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Author/s:

Jarden, RJ;Jarden, A;Weiland, TJ;Taylor, G;Brockenshire, N;Gerdtz, M

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Registered Nurses' experiences of psychological well-being and ill-being in their first year of practice: A qualitative meta-synthesis

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Registered nurses' experiences of psychological well-being and ill-being in their first year of practice: A qualitative meta-synthesis.

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List of all authors:

Rebecca J JARDEN (first & corresponding author):

- Lecturer
- Department of Nursing, Melbourne School of Health Sciences, The University of Melbourne, 161 Barry St, Carlton, Victoria 3053, Australia; phone: +61 3 834 40734; rebecca.jarden@unimelb.edu.au.
- PhD, MN, RN
- ORCID <https://orcid.org/0000-0003-4643-7147>

Aaron JARDEN:

- Associate Professor
- Centre for Positive Psychology, Melbourne Graduate School of Education, The University of Melbourne, Kwong Lee Dow Building, 234 Queensberry Street, Parkville VIC 3053, Melbourne, Australia; Aaron.jarden@unimelb.edu.au;
- ORCID <http://orcid.org/0000-0002-4293-7032>

Tracey J. WEILAND:

- Principal Research Fellow,

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- Melbourne School of Population and Global Health, The University of Melbourne, 207 Bouverie St, Carlton VIC 3053, Melbourne, Australia; tweiland@unimelb.edu.au;
- ORCID <https://orcid.org/0000-0002-4053-5507>

Glenn TAYLOR:

- Chief Executive Officer;
- Nursing and Midwifery Health Program – Victoria; ceo@nmhp.org.au;

Naomi BROCKENSHIRE:

- Research Assistant
- Department of Nursing, Melbourne School of Health Sciences, The University of Melbourne, 161 Barry St, Carlton, Victoria 3053, Australia; naomi.brockenshire@unimelb.edu.au
- ORCID: <https://orcid.org/0000-0001-7677-7260>

Marie GERDTZ:

- Professor and Head of Department,
- Department of Nursing, Melbourne School of Health Sciences, The University of Melbourne, 161 Barry St, Carlton, Victoria 3053, Australia; gerdtzmf@unimelb.edu.au.
- ORCID <https://orcid.org/0000-0002-2100-994X>

Author contributions:

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DR REBECCA JARDEN (Orcid ID : 0000-0003-4643-7147)

DR MARIE FRANCES GERDTZ (Orcid ID : 0000-0002-2100-994X)

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ABSTRACT

Aim: To synthesise registered nurses' self-reported perceptions and experiences of psychological well-being and ill-being during their first year of practice.

Design: Qualitative meta-synthesis

Data sources: Databases included Cumulative Index of Nursing and Allied Health Literature, Excerpta Medica database, Medical Literature Analysis and Retrieval System Online and Psychological Information. Qualitative studies were considered for inclusion if published in English, from 2009 - 2019, reporting primary data analysis including psychological well-being and ill-being experiences of graduate nurses in first year of practice.

Review Methods: Qualitative studies were systematically identified and critically appraised. A meta-synthesis was applied using an open card sort technique to organise empirical data into a matrix of graduate nurses' voices of psychological well-being and ill-being.

Results: Twenty-two studies were included. Analysis revealed patterns of positive experiences and emotions. These included feeling valued and part of the team and learning from and feeling supported by other nurses. Negative experiences and emotions such as feeling overwhelmed, stressed, alone and inadequately prepared were also identified.

Conclusion: Graduate nurses' perceptions and experiences of their psychological well-being and ill-being revealed both positive and negative dimensions during this transition period.

Specific examples of strategies that may promote transition nurses' well-being and prevent ill-being were identified such as social connection and support.

Impact: Increasing the numbers of new nursing graduates world-wide is required to strengthen health systems. Developing strategies to retain these graduates in the workforce is paramount. This review found some graduate nurses experience the transition period as a time of personal growth and fulfilment, for others this period was a stressor. These findings were illustrated in a model of 'ways to wellbeing'. The potential for knowledge translation of this model extends from graduate nurses as individuals, to nurse entry to practice programs and graduate nurse programs, to organisational policy targeting future health workforce.

Systematic review registration number: CRD42020148812

Keywords: anxiety, depressed mood, experiences, graduate, mental health, nurse, qualitative meta-synthesis, stress, transition, well-being

INTRODUCTION

This year the World Health Organisation's (WHO) landmark report into the state of the world's nursing workforce predicted shortages in the vicinity of six million by 2030 (World Health Organisation, 2020). While, WHO identified significant variations in density of nursing personnel to population, it is clear that increasing the numbers of new nursing graduates world-wide is required to strengthen health systems. Developing strategies to retain these graduates in the workforce is paramount.

BACKGROUND

Well-being and mental health

The World Health Organisation defines health as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 1946). The theoretical foundations of well-being stem from Maslow's Hierarchy of Needs (Maslow, 1958), Self-Efficacy Theory (an example of a Social Learning Theory; Bandura & Adams, 1977) and Self-Determination Theory (Deci & Ryan, 2008), just to name a few. Gradually and more recently, there has been a paradigm shift from a deficit-oriented approach to one of positive psychological health. In a 1958 review, Jahoda proposed

six core concepts as central to positive psychological health: 1) attitudes of an individual toward self; 2) growth, development, or self-actualisation; 3) integration; 4) autonomy; 5) perception of reality; and 6) environmental mastery (Jahoda, 1958). Since this review, proposed definitions of well-being suggest it being a balance between an individual's resources and challenges faced (Dodge, Daly, Huyton, & Sanders, 2012), or feeling good and functioning effectively (Huppert, 2009). Several models of well-being have stemmed from these theoretical foundations, such as Ryff's six-factor model of psychological wellbeing (Ryff, Singer, Keyes, & Haidt, 2003) and Seligman's five-factor model (Seligman, 2011). Key components across models include positive relationships, emotions, purpose in life and meaning, personal growth, autonomy, engagement, accomplishment and self-acceptance.

