senior nurses, because the neophyte nurses had more opportunities to interact with them. Although some of the participants reported that the nurse manager was one of their stressors, and others indicated that the manager's leadership style could make them leave, some participants felt that they received great support from their managers. Within the nurse managers, the head nurse was mentioned most frequently. They supported the neophyte nurses by caring about their 'daily life', 'teaching', and 'interviewing' them. Apart from the head nurses, Shu-Hua indicated that she and her colleagues could meet their clinical supervisor to discuss their work conditions or stress, and Ya-Hui indicated that her associate director of nursing department also 'took newcomers' perceptions seriously' and 'cared about the new nurses' working conditions'. Due to the high turnover of Taiwan's neophyte nurses, this study found that the nurse managers took neophyte nurses' retention seriously, and the participants could easily access the managers' support.

Moreover, the senior nurses were the neophyte nurses' most frequently contacted colleagues and had a big influence on them. Although the nurse managers would teach the neophyte nurses in some cases, the senior nurses took most of the responsibility for teaching. Especially during the evenings, night shift or holidays, the head nurses were not working, so the neophyte nurses could only seek the senior nurses' help. Also, as stated earlier, the neophyte nurses entering a working unit were assigned to a senior nurse. During this period, the neophyte nurses and the senior nurses worked in the

same team, with the same work schedule. All of the neophyte nurses were under the senior nurse's supervision, such as when administering medicine, carrying out nursing techniques, writing up the nursing records, giving handover reports, etc. When the neophyte nurses could not finish their work on time, some seniors also actively helped them to complete it. As Ya-Hui said:

Sometimes I was working on the night shift, but hadn't done all my work. The senior nurses would help me to do some of the work. (Ya-Hui, first interview, P3)

In addition, as mentioned earlier, most of the nursing units would ask the neophyte nurses to write a rough draft of the nursing record for the senior nurses. After the senior nurses had approved it, the neophyte nurses wrote it down in the formal patients' profiles. When the neophyte nurses could not finish this before going off duty, some of the senior nurses would stay with them until they had read the draft. In addition to providing practical help to the neophyte nurses, the senior nurses also provided mental support, not only the shadow nurses but also the other senior nurses. When the neophyte nurses felt frustrated, the senior nurses gave them mental support or tried to encourage them.

Interacting with their senior colleagues was stressful for the neophyte nurses. Since nursing is suffering from a high turnover rate, the nurse managers tried to retain the newcomers; however, workplace bullying still occurred. The neophyte nurses were bullied by their seniors' verbal abuse, behaviour and unfair treatment. Also, the patients' power over the neophyte nurses often made them subject to blame. They started as the most powerless people in the

field, but, once this novice stage was over, the neophyte nurses interpreted this experience positively and were grateful for the abuse of power by the senior nurses.

When the neophyte nurses felt stressed, they most frequently experienced sleep problems, such as ‘insomnia’, ‘difficulty in falling asleep’, and ‘often waking at midnight’. Secondly, they suffered from gastrointestinal symptoms, such as ‘stomach ache’, ‘poor appetite’ and ‘diarrhoea’. Some of them indicated that they perceived that they were ‘feeling nervous’ or ‘had skin problems’. In order to ease their stress, the participants used various methods, such as ‘talking to others’, ‘doing exercise’, ‘shopping’, ‘eating’, ‘writing blogs’, or ‘crying’. These relaxation techniques helped them to feel better.

The theory and practice gap

The participants also reported that there was a big gap between what they had learnt and what they actually did. One of the reasons might be that what the teachers’ taught was different from the actual clinical work. The teachers taught the standard nursing techniques to the students in the school, following the standard textbooks. However, when the neophyte nurses entered the clinical setting, they had to care for a certain number of patients. In order to complete their work on time, the nurses had to do things more efficiently. Therefore, the senior nurses seemed to develop their own nursing techniques, some of which were simplified, and did not follow the standard textbooks. For example:

I started off holding the babies and teaching the mothers how to bath them. Although we had practical experience in the school, we tended

to do it differently in reality. The teacher used to teach us to carry the baby in the olive style and clean his eyes first. However, in our baby room, we skipped some steps at the beginning and bathed the babies by laying them in a bowl then washing them. (Ya-Ling, P3)

After they started nursing, they simplified their nursing procedures, in line with those of the senior nurses. Moreover, when the neophyte nurses followed the nursing techniques in the standard textbooks, the senior nurses would ask them to change and ‘never bring those standard techniques to the clinical settings’. Therefore, the neophyte nurses not only faced a difference between teaching and doing, but were also criticised by the other nurses. Yi-Ling commented:

I was following the standard textbooks to check the patients’ medicine, step by step, but the senior nurse pulled a face at me and said, ‘don’t bring the standard to the clinic’. She said, ‘When do you suppose you’ll finish your work? If you keep following the standard, when will you finish your work?’ (Yi-Ling, first interview, P13)

Additionally, Taiwanese nursing students have to learn every subject in college, such as medical nursing, surgical nursing, gynaecology and obstetrics, paediatric nursing, psychiatric nursing, and community nursing. After completing their nursing training, as stated in chapter 1, they can choose any professional subject when they enter the clinical nursing field. The participants reported that they had to learn many subjects in college, but did not have the opportunity to practise all of their skills while on their work placement. For example, each nursing student would have to practise in the surgical units, but some of the students did not have the opportunity to practise in the operating theatre. Therefore, the participants indicated that they lacked some specific professional subject knowledge and skills. Once they had entered these units, they had to spend more time on them than those who had related experience.

Moreover, some of the participants reported that, because ‘too many students practised techniques in turn within the limited time’, or because of ‘the senior nurses and the teachers’ teaching attitudes’, some nursing techniques were still ‘under-practised’. Yu-Ting said:

There were many things that the senior nurses wouldn't let you work through independently. It was more like observation than hands-on practice. (Yu-Ting, P8)

By reflecting on their experience of their first year after graduating from nursing school, most of the participants thought that the process from graduation to becoming a nurse was very difficult, but was ‘a transition period’, ‘an inevitable process of growth’. The participants stated that their experience was gradually built up; only by undergoing the whole process could they progress from being an inexperienced graduate to becoming a fully functioning clinical nurse. Every graduate had to undergo this process; even if they transferred to another unit or career, this transition was inevitable, and some unavoidable frustration would occur during it. It was perceived that once completed, the situation would improve. They expressed their thoughts as follows:

Looking back, I would say that this experience was like an inevitable process of learning and growing at work...The frustration, like being shouted at or crying, is just inevitable. (Shin-Yi, first interview, P2)

There is always a transition period when you start to work after graduation. There are no exceptions. I am much better now but if I was going to start another job, I may still encounter nerves and have to go through all the difficulties like everyone else. So when I am stressed, I may be in a bad mood but, once I get used to it, all of the problems I had will look like nothing. (Hui-Ju, P11)

Chia-Ying reported that, in her first five months of practicing nursing, she had many nightmares, and dreamt about work every night, but, as time passed, a year after her graduating, she realized that this experience was bearable. Since the neophyte nurses thought that transition was an inevitable process of growth, they had to undergo this process. Only by successfully enduring the transition period could the neophyte nurses learn how to be a nurse. The participants said:

We would only taste the true feeling after we had gone through the cruel reality then review our previous experiences, and we would see what we could have done better in the past. Most of the people would have to go through at least one experience that wasn't compatible with their expectations. (Shu-Hua, first interview, P3)

I started to appreciate those previous experiences because they were really helpful. You can only shine after experiences that carve and polish your abilities. (Yu-Ting, P12)

Once I got past it, I would be fine. I would say, if I didn't get past that period of time, I could still be changing my job all the time. One of my colleagues was like that, and this job at MC1 Hospital was her third job. She started in my department a month or two after me and we were quite close. She was from the MC2 hospital but, after she moved here, she gave notice just before the end of the three month probationary period. I told her that this was her third job and she really shouldn't keep changing job. I told her that if she kept changing job, she would never be able get through the one year restricted period. (Pei-Fen, second interview, P2)

Adjustment

During the transition, the neophyte nurses changed their role from that of student to nurse. This change made the neophyte nurses try to adjust their attitudes and behaviour to fit nursing. The term 'adjustment' refers to this adjusting process. During this process, the neophyte nurses viewed themselves differently after they became nurses. They knew that they had more responsibility for taking care of their patients, especially after they started to

work independently. They had to do the same amount of work and accept the same responsibilities as the other nurses; therefore, they had different expectations. As Chia-Hui commented:

When I was still a student, I was well protected. Now I am more like an individual since I started work. I have to take full responsibility for all of my behaviour now...As a student, I would only pay minimum attention to the patients and sort out the paperwork to achieve the basic standard. Everything would be OK as long as the teachers didn't give me a hard time and there was no bullying from the senior nurses. As a qualified nurse now, I manage the charts precisely and achieve 100 percent satisfactory goals. I make the patients' wellbeing a priority and no longer behave in a self-centred manner. (Chia-Hui, P1)

The neophyte nurses adjusted their own attitudes to cope with being new nurses. They 'behaved politely', 'spoke well', 'actively greeted' their colleagues, and adopted a discreet attitude at work. For instance, they would 'continue to re-check' what they had done just simply to avoid something going wrong, or forgetting to report something to the next shift nurse in their handover report.

Ya-Fen reported how she prepared for the next day's work:

I will have a sequence of day shifts after the 17th and I know that one of the patients will be discharged on that day. I am not sure if he will be in my team yet. Normally, the discharge list will be posted, so I went to check the list. If there were any patient in my team who would be discharged soon, I make a note of everything I have to know when I process the discharge in advance; things like the cross-conversion of private costs and health insurance. If I couldn't memorize the complete processing procedure, I could go back to read the guidelines again beforehand. (Ya-Fen, first interview, P9)

Ya-Fen's example shows that she undertook careful preparation beforehand, such as knowing who the patients would be on her next day shift. She would try to find out what she needed to do for the patients and took notes. In order to provide adequate care for the patients, the participants took these notes home and revised the related nursing information. Some of the participants returned to their work units during their time off to read up on the related information.

Also, they 'made comparisons' with other units or other professionals. The resources for their comparisons varied. Some of the participants contacted their classmates or friends to compare different hospitals in terms of the number of days off, employee benefits, work content, management style or even how the senior nurses guided the neophyte nurses. They used this information as a reference to decide whether they would stay with their work unit or not. For instance, some of the participants found that their units' working conditions were better than those they heard about from their friends, or knew people who often worked overtime in their units, so were glad to work where they did. In contrast, some participants found that their working conditions were worse than those of their friends, so they decided to find another job. For example, Yu-Ting explained why she decided to leave her job:

I discussed my salary with my schoolmates who graduated in the same year as me, and I found that my salary was unreasonably low...After discussing it with my family, I decided to go to work in the TC area. (Yu-Ting, P1)

In addition, the neophyte nurses compared the nursing profession with other professions. Shin-Yi stated:

Now I realize that nursing is not a bad career at all because I do have more job opportunities and a higher income compared with accountancy university graduates, who normally have a starting salary of around just over 20,000 dollars. Take my cousins for example; they all studied at university and even went abroad to pursue a further education but they only had a starting salary of around 20,000 dollars when they returned to Taiwan to work. (Shin-Yi, first interview, P6)

Shin-Yi found that nursing offered more work opportunities and a higher salary than other careers. After becoming aware of the advantages of being a nurse, the neophyte nurses increased their intention to continue nursing.

Before entering the nursing profession or soon after starting work, the neophyte nurses, because they doubted whether they were sufficiently competent or for personal reasons, felt that the period after graduating from college and starting nursing was a very difficult one for them. Therefore, they sought help from others and asked how they had found this period. Chia-Hui and Shu-Hui stated:

My older sister is also a nurse so I asked her if she had the same uncertainty before she became a nurse. She said that what I am scared of now was the same for her. Once you start to look after a real patient, you will have the pressure of taking responsibility for any mistakes and it's just inevitable. My sister said that she was definitely scared in the beginning. (Chia-Hui, P6)

I asked some senior nurses who had been working in that unit for about two years what it was like when they started to work there. They also experienced great stress at the beginning because the clinical reality was totally different from the work placement. So they had to keep reading books and asking questions everyday. Some of them just couldn't take the pressure and often cried at home everyday after work. The stress level was too high. As soon as we got a job, we had to fit into the environment with lightening speed because the hospital didn't allow us time to get used to everything. (Shu-Hui, P7)

They found that this was inevitably a difficult period of adaptation for many people. This taught the neophyte nurses that they were no different from anyone else, and that, once they had endured this novice stage, they would feel better, like the other senior nurses. During the first year after graduating, it was found that the neophyte nurses continued to compare units, careers and people to help them to find a suitable workplace, and used this comparison process to assess whether they were suited to nursing as a career.

This section presents the participants' experiences of facing the reality of being neophyte nurses. What the neophyte nurses faced was multifaceted. In the first few months, they learnt through tears. Facing a whole new environment, they learnt a lot but still could not act as functional nurses. The difficulty of writing up the nursing records, using English, and giving handover reports led them to work long hours. Taiwan's nursing environment certainly made the process more difficult. The insufficient nursing personnel reduced their number of days off and limited their social life. Moreover, the lack of experienced nurses to guide them and their inadequate orientation programmes made them poorly prepared to undertake their work. Also, workplace bullying exists in nursing. How the participants felt about and evaluated these bullying experiences was presented. The process of signing the work contract, the poor working conditions in the small clinics and the gap between the theory and practice made their adaptation to nursing even worse. During the period of being the neophyte nurses, many methods were adopted to ease the process, such as gathering information from many sources, comparing themselves with other people and other careers, or adjusting their own attitudes.

Achievement

After working for a few months, the neophyte nurses could perceive a sense of achievement through their work, arising mainly from the patients and their families' positive feedback, the neophyte nurses' families, and their work performance. The participants commented:

After delivery, the couple recognised me from my name badge and kept thanking me. They said that, if it was not for me being there for them, they would never have known what to do. I thought that everything I did was just part of my job but when the patients appreciated my efforts, I did get a sense of reward and felt glad that I could help them. (Chia-Hui, P13)

I perceived a great sense of achievement from my work. I studied nursing for five years, and could use it to help my patients. That was really great. (Yi-Ling, second interview, P10)

They saw that the conditions of the patients under their care were improving, and that they could deal with emergencies. This led to a sense of achievement and a feeling that all of their training and hard work had been 'worthwhile'.

In addition to the positive feedback from the patients and their families, some of the participants experienced other triumphs. After the patients had been discharged from hospital, they 'sent thank you cards to the hospital' and described what the neophyte nurses had done for them. Some of the patients used the questionnaires provided by the nursing station to express their appreciation of the nurses. All of this positive feedback gave the neophyte nurses a sense of achievement.

In addition, the neophyte nurses used their nursing knowledge to help their own families to deal with their health problems. When their families experienced a health problem, they would ask the neophyte nurses' opinion or seek their help. They became their 'family nurse'. Yi-Ling stated:

Now I have become my family's nurse. If they have any health related problem, they come to ask my opinion. Even just a burn or a little wound, they come to ask me how to heal with it. Everybody has come to respect me and my job. (Yi-Ling, first interview, P10)

Yi-Ling felt that her family had a positive image of her work and that she could benefit her family's health, leading to a sense of achievement.

After working for a period of time, the neophyte nurses could handle the work procedures and patients' conditions more efficiently. Pei-Fen and Shin-Yi stated:

When I started to work in this unit, I was asked to work independently within the first month. It was just about 20 days. After I worked independently, I went off duty around 6 or 7pm everyday. I felt very stressed during that time...I didn't eat anything when I was on duty...I only ate breakfast, and didn't eat anything at lunch and dinner...At the beginning, I didn't eat because I hadn't got time, but eventually, it became a custom. But now, I eat too much and have become fat. (laugh) Now, I am eating too much. Sometimes, I went with the senior nurses to eat some snacks during the break. When I just entered this unit, I got diarrhea every day. A senior nurse asked me, 'Pei-Fen, are you feeling stressed?' I was that kind of anxious person, and could never sleep properly. During that time, I got up very early to prepare for my work every day. After completing the inventory check, I rushed to receive the handover report, and then I would prepare everything I needed for that day before I gave the medicine to my patients. I just wanted everything to be well prepared beforehand...It was about six months after I started work, I got used to the working environment. I went off duty on time every day. If I was over time, it was just less than half an hour. I was got used to it, and didn't feel anxious like before. (Pei-Fen, first interview, P1)

It was really hard, because we didn't have any experience to practise nursing in the operating theatre. I was scared at the beginning and learnt things slowly. There was a senior nurse who shadowed me in the first month, and I had to work independently in the second month. I began to get stomach ache and feel nervous. My colleagues were the same as me. They all felt nervous and uncomfortable. Eventually, we gradually became used to it, and became more skilful. (Shin-Yi, first interview, P1)

They described that they could practise their nursing techniques more skilfully. The stress arising from their unfamiliarity with nursing practices decreased and the symptoms, such as diarrhoea and sleep problems due to work stress mentioned in the 'hard beginning' section above, disappeared. The participants felt that they had undergone this process and experienced some personal development. Some of the participants had already started to guide newcomers, and felt a sense of achievement in this respect.

All of the hard work at the beginning was well worth it since I can now work independently and even teach new nurses my experiences. (Chia-Hui, P9)

Regarding the time required to adjust to the work environment or nurse role, before undertaking this research, I reviewed the related studies and wondered why researchers tend to focus on the nurses' early workplace experiences rather than the period when they have just graduated from college. When I completed this research, I think that I had answered my own question. This has nothing to do with how long it was since the neophyte nurses graduated, but was concerned rather with the time at which they began nursing. During the interviews, I found that most of the participants did not immediately enter nursing because they had failed their license exams or for other, personal

reasons. No matter when they started nursing, two months or a year after graduating, they all needed a certain period of time in which to adapt to their work and so complete their role transition from student to nurse. They discovered many ‘tricks of the trade’ to help them to deal with their work. For example, Yi-Fang (second interview) found that she could accompany the doctors on their rounds. While the doctors talked to the patients, she could learn why certain patients needed to consult particular professionals. This was one of the key problems that the neophyte nurses encountered when they started nursing. They experienced problems initially when they made the handover to the senior nurses, but, after a period, discovered that accompanying the doctors on their rounds could help them to collect this information.

After they became familiar with their work and understood the treatment procedures, the neophyte nurses could more easily judge their priorities. For example, Shu-Hua (first interview) reported that she knew how to prepare patients for operations after working for a period of time. She learnt what was urgent and what could be left until later. Furthermore, the difficulties related to writing the nursing records were resolved; the neophyte nurses learnt how to collect the patients’ information and transfer it to the nursing records, or used spare moments to fill in small sections of the records. Also, giving a handover report was one of the neophyte nurses’ greatest concerns. Yi-Fang indicated that she was afraid that she might not understand what the senior nurses had just said, but, when she became familiar with using the unit’s computer, she found that it contained much of the information reported by the senior nurses.

Even if she could not note down all of the patients' data, she could easily find them afterwards.

With regard to the patients' problems, the neophyte nurses were also less nervous than before. Chia-Ying reported that, when she started work, sometimes, because she was so busy, she might fail to give a clear explanation to the patients or their families, but, after working for a while, she found that giving an explanation was very important. If the nurse did not give an explanation, the patients and their families might feel worried and uncertain. If these emotions erupted, the nurses might become embroiled in them. The neophyte nurses learnt the importance of explaining matters to the patients. Even though they were very busy at work, they learnt how to give a brief explanation. Finally, they functioned relatively smoothly in their neophyte nurse roles and perceived that they had achieved the practice of nursing. Once they became fully engaged with their work and the nurse role, their role transition was completed. They commented that 'this was just an inevitable process of growth'.