Work well-being and mental health

Work is proposed as a means of survival and power, social connection and self-determination (Blustein, 2006). The importance of work in relation to mental health is acknowledged in the WHO mental health action plan, where mental health is conceptualised as "a state of well-being where the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community" (World Health Organization, 2013, p. 6).

People's work, work environments and work roles are dynamic and evolving in terms of working patterns, labour force and globalisation and organisational structure (Zibarras & Lewis, 2013). Job pressure occurs with the increasing overlap or role-blurring of work demands and non-work domains, such as multitasking on work and family activities and experiencing work-related thoughts while at home (Schieman & Glavin, 2016). To mitigate risks such as increased job pressure, the World Health Organisation's Global Plan of Action (GPA) on Workers' Health 2008-2017 provides a policy framework for action to protect, promote and improve workers' health (World Health Organisation, 2013). Health promotion and prevention of noncommunicable diseases is fundamental to this policy, advocating for a healthy diet and physical activity and promoting mental and family health at work.

The relationship of the job's characteristics with employee motivation, engagement, satisfaction and performance has previously been described both in theory and various models, for example the Job Characteristics Theory (Hackman & Oldham, 1976), Person-Organisation Fit Theory (Verquer, Beehr, & Wagner, 2003) and the Job Demands-Resources

Model (Gordon, Demerouti, Bipp, & Le Blanc, 2015). One example of the impact of health workers' well-being on healthcare system performance is from Ray-Sannerud, Leysnon and Vallevik (2015) who's review found empowerment, quality sleep and positive workplace relationships were associated with high performance, patient satisfaction and lower turnover intentions. Burnout, psychological distress and poor social capital were associated with suboptimal patient care, unprofessional conduct and medical leave.

Graduate nurse well-being and mental health

Graduate nurses in their first year of practice experience well-known transitional stressors stemming from individual, interpersonal and organisational factors (Labrague & McEnroe-Petitte, 2017; Walker, Costa, Foster, & de Bruin, 2017). Emerging research across a range of areas such as psychological capital (Brunetto, Rodwell, Shacklock, Farr-Wharton, & Demir, 2016), authentic leadership (Spence Laschinger & Fida, 2014) and workplace well-being programs (T. Jones, 2017) offer new opportunities to address these longstanding transitional concerns (Levett-Jones & FitzGerald, 2005), focusing not only on what is going wrong, but also on what is going right. Enhancing health workers' well-being has widespread potential benefits for the public (improved patient satisfaction and outcomes), nurses (improved engagement and performance) and organisations (lower turnover costs, risk reduction) (Brunetto et al., 2013; Duffield, Roche, Homer, Buchan, & Dimitrelis, 2014; Moghimi, Zacher, Scheibe, & Van Yperen, 2016; Ray-Sannerud et al., 2015; Sharma, Kong, Kingshott, Kandampully, & Subramony, 2016; Soane et al., 2013). As a first step, it is essential to determine the evidence in the existing research base regarding the experience of graduate registered nurses' in their first year of practice, in terms of psychological well-being and ill-being. A preliminary search of PROSPERO, MEDLINE, the Cochrane Database of Systematic Reviews and the Joanna Briggs Institute Database of Systematic Reviews and Implementation Reports was conducted and no systematic reviews on the topic were identified.

THE REVIEW

Aims

The aim of this exploratory qualitative meta-synthesis was to determine the reported experiences of mental health (encompassing both well-being and ill-being) for graduate

registered nurses' during their first year of practice. This determination will enable the review to provide recommendations for further primary research. The review question was "What are the psychological well-being and ill-being experiences of graduate registered nurses' during their first year of practice?".

Design

The systematic search of the literature and quality appraisal drew from the Joanna Briggs Institute qualitative systematic review methodology (Aromataris & Munn, 2017), the seven step qualitative meta-ethnography from Noblit and Hare (Noblit & Hare, 1988), the elaboration of these seven steps by Malterud (2019) and reported according to the Enhancing transparency in reporting the synthesis of qualitative research statement (ENTREQ; Tong, Flemming, McInnes, Oliver, & Craig, 2012). An a priori protocol was developed as follows: articulating the research aim and search strategy (step 1), inclusion and exclusion criteria and assessment of methodological quality (step 2), reading and localising the studies (step 3), determining relationships between studies and organising these studies into a matrix (step 4), translating the similarities and differences in expression of well-being and ill-being across studies (step 5), synthesising these translations to develop and express themes and metaphors as new understandings of graduate nurses experiences of well-being and ill-being (step 6) and expressing this synthesis to elaborate on this new translation in relation to theoretical underpinnings (step 7). The first-order analysis relates to the analysis in the primary studies by the original authors to determine their interpretations and findings. The second-order analysis by the synthesis authors begins in step three in the current synthesis of the results across the included studies.

Search methods

Search strategy (step 1)

The three-phase search strategy sought published primary studies. In phase one, an initial limited search of the Cumulative Index of Nursing and Allied Health Literature (CINAHL) and Medical Literature Analysis and Retrieval System Online (MEDLINE) was undertaken to identify articles on the relevant topics. An example of the search strategy for CINAHL is provided in Supplementary File 1. The text words contained in the titles and abstracts of relevant articles and the index terms used to describe the articles, were used to develop a full

search strategy for both databases. In phase two, the full strategy was adapted and implemented for each included information source. In phase three, the reference lists of articles selected for critical appraisal were screened for additional studies.

Inclusion/exclusion criteria

Sample

This review considered studies that included new graduate registered nurses employed by health care organisations during their first year of practice.

Phenomena of interest

Studies were included if they explored the graduate registered nurses' experiences of psychological well-being or ill-being in the nurses' first year of practice. For purposes of this review 'registered nurse' refers to a nurse who holds registration or a license to practice nursing at any level.

Context

The review considered any setting where registered nurses practice. There were no limiters to the graduate nurse employment context in terms of health care setting and geographical setting. The health care settings may include, but are not limited to, acute and emergency care, primary care, public health and rehabilitation services. Patient populations in the settings where the graduate nurses are employed may include, but are not limited to, paediatric and adolescent, adult and older adult and mental health.

Study designs

Experiences of psychological well-being and ill-being of the graduate nurses were sought in studies that used qualitative data including, but not limited to, phenomenology, grounded theory, ethnography and action research methodologies. Descriptive qualitative studies that described the experience, or the effects of the experience of psychological well-being and ill-being, were considered, such as in-depth interviews, focus groups, or observation. Articles published in the English language from 2009 to the present were included. Language and time limiters were required to manage review scope and funding timeframes and to ensure relevance due to the evolving nature of nursing and graduate placements and the

contemporary social pressures for graduate nurses.

Information sources

The databases searched included CINAHL, Excerpta Medica database (EMBASE), Medline and Psychological Information (PsycINFO).

Study selection

Following the search, all identified records were collated and uploaded into EndNote X8 (Clarivate Analytics, PA, USA) and duplicates were removed. Titles and abstracts were then screened by two independent reviewers (RJ & NB) for assessment against the inclusion criteria for the review. Potentially relevant papers were retrieved in full and their citation details imported into Covidence systematic review software (Veritas Health Innovation, Melbourne, Australia). The full texts of selected citations were assessed in detail against the inclusion criteria by the two independent reviewers. Reasons for exclusion of full text papers were recorded and reported. Any disagreements that arose between the reviewers at each stage of the study selection process were resolved through discussion. The results of the search are presented in a Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) flow diagram (Moher et al., 2009).

Quality appraisal (step 2)

Studies potentially eligible for inclusion were assessed by the same two independent reviewers (RJ & NB) for methodological validity using standardised critical appraisal instruments from the Joanna Briggs Institute (JBI; Aromataris & Munn, 2017). Any disagreements between reviewers were resolved through discussion. Methodological quality results were reported in a narrative summary and table with dependability scoring according to Munn, Porritt, Lockwood, Aromataris and Pearson (2014). Given the diverse views of systematic reviews and the various ontological and epistemological positions held, all studies regardless of the results of their methodological quality, underwent the remaining five steps of the meta-synthesis.

Data abstraction

Reading and localising the studies (step 3)

Included studies were read by two researchers to gain an overview of themes and metaphors. At this point, included studies were imported into NVivo™ (qualitative data software; QRS International, Victoria AU) to assist with initial theme and metaphor organisation and visualisation.

Data synthesis

Determining the relationships between studies (step 4)

In the inductive, interpretive stepwise approach of Noblit and Hare (1988) and Malterud (2019), the themes and metaphors of well-being and ill-being across studies were extracted to Microsoft Excel™. A rich index study was identified as a starting point.

Translating studies into one another (Step 5) and synthesising translations (step 6)

To systematically examine and organise the data, the nurses voices of well-being and ill-being were explored by two researchers (RJ & AJ), independently, using a pre-design, open card sort technique (Paul, 2008; Rugg & McGeorge, 1997). The voices were then organised into similar themes and metaphors, translating the similarities and differences in expression of well-being and ill-being across studies to develop and express themes and metaphors as new understandings of graduate nurses' experiences of well-being and ill-being.

Expressing the synthesis (step 7)

Findings of the assessment of methodological quality, study characteristics and elaboration on this new translation are reported in relation to the theoretical underpinnings.

ETHICAL APPROVAL

Ethical approval and informed consent were not required for this qualitative meta-synthesis.

RESULTS

Search outcome (step 1)

Database searches yielded 830 articles, with 15 additional records from reference list searches. Following removal of duplicates and title and abstract screening, 118 full text articles were assessed, with 22 articles meeting the selection criteria. A flow chart of the search screening process is illustrated in Figure 1.

In the title and abstract screening, records were largely deemed irrelevant due to population or study design. During the full-text screening for eligibility articles were largely excluded for the population being either not identifiable in the analysis or not meeting the criteria for first year of nursing.

Study characteristics

Methodological approaches of the 22 included studies ranged from grounded theory (N = 3), phenomenology (N = 5) and ethnography (N = 1), to participatory action research (N = 1) and appreciative inquiry (N = 1). Studies were primarily set in the USA (N = 6) and Australia (N = 4), with sample sizes between six and 52 participants. The study characteristics of these 22 studies are presented in Table 1.

Quality appraisal (step 2)

The strengths of most studies lay in their representation of participants by integrating direct participant quotes throughout the results and analysis, having ethical approval by an appropriate body and clarity in the relationship of analysis to conclusions or interpretation of the data. The most common limitations were missing philosophical or methodological considerations and the lack of positioning of the researcher either culturally or theoretically. Studies ranged from low (N = 9), to moderate (N = 6), to high (N = 7) in dependability. The quality appraisal of studies is reported in Table 2. Rater agreement was 83% and consensus was reached on all occasions through discussion between the two raters (RJ & NB).

Data abstraction

Reading and localising the studies (step 3)

Visualisation of the primary study authors' main themes and their description highlighted the centrality of 1) learning, indicated by the frequency of terms such as acquisition, knowledge, learned and developing; 2) support, indicated by the frequency of terms such as assistance, encouragement, helpful and supporting; and 3) preceptors during this transition period.

Figure 2 illustrates this in an exploratory word cloud from NVivo™ (QRS International, Victoria AU). Once the primary study authors' themes had been visualised, participant voices were extracted and new patterns across the voices were identified.