Summary

This chapter presented the findings of the study and has provided more understanding of neophyte nurse phenomenon. Prior to entering work and during their first year of practice, the neophyte nurses felt hesitant. This period of hesitation has not yet been fully discovered either in Taiwanese literature or in that of the English-speaking countries. Therefore, the findings of this study

become relevant to our understanding of the experiences of the neophyte nurses.

When the participants started nursing, they experienced a hard beginning period. They learnt through tears, felt frustrated but also gained others' support. Then, they recognized that, in order to master the nurse role, they had to go through the transition period. It is important that keep practicing nursing in the same unit not to frequently change their posts during the transition period because entering any new post may need another period of time to adapt to their new role. By gaining positive feedback from the patients and their families, they finally felt a sense of achievement from nursing work. The findings presented in this chapter will be discussed more comprehensively in the following discussion chapter.

CHAPTER 5: DISCUSSION

Introduction

In the previous chapter, the essential structure of the Taiwanese neophyte nurse phenomenon has been presented. This chapter moves towards acquiring an integrative consciousness of understanding this phenomenon of being a neophyte nurse. The aim of this study is to understand better the phenomenon of how Taiwanese neophyte nurses experience their first year after graduating from college. Although some of the findings have been discussed in the previous literature, for example the experience of a hard beginning when entering nursing work and gaining achievement when neophyte nurses have been working for a certain period of time, this research uncovers an important essence—hesitation—which has not yet been fully discussed. A dialogue between previous neophyte nurse research, the theories and my own research forms the main part of the discussion.

Hesitation

One of the important contributions to the knowledge about Taiwanese neophyte nurses' experiences by this study is that, between graduating from nursing school and starting nursing, the neophyte nurses undergo a period of time which is filled with the perception of hesitation. The term 'hesitation' was originally employed by the participants to describe their sense of difficulty about deciding whether or not to become a nurse. These experiences are not discussed in great detail in the existing literature, and limited research refers to the importance of the period when nurse graduates are awaiting their first posts.

For instance, Brown and Olshansky (1997) conducted a longitudinal study of graduates from the time when they completed their nurse practitioner programmes until 12 months after their graduation in the USA. They found that the period between the nurses' graduation from college and officially taking up their first position, because of the uncertainty associated with the certification exam and finding employment, was filled with worry. However, in their study, they did not discuss this finding in depth.

I discovered that the research focusing on neophyte nurses in Taiwan usually focuses on 'newly-employed nurses'. However, before nursing students become neophyte nurses, they undergo a period of limbo. This period is the first step that nursing students will confront after they graduate from their original nursing college. Certainly, there are different issues at this time, but there is a lack of knowledge about the individuals' experiences during this period.

The findings presented in this thesis show that the process of transition from student to neophyte nurse is not as simple as a student ending one semester and proceeding to the next one. During this period of hesitation, as described in the previous chapter, the neophyte nurses were not simply changing from students into neophyte nurses, but completely changing their roles. This period requires the neophyte nurses to be busy doing both the external work of becoming a legitimate nurse and the internal work of establishing a new personal role identity. Leaving college and starting nursing involves entering a totally

different world that is full of change and uncertainty. The neophyte nurses had very different perceptions during this period.

Between graduating and starting nursing, the participants were unsure about what they should do or where they should go. Before the nursing students graduated from college, their role was to be a student who belonged to a class and college. When they started nursing, they became a member of their unit and a healthcare organization. However, between graduating and starting nursing, the neophyte nurses did not belong to any organization. This process is like someone who wants to buy some apples; between leaving home and buying the apples, they have plenty of choice about how to achieve their goal. For example, some may choose to go to the nearest shop; others may choose to buy them from the biggest supermarket; others may choose the place that most other people select, and others may want to explore new shops in other cities. Therefore, each person makes their own decisions about from where to buy their apples. Nevertheless, no matter where they buy their apples, they have to go through the process of leaving home and arriving at a shop. There is a similarity here between neophyte nurses, who undergo the process of finishing nursing college and starting nursing. When they graduate and start nursing, they do not immediately change their role from being a student to becoming a nurse. In Taiwan, neophyte nurses have to undergo the process of passing their nurse license examination, deciding whether or not they wish to undertake further study, which may be influenced by their family and peers, and then starting nursing. Which healthcare institute they finally choose also depends on the result of their examinations, the influence of their families and peers and

the entry requirements of the various healthcare institutes. Between graduating and starting nursing, each neophyte nurse may choose how he/she wishes to undergo this process. No matter which way they choose, they all have to undergo this process in order to assume the role of a neophyte nurse, and this process entails a period of hesitation.

As well as changing their professional roles, the participants changed their family role from a dependent to an independent person. During this period of limbo, stress arises from many aspects, such as the mismatch in their family's expectations, other people's evaluation of them or changes in their personal values. The results of this study showed that some of the neophyte nurses' families expected them to contribute towards the family's living costs. If this expectation were unfulfilled, these families might change their attitudes towards the participants. Moreover, the neophyte nurses in this study did not like being unoccupied, so, during the limbo period, they might change their evaluation of their personal value. They described their low status of as like living like a parasite. For detailed examples of the participants' reactions, see the first part of the previous chapter.

The period of transition from student to nurse seemed important to the neophyte nurses who participated in this study. This requires further investigation as to why this period is so long and how the nursing profession can provide information to help neophyte nurses during this period, since this prolonged period may leave them feeling helpless and depressed, as shown in the previous chapter. Therefore, the policy-makers may put into place

legislation to shorten this period. Regarding the period between graduating from college and officially taking up a neophyte nurse position, Evans' (2001) study aims to examine the concerns and expectations of neophyte nurses at the beginning of their career in the UK. She held a focus group consisting of nine neophyte nurses, and found that, after the students had graduated from college, they abandoned their student status and felt uncertain about the future. However, in this study, the experience of hesitation was not the same as a sense of uncertainty. Evans' (2001) findings relate to the neophyte nurses' lack of knowledge about what will happen in the future, whereas hesitation includes not only this feeling of uncertainty but also a sense of not belonging and a negative self-image among neophyte nurses before they find work. Importantly, my research findings showed that the sense of not belonging and being unemployed were key aspects of the participants' identities. When the participants graduated from college and became unemployed, they lost their sense of belonging and personal values. They belonged nowhere and suffered stress when they could not find work, since, while they were unemployed, the neophyte nurses started to doubt their own value, which influenced their interpersonal relationships with their families and peers. The participants reported that stress, worry, conflict with the family and reduced self-esteem derived from the period of hesitation. In this respect, if I used a quantitative research approach to investigate the neophyte nurses' experiences, I might not have found this hesitation period existing in the transition process.

In addition, during the 'separation' period, Evans' study found that the neophyte nurses are concerned more specifically about their professional

learning, which is less complicated than the findings of my study. In my study, professional learning was just a part of the participants' transition from student to nurse. This may be because Taiwanese neophyte nurses must obtain their license in order to work legally, and the nursing educational levels between these two studies are different. In my research, all of the participants had graduated from junior college. Compared to those who obtained a BSN Degree, the participants only obtained an Associate Science Degree. Therefore, before they chose to work in nursing, they wished to obtain a more advanced degree before entering the nursing personnel market.

Since the neophyte nurses in my study felt hesitant after graduating, some of them chose to study further as a method of avoiding starting nursing straightaway. However, although they tried to avoid starting nursing immediately after graduating, most of the neophyte nurses still decided to pursue further study in the field of nursing. That is to say, choosing to study further might be just a temporary choice to escape from practising nursing. In addition, when the participants considered nursing as their career, they seemed to experience concerns about legal issues arising from medical malpractice. The participants reported that the patients had great power to decide what they wanted, and treated the participants with bad manner. This may be because, in Taiwan, patients are considered as healthcare consumers. In this case, power does not necessarily lie in the hands of the professionals. The impact of consumerism on the delivery of healthcare services has raised the neophyte nurses' concerns regarding their nursing practice and their decision to become nurses. Although no amount of prior learning can completely prepare the

neophyte nurses for their transitional process (Kilstoff & Rochester, 2008), the participants seemed to feel unprepared for their nursing work.

Holland (1999), in her study of the transition experienced by student nurses taking a nursing diploma programme in the UK, identified two very definite 'social limbo' states. One begins about four weeks before the end of the course and the other covers the period from the completion of their training until they receive confirmation of their registration with the NMC. Both states are associated with stress, uncertainty and fear about their ability to cope with their new role as nurses. In my study, although the experiences before graduation were not explored, the feelings that Holland mentioned as occurring during the first state of social limbo did not disappear after graduating. In fact, these perceptions existed until the student nurses graduate from college. In my study, some of them even still had these perceptions a year after graduating, which was longer than Holland's second limbo state.

The differences in the time required between Taiwanese and UK neophyte nurses may be due to the nurse qualification policies. In the UK, once nurse graduates register with the NMC, they legitimately become Registered Nurses. This typically takes two to ten days (Nursing & Midwifery Council, 2009). Taiwanese neophyte nurses should pass their nurse license exams to acquire their license. As stated in chapters 1 and 4, if they do not pass first time, they can take the resit 6 months after the first exam. Therefore, Taiwanese neophyte nurses' time of limbo might end up being longer than that of UK neophyte nurses.

My research uncovered the experience of hesitation following the neophyte nurses' graduation, bridging the gap in knowledge about the period between their graduation and starting nursing. Regarding the period of looking for jobs and starting work, the neophyte nurses had a right to make decisions on their own. They could decide to work straight after graduating, looking for a job and preparing for the examination at the same time, or look for a job after completing the examination. Therefore, the time period after graduation did not necessarily mean the same time period for which they had already worked. Due to the license examination policy, the neophyte nurses graduated at the beginning of June and the license examination was held at the end of July, with the results issued at the end of September (Ministry of Examination, 2006). Because some of the healthcare institutes require nurses to obtain at least one nurse license to become qualified as an employee, the neophyte nurses had to wait for their results, which might spontaneously prolong the time when they start nursing. For example, the DTN1 and RH8 hospitals in this study held interviews on the same day as the neophyte nurses received their license exam results. That is to say; the best period for job applications is no longer in June, July, or August, as previously, but September, three months after they graduate from college. This may produce another problem regarding when neophyte nurses find their jobs. Neophyte nurses should wait for the results and remain unemployed from June to September. If they fail the exam at the first attempt, they might end up unemployed for three to ten months, or even longer (as shown in Table 3.2).

Also, those participants who chose to study further described how they had to wait for the results of their advanced entrance examination. If they acquired a further education place, then they would enter another education system in September. However, if they did not pass the examination, they still had to wait until July for the results, and then carefully consider their next step. Therefore, the participants reported that they did not know what they would do after they had graduated from nursing college. In this period, they faced different expectations about advanced education and the stress of waiting for their examination results.

Bullough (1978) indicates that the scientific revolution has given primacy to knowledge as the basis of stratification, and the learned professions have emerged as the most powerful occupations. Obtaining a higher degree may provide an opportunity for gaining more power in the profession. Reynolds and Timmons (2005) suggest that nurses, by increasing their academic knowledge, may make the doctor-nurse relationship more equitable. The participants in my study all came from the lowest nursing educational level in the nursing profession, which is the Associate Science Degree. The details of the Taiwanese nursing training system are presented in chapter 1. This places the participants at the lowest level of healthcare professional, which might be why most of the participants aimed to pursue a further educational degree.

Taiwanese society greatly values higher education; many students try to obtain a higher educational degree. As stated in chapter 1, in the academic year 2007-2008, over one in twenty Taiwanese people were studying at a university or

higher educational institute (Government Information Office, 2008). A large scale study conducted by the Taiwan Education Panel Survey included 20,000 second year students from 270 occupational high schools and junior colleges. The result of that study shows that over 80% of students and their parents expect them to achieve a baccalaureate degree, and over 30% a master's degree (Yang, 2005). The educational standards for all positions in nursing are growing steadily (Joel & Kelly, 2002). During the past decade, Taiwan has witnessed the construction of a huge number of higher education institutes offering nursing programmes. The nursing training programmes were upgraded from occupational high schools to junior colleges in 2005. In terms of their educational preparation, some neophyte nurses who have completed their nursing training at junior college may wish to undertake advanced education in order to gain a further degree. Nurses obtaining a BSN degree seem to have become the trend in nursing training. The findings of my study show that 26 of the 31 participants had taken the entrance exams related to studying further.

Owing to the social expectation that students will gain a higher educational degree, some neophyte nurses, after graduating from nursing college, did not immediately start nursing. The collegial neophyte nurses in my study seemed to be anxious about having obtained only a lower degree. Not only did the participants in my study have this concern, but so did their families also. Boylan (1993) claims that the value of a degree is affected by the number of people who hold it, and finds that the relative value of a degree, which is the difference between the incomes of those with and without it, rises with the number of degree holders, because the expanding number of degree holders

pushes those without degrees into even worse jobs. Boylan's findings echo the neophyte nurses' concerns about their educational credentials in my study. The neophyte nurses realized that there was a tendency for nurses to have bachelor degrees nationwide. They were worried that, if they did not undertake further study, they might not get a job in the future. Apart from following the tendency to obtain a BSN degree, the feeling of being unprepared might be another reason why the participants seek to study further after they graduate from college; this is supported by Heslop et al. (2001).

In this study, most of the participants who held Associate Science Degrees hoped to study further. This drive came from their families' expectations, peer effects and their own personal expectations. Only two participants reported that they did not plan to study further. Therefore, if a high percentage of collegial nursing graduates chose to study further, it is necessary to reconsider whether the existing curriculum design has matched the expectations of the nursing students.

The tendency to obtain a higher degree appears to occur not only among Taiwanese neophyte nurses. The Norwegian researchers, Rognstad and Aasland (2007), conducted a cohort study to examine the changes in nursing graduates' career choices and job values. In their study, 75% of the neophyte nurses planned to engage in further education after completing their nursing training at university. Two years later, 16% of the neophyte nurses had started or finished their further education and 43% were planning to start their further education within the next two years. Delaney and Piscopo (2007) point out that

a national objective for the profession of nursing in the USA is to reach the standard of two thirds of the nursing workforce holding a BSN (Bachelor of Science Nurses) degree by 2010.

The above discussion shows that the Taiwanese neophyte nurses did not simply 'separate' from college and then enter their next transition stage. During this limbo status, they faced many stressors, such as obtaining their nurse qualification, deciding whether or not to study further, being unemployed long-term, doubting their personal values, and so on. They underwent a period of preparation for becoming qualified and competent to enter the nursing personnel market.

The transition from student to neophyte nurse

The transition from the role of student to neophyte nurse is more eventful than the previous literature would suggest. This stage is a time of important groundwork on which neophyte nurses build their future development. However, the participants in my study reviewed the past year since graduating from college and found a big gap between what they were taught in college and what they were doing in their clinical nursing work. This hermeneutic phenomenological research contributes to the exploration of the Taiwanese neophyte nurses' experience of starting nursing, as well as assesses the nursing environment from their perspective. During the period of transition, neophyte nurses are likely to experience many emotional highs and lows. Kramer (1974) points out that neophyte nurses may experience specific, shock-like reactions when they find themselves in a work situation for which they have spent

several years preparing and assumed that they were going to be prepared, but then suddenly discover that they are unprepared for it. She terms this experience ‘reality shock’, which is a crucial point in an individual’s nursing career. Kramer (1974) believes that shock results from the inadequate socialization of the neophytes during their formal training, due to the inadequate preparation of them for their future role. Although the concept of reality shock was first proposed over three decades ago, the neophyte nurses in my study still experienced the same perceptions when they entered nursing.

The emotional reaction experienced by the participants when they had graduated but had not yet started work not only happened to neophyte nurses. Brown and Olshansky’s (1997) study investigated the first year experience of nurse practitioners (NPs). The findings of their study show that, even though the majority of their participants had practised as RNs for at least 10 years before beginning practicing as NPs, when they were in the stage between graduating and obtaining employment, worrying was a common response throughout the process of change. This echoes the participants’ experiences of how they regard their transition experiences. The participants thought that everyone who entered a new nursing clinical environment would inevitably undergo a transition process. Stress, frustration, unfamiliarity with their new environment and work procedures would appear again.

The transition process, also known as part of the professional socialization, involves the neophyte nurses’ internalization of their values, attitudes, and goals, that comprise their occupational identity, and could be seen as a rite of

passage (Holland, 1999; Tradewell, 1996). All occupations that are called professions are entered in a similar way and require a period of formal training (Lum, 1978). As shown in chapter 1, in Taiwan's nursing profession, the number of years of training and the sequence vary.

Heidegger (1962) proposed the notion of *Das Man* or 'the They' to describe the relationship between the individual and society. The individual follows what other people are doing. During the professional socialization process, newcomers learn the culture of what is valued and how things should be done in the organization. As Kramer (1974) points out, through desiring to be a member of a group or to be like them, the individual imitates selective attitudes and actions. In this study, in order to be accepted by their colleagues, the participants shaped their behaviour, such as changing their attitudes to be polite or work discreetly.

Various factors facilitate the socialization process. Role learning may be facilitated by the learning that occurs prior to entry to a position (Lum, 1978). Therefore, before graduating, learning from either nursing programmes or the experiences of clinical work placements is a professional role learning process. During this process, what the nursing students see, hear or actually experience may influence their professional socialization process. In my study, the neophyte nurses selected their work unit based on their previous experiences. Some of them were worried about entering nursing because they thought that it was like a myth that there would be much in-fighting between their colleagues, as they saw that the neophyte nurses were picked on by their seniors when they

did their work placement. Also, they heard from the senior nurses about the nurses' working lives, such as their difficult work relationships or isolated social lives. Therefore, they were afraid that they might encounter exactly the same situation as others had done, and so would be unable to cope with nursing work.

When starting nursing, the participants in my study faced many difficulties, such as understanding and using English medical terminology, writing the nursing records and giving/receiving handover reports, which affected how they felt as nurses. Manias and Street (2000) point out that nurses may use the handover to examine each other's activities according to an idealized norm regarding the expectations of nursing care. If the neophyte nurses felt a lack of confidence or felt unprepared to practise nursing, they might not confidently give handover reports to the other nurses. That may be why the participants viewed the handover report as 'the scariest thing'. Lally (1999) points out that the handover report fulfils not only the function of transferring the patient's information, but also involves teaching, team-building and group cohesion. While exchanging handover reports, the nurses are encouraged to use a shared language to transmit the patients' information, which in this study is written in English medical terminology.

One aspect of professional socialization is the learning of a technical language (Lum, 1978). Farnell and Dawson (2006) and Tradewell (1996) point out that learning the language is one of the important methods of facilitating the nurses' socialization. Apart from being a tool of professional communication, technical

language can be one of the methods for identifying the members of a professional community. Lum (1978) indicates that '...an esoteric vocabulary serves to identify those who belong in the group and to exclude those who do not. Thus it confirms occupational identity' (p. 149). In my study, as the participants stated in chapter 4, apart from using professional terms in their daily work, the neophyte nurses' use of English medical terminology to exchange information with other healthcare professionals could be seen as being beyond a technical language in Taiwan's nursing profession. However, the participants experienced difficulty in using English medical terminology and had to spend a lot of time overcoming problems in this regard. For instance, they worked overtime due to having to check the meaning of the English. This could extend their shift from eight to twelve hours with the consequence of having to work the following day. In addition, the participants might not understand what the senior nurses meant in the handover report, or might be unclear about the doctor's telephone orders. This situation was continuous, and, ultimately, led to feelings of physical and mental exhaustion.

A study conducted in Brunei to investigate student nurses' stress shows that language is one of the student nurses' stressors, because, in Brunei, nursing is taught in English but practised in Malay (Burnard et al., 2007). In Taiwan, nursing is learnt and practised using Mandarin or Taiwanese; however, the patient's profile is written in English. Neophyte nurses entering clinical settings should have the ability to recognize and use the medical terminology, and read the patients' profiles in order to provide nursing care to the patients. Although nursing students have been taught English medical terminology on

their nursing training courses, neophyte nurses still have difficulty in recognizing and using English properly when practising nursing. Therefore, there may be a need to reassess the curriculum design with regard to English medical terminology.