SYNTHESIS

Translating studies into one another (Step 5) and synthesising translations (step 6)

As a rich index study, Kelly and Ahern (2009) was selected for depth of participant voices across a broad range of patterns and methodological strengths in study design. For example, from Kelly and Ahern's study some participant statements related to positive experiences and included "*part of the nursing team and not wanting to leave*" and "*there's a new learning curve that you have to conquer*". Some statements related to negative experiences, including "*they just throw us in at the deep end*" and "*the sharpness of some of the staff, the way some of them speak to you has become an increasing burden*".

The voices of the graduate nurses across studies were explored and translated into a single voice which was identified amongst all voices as most strongly representative of the identified patterns. For example, for the pattern of feeling welcome, valued and part of the team, the voice selected was "I feel wanted, valued and accepted" (Clark & Springer, 2012), for the pattern of feeling adequately prepared was "*It's really overwhelming*" (Clark & Springer, 2012), for depressed mood was "*I'm pretty down, pretty depressed*" (Dames, 2019). These voices were then sorted by the two reviewers independently, then through consensus by discussion, into those that appeared to be expressing positive emotions and experiences and conversely those expressing negative emotions and experiences. One voice, "There's a new learning curve that you have to conquer" (Kelly & Ahern, 2009), reviewers elected could be either perceived as a positive or negative experience depending on personality type (e.g., openness to new experiences, curiosity, love of learning). The patterns of positive and negative experiences and emotions are now described in further detail.

Positive experiences and emotions

Five main patterns were identified that best represented the nurses' expressions of positive emotions and experiences: 1) feeling welcome, valued and part of team; 2) positive experiences with mentors, preceptors, managers and leaders; 3) feeling a sense of having a positive impact on patients and significant others; 4) finding nursing identity; and 5) learning from and feeling supported by nurses.

Negative experiences and emotions

The much broader range and more frequent expression of negative experiences and emotions were represented by thirteen patterns: 1) a sense of high workload that felt overwhelming,

relentless and stressful; 2) feeling a lack of respect and experiencing bullying, humiliation, criticism and anger; 3) feeling like an outsider, alone, lost and left out; 4) experiencing a lack of organisation, teamwork and support; 5) feeling the weight of responsibility, a fear of not managing nor knowing and self-doubt; 6) feeling inadequately prepared and shocked; 7) a sense of dissatisfaction with the reality of the nursing profession; 8) feeling confusion and experiencing mixed messages from peers, mentors and preceptors; 9) experiencing a negative impact on physical health and exhaustion; 10) experiencing a depressed mood; 11) experiencing poor work-life balance and a sense of not meeting needs of significant others; 12) having negative experiences with patients and relatives, being exposed to risk, not being listened to and observing unsafe practice; and 13) feeling nervous and afraid.

One pattern was thought to transcend both positive and negative emotions and experiences: feeling challenged, learning what not to do and accepting it will take time to learn. These translated participant voices and abridged patterns of well-being and ill-being are reported in Table 3 below, where the white represents a potentially positive emotion or experience, the light grey potentially a positive or negative experience and the dark grey shading represents the potentially negative emotion or experience.

Expressing the synthesis' theoretical underpinnings and discussion (step 7)

Transition into the profession of nursing may be perceived as a significant life transition. Life transitions can be a source of personal growth and fulfilment, but can also be viewed as a stressor with potentially negative psychological and physiological effects (Baum, 1990). Life transitions and coping resources form the basis of many stress-illness models, where psychological stress occurs when the demands of life exceed one's ability to cope (Lazarus & Folkman, 1984). In this synthesis, the graduate nurses expressed experiences and emotions depicting stress, such as:

...I just feel flustered and stressed and then that impacts how I nurse and how I come across to my co-workers. I feel like I look like this terrible nurse, but I know I'm not. I'm just out of my comfort zone. I just don't know how they function; I don't know their routine. (p.89, Dames, 2019)

Praharso, Tear and Cruwys (2017) propose that stressful life events may be conceptualised as identity transitions; where there is a perception of identity loss, these events

may be more stressful and compromise well-being. Factors that enhance social identity, such as social connectedness are thought to promote persistence and recovery from physical stressors (J. Jones & Jetten, 2011) and resilience to traumatic experiences (Bombay, Matheson, & Anisman, 2014; Drury & Winter, 2003). These factors may underpin some of the graduate nurses' perceptions and experiences of transition into the nursing workforce, particularly apparent in those 'voices' that highlighted positive experiences related to peer and collegial support and mentorship.

For some of the graduate nurses, their experience of complexity in the new role was perceived as a positive transformative experience, such as: "nursing school is like planting seeds of knowledge; it is not until you begin working and giving those seeds what they need to grow that your knowledge comes to fruition" (p. 106, Chandler, 2012). For others a negatively stressful experience where they could not meet their competing demands, such as: "Feeling very guilty *for not being able to fulfil my children's needs a lot of the time*" (p. 293, Walker, Earl, Costa, & Cuddihy, 2013). The demands of the transition into nursing may create a dynamic and competitive strain on an individual's resources, as described by the Job Demands-Resources (JD-R) model, where job demands are potentially harmful and job resources helpful (Bakker & Demerouti, 2007). For the graduate nurses, key features of the JD-R model were evident in their voices, specifically, workload, complexity and bullying, such as:

It's chaos. From the time I arrive to the time I leave, I am running and thinking and trying to get my brain to work. I can barely keep my head above water. I really wish I had more time to stop and think. There is never enough time to really think about what is going on with a patient.

(Clark & Springer, 2012)

However, for some nurses, the demands of the job can be perceived as positive (Simmons & Nelson, 2001), coined eustress (or positive stress, Selye, 1976), such as: "Before I go to work *I think, 'What will happen today?' There is no way to predict what kinds of situations will arise, it is always a pleasant surprise and you figure it out along the way*" (p. 540, Hung, Huang, Cheng, Wei, & Lin, 2014). What is important is that it is the individualised response to stress that determines the helpful or harmful effect. Proactive, rather than reactive, approaches to develop individualised and contextualised interventions are increasingly

sought, such as strengths based approaches, as part of multi-level workplace well-being programs (Jarden, Sandham, Siegert, & Koziol-McLain, 2018).

One common thread of the negative experiences of the graduate nurses were reports of uncivil behaviours and workplace mistreatment, such as undermining, bullying, abusive supervision, interpersonal conflict and aggression, for example: “I was subject to bullying from another nurse ... I was walking on eggshells every time I worked with her ...” (p. 293, Walker et al., 2013). Workplace incivility is defined as low intensity and ambiguous intent, as opposed to high intensity, intentional, persistent behaviours such as bullying (Patterson, Chris, & Gonzalez-Morales, 2017). Experiences of incivility are reported in varying degrees by different individuals and this may be dependent on personality characteristics, for example, a person who scores low in agreeableness on an index and high in neuroticism is more likely to experience incivility (Milam, Spitzmueller, & Penney, 2009). The consequences of experiencing incivility can cause an individual to worry about the experience and increase their negative affect (Zhou, Yan, Che, & Meier, 2015); however, supervisor support may attenuate this relationship (Beattie & Griffin, 2014).

The presence of supervisor support in the graduate nurses’ experiences was a common thread, whether this support was from preceptors, mentors or managers. Reports of positive experiences reflected a perception of good support, such as: “It really, really makes a difference when you have neighbouring nurses who will support you if you're new and will come and help you. That just makes a world of difference when you first start practising” (p. 77, Chernomas, Care, McKenzie, Guse, & Currie, 2010). Reports of negative experiences were underpinned by a lack of perceived support by supervisors, such as “It was awful. I was working in a very short-staffed ward. Because of lack of support and heavy workload... the work seemed to never be done... it was like being dropped in at the deep end” (p. 2067, Chernomas et al., 2010).

The perception of being bullied was evident in the graduate nurses’ voices. Power and control in the workplace have been explored as a means to explain workplace bullying. As one example, in an extension of the Domestic Abuse Intervention Program’s Duluth Model of Power and Control, Scott (2018) illustrates the model’s adaption to workplace bullying. The experience of bullying in nursing is not new and continues to be the focus of research with

ongoing recommendations to clarify how nurses individually conceptualise bullying behaviours and address cultural foundations (Hartin, Birks, & Lindsay, 2018).

The graduate nurses patterns of psychological well-being and ill-being strongly resonated with increasingly reported domains of well-being, such as that from the New Economic Foundation (Aked, Marks, Cordon, & Thompson, 2008) which arose from Foresight's mental capital and well-being project (Dewe & Kompier, 2008). The Foresight project explored how to improve mental capital and well-being throughout life. The project resulted in the proposal of 5-ways to well-being: 'Connect', 'Be active', 'Take notice', 'Keep learning' and 'Give'. There was just one domain that was not represented in the graduate nurses' voices; 'Be active'. None of the participants across the studies expressed feeling energised, nor spoke positively about the active nature of their work environment; rather, they expressed this as feeling exhausted and over-worked. Feeling exhausted and overworked has been shown to be linked to workplace incivility, whereby the higher the perception of incivility the higher the experience of exhaustion; thus employees are less likely to thrive (Hartin et al., 2018). Figure 3 illustrates the graduate nurse's voices of psychological well-being and ill-being with their potential theoretical linking to each of the '5-ways to well-being', expressed as the 'dark side' depicting the nurses' negative experiences and the 'light side' depicting the nurses' positive experiences.

Conceptualising these graduate nurses' voices in terms of the 5-ways to well-being model may support the increased awareness of enablers and barriers of well-being for this unique transition period. Additionally, it may facilitate the development and testing of new ways to assess and enhance the well-being of these nurses, to inform workers' health policy and facilitate the retention of a significant proportion of the future health workforce.

LIMITATIONS

Both internal and external validity threats are present in this study. Given the potential influence of the researchers on the exploration, analysis and interpretation of the data, two independent reviewers were used at significant stages of this qualitative synthesis (screening, appraisal, extraction, analysis, interpretation) and a sample of the tables of the matrices are provided as supplementary materials (see Supplementary File 2) to enable readers to make their own judgements regarding decisions made during the research process. Given the inclusion criteria did not include dissertation databases, studies published in languages other

than English language, or studies published before 2009, there remains an opportunity to extend this meta-synthesis in future research. Exploring the experiences of recently graduate nurses to differentiate their experiences of the nursing workforce as opposed to their final experiences in entry to practice nursing education is a further opportunity.

The transferability of the results and conclusions of this meta-synthesis of qualitative studies is influenced by the sample and context of the primary studies. As demonstrated in the critical appraisal of the primary studies, there was considerable disparity in quality across the studies, ranging from a quality appraisal rating of one to nine out of ten, where ten was meeting all criteria for a rigorous qualitative study according to the critical appraisal tool employed. Sampling and context were equally variable, although purposeful sampling and data saturation availed due to study design.

CONCLUSION

Nurses expressed a range of positive and negative experiences in their transition into the workplace. For some, the experience was a time of personal growth and fulfilment, but for others a stressor. There were patterns of social connection and support, but also workplace incivility and bullying. These new conceptions of graduate nurses' voices as ways to wellbeing offer unique insights into enablers and barriers of well-being for these nurses. There remain significant opportunities for enhanced transitional support for these nurses. Future development of new ways to both measure and enhance the well-being of graduate nurses is a priority for both workers' health policy and future health workforce retention.