Meleis et al. (2000) point out that each transition is characterized by its own uniqueness, complexities and multiple dimensions. From the findings of this study, I found that the high neophyte nurse turnover rate might be caused not only by the neophyte nurses' maladjustment, but might also be because of the poor nursing work environment. This is a complicated context. Apart from the preparation of the neophyte nurses, it is also important to consider what the working environment could provide. Many of the participants reported that there was a lack of nursing personnel in their units. The negative feedback about insufficient staffing and an excessive workload led to a worse working environment for the neophyte nurses to enter. Studies report that the nursing shortage has negatively affected the nurses' ability to provide safe patient care, and a growing number of studies demonstrate the relationship between the low hospital nurse staffing levels and an increased risk of adverse patient outcomes (Aiken et al., 2002; Needleman & Buerhaus 2003). Nurse administrators often recruit neophyte nurses to work in understaffed units rather than placing experienced nurses in these areas. Experienced nurses are more competent in handling multiple priorities and larger caseloads, yet often neophyte nurses have to begin working in these high-risk environments. The nursing shortage influences not only the quality of patient care, but also the neophyte nurses'

decisions about whether to stay in nursing or leave their current job (Romig, 2001).

Mackay (1998) uses the term 'disposable workforce' to describe nursing, because nurses are seen as young, female and easily replaced. Although this may be not the case in other countries, such as the USA, Canada, or the UK, this is a situation that arises in Taiwan. As mentioned in chapter 1, and the evidence shows in chapter 4, nurses only worked in clinical settings for a few years, which led to a lack of experienced nurses. Karlowicz and Ternus (2009) use another term, 'disposable commodity', to express the same idea. Scott, Engelke and Swanson (2008) found that neophyte nurses who experience daily staffing shortages were more dissatisfied with nursing as a career than those who do not. The relationship between staffing shortages and dissatisfaction is significant. The shortage of nursing personnel obviously has some influence on whether or not the neophyte nurses start nursing. Owing to the nurse shortage, the neophyte nurses in my study were forced to work independently from an early stage, which they described as their greatest source of stress (for more details, see chapter 4).

The neophyte nurses in this study changed their positions very often. As shown in Table 3.3, five (16%) of the participants were currently in their fourth post, and nine (28%) in their third post, a year after graduating from college. I found it interesting that Joel and Kelly (2002) emphasize the value of experience in the nursing profession. They believe that experience is 'one essential ingredient in clinical sophistication'. According to the participants' accounts, because of

the high turnover rate, leading to the insufficiency of nursing manpower, the neophyte nurses faced a problem of ‘novice leading novice’. They learnt nursing care from other newcomers rather than from experienced nurses. Therefore, they commented that their learning was limited because they rarely worked with experienced nurses.

Although the nursing profession aims to provide nursing care for patients, however, in my study, the neophyte nurses spent more time describing their relationships with their colleagues than on interacting with patients. This echoes the findings of Anderson et al.’s (2005) study, which aimed to describe the experiences and perceptions about the role transition in neophyte nurses at a paediatric hospital in Sweden. It was found that no participants mentioned the children and parents when they had worked for a month.

As stated in chapter 2, neophyte nurses may be susceptible to workplace bullying. In this study, more than half of the participants (18) experienced, witnessed, or heard about neophyte nurses being bullied by their colleagues. The literature focusing on horizontal or lateral violence mainly related to nurse-to-nurse hostility or incivility (Johnson, 2009; Roberts et al., 2009). However, in this study, nurse-to-nurse hostility was just one of this type of workplace conflict. The bullying behaviour reported by the participants was exhibited by doctors, senior nurses, managers, and non-professional colleagues. The most frequent type of bullying reported by the participants was verbal bullying.

When practising nursing, Melia (1987) found that some ‘unwritten rules’ exist in the nursing field. She says that, ‘these rules were not overt; rather they were made known and enforced by more subtle means’ (p. 19). This situation also exists in my study. When the neophyte nurses entered their unit, they were asked to do more work than the other nurses. For instance, they were asked to arrive at the unit earlier in order to check the inventory, which their seniors did not need to do, or they had to change all of the patients’ suction bottles before giving a handover report to the senior nurses, whereas the senior nurses were not asked to do this when they gave their reports to the other nurses or to the neophyte nurses. These ‘unwritten rules’ were not in the nursing task descriptions; however, the neophyte nurses knew that they had to comply with them. Because new graduates are transferring their role from that of student to nurse, they need to feel like part of an organization. This reveals that, during the transition process, neophyte nurses have a very hard time at the beginning of their nursing career.

There is a hierarchical element in nursing (Johnson, 2009; Roberts, Demarco, & Griffin, 2009). The hierarchical structure can be traced to the German sociologist, Max Weber. He developed comprehensive formulations of a bureaucracy. Like other developed countries around the world, Taiwan’s healthcare institutes have been influenced by these hierarchical structures (Lee, 2005). Although conflicts may arise from different disciplines, according to the professional bureaucratic organizations, these are not the focus of this study. What I am concerned about is how these bureaucratic structures influence the neophyte nurses’ transition.

Nurses have been an ‘oppressed group’ and are typically seen as powerless within the health care system (Roberts et al., 2009). Those who were bullied remain silent when confronted by authority and are unable to express their needs as a result of fear and low self-esteem. Their fear may cause their aggression and anger towards the powerful to turn inwards toward their own group, themselves, and those less powerful than themselves (Randle, 2003; Roberts et al., 2009). This may be why the participants easily become the bullied subjects and some of them blamed themselves rather than reporting these incidents.

In addition, the nurses are accepting of bullying behaviour (Cox, 1987). The participants in Cox’s study describe what they recognize as these behaviours: ‘It’s part of the territory’...’One of our roles is providing an outlet for temper tantrums’ (p. 49). The nurses seem to accept and internalize the bullying behaviour as part of the nursing culture. The findings of my study echo Cox’s view. The participants did not only accept bullying behaviour, but also thanked the bullies and see these bullying experiences as a way towards professional growth. They learn through this process and aim to become one of these professionals.

One of the participants in Kelly and Ahern’s (2008) study mentions her interaction with the more senior staff. She states:

The sharpness of some of the staff, the way some of them speak to you has become an increasing burden. I ask a question because I’m

not entirely sure about something and they say, ‘Don’t you know that?!’ It’s so humiliating. (p. 4)

The humiliating feeling described in Kelly and Ahern’s study is shared by my participants. In Taiwan, many nurses are aware of nursing workplace bullying; however, this issue is scarcely addressed. Workplace bullying is a very serious issue. However, the nurses sometimes become accustomed to bullying, and therefore it is ignored or excused. In this study, the neophyte nurses even thanked the person who had bullied them when they reflected on their past experiences and gave the positive feedback that that experience was ‘worthwhile’, because they regarded workplace bullying as a way to grow and develop their nursing profession. In Kramer’s (1974) first step of social influence, in order to be accepted by their seniors, newcomers may comply with those seniors. When they accept bullying behaviour and regard it as a way of growth, they have internalized this behaviour into their value system.

Workplace bullying may also have a negative impact on healthcare organizations (Johnson, 2009). For example, neophyte nurses who experience workplace bullying may consider leaving the profession (Cox, 1987; McKenna et al., 2003; Simons, 2008). In my study, although not all of the neophyte nurses who experienced bullying behaviour left their jobs, some had already left their post. Lewis (2006) questions personality variables as the main reason for bullying in nursing, and points out that the organization may play an important role in this type of behaviour. McKenna et al. (2003) suggest that adequate reporting mechanisms and supportive services should be readily available for those exposed to bullying behaviour.

Although this study did not aim to explore workplace bullying in Taiwan's nursing profession, the findings showed that some neophyte nurses and their peers were influenced by this bullying behaviour, leading to a sense of humiliation or them leaving their posts. Also, before the participants started nursing, they were hesitant about choosing nursing as their career due to anxiety about being bullied, as they saw happening to the nurses while on their work placement. Positive interpersonal relationships between the neophyte nurses and their colleagues are argued to be critical. Duchscher and Cowin (2006) claim that their colleagues' respect, admiration, and acceptance are critical to the neophyte nurses' professional development. Also, the findings of Winter-Collins and McDaniel's (2000) study show that a strong sense of belonging is associated with the neophyte nurses' job satisfaction. Therefore, the nurse administrators and educators may need to pay more attention to workplace bullying in order to avoid providing a bullying environment for neophyte nurses before and after they become nurses.

Since the individual role occupant is embedded in a social structure, the role behaviours are derived from the expectations of both the individual and the social systems with which that individual interfaces. Chapter 3 discussed how Heidegger uses the term *Das Man* (the They) to describe how an individual may be influenced by others. Heidegger's term 'Being-in-the-world' (Heidegger, 1962, p. 79) indicates that we are essentially involved in a context. The world of *Dasein* is a with-world. Being-in is Being-with others. We cannot be detached from the world. Applying Heidegger's notion of *Das Man*

to this study, **Das Man** constitutes the environment in which the neophyte nurses must act. This environment shapes the participants' behaviour. The participants act out what 'They' expect them to do. Lum (1978) argues that the 'reference group', proposed by Hebert Hyman, plays a significant role in the socialization process. Lum indicated that 'a person's view of his status depends upon the particular group of people he compares himself with' (p. 138). Reference groups were viewed as points of comparison for evaluating one's own status. These multiple others may influence the neophyte nurses not only during their training but also afterwards.

During the first year of being neophyte nurses, I found that the participants were greatly influenced by their families and peers. This could mean that the participants' nursing career development was influenced as much by others as it was by themselves. This echoes the findings of research conducted by Buerhaus et al. (2005), which suggested that the information and advice from families and peers have a positive influence on people's decision about becoming a nurse. Also, research conducted by Phillips, Christopher-Sisk and Gravino (2001) shows that parents are the most influential persons on the process of making career decisions while transiting from student to employee, followed by friends.

In order to facilitate the transition from student to neophyte nurse, the broader organizational, institutional and workforce support for neophyte nurses is also of importance. It has been acknowledged that neophyte nurses need appropriate support and guidance during their first few months of clinical practice (Evans,

2001; Karlowicz & Ternus, 2009; Thrall, 2007). Winter-Collins and McDaniel's (2000) study shows that a positive clinical environment is crucial for neophyte nurses. Tradewell (1996) also points out that successful socialization is determined by the organization's ability to communicate the role behaviour to the newcomer. Nurse administrators might consider the opportunities to ensure that neophyte nurses have a smooth passage into their new surroundings. Therefore, it is more important than ever to provide effective support and development opportunities for neophyte nurses. A number of methods for reducing the reality shock have been suggested, such as: orientation programmes (Hofler, 2008; Scott, 2005; Scott, Engelke, & Swanson, 2008); preceptorship (Bick, 2000; Chen et al., 2001; Evans, 2001; Farnell & Dawson, 2006; Gerrish, 2000; Holland, 1999; Taylor et al., 2001; Whitehead, 2001), support groups (Hsiung & Tsai, 1995) and internships (Heslop et al., 2001; Hofler, 2008; Messmer, Jones, & Taylor, 2004). These methods will be discussed in the following paragraphs.

Scott, Engelke and Swanson (2008) found that the quantity and quality of neophyte nurses' orientation were significantly associated with their turnover rate. The turnover rate of those who felt that their orientation completely met their needs was 45%, whereas that of those who felt that it did not was 60%. Scott et al. (2008) concluded that orientation in the first job plays a role in promoting neophyte nurses' job satisfaction and retention. Those who experienced a longer orientation that met all of their needs were more satisfied with their current job.

Some nursing colleges and nursing administrators have implemented educational programmes and staff orientation programmes for neophyte nurses. These can range from a few days to much longer periods, of up to 18 months (Frizell, 1991; Harrison, 2006; Hunter, Bormann, & Lops, 1996; Kluge, 1996). The essence of many of these schemes is the provision of support and knowledge for nurses who are working in clinical settings (Heslop & Lathlean, 1991). In the UK, In Harrison's (2006) report, nursing students are supported by an intensive support scheme which involves taking an 18-month course, six months before they qualify. The result of the scheme is that 98% of the neophyte nurses are still working in that NHS Trust one year after registration. Compared with the previous national research, the percentage of neophyte nurses who leave their jobs during the first year is 35-60% (Harrison, 2006); the intensive support scheme appears to offer great support to the neophyte nurses. In Australia, many hospitals provide Graduate Year Programmes to assist neophyte nurses to assimilate their new roles and environment (Newton & McKenna, 2007). In a similar vein, Amos (2001) also points out that structural support is vital in assisting the role transition and can reduce the neophyte nurses' anxiety and culture shock. Taiwanese policy-makers need to take cognisance of this huge amount of data.

Boswell et al. (2004) comment that the orientation programmes that traditionally inform new employees about the organization's mission, vision, and values, as well as the legal and procedural aspects of nursing practice, may be insufficient. Ironically, although the traditional orientation programme is seen as an insufficient method for neophyte nurses, some of the participants in

my study did not receive one, revealing the problem that the orientation programmes were not implemented adequately. From the neophyte nurses' perceptions that beginning their clinical nursing work was difficult, it appears that their preparation for the nursing environment is insufficient. Some of them started their first job with an inadequate orientation programme. Although not all of the healthcare settings had a lack of orientation, the participants' accounts suggested that they were very worried and frightened about starting work in this unfamiliar environment.

In the clinical environment, nursing administrators try to retain nurses by offering them maximum support and development opportunities, through an effective preceptorship system. This system enables experienced nurses to assist in the orientation of neophyte nurses and it has been reported that this plays a significant role in nurse retention rates (Bick, 2000; Evans, 2001; Farnell and Dawson, 2006; Fox et al., 2005; Gerrish, 2000; Taylor et al., 2001). Chen et al. (2001) point out that neophyte nurses who attend a preceptorship programme show an increase in their total nursing competence. Besides providing a preceptor, Dearmum (2000) suggests that Lecturer Practitioners could make more effort to assist neophyte nurses' adaptation. A study conducted by Heslop et al. (2001) shows that neophyte nurses in Australia expected to participate in a preceptorship programme. Of the 105 participants in their study, 102 hoped to attend a 'graduate nurse programme' following the completion of their bachelor's degree in nursing. Meanwhile, 97 participants in that study expected to be supported by a preceptor for a period of time during the 'graduate programme'. The largest group (35%) expected this to last for 4

weeks. Twenty-five percent thought that the preceptorship should last for only 2 weeks, 14% for 1 week and 8% for 3 weeks.

Although during the interviews with the participants, the neophyte nurses did not mention the term 'preceptorship', most of the participants claimed that they had shadow nurses to guide them in their daily work in the early stages. Although the studies presented above reveal that preceptors can effectively provide support for neophyte nurses and that neophyte nurses seem to be very interested in participating in the programmes, some researchers question the benefits of preceptorships (Dearmum, 2000; Maben & Clark, 1998). For example, Maben and Clark (1998) followed up two of four cohorts of students from Project 2000 in a college in the South of England. They sent out postal questionnaires, inviting the graduates to volunteer to be interviewed at around 5-6 months post-graduation. They found that the lack of support experienced by the majority of the neophyte nurses in their study is evident from the experiences of being 'on your own'. Therefore, although preceptorship programmes seem to provide some assistance during the neophyte nurses' transition from student to nurse, we need carefully to examine how these programmes are implemented.

Some healthcare institutes provide support groups rather than a specific preceptor or mentor to help the neophyte nurses to facilitate their role transition. A study conducted by Hsiung and Tsai (1995) in Taiwan shows that a professional support group is important for understanding the nurses' major concerns and providing vital support for neophyte nursing staff. In Australia, it

was suggested that, in order to help the neophyte nurses to adjust to their first year of employment, they could become interns after graduation (Heslop et al., 2001). In the USA, Thrall (2007) suggests that the hospital residency programme, which lasts a year, might help to facilitate the neophyte nurses' transition. Groups of six to ten nurses are gathered by specialty and meet monthly for a four-hour session in which they share tales from the bedside, facilitated by an expert nurse. This programme helps the neophyte nurses to solve any problems that they were experiencing within the unit. In Taiwan, the National Union of Nurses' Association is keen on implementing internships; whether the internship programmes could ease the neophyte nurses' transition needs further investigation.

It is an important professional responsibility to help neophyte nurses to acquire competency in clinical practice, without causing distress to themselves or their patients during the learning process. Therefore, many hospitals have established their own systems for helping neophyte nurses to adjust during this special period, with the purpose of socializing the neophyte nurses into a new role. Although many strategies proved able to help neophyte nurses to adapt to the work environment, not every healthcare setting made these efforts. The high turnover rate among neophyte nurses in Taiwan persists.

Although most of the studies focusing on the neophyte nurses' experiences, as stated in chapter 2, reported that, during the transition from student to neophyte nurse, they had negative experiences, however, in my study, the neophyte nurses stated that they had not only negative experiences but also positive ones.

The participants' perception of achievement mainly results from the positive feedback from the patients, the patients' families, and their own families. Compared with the stage between graduation and finding employment, when the neophyte nurses felt that they were 'living aimlessly' and 'like a parasite', not having work could limit the neophyte nurses' opportunities for feeling a sense of achievement, accomplishment, satisfaction (Linn, Sandifer, & Stein, 1985), and could increase their sense of guilt about their failure to cover their living costs; the stage of work achievement obviously had a positive effect on their personal value.

The review of the literature regarding how long neophyte nurses take to master their role revealed that most of the studies suggest that it takes about a couple of months (Boyle, Popkess-Vawter, & Taunton, 1996; Charnley, 1999; Godinez et al., 1999; C. H. Huang, 2004; Kapborg & Fischbein, 1998). This information only reveals how much time the neophyte nurses will need in order to learn to cope with their nursing work after they enter their unit. However, this is not the same situation that the participants encountered after graduating; the findings of my study revealed that whether or not the neophyte nurses felt that they had adapted to the nursing environment was unconnected with the interval since they graduated, but more to do with for how long they had worked and for how long they had been in post. Therefore, the way to master the nursing role is to enter a healthcare setting and start nursing; as one participant said, 'this is an inevitable process of growth'. Only by actually engaging in nursing can neophyte nurses learn from experience and devise strategies for managing their nursing work well.

According to the discussion above, although van Gennepe's (1960) three-phase approach to transition continues to influence current transition thinking in the social and health literature, the process of transition from student to neophyte nurse in Taiwan is not always presented as involving three uniformly staged and distinct phases: separation, transition, and incorporation. For example, as discussed above, most of the participants who graduated from college did not immediately start nursing; they spent their time revising and took advanced college exams and nurse license exams before starting nursing. They used this period of time to prepare for their qualification as a licensed nurse to match the healthcare institutes' entry requirements, and then started nursing. This period of time could persist for a year or longer. In Taiwan's nursing profession, the stage of entering functions like a filter. Some healthcare institutes only recruit neophyte nurses who have passed their RN or RPN license examination. The neophyte nurses who had not obtained this qualification were not recruited. During the stage of entering the workplace, Taiwan's nursing profession may lose a group of neophyte nurses who had not yet passed the exam.

Moreover, after the neophyte nurses entered the nursing workplace, they entered a transition stage. However, as shown in Table 3.3, during their first year after graduating, the neophyte nurses changed job frequently. They did not follow van Gennepe's rites of passage to enter the incorporation stage; they turned to 'separate' from their current job. They chose to leave their newly-obtained post and seek another job. This is like a dynamic, circular process and would only stop when the neophyte nurses adapted to the new environment.

When this happened, they were in the incorporation stage, and the transition from student to neophyte nurse was completed.