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Table 1. Characteristics of the primary studies included in the analysis

Author/s (citation)	Title	Phenomenon of interest	Country	Context	Methodology/theoretical framework (data collection)	Sample
Andersson and Edberg (2010)	The transition from rookie to genuine nurse: Narratives from Swedish nurses 1 year after graduation	Experiences of newly qualified Swedish nurses during their first year in their new professional role.	Sweden	Hospital environment, ranging from small hospitals to larger regional hospitals. Newly qualified nurses were employed in medical, neurological, infection, orthopaedic, and postoperative care	Nil stated (narrative interviews)	8
Bisholt (2012)	The professional socialization of recently graduated nurses: Experiences of an	Describe and analyze how recently graduated nurses are socialized into the profession.	Sweden	Four general wards, each of surgery and medicine, at a county hospital in	Ethnographic (observations, interviews and field notes)	18

	introduction program			the central part of Sweden		
Chandler (2012)	Succeeding in the first year of practice: heed the wisdom of novice nurses	The experience of first-year nurses in making the transition from school to practice.	USA	The sample comprised 36 nurses who had graduated from associate degree (20%) and baccalaureate (80%) programs. Most of the sample was from New England (70%), with the remaining 30% from other parts of the United States.	Appreciative inquiry (semi-structured interviews)	36
Chernomas, Care, McKenzie, Guse, and	"Hit the ground running": Perspectives of new nurses and nurse managers on	New graduate nurse retention and workplace integration. Perspectives of new nurses on their role	Canada	New nurse participants in phase one of the Workplace Integration of New	Nil stated (focus groups)	9

Currie (2010)	role transition and integration of new graduates	transition from graduates to practising professionals.		Nurses Project (WINN) after 13 months of employment		
Clark and Springer (2012)	Nurse residents' first-hand accounts on transition to practice	New graduate nurses' "lived experience" and job satisfaction during their first year of nursing practice. Transition to practice involving a nurse residency program.	USA	Public 600-bed hospital in the northwestern United States	Nil stated (focus groups)	37
Dames (2019)	Impact of interplaying and compounding factors in the novice nurse journey: A basic qualitative research study	How contextual factors (life experiences, undergraduate education and workplace contexts) interplay to impact the ability of novice nurses to thrive in their first two years of practice.	Canada	Seven of the participants lived on Vancouver Island, worked in a small city hospital and/or community setting, and did not have access to a new graduate transition program.	Qualitative (semi-structured interviews)	8

				One participant lived near Vancouver, worked in a large city hospital, and was engaged in a robust new graduate transition program.		
Darvill, Fallon, and Livesley (2014)	A different world? The transition experiences of newly qualified children's nurses taking up first destination posts within children's community nursing teams in England	The experiences of newly qualified children's nurses in community teams.	England	Newly qualified children's nurses who, on qualification, had been recruited into four children's community nursing teams in the North West of England	Nil stated (semi-structured interviews and observations)	8
Feng and Tsai (2012)	Socialisation of new graduate	The socialisation experiences of new graduate baccalaureate	Taiwan	Four different medical centres in northern Taiwan	Qualitative descriptive (semi-structured interviews)	7

	nurses to practising nurses	nurses to practising nurses.				
Gregg, Shigematsu, Hayashi, Kono, and Yoshida (2011)	Newly licensed nurses' experiences in rotational training programs in Japan	Experiences of newly licensed nurses in rotational training programs that lasted longer than 6 months.	Japan	Study participants were in rotational training programs at six different hospitals. A rotational training program is defined as a structured training program for clinical nursing with rotations through a variety of patient care settings.	Nil stated (semi-structured interviews)	6
Hazelton, Rossiter, Sinclair, and Morrall (2011)	Encounters with the 'dark side': New graduate nurses' experiences in a mental health service	Experiences of new graduate nurses working in an Australian public mental health service.	Australia	An Australian public mental health service	Participatory action research (audio-taped group discussions, participatory observation by research team members, and brief participant-compiled	18

					summaries of group discussion)	
Hu et al. (2017)	Stressors of newly graduated nurses in Shanghai paediatric hospital: A qualitative study	Identifying stressors of newly graduated paediatric nurses at a children's hospital	China	Paediatric hospital in Shanghai	Grounded theory (semi-structured interviews and observations)	52
Hung, Huang, Cheng, Wei, and Lin (2014)	The working experiences of novice psychiatric nurses in Taiwanese culture: A phenomenological study	Understanding the working experiences of novice psychiatric nurses during their first year in a clinical setting	Taiwan	Caotun Psychiatric Center Department of Health, which is the leading psychiatric hospital in central Taiwan	Phenomenological (semi-structured interviews)	15
Kelly and Ahern (2009)	Preparing nurses for practice: A phenomenological study of the new	Experiences of new graduates' pre-employment and early employment as a registered nurse to	Australia	Private and public hospitals in Australia	Phenomenological (semi-structured interviews at three intervals)	13

	graduate in Australia	better understand new graduate socialisation processes.				
Lim, Teoh, Pua, Holroyd, and Chan (2013)	Newly qualified registered nurses and their transition to practice journey: A qualitative descriptive study	Perceptions of new graduate nurses on their transition to practice during their first year of employment.	Singapore	1400 bedded, metropolitan public hospital in Singapore	Nil stated (semi-structured interviews)	11
Myers et al. (2010)	Safety concerns of hospital-based new-to-practice registered nurses and their preceptors	The perceptions of both new-to-practice registered nurses and preceptors about the learning needs of new-to-practice registered nurses as those perceptions relate to patient safety.	USA	Two urban hospitals in Boston, Massachusetts	Nil stated (focus groups)	19
Malouf and West (2011)	Fitting in: A pervasive new	Experience of Australian new graduate nurses'	Australia	Acute tertiary hospitals in Sydney	Grounded theory (series of three in-depth interviews)	9

	graduate nurse need	transition to acute nursing practice				
Spiva et al. (2013)	Hearing the voices of newly licensed registered nurses: The transition to practice: A qualitative study suggests that new nurses need more guidance and support than they're getting	Describe the newly licensed registered nurses' orientation experience and to identify ways of enhancing it.	USA	633-bed, acute care hospital	Grounded theory (unstructured interviews)	21
Sterner, Ramstrand, Nystrom, Hagiwara, and Palmer (2018)	Novice nurses' perceptions of acute situations: A phenomenographic study	Describe the acute situation as a phenomenon from the perspective of novice nurses.	Sweden	5 different hospitals and 11 different hospital wards in southwest Sweden	Phenomenographic (semi-structured interviews)	12
Thomas, Bertram,	The transition from student to new registered nurse in	Understand the transition experience of new registered nurses	USA	Acute care hospitals in Indiana	Phenomenological (interviews)	11

and Allen (2012)	professional practice	during the first year of clinical practice.				
Tsai et al. (2014)	Nurse preceptor training needs assessment: Views of preceptors and new graduate nurses	Explore the teaching experiences of nurse preceptors and the learning experiences of new graduate nurses in five hospitals in Taiwan.	Taiwan	Five teaching hospitals in northern, central, and southern Taiwan, consisting of two medical centers and one regional hospital (north), one medical center (central), and one regional hospital (south).	Naturalistic inquiry (focus groups)	24
Walker, Earl, Costa, and Cuddihy (2013)	Graduate nurses' transition and integration into the workplace: a qualitative comparison of graduate nurses'	Exploration of the workplace factors that affect graduate nurses during their first year of clinical practice, in a regional context, from the perspective of both	Australia	A regional context in Victoria, Australia	Nil stated (open-ended survey questions)	69

	and Nurse Unit Managers' perspectives	graduate nurses and Nurse Unit Managers.				
Zinsmeister and Schafer (2009)	The exploration of the lived experience of the graduate nurse making the transition to registered nurse during the first year of practice	Lived experience of graduate nurses during the first 6 to 12 months of clinical nursing practice.	USA	Healthcare system organization located on the east coast of the United States	Phenomenological (semi-structured interviews)	9

Table 2. Quality appraisal of studies

Author (citation)	Qu.1	Qu.2	Qu.3	Qu.4	Qu.5	Qu.6	Qu.7	Qu.8	Qu.9	Qu.10	Dependability
Andersson and Edberg (2010)	No ^{1,2}	No ²	No	No	No	No	Yes	Yes	Yes ⁴	Yes	Low
Bisholt (2012)	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes ⁴	Yes	Moderate
Chandler (2012)	No ¹	Yes	Yes	Yes	Yes	No	No	Yes	Yes ³	Yes	Moderate
Chernomas et al. (2010)	Unclear	Unclear ²	Unclear	Unclear	Unclear	No	No	Yes	Unclear	Yes	Low
Clark and Springer (2012)	No ^{1,2}	No ²	No ²	No ²	No ²	No	No	Yes	Yes ³	Yes	Low
Dames (2019)	Unclear	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Moderate
Darvill et al. (2014)	No ²	No ²	No ²	No	No	No	No	Yes	Yes	Yes	Low
Feng and Tsai (2012)	No ¹	No ²	Unclear	Unclear	Unclear	Yes	Yes	Yes	Yes ³	Yes	Moderate
Gregg et al. (2011)	No ^{1,2}	No ²	No ²	No	No	No	No	Yes	Yes ³	Yes	Low
Hazelton et al. (2011)	No ¹	Unclear	Unclear	No	No	No	No	Yes	Yes	Yes	Low

Hu et al. (2017)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	High
Hung et al. (2014)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	High
Kelly and Ahern (2009)	Yes	Yes	Yes	Yes	Yes	Unclear	Yes	Yes	Yes	Yes	High
Lim et al. (2013)	No ^{1,2}	No ²	No ²	No ²	No	No	Unclear	No	Yes ³	Unclear	Low
Malouf and West (2011)	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	High
Myers et al. (2010)	No ²	No	No	No	No	No	No	Yes	No	Yes	Low
Spiva et al. (2013)	No ¹	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes ³	Yes	High
Sterner et al. (2018)	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes ⁴	Yes	Moderate
Thomas et al. (2012)	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes ³	Yes	Moderate
Tsai et al. (2014)	Unclear	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes ³	Yes	High
Walker et al. (2013)	No ¹	No ²	No ²	No ²	No	No	No	Yes	Unclear	Yes	Low

Zinsmeister and Schafer (2009)	No ¹	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes ³	Yes	High
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Notes: Abbreviations and superscript notes: Qu = question; IRB = Institutional/Internal Review Board; superscript note 1: No philosophical perspective detailed; superscript note 2: No methodological approach presented; superscript note 3: Institutional/Internal Review Board; superscript note 4: Not required in country of research. Quality appraisal tool questions: 1) Congruity between the stated philosophical perspective and the research methodology; 2) Congruity between the research methodology and the research question or objectives; 3) Congruity between the research methodology and the methods used to collect data; 4) Congruity between the research methodology and the representation and analysis of data; 5) There is congruence between the research methodology and the interpretation of results; 6) Locating the researcher culturally or theoretically; 7) Influence of the researcher on the research, and vice-versa, is addressed; 8) Representation of participants and their voices; 9) Ethical approval by an appropriate body; 10) Relationship of conclusions to analysis, or interpretation of the data. Dependability was scored by the number of 'yes' votes for questions 2, 3, 4, 6 and 7; can be scored overall as High, Moderate, Low or Very Low (Munn, Porritt, Lockwood, Aromataris & Pearson, 2014).