Summary

This chapter discussed the findings generated from the participants' accounts in relation to the wider literature on the topic and illustrated why it was important that the transition from student to neophyte nurse should include the time between graduating from college and starting nursing. Before the neophyte nurses started nursing, they underwent a preparation stage by assessing their own qualifications. The length of the preparation stage differs from one person to another. Only those who had obtained their license qualifications could pass through the recruitment filter to enter healthcare institutes and start practising nursing. During the transition phase, the neophyte nurses might feel they were underprepared for nursing work; differences existed between what they had learnt and what they were currently doing. To minimize these differences, the nursing work environment could set a goal to provide a supportive environment. Once the neophyte nurses had been working in a unit for a period of time, they generated the necessary knowledge and skills to deal with the patients' problems and their work, and so might have a perception of achievement. The completed role transition occurs.

CHAPTER 6: CONCLUSION

Introduction

This chapter is used to conclude this study. The important discovery of this study forms the first part of this chapter. How strategies could be introduced and efforts made by the nursing professionals to construct a welcoming nursing environment for neophyte nurses are discussed. In addition, the reflexivity on the study is used to reflect on how my role as a nurse teacher might influence the interpretation of the research outcomes and how I questioned myself during the research process. Finally, the issues raised in this study might give researchers further ideas for future studies.

Contribution of this study

This is the first study to use a hermeneutic phenomenological approach to attempt to gain a better understanding of the phenomenon of the experiences of Taiwanese neophyte nurses within a year of graduating. The methodology of this study has been carefully considered and expert advice obtained from an experienced phenomenological researcher. Also, this is the first study to uncover the experience of unemployment during the period between graduating from college and starting nursing. This is a unique contribution to this body of knowledge. The participants shared their experience of feeling hesitant about making a decision about their future career and looking for a job. Moreover, the study provides an opportunity for nurse educators and nurse administrators to understand the nurse work environment from the neophyte nurses' perspective.

Phenomenology seeks better to understand a phenomenon. It is concerned with understanding what people experience (i.e. phenomena). The aim of this study was to explore the experiences of Taiwanese neophyte nurses. This study has achieved its aim through the identification and discussion of three essential themes which were identified from the participants' descriptions of their transition from student to neophyte nurse. The implications arising from the study are that more attention needs to be paid to the personal and professional developmental needs of nurses, both at the end of their course and during their first post-qualifying year.

Implications for practice

The knowledge regarding the neophyte nurse phenomenon generated from this study may be useful to others in different situations. For example, this study highlighted a variety of issues that might be addressed by the education institutes, healthcare settings and policy-makers, so that they may be able to provide a more consistent, positive environment for neophyte nurses.

Nurse educators

It is necessary for more nursing teachers to start to provide an infrastructure for neophyte nurses' development after they graduate. Although Taiwan's clinical settings have started to investigate how to coach neophyte nurses effectively, the findings of this research indicate that neophyte nurses find it difficult to talk directly to their nurse managers. From my experience of interviewing the participants, the neophyte nurses not only shared their stories with me but also

asked many questions about their study plans, career options or even their interpersonal relationships. This revealed that neophyte nurses may need support during the period between graduating from college and starting work. This study provided an opportunity for them to tell me about their feelings and experiences. I wondered who could support the neophyte nurses, especially if they were still in a limbo, unemployed status. I believe that their ex-teachers would be the most appropriate people to talk to, ask, discuss and share the feelings of the neophyte nurses. The college lecturers can play an important role in helping neophyte nurses to transform from student to nurse. Thus, the nursing lecturers are better placed to become involved in the neophyte nurses' transition process.

On Taiwanese nursing training courses, there is a compulsory subject called Medical Terminology. This subject aims to equip junior nursing students with a basic knowledge about the patients' English diagnoses and the English abbreviations using in Taiwan's healthcare setting. However, in the participants' experience, it appears that the neophyte nurses were not confident about using English. Sometimes, they could not even effectively practise nursing because they could not understand English adequately. Therefore, there is a need to make some adjustment to the curriculum design regarding Medical Terminology so that neophyte nurses may be better equipped to use it when they start to practise nursing.

Although Taiwan's lowest nursing training courses were upgraded from occupational high schools to junior colleges in 2005, for junior college

graduates and their families, obtaining an Associate Science degree does not seem sufficient. As this study showed, most of the participants were seeking a BSN degree. Therefore, it may prove necessary to reform the nursing training courses.

It is also important to emphasize the difference between college lessons and clinical practice. Each healthcare setting may have some different equipment, work procedures, and even doctors' habits. The students should be prepared to encounter these differences when they start nursing. There is also a need for nurse educators to develop strategies that facilitate improved educational preparation for potential neophyte nurses who are making their transition to clinical practice.

Nurse administrators

To ensure that the appropriate working standards are available to support neophyte nurse to cope with the challenges that they encounter, nurse administrators also have a responsibility to ensure that the preceptors have the skills, knowledge and time to do their job of supporting neophyte nurses. Nurse administrators need an awareness of the process that individuals undergo when making their role transition within the workplace. This is essential, because the way in which neophyte nurses manage the variations in the healthcare environment is instrumental in influencing their decision about whether or not to stay in nursing. The nurse administrators must acknowledge that, although a neophyte nurse's previous education and experience may be helpful in his/her practical nursing work, neophyte nurse requires a different level of guidance.

The provision of an appropriate orientation and suitably-educated preceptors, who are regularly working on the same shift as the neophyte nurses, are important. Nurse preceptors need to be aware that a role transition creates ambiguity and conflict, and has the potential to generate feelings of insecurity and unfamiliarity for individuals undergoing the process. Neophyte nurses need to be given time to develop their clinical practice and to increase in confidence at their own individual pace. Also, neophyte nurses who hold RN licenses and are seeking RPN qualifications are a new, willing workforce. Therefore, it is advantageous for nurse administrators to encourage RNs to pass their RPN license, since this is likely to impact positively on neophyte nurse retention rates. Moreover, in order to eliminate workplace bullying, the nurse administrators need to be aware of the potential for bullying to occur. Policies may need to be put in place, stating that bullying is not tolerated, and outlining how bullying incidents will be dealt with.

Policy-makers

Nurse employment is a multifaceted issue in Taiwan, covering areas such as national health policies, national health insurance payment systems, and educational policies. In Taiwan, although some nursing administrators have noticed the high turnover rate among neophyte nurses, the neophyte nurses' voices are going unheard. Although I realize that the results of this study cannot directly influence Taiwan's national nurse employment policy, they do provide direct evidence of how neophyte nurses experience their first year after graduating. The period between graduation and starting nursing work is very important, and the government might need to pay more attention to this issue,

such as trying to identify what makes this period so long, or how it can be improved. In addition, neophyte nurses working in small clinics have lower pay, more chaotic work, fewer days off, and poorer personnel management than those working in other settings. Therefore, the policy-makers would be better to legislate in order to provide reasonable work content and benefits to neophyte nurses who choose to work in these settings.

Reflexivity on the research process

In my study, reflexivity means reflecting continuously throughout the research on the question of how my own background and experiences as a nurse educator have influenced the research, and constantly questioning myself about the meaning conveyed by the participants. Although I discuss my reflexivity in this study in the last chapter of this thesis, this does not mean that it only happened during the last period of the study. The process of reflexivity continued throughout the whole research process. During the data analysis stage, I listened to each interview tape and read the transcribed texts carefully and repeatedly, constantly questioning the accounts and myself: ‘How do neophyte nurses experience their first year after graduating from nursing college?’; ‘Is this what it means to be a neophyte nurse?’ By asking these questions, I engaged in critical thinking and seriously reviewed the decision trials of this study.

The initial idea in undertaking this research was based on a desire to answer my own questions about the phenomenon of being a neophyte nurse. I faced my students who were about to leave college and hoped that I could give them

some idea about being neophyte nurses, but I found it difficult to talk to them without the neophyte nurses' voices. I also had the opportunity to contact neophyte nurses after they had graduated from college. They came back to seek my suggestions about their work. As a teacher, I hoped that I could give them useful suggestions, but was unclear about this and found that there were limitations in the related literature. Also, I was concerned not only about the time when neophyte nurses start to practise nursing, but also their transition from student to nurse. By undertaking this research, I had an opportunity to explore the neophyte nurses' experiences more deeply and was eager to share the participants' experiences with my students.

Moreover, based on my past experience of attending nurse managers' forums and nursing conferences, I considered the neophyte nurses' experiences to be difficult and negative. However, when I discussed this with my supervisors, they reminded me that phenomenological research should adopt a wider view in order to embrace differences. This reminded me that I should maintain an open mind when listening to my participants' voices.

I was aware that my roles as a researcher and nurse teacher, and my social identity might affect my relationship with the participants, which could influence what the participants chose to say and so affect the outcome of the research. Nevertheless, I am not a nurse manager who comes from their work place or a person who has the power to influence their nursing work. Therefore, I believed that the participants had shared their experiences with me with little concern about the power unbalance between the researcher and the researched.

During the data collection process, I asked myself: ‘Is there any possibility that, because I am a nurse teacher, the participants who agree to participate in this study are those who performed better academically in college?’ This is possible. However, if the potential participants are unwilling to participate in research, no researcher can force them to do so. This is an inevitable circumstance; the researchers cannot hear their voices. This research certainly faces the same difficulty with regard to hearing the voices of those who do not want to share their experiences.

In this thesis, I discuss my experience as a novice phenomenological researcher and a nurse teacher studying the phenomenon of Taiwanese neophyte nurses. It is impossible to ignore the impact on my past personal experience, as the majority of my Master’s degree, research dissertation and work experience has focused on issues related to nursing administration. Therefore, when I interpret the neophyte nurses’ experiences, my interpretation may be influenced by these experiences.

Writing this thesis is a journey for me. I started from a thought that I wanted to help my students to know more about being neophyte nurses, but I knew little about the subject. As my journey progressed, I learnt a lot from my participants. The evolving understanding of Taiwanese neophyte nurse phenomenon was formed by an inseparable mixture of my own, and the neophyte nurses’ being in the world and fore-structure of understanding. I believe that it is impossible to exclude my personal background knowledge from the research totally, since

I decided to conduct this research precisely because I had experience of interacting with senior students. If I did not have this experience, I would not have been interested in researching this issue. Based on my personal background, I constructed a new understanding of neophyte nurses' experiences while conducting this research. In this spiral, my understanding of being a neophyte nurse is growing. It is also anticipated that the readers of my thesis will have their own interpretations from within their own being in the world.

Some researchers suggest that, when conducting hermeneutic phenomenological research, the participants reflect their experiences with regard to a certain phenomenon, so the researcher should interfere as little as possible or avoid asking questions of the participants. However, after completing this research, I believe that asking clarification questions is necessary while conducting hermeneutic phenomenological research. For example, one of the participants in my study described that there was a big change in responsibility between being a student and being a neophyte nurse. According to the literature, neophyte nurses feel that they have more responsibility for taking care of patients when they become neophyte nurses than when they are students, but, when I asked that participant to explain more about what she meant by 'responsibility', she said that she felt that she had more responsibility for taking care of her family after she started work. If I had not asked her to explain more about this issue, I might have interpreted her previous comment incorrectly. Therefore, it is necessary to ask questions to

clarify any uncertain points in hermeneutic phenomenological research. This can avoid misinterpretations of and misunderstanding about the phenomenon.

The use of the hermeneutic phenomenology was especially helpful in that it helped me to remain in the descriptive and interpretive realms rather than allowing a slide into a diagnostic mode with regard to neophyte nurses' turnover. As discussed in Chapter 2, it seemed to me that one of the major limitations of previous research on the subject of being a neophyte nurse has been that the researchers diagnosed, labelled, and measured the supportive strategies provided for neophyte nurses, as well as their negative perceptions, but failed to provide an adequate description of the phenomenon itself.

Although some people may argue that hermeneutic phenomenological research cannot be applied in the real world, this research does provide the neophyte nurses' voices to help us to understand more about Taiwanese neophyte nurses. This provides valuable information for educational institutes, clinical settings, and policy-makers who wish to create an environment that will facilitate the transition from student to nurse.

Hermeneutic phenomenology recognizes the multiple realities of an experience (Cassidy, 2006); a phenomenon can be understood from many perspectives. I myself spent 4 years investigating this issue and compared my findings with the literature. The results presented in this thesis are what I currently understand about this phenomenon. It should not be taken as the truth for all neophyte nurses' situations because my understanding of the neophyte nurse

phenomenon may change if I conduct further research on the same topic with the same methods in the future. Therefore, the research presented here is just ONE of the possibilities for understanding the phenomenon and just A truth in this epoch.

Hermeneutic phenomenology also recognizes the influence of the researcher on the conduct and presentation of a study. Since the researcher's self is the major instrument for collecting the data, the researcher's being in the world cannot be removed. The researcher's fore-structure of understanding influences the fusion of horizons, thereby resulting in different interpretations of a text from one interpreter to another (Greatrex-White, 2004). Even the same text interpreted by the same interpreter, at a different time, can produce differences in understanding; thus, the research cannot be duplicated by others. This means that understanding grows, becoming more fact or static. In addition, all of the participants were female, so there is a lack of male neophyte nurses' experiences. Also, all the participants have graduated from junior college. Therefore, the findings of this study cannot represent the experiences of neophyte nurses of all educational levels.

Future research

Although this study answers my previous question about how neophyte nurses experience their first year after graduating, the study also generates more questions which can be investigated more deeply. There are many aspects to neophyte nurses' experiences, such as how to reduce the period of hesitation regarding working as a nurse; what kind of support neophyte nurses need

before or after their graduation; do preceptorships really help neophyte nurses in their first year; how workplace bullying influences neophyte nurses' work; how male neophyte nurses and those with a BSN degree experience their first year after graduating; and how neophyte nurses experience working in small clinics. All of the issues raised in this study might be worth investigating further.

Also, this study is focused on neophyte nurses' transitional experience; the nursing graduates who did not enter nursing were not recruited as participants. However, as shown in chapter 1, more than half of nursing graduates fail to enter nursing. How this group of nursing graduates experience their first year after graduating and why they decide not to work in nursing need to be explored.

Summary

This chapter concludes the first study exploring the phenomenon of Taiwanese neophyte nurses. During their transition from student to nurse, the neophyte nurses experience a long period of hesitation, encountering a difficult beginning when they enter the clinical setting, then adjusting their attitudes and behaviour to try to adapt themselves to nursing work, and finally obtaining a sense of achievement through working as a neophyte nurse.

In terms of the period of limbo between graduating and starting nursing, there is a lack of literature that emphasizes the importance of this period. By conducting this research, the findings uncover the phenomenon of unemployed

neophyte nurses, which will help us better to understand the neophyte nurses' experiences. Moreover, the theme of a hard beginning reveals what the neophyte nurses encounter during their work and provides an opportunity for the nurse administrators to become more familiar with the neophyte nurses' perspective of the nursing environment.

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Appendices

Appendix I: Invitation letter

附件一：邀請函



李麗紅
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以現象學的方法探討應屆畢業護理人員第一年之經驗

親愛的_____

本人 李麗紅 是仁德醫護管理專科學校的講師，也是英國諾丁安大學護理研究所博士班學生，目前正在進行一項探討應屆畢業護理人員第一年經驗的研究。本人誠摯的邀請您能夠熱心的分享您過去一年來的寶貴經驗，因為您的經驗將有助於護理主管、護理教師及護理畢業生對目前新科護士的狀況有所瞭解。此外，對於未來的護理科系畢業生，您的經驗更能提供他們將來在面對類似問題的時候能夠有所參考。

關於本研究的相關細節，請參閱隨附的「參與者說明書」。請您撥冗仔細的閱讀，也可以和你的朋友、同事或同學討論。若有任何疑問或需要進一步的資訊，請直接用電子郵件或手機與我聯絡，我將會儘速與您聯繫。

若您同意參與此研究，請將下面的回覆單寄回給研究者，研究者將儘快與您聯絡，給予進一步的說明，並安排您方便的訪談時間和訪談地點。最後，很感謝您撥冗閱讀這封邀請函，若您能同意參與此研究，本人衷心感激。

敬祝平安

研究者 李麗紅 敬上

回覆單：

請將此回覆單放入所附的回郵信封內，寄回給研究者。

我 同意 研究者進一步與我聯絡
不同意 研究者進一步與我聯絡

姓名：_____ 聯絡電話(或手機)：_____

通訊處：_____

E-mail：_____ 日期：_____

Appendix II: Participant information sheet

附件二：參與者說明書



參與者說明書

以現象學的方法探討應屆畢業護理人員第一年之經驗

誠摯的邀请您能夠參與此研究。在您同意參與之前，您有必要瞭解此研究的相關細節。因此，請您撥冗仔細的閱讀這份說明書，若您願意的話也可以和您的朋友、同事和同學討論。若有任何不清楚的地方或者您想獲得更多相關的訊息，請直接和我聯絡。並給予自己一點時間考慮是否願意參與此研究。

此研究的目的是什麼？

本研究的目的是在探討新科護士自護理學校畢業之後第一年的經驗。

為什麼我會被邀請參與此研究？

您之所以被邀請是因為您剛從護理學校畢業滿一年(未滿兩年)，而且現在正在從事護理工作。

我有義務參與此研究嗎？

參與此研究與否完全依照您個人的意願。若您同意參加，研究者將會給您這份「參與者說明書」以供您參考。並在研究開始進行的時候，請您填寫一份「學術研究受試者同意書」。雖然如此，你還是有隨時退出此研究的權利，而且不需要解釋任何的理由。

此研究包含哪些細節？

若您同意參與此研究，研究者將與您進行一對一的訪談，請您談一談從畢業到現在這段時間的經驗和感受。訪談的地點可由您自由選擇安靜的地方來進行。訪談的時間大約一個小時，但實際的訪談時間會依照您所分享的內容長短而有些許差異。若您同意的話，研究者會將您的寶貴經驗錄音，當然您有權利拒絕，或要求研究者在訪談過程中停止錄音。

在訪談之後，研究者若還有些疑問，可能會再請您做補充說明，將您的寶貴經驗描述的更完整。當然，您還是有權利拒絕再次的邀約和訪問，所有您個人的權利均和第一次的訪談相同。

參與此研究會不會對我有不良的影響？

若談論到過去不好的經驗，是有可能會造成一些心理上不舒服的感受。但是，您不會被強迫談論您不想談的內容。

參與此研究有何益處？

藉由您提供的寶貴經驗，有助於目前對護理畢業生，在畢業的一年之內的狀況有更深入的瞭解。希望您的意見能做為未來畢業生的參考。

我參與此研究會被保密嗎?

是的。您的所有個人基本資料將會被嚴格的保密，只有研究者知情。在整理研究相關的訪談資料時，您所提供的部份只會以代碼來呈現。而且，您的姓名或個人基本資料，都不會被呈現在報告中或是任何公開發表的文件上。

研究結果會如何處理?

此研究結果將用來幫助護理主管、護理教師，以及將來的護理畢業生，對於新科護士在畢業一年內的實際經驗有更深入的了解。研究的成果可能會發表在國內外的學術期刊及研討會上。但再次強調，您個人的基本資料不會被呈現在這些報告或發表的文件之中。

誰策劃此研究?

此研究的研究者是李麗紅，她目前是仁德醫護管理專科學校的講師，也是英國諾丁安大學的博士班研究生。此份研究的結果將做為李麗紅的博士論文。

誰審核這個研究?

本研究的進行，已經過研究者在英國諾丁安大學的指導教授群指導，並通過學校的教師評議委員會的審核，以及彰化基督教醫院之「人體試驗委員會」(IRB)之審核。

若您需要進一步資訊請聯絡：

李麗紅

仁德醫護管理專科學校講師

英國諾丁安大學護理學研究所博士班進修中

電話：04-2622-4375

手機：0922-488-024

E-mail: L22163@seed.net.tw

Appendix III: Ethical approval documents

彰化基督教醫院
CHANGHUA CHRISTIAN HOSPITAL

135 Nan-Hsiao Street, Changhua 500, TAIWAN
Tel :886-4-723-8595 ext.1362
E-mail:d9065@cch.org.tw
財團法人彰化基督教醫院

500彰化市南校街135號
電話：(04)723-8595 轉 1362
E-mail: d9065@cch.org.tw

同意臨床試驗證明書

查計畫主持人：李麗紅 主持「以現象學的方法探討應屆畢業護理人員第一年之經驗」新案 (070307)，經本會審查通過，特此證明。有效期限至西元 2008 年 05 月 24 日，且應接受本會之監督，同意臨床試驗證明書編號：CCH：070307

後續定期追蹤之程序及要求：

1. 期中報告：應於西元 2008 年 03 月 24 日前繳交期中報告。核准有效期限屆滿，若尚未通過期中報告追蹤審查，不得繼續試驗。
2. 結案報告：試驗完成後，應將執行情形及結果以書面報告本會核備。

人體試驗委員會
主任委員
郭守仁

西 元 2 0 0 7 年 0 5 月 2 5 日

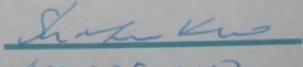
Protocol Title : A phenomenological study exploring the first year experiences of newly qualified nurses in Taiwan.
Protocol No : 070307
Protocol Version Date : 03 May 12, 2007
Informed Consent Version Date : 02 May 12, 2007
Principle Investigator(s) : Li-Hung Lee
CCH : 070307

The above study was approved by the Institutional Review Board of the Changhua Christian Hospital on May 25, 2007 and valid till May 24, 2008 and accepts the monitoring of IRB.

IRB用印：

Sincerely Yours
Shou-Jen Kuo, M.D.
Chairman
Institutional Review Board,
Changhua Christian Hospital, Taiwan




May 25, 2007

(signature, date)

本會組織與執行皆符合 ICH-GCP
The Institutional Review Board performs its functions according to written
Operating procedures and complies with GCP and with the applicable regulatory requirements.

Appendix IV: The written informed consent for the local junior nursing college

 彰化基督教醫院 CHANGHUA CHRISTIAN HOSPITAL http://www.cch.org.tw	人體試驗委員會	編號	
		版本	02
	主題：學術研究受試者同意書	日期	2007 May 12
		頁數	Page 1 of 3

學術研究受試者同意書

本書表應向受試者說明詳細內容，並請受試者經過慎重考慮後方得簽名
 您被邀請參與此研究，本表格提供您有關本研究之相關資訊。

<input type="checkbox"/> 藥品	<input type="checkbox"/> 醫療器材	<input type="checkbox"/> 醫療技術	<input checked="" type="checkbox"/> 其它
計畫編號		IRB 編號	070307
計畫名稱	以現象學的方法探討應屆畢業護理人員第一年之經驗		
試驗委託者			
計畫主持人	李麗紅	機構名稱	仁德醫護管理專科學校
		部門/職稱	護理科 講師
		電話/分機	04-26224375
		手機	0922-488-024
緊急連絡人	李麗紅	部門/職稱	仁德 護理科 講師
		電話/分機	04-26224375
		手機	0922-488-024
主持人簽名		日期	2007年05月12日
受試者姓名		性別	年齡
聯絡電話		病歷號碼	不適用
通訊地址			
一、試驗目的	<p>本研究目的在了解護理科學生自護理學校畢業後一年內的經驗，預計邀請【00】專科學校護理科，九十四及九十五學年度 20 至 30 位應屆畢業的護理人員，分享他們的經驗。期望藉由這些寶貴的經驗，能夠提供護理行政主管、護理教師及護理畢業生對於新科護士的狀況有更深入的瞭解。</p>		
二、試驗方法與程序	<p>(一) 符合下列條件者，適合參加本研究：護理科系畢業生，從護理學校畢業一年內，目前被醫療機構所聘任，從事護理相關工作，且能以國(或台)語交談，願意參加本研究分享自己的經驗者。</p> <p>(二) 若有下列情況者，不能參加本研究：您無意分享自己的經驗，或目前未任職於醫療機構者。</p> <p>(三) 參加者人數：約 20 至 30 人。</p>		

 彰化基督教醫院 CHANGHUA CHRISTIAN HOSPITAL http://www.cch.org.tw	人體試驗委員會		編號	
			版本	02
	主題：學術研究受試者同意書		日期	2007 May 12
			頁數	Page 2 of 3

	<p>(四) 方法：研究者將與您做面對面的訪談，請您談一談從畢業到現在這段時間的經驗和感受。訪談的地點可由您自由選擇安靜的地方來進行。訪談的時間約為 1 個小時，但實際的訪談時間會依照您所分享的內容長短而有些許差異。若您同意的話，研究者會將您的寶貴經驗錄音，當然您有權利拒絕，或要求研究者在訪談過程中停止錄音。在訪談之後，研究者若還有些疑問，可能會再請您做補充說明，將您的寶貴經驗描述的更完整。當然，您還是有權利拒絕再次的邀約和訪問，所有您個人的權利均和第一次的訪談相同。</p>
三、身心上可能導致之副作用、不適或危險	<p>若您談及畢業後不好的經驗，可能產生心理上不舒服的感受。但您有權利決定自己是否參與本研究，以及訪談過程中所要說的內容，絕不會被強迫述說自己不想談的部分。</p>
四、其他可能之損失或利益	<p>每次您接受訪談，研究者僅能提供新台幣 300 元之車馬補助費，無法針對您所提供的寶貴資訊及時間給予報酬。</p>
五、預期試驗效果	<p>您提供之寶貴經驗將有助於護理行政主管、護理教師及未來的護理科畢業生，對於新科護士畢業後第一年的現象有更深入的了解。對於新科護士的輔導及適應將有所幫助。</p>
六、參加本研究計畫受試者個人權益將受到保護	<p>(一) 即使您已經簽了同意書，您還是有隨時退出本研究的權利，而且不需要解釋任何的理由。</p> <p>(二) 若您自覺訪談過程或所述說之內容，會影響個人之權益，或擔心會影響自己之權益，您有權決定是否參與本研究，且可以自行決定是否談論會令自己不愉快的經驗，因此，若發生由依計畫執行引起之傷害時，計畫主持人將不負損害賠償責任。</p> <p>(三) 如果您在研究過程中：</p> <ol style="list-style-type: none"> 1. 對研究工作性質產生疑問 2. 有任何問題或狀況 3. 因任何理由欲退出本研究 4. 對相關權益有疑問 <p>請隨時與計劃主持人：李麗紅 聯絡，手機：0922-488-024 或電話：04-2622-4375。</p>

 彰化基督教醫院 CHANGHUA CHRISTIAN HOSPITAL http://www.cch.org.tw	人體試驗委員會		編號	
			版本	02
	主題：學術研究受試者同意書		日期	2007 May 12
			頁數	Page 3 of 3

	<p>(四) 本研究所獲得的個人資料或訪談內容將被嚴格的保密。在整理研究相關的訪談資料時，您所提供的部分只會以代碼來呈現。而且，您的姓名或個人基本資料，都不會被呈現在報告中或是任何公開發表的文件上。</p> <p>(五) 本研究委託財團法人彰化基督教醫院之「人體試驗委員會」進行研究倫理之審核，該院將在法律所規範之程度內，視您的資料為機密。您亦瞭解該院人體試驗委員會有權檢視您的資料。</p>
七、簽章	<p>(一) 經由說明後，本人已瞭解以上所有內容，並同意參加本研究，且將持有同意書副本。</p> <p>受試者簽名：_____日期：__年__月__日</p> <hr/> <p>(二) 我已向受試者解釋上述研究方法及其所可能產生之危險與利益。並且回答受試者有關本研究計畫之疑問。</p> <p><input checked="" type="checkbox"/>計劃主持人 <input type="checkbox"/>協同主持人 <input type="checkbox"/>研究代理人</p> <p>簽名：_____日期：__年__月__日</p>

(本書表應向受試者說明詳細內容，並請受試者經過慎重考慮後方得簽名)

Appendix V: The written informed consent for the healthcare institute in central Taiwan

學術研究受試者同意書

計畫名稱	以現象學的方法探討應屆畢業護理人員第一年之經驗			
計畫主持人	李麗紅	機構名稱	仁德醫護管理專科學校	
		部門/職稱	護理科 講師	
		電話/分機	04-2622-4375	
		手機	0922-488-024	
緊急連絡人	李麗紅	部門/職稱	仁德 護理科 講師	
		電話/分機	04-2622-4375	
		手機	0922-488-024	
主持人簽名		日期	96 年 06 月 12 日	
受試者姓名		性別		年齡
聯絡電話				
通訊地址				
一、試驗目的	本研究目的在了解護理科系學生自護理學校畢業後一年內的經驗，預計邀請【〇〇】醫院之護理人員中，畢業二年內的新進護士約 15 位，分享他們的經驗。期望藉由這些寶貴的經驗，能夠提供護理行政主管、護理教師及護理畢業生對於新科護士的狀況有更深入的瞭解。			
二、試驗方法與程序	<p>1.符合下列條件者，適合參加本研究：護理科系畢業生，從護理學校畢業二年內，目前被醫療機構所聘任，從事護理相關工作，且能以國(或台)語交談，願意參加本研究分享自己的經驗者。</p> <p>2. 若有下列情況者，不能參加本研究：您無意分享自己的經驗，或目前未任職於醫療機構者。</p> <p>3.參加者人數：約 15 人。</p> <p>4.方法：研究者將與您做面對面的訪談，請您談一談畢業後第一年這段時間的經驗和感受。訪談的時間約為 1 個小時，但實際的訪談時間會依照您所分享的內容長短而有些許差異。若您同意的話，研究者會將您的寶貴經驗錄音，當然您有權利拒絕，或要求研究者在訪談過程中停止錄音。在訪談之後，研究者若還有些疑問，可能會再請您做補充說明，將您的寶貴經驗描述的更完整。當然，您還是有權利拒絕再次的邀約和訪問，所有您個人的權利均和第一次的訪談相同。</p>			

<p>三、身心上可能導致之副作用、不適或危險</p>	<p>若您談及畢業後不好的經驗，可能產生心理上不舒服的感受。但您有權利決定自己是否參與本研究，以及訪談過程中所要說的內容，絕不會被強迫述說自己不想談的部分。</p>
<p>四、其他可能之損失或利益</p>	<p>每次您接受訪談，研究者僅能提供新台幣 300 元之車馬補助費，無法針對您所提供的寶貴資訊及時間給予報酬。</p>
<p>五、預期試驗效果</p>	<p>您提供之寶貴經驗將有助於護理行政主管、護理教師及未來的護理科系畢業生，對於新科護士畢業後第一年的現象有更深入的了解。對於新科護士的輔導及適應將有所幫助。</p>
<p>六、參加本研究計畫受試者個人權益將受到保護</p>	<p>(一)即使您已經簽了同意書，您還是有隨時退出本研究的權利，而且不需要解釋任何的理由。</p> <p>(二)若您自覺訪談過程或所述說之內容，會影響個人之權益，或擔心會影響自己之權益，您有權決定是否參與本研究，且可以自行決定是否談論會令自己不愉快的經驗，因此，若發生由依計畫執行引起之傷害時，計畫主持人將不負損害賠償責任。</p> <p>(三)如果您在研究過程中：</p> <ol style="list-style-type: none"> 1. 對研究工作性質產生疑問 2. 有任何問題或狀況 3. 因任何理由欲退出本研究 4. 對相關權益有疑問 <p>請隨時與計畫主持人：李麗紅 聯絡，電話：04-2622-4375 或手機：0922-488-024。</p> <p>(四)本研究所獲得的個人資料或訪談內容將被嚴格的保密。在整理研究相關的訪談資料時，您所提供的部分只會以代碼來呈現。而且，您的姓名或個人基本資料，都不會被呈現在報告中或是任何公開發表的文件上。</p>
<p>七、簽章</p>	<p>(一)經由說明後，本人已瞭解以上所有內容，並同意參加本研究，且將持有同意書副本。</p> <p>受試者簽名：_____ 日期：__年__月__日</p> <p>(二)我已向受試者解釋上述研究方法及其所可能產生之危險與利益。並且回答受試者有關本研究計畫之疑問。</p> <p><input checked="" type="checkbox"/>計畫主持人 <input type="checkbox"/>協同主持人 <input type="checkbox"/>研究代理人</p> <p>簽名：_____ 日期：__年__月__日</p>

Appendix VI: Transcription and analysis of one interview

Statement:

1. The participant and the researcher

I: the researcher

YF: Participant Yi-Fang (pseudonym, first interview)

2. The meaning of the different font styles

This interview transcript is presented in plain Times New Roman font. When sentences or paragraphs are changed to other styles (e.g. bold, underlined or italic), these refer to the meaning units which are presented in the right-hand column. Since the same sentences or paragraphs might refer to more than one meaning unit, line numbers are added beneath the meaning units to clarify this.

Line	Interview transcript	Meaning unit
1		
2	I: Please tell me about your experience since you	
3	graduated.	
4		
5	YF: Let me start from the time before I started to	
6	work. I took a three month break after the	Hesitation (Line 6-15)
7	graduation and I literally locked myself at	
8	home because I felt very frustrated as I	
9	didn't pass the entry exam for the 2-year	
10	advanced college. I suddenly couldn't	
11	accept that I was going to step into reality	
12	and start work; I had difficulty adapting	
13	from one extreme to the other. I had to	
14	start working even when I had no	
15	confidence in myself whatsoever. <u>I always</u>	
16	<u>felt horrified when I saw how the other senior</u>	
17	<u>nurses treated the new nurses. I thought it</u>	
18	<u>must be a scary thing to work in a hospital.</u> It	
19	was quite...to see those new nurses facing the	
20	whole environment. As I was just a trainee	
21	nurse, I would just follow the teacher's	
22	instructions or the college's plan. I actually	
23	didn't quite understand what exactly it was	
24	like to work in a hospital. I often felt very	
25	lost because I didn't have the confidence to	
26	deal with those real cases independently,	
27	although I had learnt all the theories in	
28	college before. When I was a trainee nurse, if	
29	the teacher asked me to conduct simple PP	
30	care for a patient, I would panic about doing	
31	such an easy thing. Of course, I am totally OK	
32	with this kind of technique now but I was just	