Table 3. Translation of voices and patterns of psychological well-being and ill-being

Our translated single participant voice	Patterns identified in the participant voices
<i>I feel wanted, valued, and accepted (Clark & Springer, 2012)</i>	Valued
<i>I never felt alone (Clark & Springer, 2012)</i>	Supported
<i>You can just see the relief in their faces and you feel like you've done a good job (Darvill et al., 2014)</i>	Altruism
<i>It is about finding oneself and one's role (Andersson & Edberg, 2010)</i>	Identity
<i>Nurses seem to want to help and they make good teachers (Zinsmeister & Schafer, 2009)</i>	Learning
<i>There's a new learning curve that you have to conquer (Kelly & Ahern, 2009)</i>	Challenged
<i>The amount of the work was huge, and the pace was very fast (Hu et al., 2017)</i>	High workload
<i>People are afraid to say anything; they bully behind the scenes now (Dames, 2019)</i>	Bullied
<i>I have never felt so left out (Bisholt, 2012)</i>	Outsider
<i>It was like being dropped in at the deep end (Feng & Tsai, 2012)</i>	Unsupported
<i>Do I really know what I am saying (Andersson & Edberg, 2010)</i>	Self-doubt

<i>It's really overwhelming (Clark & Springer, 2012)</i>	Shocked
<i>I did not feel any fulfillment (Gregg et al., 2011)</i>	Unfulfilled
<i>I am not sure which one was right (Hu et al., 2017)</i>	Confused
<i>I felt unwell for a long time (Walker et al., 2013)</i>	Physically unwell
<i>I'm pretty down, pretty depressed (Dames, 2019)</i>	Depressed mood
<i>Not being able to fulfil my children's needs a lot of the time (Walker et al., 2013)</i>	Work-life imbalance
<i>At risk on pretty much every shift (Dames, 2019)</i>	At risk
<i>I felt a knot in my stomach when I realized that I was forced to make a decision (Andersson & Edberg, 2010)</i>	Afraid

Note: White or no shading depicts potentially positive emotions or experiences, light grey shading depicts potentially positive or negative experience, dark grey shading depicts potentially negative emotions or experiences.

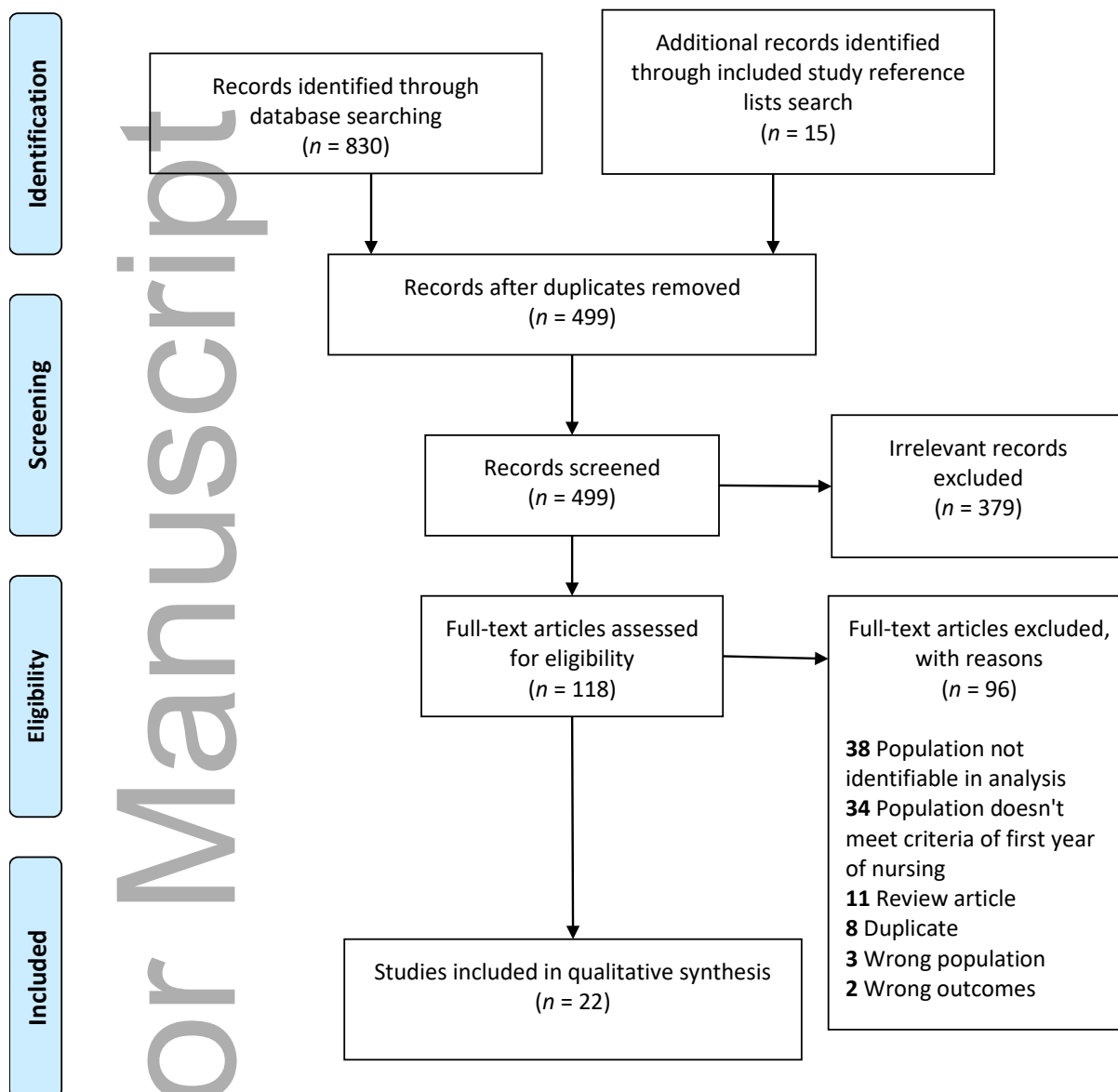


Figure 1. Study screening and selection flowchart.



Figure 3. Graduate nurses' voices and the 5-ways to well-being model.

Note. This model is adapted from the New Economic Foundation's (Aked et al., 2008) 5-ways to well-being model. The quotes in the model are presented in italics and references for these quotes can be found in Table 3.