<p>33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82</p>	<p>so scared to do anything at that time. So, after the graduation...as I didn't get into the 2-year advanced college, I was worried that I would have to start work, and this idea made me feel very uncertain. I did attend some job interviews but as I didn't really put my foot down into reality, I just couldn't accept the whole thing; neither did I take it seriously at all. I thought I might feel OK even if I didn't get a job and I had to stay at home all day with no money and become so isolated from the real world. As I stayed at home for quite a while, I started to think that it might not be a bad idea to just stay at home and work as a housewife. I was quite happy about this idea because I didn't mind tidying up clothes or washing dishes. <i>I was thrilled by just thinking of this idea but then I started to think of my future and career. I couldn't live my whole life like this so I asked my relatives to introduce me to some jobs. They said that they knew some people in this hospital so they arranged an interview for me. This hospital's interview was actually the most formal interview compared with the others I had earlier. The other hospital was too far from home. When my Mum took me to the interview. She was complaining about the distance and I actually had almost given up the idea of working in that hospital even if I got a job there. The other thing was that I had to take the test at the interview for this hospital. I thought that, as I was introduced by my relatives, I might not need to go through all the formal procedures, but I was treated like the other candidates; I didn't have any special treatment. They tested me on writing a SOAP but I had no idea what that was because I only knew DART at college. So, when I answered the questions about writing a SOAP, I could only write it from recalling the memories of my placement's homework. After the test, I had a formal interview. I met my other schoolmates on the interview day and everyone thought that I would definitely get the job. However I waited for a week at my grandma's place and I didn't hear any thing from the hospital. I was really disappointed at that stage. The worst thing was that a burglar broke into my</i></p>	<p>Unwilling to work (Line 33-50)</p> <p><i>Introduced by relatives (Line50-56)</i></p> <p>Job seeking process (Line 50-131)</p> <p>Peer support (Line 81-96)</p>
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<p>83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132</p>	<p><u>grandma’s home during that week and some of my stuff got stolen. I called one of my friends to complain about this terrible experience. I said to her that I didn’t want to stay here to find a job; I wanted to go home and find a job in my hometown. Most of my schoolmates went straight to work in the TC hospital as soon as they graduated so they didn’t really make any effort for the 2-year advanced college exam. I felt quite depressed as there was no one calling me the whole week, and I finally found out that I didn’t get the job but my other schoolmate did.</u></p> <p>I: She already received the offer letter but you didn’t?</p> <p>YF: <u>We can check the result online and my name wasn’t on the list. Some of my relatives also asked about the result because they kind of asked people in that hospital to recruit me. I was wondering what to do because I didn’t see my name in the on-line list and no one called me to inform me about anything and I became poorer as I had things stolen. So I said to my friend that I wanted to go home and find a job there to start everything afresh. You know what, just on the day I was ready to go home, the hospital called my home to inform me of the start date. I felt puzzled about the whole thing because they called me after I thought I didn’t get this job. I switched my phone off for a few days after I thought I failed to get the job, but before that I left the phone on 24 hours every day. They didn’t call me for the whole week and called home when I thought I failed this time. My sister answered the phone and they said that I had to complete a full health check and bring the report over on the start day. I replied to the hospital that I didn’t have enough time to report to the department on that start day with a full health check report, and they agreed that I could start a week later. I started to pack everything that I just sent back from the HL2 area. I reported to the hospital as soon as I completed the health check. The supervisor didn’t tell me which department I would be assigned to and they</u></p>	<p><u>Introduced by families (Line102-109)</u></p> <p><i><u>Peer support (Line 109-111)</u></i></p> <p><u>Being unprepared (Line131-156)</u></p>
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<p>133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182</p>	<p>also stated that we were not allowed to ask which unit we were going to in advance. So I actually felt quite worried and uncertain because I didn't know how to prepare myself for work. I was trying to do some reading before I started work as I thought I've already graduated three months ago so, if I could refresh my nursing knowledge before the job started, I wouldn't get myself into a mess at the beginning. On the other hand, I was thinking that it's because I just graduated so I should start work before I forget everything I learnt in school. Although we were not allowed to ask which unit we were going to in advance, we could ask the same thing on the first working day. So I asked the supervisor where I was supposed to go and she told me "the general department". I was quite surprised when I heard that because I didn't bring anything extra apart from my medical-surgical nursing and fundamental nursing textbooks. I didn't even bring anything for paediatric or maternity subjects. I arrived at the hospital very early on the first day; I arrived at 7am sharp but the department opened at 8am so I actually waited in the reception for quite a while in the uncomfortable, high-waisted uniform they provided. When the nurse supervisor arrived, she took me upstairs to my unit and I saw my other schoolmates who were also working in the same department. I thought that they just put us in the same unit, as we were from the same school. The head nurse told me where to find the locker and quickly did the environment orientation for me. Then I followed everyone to take part in the handover meeting. I really didn't know what to do and what to listen to during the handover. After the meeting, the head nurse assigned a senior nurse to guide me through, but she only told me what equipment was where and some very basic stuff. Finally, I found out that each room in this department was a single large room and I realized that this department was the VIP department. I felt that I had come into a labyrinth at the beginning because each room has several doors and each door would lead to a different part of the department. I did find</p>	<p><u>Orientation</u> <u>(Line 156-201)</u></p>
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<p>183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232</p>	<p><u>the layout confusing at the beginning but I soon realized that this was just a normal feeling when people first came to a new environment. I saw my other schoolmates had already started to write the patients’ nursing records but I was just sitting there doing nothing for about a week. I started to feel worried so I asked my schoolmate when she had started to write the records and she told me that she had asked the senior nurses herself. However, when I tried to be as proactive as her, the senior nurse told me that I should take my time to learn things. For the patients’ nursing records, I should start with finding out the patient’s problem first then progress to writing a good record.</u> The senior nurse started to assign a few beds to me and I just followed her and learnt things little by little. There were so many different workloads everyday depending on which team I was assigned to, such as orthopaedic, maternity, paediatric and gastrointestinal, and the number of patients I got could be different everyday as well. One of the senior nurses arranged for me to look after fewer patients at the beginning and always talked to me nicely. One day, it was her day off and the other senior nurse guided me. She asked me, “What are you supposed to do with your patients today?” I was shocked when she asked me this question because I’ve been following the first senior nurse to run the routines and hadn’t been working with patients independently yet. I’d been pushing the medical trolley with the first senior nurse and checking the medicine by following the SOP (standard operation procedure). The SOP was the only thing I could do independently and I thought she might think that “You are so stupid” I asked my other colleagues later about her and people did think that she was quite short-tempered. After she gave me a hard time that day, I started to ask myself why I didn’t know what to do when she asked me that question. I had been following the senior nurses to work through the routines but I had no idea how to do the treatments. The whole experience was still like I was on a work placement. I started to recall what the patients</p>	<p><u>Comparison with peers</u> <u>(Line 186-198)</u></p> <p><u>Senior nurses’ guidance</u> <u>(Line 206-225)</u> <u>A hard beginning</u> <u>(Line 206-236)</u></p>
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<p>233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282</p>	<p>had... then I said “I want to do the Foley care” because that patient had a urine catheter... and “I want to change his dressing” because that patient had a wound. I often forgot to ask the patients if they had had a No.2 yesterday. I remembered to check the vital signs but always forgot to ask about the toileting condition, and the short-tempered senior nurse would pull a very long face at me then get me to ask the patients the questions I forgot to check. After she gave me a long face, I decided quickly to memorize my entire daily schedule, such as what should I do at 9am, what should I do at 1pm or what should I do at 3pm. I listed my detailed responsibilities at different timeframes, such as 3pm – total I/O, but mainly for the day shift. The strict senior nurse saw me doing the listing and praised me for this action. I would check my list every time before I started the routine work to make sure I didn’t miss anything. <i>However, sometimes, there were some emergencies that were out of my control and that might confuse me suddenly. I could easily forget which bed was dripping the ANTI (antibiotics) or the data of the vital signs that I just checked. I asked my friend why I remembered to read the data of the patient’s blood pressure one minute and totally forgot about this information after I left the ward? Have I got Alzheimer’s disease or what (laugh)? I said to her that I couldn’t remember who I gave the ANTI, and I was pretty much working in a chaotic and very lost way most of the time. I was always afraid at handover time because I couldn’t finish my work in time most of the time and didn’t know what to say at the handover. I was scared that people might think I was talking nonsense if I said too much, or I didn’t have any point and spoke too slowly. The senior nurses would ask some questions but I would have no idea that these questions were the points because I didn’t ask the patients or follow up on their conditions. The senior nurse might ask me when I took the medicine over to the patients because some medicine had to be taken at a certain time of the day and some had to be taken every 24 hours, such as some private or</i></p>	<p>Unfamiliar with nursing work (Line 236-268) Methods of adjustment (Line 236-268)</p> <p><i>Peer support (Line 255-268)</i></p> <p><u>Difficulties giving a handover report (Line 268-300)</u></p>
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<p>283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332</p>	<p><u>children’s medicine. They would ask me if I had checked the data or if the NPO for a certain patient was excluding the medicine or what? I was chased after by millions of different questions and I was kind of living in hell everyday. I often got so stressed all day when I knew that I would have to handover to a strict senior nurse (laughs). One of the strict senior nurses who was an expert in CVS because she worked in the CVS department of the other hospital before liked to pick on the other nurses when she was handling a CVS case so most of the people didn’t like to do the handover with her of the CVS cases. I didn’t know that different nurses could have a special expertise and I wasn’t majoring in any particular subject, either. I started to work as soon as I graduated from college and I soon realized that I came to a department where my basic medical-surgical knowledge wasn’t enough to support my work. As the routines for different subjects were so different, I had to bring over the paediatric and maternity textbooks and hope to reduce the chaos at work everyday. Some of the senior nurses were really nice. They would teach me everything at work although I didn’t know if they would think that I was a stupid nurse in private. We slowly developed a bond through the work. I shadowed the senior nurses for a month and I sometimes might still forget to report to them some unusual conditions, such as that the patient’s I/O was normal but his urine was below the average amount. One day, the head nurse said to me that I would turn formal and start to work independently on such and such a date and I immediately went into a panic because I couldn’t even make everything perfect when I shadowed the senior nurses and now I had to work independently all of a sudden. I felt so scared when I heard that I was turning formal and I eventually started to cry. I said to my friend that I was so scared to work independently because I didn’t feel that I was ready and I worried that the patients might have some accidents under my care. I cried so hard that time and that was the first and last time I cried about work. I have never cried before that time, no matter how</u></p>	<p>A hard beginning (Line 300-317) Unfamiliar with nursing work (Line 300-317)</p> <p><u>Stress from starting to work independently (Line 317-336)</u></p>
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<p>333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382</p>	<p><u>badly I got shouted at by the senior nurses or due to any work related frustration. I cried the whole day when I heard that I was going to become a formal staff member</u> and then I went for my first formal working day like nothing had happened before. I had a shocking first on-duty day since there were so many patients admitted under my responsibility. Some of them were admitted for immediate surgery but I was still in a chaotic state, not entirely sure what I should prepare for the surgery, such as a surgery inform consent form and other administrative procedures. Another patient was going to have the CATH but I had no idea what to prepare before the examination. I had five or six patients that day and four or five of them were on different subjects. The receptionist informed me that patients were coming to my department and, the next minute, all of them came in at the same time. I became so busy all of a sudden and had to ask the other senior nurse to take one of my patients so I could start an IC for another patient. <u>Since I started work, I only had one successful on-IC experience with a child when I shadowed a senior nurse. I also had an unsuccessful on-IC experience during my previous work placement because the on-IC was a very complicated technique. That one successful experience was supervised by a senior nurse. Although I got that one right, I didn't actually understand the whole process. It was that senior nurse who encouraged me to try the technique with her.</u> This patient was going for surgery that day and he required the No.20 IC, although I didn't fully understand the whole procedure. As everyone else expected me to start the IC, I had to get on with it without having any second thoughts. Fortunately, this patient was elderly but he had fairly obvious vein lines so I could complete this technique quickly without any hassle. The other senior nurses helped me to process some other patients and sent them down to the operating rooms. That was a chaotic day because so many patients from different subjects all appeared in one ago and, surprisingly, I finished my work on time. When I talked to my friend later that day, I</p>	<p>Unfamiliar with nursing work (Line 338-356) A hard beginning (Line 338-356)</p> <p><u>Being unprepared (Line 357-367)</u></p> <p>Peer support</p>
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<p>383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432</p>	<p>said to her that everything seemed alright because I was too busy to feel scared and think of anything else; such as, when I was on-IC, I didn't even think about if I could make it or not, then I made it all of a sudden. After the first day, I was still being chased by different nurses over different questions during the handover meeting. There was no resident doctor or NSP on site in our department; we would have to make the phone call from our end to clarify the situation. If there was an orthopaedic patient here, we had to check who his VS and NSP were by making a phone call. We did spend quite a lot of time making phone calls. When I just started, I had no idea how to make the phone calls and who to ask for. When I was patrolling the wards with the doctor, I often couldn't understand the doctor's notes. Once, an orthopaedic doctor said to me that a particular patient needed to have the dressing changed tomorrow but I interpreted it as he was coming to change the dressing for this patient tomorrow. Next day, this doctor didn't come to change the dressing as he said so I asked the senior nurse what I should do. The senior nurse was wondering about my interpretation so she got me to call that doctor directly. I guess I was too naïve to understand the appropriate way to ask him a question at that time. I called him and asked him directly when was he going to change this patient's dressing, He said, "You are going to change the dressing, not me", So I said, "Oh...then could I remove his Foley as he requested?" He said, "Yes" then I asked, "Could you please order a prescription for me?" He suddenly got all upset and said, "Please, you don't come to me to ask for an order; ask the on-duty doctor". I was like: why did I have to get the blame as I didn't even know that I wasn't allowed to call the VS directly? I started to dislike that doctor and often felt annoyed when I was assigned to look after his patients because I didn't like working with him. This doctor wasn't a generous man at all and he even told his NSP about this incident and the NSP came up to ask me the details. She basically also blamed</p>	<p>(Line 382-388) Heavy workload (Line 382-388)</p> <p><u>Unfamiliar with nursing work (Line 388-401)</u></p> <p>Unfamiliar with the doctor's habits (Line 401-450)</p>
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<p>433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482</p>	<p>me about calling the VS directly. I asked the other senior nurses later: could the VS order the prescription? They said that he could but he normally would ask the on-duty doctor or the NSP to make the order. I just thought that, if he didn't order a prescription for his patient, who should be doing this job? If he could make the order himself, why did he behave so lazily? If I went to ask the on-duty doctor about his patient, he might not be able to make the decision for him so why is calling him directly to ask the question about his patient so wrong? He was the VS, so if he didn't order the prescription, who did? Me? I was feeling misled and angry about his rude attitude. I was really frustrated over this incident and I had a cold at the same time; I was feeling low and dizzy everyday. The head nurse knew this but she didn't mention anything to me. Maybe she understood that I was just making a common mistake as I was still new to this department. I was kind of losing a sense of judgment over this whole farce and, due to the cold I had at that time, I overslept and missed the shuttle bus to attend one of the handover meetings for one of my night shifts. Fortunately, I was shadowing a senior nurse at that time; she dealt with the issues for me. I asked the senior nurse about getting the blame after calling the VS. Over the next one or two weeks, I felt so scared to make phone calls despite the senior nurses' attempts to comfort me to ease my nerves. The other nurses told me later that some of the doctors had a short temper and they did get very upset if we called them directly to ask stuff. I realized later that most of the nurses would avoid calling the VS in most circumstances. However, I was still unhappy that I couldn't call them directly to query about their patients. <u>This ward didn't have the VS on site so we were asked to make phone calls all the time to keep the communication smooth and clear. We called the on-duty surgical doctor, paediatric doctor or plastic-surgical doctor to communicate information when there were their patients on our ward. The evening shift and night shift</u></p>	<p>Unfamiliar with the doctor's habits (Line 462-478)</p> <p><u>Methods of adjustment (Line 475-527)</u></p>
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583	<u>questions. I have a clearer idea of how to</u>	
584	<u>ask questions during the handover now;</u>	
585	<u>otherwise I really didn't like to be</u>	
586	<u>questioned harshly during the handover.</u>	
587	Some senior nurses would be really	
588	aggressive during the handover meeting,	
589	but I just couldn't understand why they	
590	couldn't be a little bit considerate to the	
591	own department staff and acted bullish	
592	towards the other nurses. Some senior	
593	nurses would be quite strict and some	
594	might react like they had given up on you.	
595	When people didn't complete their duty	
596	during their shift, some senior nurses might	
597	say that you had to finish everything before	
598	you leave and others might say, "Forget it,	
599	you wouldn't know anything even I asked	
600	you and as it's late now. I won't be able to	
601	track the data" and pulled a long face.	
602	Some senior nurses would pull a long face	
603	at the beginning of their shift and I would	
604	wonder if I have talked nonsense or she	
605	didn't understand my handover notes.	
606		
607	I: Did they pull a long face before or after the	
608	handover...?	
609		
610	YF: All the time. Some of the senior nurses	
611	were quite moody and we had learnt to	
612	observe their mood as soon as they arrived	
613	in the department. If they looked like they	
614	were in a good mood then we would feel	
615	relieved about today's handover. If they	
616	looked miserable, then we knew the	
617	handover meeting would be miserable, too.	
618	Imagine it, when you are handing over, if	
619	whoever around you pulled a long face at	
620	you; could you still talk smoothly and in an	
621	organized way?	
622		
623	I: So, her long face wasn't always meant for	
624	you?	
625		
626	YF: This is hard to say. I didn't really know	
627	why she pulled a long face and I wouldn't	
628	ask her this kind of thing either. Once the	
629	head nurse asked me why that senior nurse	
630	pulled a long face at me when I was doing	
631	the handover. I said I don't know and	
632	maybe she was annoyed by my patients or	

<p>633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682</p>	<p>something. Then the head nurse told me, “Right, then don’t become a person like her”.</p> <p>I: Did the head nurse say that to you?</p> <p>YF: Yes, she asked me why that senior nurse pulled a long face during the handover. I said, “I don’t know. Everything is fine during the handover; it shouldn’t be the handover causing her bad mood. Maybe she’s worried about the patient?” Then the head nurse questioned further, “Why would she worry about the patient?” I said, “I am not sure what the reason is. Maybe she didn’t have enough sleep. It’s the night shift and maybe she felt sleepy.” The head nurse then said, “Fine, just remember don’t behave like her; it brings down the whole atmosphere”. Some senior nurses did look angry all the time and often talked impatiently. If they asked you something and couldn’t get the correct answer, they would be very upset. I personally didn’t like those moody senior nurses, so if I knew that I would be doing the handover with a moody one, I would sit down and run through the handover notes before it started. If I found that I had to handover all the patients’ history to her (because she hadn’t cared for this team), I would go like “Crap, it’s her again”. I would say that having a handover meeting with a moody nurse was the scariest thing for me. Some senior nurses’ English was very good and they would write English on every handover card, such as such and such a patient had a consultation at the Cardiology or such and such department. So did the doctors. I felt the all-English descriptions were quite unnecessary because we are Taiwanese and this is Taiwan, so why did they type loads of English? As I didn’t use English that much, I often couldn’t understand their notes. Sometimes, I felt so unlucky because when I had my day shift, the sheets would come back to me, but when the other people had their day shift, the same sheets still came back to me on my evening shift. I always said to the senior nurses that so and so</p>	<p>Difficulties giving/ receiving a handover report (Line 651-703)</p> <p>Difficulties with using English medical terminology (Line 651-703)</p>
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<p>683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732</p>	<p>would have a consultation today but I hadn't yet checked the answer sheet so I would look it up for her later. Some senior nurses had really bad handwriting so I often couldn't understand it, not to mention checking the dictionary. So I always disciplined myself to write everything clearly and all in Mandarin.</p> <p>I: Do you mean your handover notes?</p> <p>YF: Yes...I always write in Mandarin but, if I have to write in English, I would make it very simple and very clear. For the answer sheet, I would translate everything into Mandarin. Actually, I am more familiar with some English notes now because I've been seeing the same notes every so often. I may still forget some of them, even though I am much more familiar with them now though.</p> <p>I: You mentioned the "handover card". Can you explain this system?</p> <p>YF: This is a Kardex-like form, which has the patient's name on the front of the form and the details of the admitted process, condition and treatment history are stated below. Then, the details of PRN medicine, date of surgery, kind of anaesthetic and special notes on the surgery are listed further down. We would state the information about a patient's blood loss, pathological section and how often to check his vital signs. Also, as we are not a specialist ward, so each patient from a different department may have different routines. We have to write down the information of QID for medical patients, TID for maternity patients and BID for surgical patients. The patient's diet and the type of suction, such as PRN or O2 PRN, are listed further down. The end of the front page shows when to check his sugar level. The other side of the page would list every detail since this patient was admitted to this department, such as blood test data. I would normally just copy the previous nurse's note onto the form before and didn't know the meaning of the information. I would copy the CBC data</p>	<p>Being unprepared (Line 728-745)</p> <p>Workplace relationships (Line 728-745)</p>
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<p>733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782</p>	<p>down but didn't know the meaning of the figure. The senior nurse asked, "This patient's HB is only about 9; do we need to do anything about it?" I would be like, "Oh no, I forgot to ask the NSP, what I should do now?" and say to her, "I don't know what to do...." The senior nurse often became very sensitive when they heard people say "I don't know"; these three words often upset them greatly. If the head nurse heard us say "I don't know", she would think that we were lacking confidence to deal with issues. <u>Now, if I saw a 9 or 8 HB level, I knew that I should call the on-duty doctor to ask whether we should do something for him. When I heard the on-duty doctor say "OBS", I would feel relieved...at least I could tell people that I have checked with the on-duty doctor and he said OBS.</u></p> <p>I: Does OBS mean observation?</p> <p>YF: Yes. If the senior nurse asked, "This patient's CRP is so high, have you told the on-duty doctor?" and "Are they going to take any action?", as I didn't know the meaning of this data, I said no or I don't know what she meant. Or she asked if the blood test results were out yet? As I didn't check the computer, I would say, "I haven't checked it". They often got very upset with my answer. <i>So now, even when the computer hasn't shown the data, I would call the laboratory to ask the result of the patient's CBC or Bio-chemical test before the handover. So, when I was doing the handover, at least I could tell them that I had made the phone call and they said the result hasn't come out yet. <u>Once, a senior nurse blamed me for not checking the data for her, but they forgot that even the senior nurse might miss something sometimes. If the senior nurse forgot to check the data for me, I couldn't really make any complaint because I was at the junior level. I often just checked the data myself and dealt with everything in my shift hours. What else could we say?</u> If there was a patient who had a stomach ache or bloating, I would put "menthol oil given" in the handover note,</i></p>	<p>Lack of confidence (Line 728-745)</p> <p><u>Familiarity with nursing work (Line 745-751)</u></p> <p>Difficulties giving/receiving a handover report (Line 755-824) Methods of adjustment (Line 755-824)</p> <p><i>Familiarity with nursing work (Line 764-771)</i></p> <p><u>Response to bullying behaviour (Line 771-780)</u></p>
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<p>833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882</p>	<p><u>handover notes could be very simple and could skip many repeated details. We are asked to do the handover in great detail now and I often questioned why we had to do the handover this way, which seems a little bit over the top. People in the other departments could write as messily as they like and didn't even have to follow up the treatment.</u></p> <p>I: Is this handover note system the essential way you work in your hospital?</p> <p>YF: Yes. We didn't really like to accept patients from other departments because the nurses there often wrote the notes too fast and really messily. These nurses always did the handover really quickly and of course they would go through everything at high speed without questioning much, but when I just started in the department in the first few months, I often couldn't figure out things in one go and didn't know what to ask during the handover. When I was doing the handover to the next shift, the other nurse might ask some questions regarding a certain patient, and, as I hadn't clarified things from the previous shift, I would go like, "Crap! What did the other nurse tell me? How come I didn't think of asking this question?" Of course, <u>after a few sessions of intensive questioning from the other senior nurses, I gradually figured out what kind of issues I should keep following up.</u> <i>I had most problems with the patients from the ICU department, especially the MICU; they often had multiple, complicated medical needs. I was also scared of the patients from the medical department, especially the cardiology and nephrology patients. The nephrology patients always required many special-care needs and this kind of illness is often related to many other health issues. The amount of medicine they took might be too much to fit on one sheet and the health history would definitely be very long. The thoracic patients could have serious asthma every now and then. I would say that the patients from the ICU and medical department are the most difficult ones to deal with. The nurses in those departments were</i></p>	<p>Difficulties giving/receiving a handover report (Line 845-927)</p> <p><u>Familiarity with nursing work (Line 862-865)</u> <i>Difficulties with using English medical terminology (Line 865-896)</i></p>
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883	<i>doing and writing things that they are very</i>	
884	<i>familiar with but it doesn't mean much to us.</i>	
885	<i>The nurses in the surgical-ICU were already</i>	
886	<i>very familiar with the shorthand of such and</i>	
887	<i>such brain aneurysm or such and such vein,</i>	
888	<i>but we might not necessarily know this</i>	
889	<i>specific knowledge, even though most of the</i>	
890	<i>patients from those departments had similar</i>	
891	<i>problems. When they transferred the patients</i>	
892	<i>over, they would use a lot of English terms</i>	
893	<i>but they didn't see that there might be other</i>	
894	<i>nurses who wouldn't recognize those terms. I</i>	
895	<i>often wanted to complain and ask if people</i>	
896	<i>could use less unnecessary English at work.</i>	
897		
898	I: If the nurses of other departments didn't	
899	clarify the medical notes, did you have to	
900	make them up for them?	
901		
902	YF: If other nurses asked me about those	
903	fragmented notes, I could only blame	
904	myself for not clarifying the notes earlier.	
905		
906	I: So it is for preventing people from chasing	
907	you with endless questions?	
908		
909	YF: Right, I would keep checking this patient's	
910	chart, treatment records and various forms	
911	by myself because the nurse from the other	
912	department might have already finished	
913	work and have gone home. Anyway I just	
914	didn't like the patients who were	
915	transferred from the other departments. I	
916	would say, depending on which	
917	department, I might be OK with the	
918	patients who had just given birth or from	
919	the paediatric department. At least the	
920	paediatric patients didn't normally have	
921	serious problems and, as the children were	
922	still little, they would have a short medical	
923	history. Actually, apart from the medical	
924	department, we also didn't like the elderly	
925	because we weren't a specialist ward and	
926	we were actually not as precise as the	
927	specialist nurses. Recently, there was a	
928	patient who was waiting for the AAD, and one	
929	senior nurse and I were looking after him.	
930	This senior nurse was a newly turned formal	
931	nurse and we live in the same room now.	
932		

<p>933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982</p>	<p>I: You mean the dorm?</p> <p>YF: Yes... I had other roommates before but they were in a different department and left the jobs pretty early during the probation period as they figured that this job didn't suit them. So I told this senior nurse that two of my roommates had left and could she be my new roommate? She was closer to me because she was also quite new, so we had a much more "common" connection than other people.</p> <p>I: <u>Did she graduate from school the year before you?</u></p> <p>YF: <u>She graduated from the M college and she came to this department a year before me. We often shared opinions about the other senior nurses because we were both in the junior position. If she was handing over to me, I would ask her how her patients were today. Once, I asked her and she said, "Oh, you will see." I said, "See what?" She said, "One patient is waiting for the AAD." I said, "What AAD and go home?" She went, "he could barely breathe on his own and he has the CSBS and he is doing abdominal breathing now. " I said, "No, I haven't had to send the patient home yet." She went, "It's OK; he has signed the DNR." I thought the problem wasn't about signing the DNR or not and I never understood the difference between signing and not signing. I had the same experience with an old lady before; she was waiting for the AAD and to be sent home, too. She was also transferred from the ICU. The doctor was concerned about her age so he didn't dare to operate on her. The doctor had explained the situation to her family, and they mentioned that this lady had signed the DNR. However, I never quite understood why the patients were like that always in my team. I could never escape these patients no matter which shift I was on. I was hoping that there would be no AAD patient on my shift but, lucky me, I always got them! I finally said to the senior nurse, "I don't know what to do and how to deal with this case".</u></p>	<p>High staff turnover (Line 935-941)</p> <p><u>Peer support (Line 939-966)</u></p> <p>Unfamiliar with nursing work (Line 966-1041)</p>
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<p>1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 1044 1045 1046 1047 1048 1049 1050 1051 1052 1053 1054 1055 1056 1057 1058 1059 1060 1061 1062 1063 1064 1065 1066 1067 1068 1069 1070 1071 1072 1073 1074 1075 1076 1077 1078 1079 1080 1081 1082</p>	<p><u>future. The truth was that, even though he had to be sent home during my shift, I would have no idea how to run the complete procedure.</u> The thing was that he was kept in the hospital for another two weeks, and, during these two weeks, I was always assigned to his team. No matter how I swapped my duty or was on whatever shift, he was always on my team.</p> <p>I: So, you were worried all the time?</p> <p>YF: Of course. I always checked the patient's name badge as soon as I started the shift and if I saw his name on the list, I would go like, "Well...never mind" and the whole eight hours would be, like, I am on a grill. If I was on the day shift or evening shift, I would feel more relaxed because I knew there was always someone there to help. I had a period of night shifts during that time and I always had a round with him under my responsibility. Every day, when I went to work, I saw that his name was still on the list and in my team. People often said to me during the handover that his condition was getting worse and I would start to worry throughout the shift hours. The other nurse, who had an interview on the same day as me, when she worked the night shift, was quite scared of the same thing because neither of us had really encountered a similar situation before. Some senior nurses were scared of this kind of thing too. When I handed over the duty to her, I said to her, "This patient will need to 'PUN' GAS", as the night staff often did a blood test unless there were emergency orders. I said to her, "I am not sure of the procedure yet" and "I haven't been successful, and I only encountered a similar case twice before." This patient needs to 'PUN' GAS everyday. I really felt sorry for him and couldn't understand why the doctor did this to him as he was prepared to AAD and went home. When I had my night shift, he had been in the hospital for two weeks and his condition just got worse and worse. His hands turned very cold, he was always sleeping and the fluid kept permeating through his skin.</p>	<p>Moral identity (Line 1072-1081)</p>
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<p>1083 1084 1085 1086 1087 1088 1089 1090 1091 1092 1093 1094 1095 1096 1097 1098 1099 1100 1101 1102 1103 1104 1105 1106 1107 1108 1109 1110 1111 1112 1113 1114 1115 1116 1117 1118 1119 1120 1121 1122 1123 1124 1125 1126 1127 1128 1129 1130 1131 1132</p>	<p>I: Is that oedema?</p> <p>YF: Yes. Actually his whole body was swollen up and one of his arms kept permeating. His urine levels were going lower and lower every time we checked the I/O. We always checked his BP and O2 saturation. If these two measurements were stable, we could slightly more relax. His condition went really bad on the last two days of my night shift. The on-duty doctor said that if his BP and heart rate kept going down, then call the on-duty doctor. At that moment, I became so worried and went like, “Oh no, what do I do now?”</p> <p>I: I can see that you were worried about this case for a long time, right?</p> <p>YF: It was a long time.</p> <p>I: If he eventually required the AAD, did you have the procedure sheet in your department?</p> <p>YF: No, we totally have nothing like that in this unit. My first AAD case was of an old lady; I was worried about her condition everyday but never knew what to do.</p> <p>I: Didn't you ask people?</p> <p>YF: I did but there wasn't anyone who knew the exact procedure...and no one would explain things clearly to me. Perhaps we just rarely had this kind of case in our department. I still couldn't understand why he was sent to our department after the decision about the AAD had been made, even though the AAD couldn't happen in ICU. When I was on the day shift, I was looking after an old lady who had the same condition. I checked her BP and heart rate every day, and as she was in a compensatory state, so her heart rate was pumping fast. I checked her heart rate and made sure everything was still normal then I rushed away from her room. I kept checking the time and really looked forwards to 4 o'clock so I could hand her over to the next shift.</p>	<p>Lack of support (Line 1098-1122) Unfamiliar with nursing work (Line 1098-1122)</p>
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1133	I: You really don't like this kind of thing on your	
1134	shift?	
1135		
1136	YF: Yes...this old lady's case finally closed and	
1137	now this old man took over. I was concerned	
1138	about that when I was about to start my night	
1139	shift, because this kind of patient was more	
1140	likely to have an emergency during the night	
1141	shift.	
1142		
1143	I: Not on your shift?	
1144		
1145	YF: No. I was mainly on the day shift during this	
1146	old lady's time in the unit; it was the other	
1147	senior nurse on the night shift during that	
1148	period of time. One day, at the beginning of	
1149	my day shift, this senior nurse said to me,	
1150	"Congrats, this old lady went home", I went,	
1151	"When?" she said, "She just left around 4 or 5	
1152	o'clock." I was so relieved when I heard this	
1153	news.	
1154		
1155	I: So have you ever dealt with any actual AAD	
1156	case?	
1157		
1158	YF: Not yet, I only had the pre-AAD case so far.	
1159		
1160	I: So. You still have the fear when you have to	
1161	deal with an AAD patient?	
1162		
1163	YF: Yes. This old man's condition became very	
1164	bad during the last two days of my night shift.	
1165	His BP went down continuously to eighty,	
1166	ninety something, but his heart rate shot up to	
1167	more than ninety. I went a bit panicky when I	
1168	saw that and I told the senior nurse that his BP	
1169	was eighty something over fifty something.	
1170	She said, "Call the on-duty doctor now" and I	
1171	quickly did so. The on-duty doctor was very	
1172	calm and answered that he checked this	
1173	patient during the evening-shift and reckoned	
1174	that this patient could hang on for a little bit	
1175	longer. I went to check his BP once every hour	
1176	after the phone call and, in the end; I just	
1177	fastened the BP monitor to his limb. Everyone	
1178	thought that he would definitely go home that	
1179	night and I was even prepared to let nature run	
1180	its course. I thought I should at least gain	
1181	some experience that night and, if I ever had	
1182	the same situation in the future, I would know	

1233	her blood from the A-line to match the QD	
1234	order, so we had to do the same in this	
1235	department. I said, “I will draw the blood	
1236	first then ‘PUN’ GAS” and, if she had the	
1237	GAS, then we would tell the attendants that	
1238	we had the artery blood and they would	
1239	transport everything in one go for us. Two	
1240	days ago, the other senior nurse and I went	
1241	to ‘PUN’ GAS for this old man and I was	
1242	doing the actual drawing and the senior	
1243	nurse watched me. I felt his pulse first and	
1244	moved the needle around for a while but I	
1245	just couldn’t find a workable vein. This	
1246	patient wasn’t moving at all but I had a	
1247	feeling that he was aware of this treatment.	
1248	I asked the other nurse how she normally	
1249	did this task and from where she normally	
1250	drew his blood successfully. She told me her	
1251	way, and then as soon as I rolled up his	
1252	clothes on that side, I saw that part of body	
1253	was covered in pinholes. As he had to be	
1254	‘PUN’ GAS everyday and that was the	
1255	second week he’d been in hospital, it’s	
1256	probably quite normal for him. Sometimes,	
1257	even when his saturation level was low, the	
1258	on-duty doctor might still ask us to take his	
1259	blood and he might end up having two or	
1260	three GAS tests in one day. One of his arms	
1261	was covered in pinholes and the other was	
1262	permeating fluid and we couldn’t even feel	
1263	his pulse. In the end, I had to press all over	
1264	his arm and hoped that we could find a	
1265	place to ‘PUN’ his GAS. I couldn’t draw his	
1266	blood successfully during the last two days	
1267	and the senior nurse had to take over the	
1268	duty from me. She kept pressing his arm	
1269	everywhere and, as soon as she saw a sign	
1270	of blood, she asked me to pull the syringe. I	
1271	mentioned that I had experience of seeing	
1272	the blood then pulled the syringe but	
1273	perhaps the needle moved slightly so the	
1274	blood wouldn’t come out. That was a really	
1275	horrible experience in my life that I had to	
1276	prick the patient’s vein even when I	
1277	couldn’t see any. Anyway, as his veins	
1278	mostly showed sclerosis, we couldn’t take	
1279	any blood from that side anymore. We had	
1280	to try the other place but then this place	
1281	was eventually useless because the pulse	
1282	there was very weak and seriously swollen.	

1283	Finally, we had to find the femoral and	
1284	'PUN' GAS from there.	
1285		
1286	I: I thought you have to press that part for a long	
1287	time if you want to take blood from the	
1288	femoral.	
1289		
1290	YF: Yes, we found that his pulse in the femoral	
1291	was strong because it hadn't been 'PUN' GAS	
1292	before. We had to ask his family members to	
1293	press the part for us because we were so busy	
1294	at that period of time; the night shift was just	
1295	as busy as the evening shift that day. We	
1296	asked his family members to keep an eye on	
1297	his condition and his I/O exceeded 1000, and	
1298	his GAS data was poor everyday, as the PCO2	
1299	was too high and the PO2 was too low. That	
1300	day, his femoral data was very good, I said to	
1301	the other nurse, "I hope that this is not the last	
1302	radiance of the setting Sun". She said, "It	
1303	shouldn't be. It could be because of the	
1304	femoral". After we took his blood, he became	
1305	clear and was very agitated, trying to remove	
1306	the BI-PAP himself. I thought that he looked	
1307	better at that time so he might be able to hang	
1308	on for one more day. I was so busy the next	
1309	day; I didn't have time to check on him as all	
1310	the other patients were having some issues.	
1311	One of them had low BP all day and another	
1312	was just recovering from surgery. I could	
1313	never understand why this patient recovered	
1314	from the surgery in the night shift, The other	
1315	patient had asthma. We were scared of asthma	
1316	patients because of the last CA (cancer)	
1317	patient. He was an old gentleman and had	
1318	been OK with various treatments; he had a	
1319	chemotherapy course regularly. Everyone	
1320	thought that he should be OK as usual on that	
1321	day and he suddenly had an asthma attack and	
1322	then stopped breathing.	
1323		
1324	I: Did he pass away?	
1325		
1326	YF: Yes, no one had expected this. He was still	
1327	saying, "I can't breathe" and then died the	
1328	next second. The senior nurse did the CPR	
1329	immediately but still couldn't save him. There	
1330	was an old lady who also had asthma on the	
1331	day I was very busy. She was quite fat and her	
1332	wheezing sound was loud as well. The senior	

1333	nurse was worried about her because we had	
1334	had the experience with that old gentleman.	
1335	We were all scared of asthma patients because	
1336	we knew that breathing was the most	
1337	important function of the human body. We	
1338	had to keep transfusing blood to one low BP	
1339	patient, as he had lost a lot of blood during	
1340	surgery and the drainage tube and his cotton	
1341	pads were soaked with blood. The loss of	
1342	blood often happens to the elderly because	
1343	their skin condition is weaker than that of	
1344	young people. So the blood transfusion,	
1345	asthma patient and 'PUN' GAS duty all came	
1346	in one go. "What's going on now" I asked	
1347	myself why did I 'PUN' GAS everyday? As	
1348	this old lady was quite fat, I wasn't sure if I	
1349	could find her vein successfully.	
1350		
1351	I: Were these things that happened recently or	
1352	earlier?	
1353		
1354	YF: Recent things.	
1355		
1356	I: Do you still feel that everything is out of your	
1357	control recently?	
1358		
1359	YF: That day was the night shift. The thing was	
1360	that the night shift should be an easy and	
1361	stable shift but why did I have such a chaotic	
1362	experience? Fortunately, although so many	
1363	things happened in one go, nothing really went	
1364	out of control. This patient recovering from	
1365	surgery had been fine; I didn't have to check	
1366	on him after I settled him back in his room.	
1367	However, the old gentleman kept having a	
1368	blood transfusion and the old lady still kept	
1369	panting. As our on-duty medical doctor was	
1370	new according to the latest rotation, he didn't	
1371	really know how to deal with the problem	
1372	appropriately.	
1373		
1374	I: You mean the new doctor?	
1375		
1376	YF: Yes, I kept calling him and eventually he	
1377	came over but didn't know what to do. I said	
1378	to him, "Should we give her an injection of	
1379	Hydrocortisone? It would at least sooth her	
1380	panting." We already gave her an O2 mask but	
1381	she was still panting heavily and maybe she	
1382	was scared of seeing us. We also tried	

<p>1383 1384 1385 1386 1387 1388 1389 1390 1391 1392 1393 1394 1395 1396 1397 1398 1399 1400 1401 1402 1403 1404 1405 1406 1407 1408 1409 1410 1411 1412 1413 1414 1415 1416 1417 1418 1419 1420 1421 1422 1423 1424 1425 1426 1427 1428 1429 1430 1431 1432</p>	<p>inhalation but she was too scared to use it and just kept trembling and her face turned pale. I wasn't sure if the whole thing was as scary as she reacted, so I asked her, "Are you OK?" She just kept panting and answered me, "I am fine" with a smile. That new doctor came over but didn't do anything to her, but just sat there. Every time, when I came to check on her, she just kept panting.</p> <p>I: You mean the doctor just sat in the station?</p> <p>YF: He sat in the station but didn't want to prescribe some medicine for her. This patient had DM; the doctor was worried that the Hydrocortisone might raise her blood sugar level. The thing was that this patient hasn't eaten anything so it should be OK if her blood sugar rose a little bit. If her blood sugar really went too high, we could inject Insulin to control the condition. I saw that the doctor left this patient panting for one or two hours then he finally called someone over to help.</p> <p>I: Was that helper also the resident doctor?</p> <p>YF: I think so. He finally ordered Hydrocortisone for this patient and, after I gave her an injection, she finally calmed down and felt better. I just realized that it was already 4am and it was almost dawn and I still had to check the charts and write the nursing records. At 5am, I had to do the draw-blood duty, get rid of the drainage fluid and keep the records of the total I/O. I felt the time was flying by so quickly. The doctor ordered Q2 to check the vital signs of the patient whose BP was constantly falling. I went, "How on earth can I find any more time to check his vital sign on a Q2 hour basis?" I realized that if the people from the previous shift didn't complete their duty in full, the people on the next shift would run into a mess. I didn't have time to check on that AAD patient again that day and, fortunately, he had been fine all night. Finally, I was on the last day of my night shift and, fortunately, no one had the AAD. There was a senior nurse who came to support us from the ICU and she has been working in this hospital</p>	<p>Heavy workload (Line 1412-1426)</p>
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1433	for five or six years. I asked her, “You must	
1434	have the AAD cases very often”. She went,	
1435	“Yes”. I said, “So what should I do if I have	
1436	this case on my shift?” She said to me, “You	
1437	have to set up the equipment for the patient	
1438	and call the on-duty head nurse to deal with	
1439	the rest. She will contact the AAD nurse to	
1440	take over the patient from you...”	
1441		
1442	I: Does the on-duty head nurse make all the	
1443	contact?	
1444		
1445	YF: Yes, she will contact the on-call nurse for me.	
1446	She said that I should set up the equipment	
1447	first through which I should put the AMBU on	
1448	the patient and start it up. I said, “Is that it?”	
1449	At least she gave me a clear direction. I said to	
1450	her, “Fortunately, I don’t have to make contact	
1451	with the AAD nurse because I have no idea	
1452	who to look for.” This senior nurse taught me	
1453	what to do and what to say and finally I got	
1454	the idea of how to deal with the AAD patients.	
1455		
1456	I: Did this senior nurse come to this department	
1457	recently?	
1458		
1459	YF: Yes, she came to our department recently.	
1460		
1461	I: Finally you asked someone and knew what to	
1462	do?	
1463		
1464	YF: Yes, I finally knew what to do for the AAD	
1465	case in the night shift...	
1466		
1467	I: You really worried about it for a long time?	
1468		
1469	YF: Yes, I did feel more confident after she talked	
1470	to me, but until I finished my entire night shift	
1471	course, he hadn’t been sent home. It was the	
1472	other senior nurse who took over from me and	
1473	this patient passed away soon after that. His	
1474	heart rate was fast during that period of time	
1475	because of the compensatory effect, and that	
1476	was the thing we couldn’t control. The	
1477	compensation might stop at any time and this	
1478	is life. This senior nurse just started her duty	
1479	to look after him and, on the same day, his	
1480	heart stopped beating suddenly. His family	
1481	members said to her, “Miss, how come his	
1482	heart rate stopped?”	

1483		
1484	I: His heart stopped beating on the ward?	
1485		
1486	YF: Yes.	
1487		
1488	I: Has he got the EKG?	
1489		
1490	YF: Yes...the VS was going to remove his EKG	
1491	but his family insisted on keeping it. The	
1492	senior nurse said to me, "Remove the EKG	
1493	before the VS comes into the room; otherwise	
1494	he may rebuke you." I said, "It wasn't my idea	
1495	to put it on for him; it was his family who	
1496	asked me to do it, why should the VS blame	
1497	me?" The family rushed to the senior nurse	
1498	and said that the patient suddenly had no heart	
1499	rate. The senior nurse rushed into the room	
1500	and thought it might be that the EKG leads	
1501	had moved slightly. I often got so scared when	
1502	the EKG hasn't been set up correctly and the	
1503	bleeping stopped. When that happened, I	
1504	would rush onto the ward and check the whole	
1505	machine to make sure that everything was	
1506	connected correctly and put on a calm	
1507	expression. I could only take a breath when	
1508	the wave pattern reappeared again. This senior	
1509	nurse rushed onto the ward and checked the	
1510	machine first and the machine was set up	
1511	correctly. Then, she checked his BP, which	
1512	was gone. She then started the CPR, but the	
1513	family said to her, "Don't press on him now;	
1514	we are going home." The senior nurse thought	
1515	that if she could save him one last breath, he	
1516	could at least go home and pass away in a	
1517	familiar place. Since his family stopped her	
1518	from doing that, she called the on-duty doctor	
1519	straightaway. This patient was sent home soon	
1520	after the doctor agreed the AAD. This patient	
1521	was transferred to the MC6 hospital where one	
1522	of his children works. There are many doctors,	
1523	nurses and pharmacists in his family. He was	
1524	actually in the MC6 hospital but he was	
1525	transferred here because of the preparation of	
1526	the AAD, and he lived nearer to that hospital.	
1527	Before the MC6 Hospital, he was in our	
1528	hospital and transferred to the MC6 afterward.	
1529	One day, he kept saying that he wanted to go	
1530	home. As it was a Sunday, his family then	
1531	asked us if he could leave and go home.	
1532		

<p>1533 1534 1535 1536 1537 1538 1539 1540 1541 1542 1543 1544 1545 1546 1547 1548 1549 1550 1551 1552 1553 1554 1555 1556 1557 1558 1559 1560 1561 1562 1563 1564 1565 1566 1567 1568 1569 1570 1571 1572 1573 1574 1575 1576 1577 1578 1579 1580 1581 1582</p>	<p>I: Leave and go home? YF: Yes. I: You mean the patient asked to go home? YF: Yes, he said that he wanted to go home and take a brief break. He kept asking and insisting on going home and seeing his family. I: Was he on Endo? YF: No...he only had the BI-PAP at that time and he wanted to go home like that. He wasn't able to put on Endo; he had laryngocarcinoma. When he was still clear, he could cough out on his own but, when he was in a coma, we had to do the suction for him. He kept asking to go home but, as I couldn't make the decision like that, I was lost and didn't know what to do. I: Was he 'on critical' at that time? YF: No. He might have been 'on critical' before, but it had passed the time limit. So we had to give a notification when required. I: What's the time limit? YF: The senior nurse said it was three days. He might have been 'clear' for a while, so we cancelled the notification. Then he started to ask about going home. That day, when he asked to go home, there weren't any managers around, so I had to call the on-duty doctor. I saw this doctor was new; he might not be strong enough to persuade this patient's family to keep him in the hospital. When the doctor came over, I said to him, "You must be firm and stand your ground and don't let him go home like that." I: Was he your case that day? YF: Yes, I have been in his team for a long time and no matter which shift I was on. I said to the doctor, "You can't let him go home because he has the EKG and BI-PAP." In the end, this doctor was still not firm enough and this patient's family</p>	<p>Unfamiliar with nursing work (Line 1554-1835) Worried about the legal problems arising from medical malpractice (Line 1554-1835) Patients' power over neophyte nurses (Line 1554-1835)</p>
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1583	insisted on taking him home and even said	
1584	that they had a doctor at home and they	
1585	would take full responsibility. They	
1586	eventually took the ambulance home. I	
1587	would say that this doctor was too soft	
1588	when dealing with this issue.	
1589		
1590	I: The doctor eventually let him go home.	
1591		
1592	YF: No one was able to contradict the family.	
1593	We actually tried to call the CR and he also	
1594	agreed to let him go after talking with the	
1595	family on the phone.	
1596		
1597	I: Was it on the day shift or evening shift?	
1598		
1599	YF: The day shift. It was Sunday, so we had to	
1600	call the on-duty staff if we had any issues. I	
1601	did call the on-duty head nurse to deal with	
1602	this incident because I would never take a	
1603	responsibility like this on my own. She said	
1604	at the beginning that we shouldn't let him	
1605	go home but then the CR agreed to his	
1606	request so she had to rush over to finish off	
1607	the whole process. As she wasn't the head	
1608	nurse of the ward, she wasn't fully clear	
1609	about the complete procedure. In the end,	
1610	she finally booked an ambulance but then	
1611	they refused to have the ambulance nurse	
1612	come with them so she had to get them to	
1613	sign many forms. Fortunately, his family	
1614	understood that they were making an	
1615	unreasonable request so they were willing	
1616	to do and sign anything as long as they	
1617	could get this patient home. The on-duty	
1618	doctor didn't know how to fill in the form	
1619	for this event so he asked me what to do. I	
1620	gave him a copy of a previous form for the	
1621	same kind of issue and he started to	
1622	transcribe it to his form. He then asked me	
1623	again what to write in a particular section. I	
1624	just said to him that he should put down the	
1625	facts that could protect him from being	
1626	prosecuted if anything went wrong.	
1627		
1628	I: Did you say that to the doctor or...?	
1629		
1630	YF: I said that to the on-duty doctor because	
1631	he was the one who filled in and signed the	
1632	form, so I reminded him to think of his own	

1633	rights before putting anything down.	
1634	Finally, the doctor filled in the form and the	
1635	family signed the paper. The senior nurse	
1636	had arranged the ambulance and we also	
1637	borrowed another bottle of O2 for the	
1638	patient. The reason why we had to	
1639	specifically borrow another bottle of O2	
1640	from somewhere was because we only had	
1641	one in our unit, and we couldn't possibly	
1642	lend him that one. Also, he ordered an O2	
1643	10L/min treatment which was obviously not	
1644	enough for this patient so we had to phone	
1645	around different departments to find a	
1646	suitable one for him. When he was filling in	
1647	the "agreement for no ambulance nurse"	
1648	form, I called the head nurse to complain	
1649	that the CR had signed off this patient.	
1650		
1651	I: The on-duty head nurse or your head nurse?	
1652		
1653	YF: The head nurse in this department.	
1654		
1655	I: Was she off that day?	
1656		
1657	YF: Yes. I asked her what to do when I called	
1658	her and she told me to get him to sign such	
1659	and such agreement first. Finally,	
1660	everything was completed, this patient was	
1661	ready to go home and the driver had the	
1662	ambulance bed ready and one of this	
1663	patient's family members who was a doctor	
1664	at the X Hospital arrived. He tried to	
1665	borrow some first aid medicine from us but	
1666	how could we loan him any medicine in this	
1667	kind of situation? I thought that everything	
1668	was ready to go and they suddenly made	
1669	this very strange request so we had to call	
1670	the on-call doctor and the CR to pass on	
1671	their requests. Surprisingly, they agreed to	
1672	loan him whatever he asked, which was 2	
1673	Hydrocortisone, 2 Atropine and 2 Bosmin.	
1674	Actually I have to say, if anything	
1675	happened, those drugs weren't enough. I	
1676	did inform the on-duty head nurse of my	
1677	concerns and she also phoned the	
1678	administrative manager and the secretary	
1679	to consult with them. They all agreed to	
1680	meet his requests in the end, as they	
1981	thought that this patient was in the last	
1982	stage of cancer and it was OK to fulfil this	

1983	kind of request for him. I still didn't feel	
1684	comfortable about the decision because, if	
1685	any emergency arose, it would be the family	
1686	giving him the drugs. The admin manager	
1687	had the same concern as I did, so he said to	
1688	us, "Ask that doctor at TU hospital if he	
1689	would agree to this kind of request in his	
1690	department?" As everyone knew that it was	
1691	an unreasonable request, we had to get him	
1695	to sign another agreement for this	
1693	particular request. The on-duty doctor had	
1694	to come over again to fill out in the form. I	
1695	said to him, "You must be feeling really	
1696	crappie now." He said, "Who do they think	
1697	they are? The big boss or what?" I said,	
1698	"You are probably right." They probably	
1699	thought they qualified for this privilege as	
1700	this patient lived in the most expensive	
1701	room which would cost them 3900NT per	
1702	day. I wanted to tell him that this would not	
1703	be the first or last time that we had to meet	
1704	an unreasonable request like that. Finally,	
1705	this patient was ready to go. His family then	
1706	said to me that they would bring the patient	
1707	back in half an hour's time. I actually	
1708	didn't think that they would bring him	
1709	back in half an hour but I still prepared a	
1710	medical bag for them, in which there were	
1711	drugs, diluted water, alcohol cotton wool	
1712	and needles. I left the other patients	
1713	unattended and sent them downstairs.	
1714	Finally, they'd gone and I just realized that	
1715	I was starving so I went for a meal. As soon	
1716	as I came back from my break, people told	
1717	me that this patient was back in the	
1718	hospital. I was like, "Seriously, they are	
1719	really back in half an hour." I rushed into	
1720	his room, quickly checked his vital signs,	
1721	put on his EKG and tested his O2; as	
1722	everything was at the normal level, I could	
1723	only feel slightly relieved. I looked at this	
1724	patient and asked him nicely, "Were you	
1725	happy to go home?" He said, "Yes" and	
1726	raised his hand to show me a ring; I	
1727	thought this ring must be very important to	
1728	him. His family then said to him, "Dad, you	
1729	are great. Mum has been looking for this	
1730	ring for years and couldn't find it, but you	
1731	found it as soon as you got home." I	
1732	realized that the reason why this patient	

1733	kept asking to go home might be because of	
1734	this ring, which was really important to	
1735	him, but none of his family could find it and	
1736	he was worried that he might not see this	
1737	ring again. Although I was happy for him,	
1738	at the same time, I couldn't help feeling	
1739	superstitious that he had fulfilled his wish	
1740	and now it's time to get ready for the AAD.	
1741	I was feeling very uncertain because this	
1742	was the kind of thing that was out of our	
1743	control.	
1744		
1745	I: What did you make of the whole thing?	
1746		
1747	YF: I was very angry and asked myself why I	
1748	had this kind of experience.	
1749		
1750	I: Why angry?	
1751		
1752	YF: I wasn't happy about that. We were forced	
1753	to accept and deal with this unreasonable	
1754	request; what if this patient really had an	
1755	emergency? Who's going to take full	
1756	responsibility? I didn't know the complete	
1757	procedure at that time and what if I missed	
1758	something important? If I did something	
1759	wrong, what should I do and how did I face	
1760	the problem? I'd only been in this job a	
1761	year and, if I got sued at that stage, the rest	
1762	of my career would be ruined. I was just	
1763	unhappy about all their unreasonable	
1764	demands and the time and effort I wasted	
1765	on this issue. I had other patients to look	
1766	after and needed to set up their equipment	
1767	alarm, change their dressing and drops etc.,	
1768	but, as I spent all my time making the	
1769	phone calls for this particular patient, I had	
1770	to drop all of the other patients' needs.	
1771	However, when I saw that he was really	
1772	happy when he came back from home and	
1773	came back in time and even returned all the	
1774	medicine un-used, I eventually forgot about	
1775	all the anger and forgave them. Later on, I	
1776	kept a record of this issue and left a note to	
1777	the head nurse because she was off that day	
1778	so she would need to read this record and	
1779	know what had been happening. Also, she	
1780	would need to know how I managed this	
1781	issue. I wrote in the note for her, "This	
1782	incident is kept on record." One senior	

1783	nurse told me that the event of a patient’s	
1784	special leave wasn’t allowed to be kept on	
1785	record. I said to her that this was an	
1786	unusual situation and they even brought	
1787	the medicine with them from us; this wasn’t	
1788	a normal “day off” case.	
1789		
1790	I: What do you mean by this “record”?	
1791		
1792	YF: That’s the nursing record. The senior	
1793	nurse did ask me if we could put this in the	
1794	record. I said to her that I had written it	
1795	down because this was a special event. I	
1796	thought that we could always double check	
1797	with the head nurse the next day and, if she	
1798	said no, I could always amend the record	
1799	afterwards. The head nurse then said, “It’s	
1800	OK.”	
1801		
1802	I: How did you know to put this issue in the	
1803	record?	
1804		
1805	YF: I was just taking action to protect myself. I	
1806	wrote in the record that I had explained the	
1807	possible outcome to the doctor, and the	
1808	patient’s family had signed the agreement.	
1809	People kept telling me that we had to	
1810	protect ourselves and put everything on	
1811	record. After I started work, I realized that	
1812	people weren’t as nice as I thought. You	
1813	never know who is going to pull your leg	
1814	from behind and those smiling patients may	
1815	complain about you to the 080. I wrote in	
1816	the record because this family borrowed	
1817	some medicine and that didn’t follow the	
1818	safety procedures. Those administrative	
1819	people agreed the request casually because	
1820	they didn’t have to deal with the whole	
1821	thing themselves in person. I thought that	
1822	they were very irresponsible regarding this	
1823	issue and their casual “yes” had doubled	
1824	my workload. They casually agreed to the	
1825	unreasonable demands and left me to deal	
1826	with it on my own. It was really unfair that	
1827	they left me to face the problem which I’d	
1828	never learnt about in school. I was just a	
1829	junior nurse and I had no idea how to	
1830	manage an issue like this and the head	
1831	nurse wasn’t there to help me, either. The	
1832	on-duty head nurse couldn’t even find the	

<p>1833 1834 1835 1836 1837 1838 1839 1840 1841 1842 1843 1844 1845 1846 1847 1848 1849 1850 1851 1852 1853 1854 1855 1856 1857 1858 1859 1860 1861 1862 1863 1864 1865 1866 1867 1868 1869 1870 1871 1872 1873 1874 1875 1876 1877 1878 1879 1880 1881 1882</p>	<p>form for “agreement for no ambulance nurse” on the computer. I was totally left in the dark and didn’t know what to do.</p> <p><u>I: You mentioned that you didn’t know how to call the ambulance when needed. Didn’t you have training on this before you started this job?</u></p> <p><u>YF: We did but it wasn’t in detail. If I needed to contact the head nurse one day, I would just ask the senior nurse her number without checking it myself. I often had to make various phone calls to different departments, such as the examination department, or the repair department to fix broken parts and so on. We did have an extension list for all the departments in the station but this list was very messy; if I was in a real hurry, I could never find the number I needed. The evening shift staff may need to call the attendants or the cleaners. In the end, I just asked the senior nurse those often used numbers and kept the information behind my personal board.</u></p> <p><u>I: That list should be near the telephone, shouldn’t it?</u></p> <p><u>YF: Yes, it was near the telephone but the writing on the list was like a horrible scribble. Whoever put down the initial information their way would know where to find all the numbers but we could never work out what is what. It would normally become my duty to contact the head nurse if the patients had an argument or when the senior nurse was dealing with an emergency. So if I didn’t know how to make these phone calls, it could delay everything. That’s why I wrote all the numbers on my own note pad. If something broke down at night, I had to call the repairer. I didn’t know how to call the ambulance, so the senior nurse told me. I often called the wrong unit in the examination department because they classified the department in such a detailed way, such as the blood serum, biochemistry, CBC etc. I sometimes would blame them for dividing a simple department into so many individual units, because I always called the wrong unit. If I called to</u></p>	<p><u>Methods of adjustment (Line 1837-1892)</u></p>
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<p>1883 1884 1885 1886 1887 1888 1889 1890 1891 1892 1893 1894 1895 1896 1897 1898 1899 1900 1901 1902 1903 1904</p>	<p><u>check the bio-chemical exam result, they would ask me to call another unit. If I called the blood bank to request some spare blood, they would ask me to call the other extension. I had to write them down in the end; otherwise I could never remember so many extension numbers. We also had to call the NSPs but I often couldn't remember everyone's phone number. I gradually knew the rough guide to calling different people. I would tell other new staff the problem I had at work. At least, they would know what to do and wouldn't get shouted at if they ever encountered the same problem.</u></p> <p>I: Excuse me. I have to cut you off here because you have a night shift later, so we will stop here today. As you have so many experiences, may I have another interview with you next time?</p> <p>YF: Sure, no problem.</p>	<p>Peer support (Line 1892-1896)</p>
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Appendix VII: Using post-it notes to help to organize the meaning units



Appendix VIII: Organisation of the meaning units into categories and themes

Themes	Categories	Meaning units
Hesitation	Hesitation	Hesitation
		Swinging
		Escape
		Thinking of leaving nursing
	Unemployment	Unwilling to work
		Feeling useless/Living like a parasite
		Family's reactions while being unemployment
	Considering working in nursing	Considering doing nursing
		Attributes of nursing work
		Considering the impacts on social life while being a nurse
		Considering the impacts on family life while being a nurse
		Willing to become a nurse
		Contradictory thoughts
		Career consideration
		Financial consideration
		Influences from work placement experiences
		Worried about the legal problems arising from medical malpractice
		Worried about the limited posts
		Workplace relationships
	Fear of signing a work contract	Fear of signing a work contract
	Family involvement	Family role shift
		Being wanted
		Study further
		Family's view of doing nursing
		Choosing nursing as a job
		Helping seeking nursing post (Introduced by families—'Back-door deal')
		Forced to leave nursing
		Obtaining a nurse license
		Feeling stress from being compared with others
		Support

	Peer effects	Study further
		Support
		Seeking a job
	Seeking a job	Introduced by families/relatives— 'Back-door deal'
		Interviews
		Peer effects
		Selecting a work location
		Selecting a work unit
		The seeking process
	Obtaining the nurse license	The nurse license
		Aim to obtain the nurse license
		Hospital requirement
		The impact of lacking a nurse license
		Worries about lacking a nurse license
		Failure to obtain the nurse license
		Working without holding a nurse license
		Revising for the exam
	Obtaining educational qualification	Considering further study
		Paper chase
		Programme selection
		Influenced by peers
		Hospital's entry requirement
		The impact of lower qualifications
A hard beginning	Inadequate orientation	Orientation
		PGN1 programme
	Self-preparation	Being unprepared
		Wishing to be independent
		Lack of confidence
	Facing difficulties	A hard beginning
		Unfamiliar with nursing work (Perceived mal-functioning)
		Overtime
		Difficulties with writing the nursing records
		Difficulties with using English medical terminology
		Difficulties giving/receiving a

		handover report
		Unfamiliar with the doctors' habits
		Stress from starting to work independently
	Nursing work environment	Poor working conditions in small clinics
		Nurses' salary
		Benefits
		Working schedule
		Nursing techniques assessment system
	Understaffing	High staff turnover
		Reasons for turnover
		Hospital's personnel policies
		Nursing shortage – limited time off
		Novice leading novice
	Workload	Causing chaos
		Heavy workload
	Stress	Work stress
		Challenging work
		Starting to work independently
		In-service education
		Comparison with peers
		Stress symptoms
	Feeling the differences	Differences
		Theory-practice gap
		Perceived differences with the senior nurses' attitudes
		Generation difference
	Workplace relationships	Interpersonal relationships
		Interpersonal relationships as a stressor
		Work climate
		Lack of support
		Bullying
		Collusion in bullying
		Doctors' bullying behaviour
		Worries about being bullied
		Perceptions of being bullied
		Response to bullying behaviour
		Reflection on being bullied

		experience (Feeling it was worthwhile)
		A supportive work climate
		Being compared to other neophyte nurses
		Caring about other neophyte nurses
		Stress from interacting with other colleagues
	Support	Lack of support
		Family support
		Religious support
		Nurse manager's support
		Peers', teachers', and senior nurses' support
		Senior nurses' guidance
	Low nurses' social status	Patients' different attitudes while interacting with the doctors and the nurses
		Patients' power over neophyte nurses
		Reluctance to deal with the patients' families
	Role transition	Role transition
		Reflection on the transition process
		Adjusting personal attitudes
	Adjustment	Adjusting the attitude towards interpersonal relationships
		Adjusting personal attitudes—discretion
		Comparison with other professions or units
		Asking others about their experiences of being neophyte nurses
		Moral identity
		Methods
Achievement	Positive feedback	From the patients and their families
		From the neophyte nurses' families
	Engagement	Engagement
		Like the current working unit
		Familiarity with nursing work
		Successful experience