

MRS CATERINA FELTRIN (Orcid ID : 0000-0002-8742-9023)

DR JENNIFER MARGARET NEWTON (Orcid ID : 0000-0002-0270-8497)

Article type : Original Research: Empirical research - qualitative

**Corresponding author mail id:** [caterina.d@live.com.au](mailto:caterina.d@live.com.au) ; [caterina.feltrin@sa.gov.au](mailto:caterina.feltrin@sa.gov.au)

**How graduate nurses adapt to individual ward culture:**

**A grounded theory study**

***Graduate nurse adaptation to ward culture***

**Caterina FELTRIN** MNurs *Monash*, RN

Monash Nursing and Midwifery  
Monash University, Clayton Campus

**Adjunct Associate Professor Jennifer NEWTON** EdD, RN/RM

Monash Nursing and Midwifery  
Monash University, Clayton Campus

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the [Version of Record](#). Please cite this article as [doi: 10.1111/jan.13884](https://doi.org/10.1111/jan.13884)

This article is protected by copyright. All rights reserved



**Associate Clinical Professor**

School of Nursing  
McMaster University, Hamilton, Canada

Twitter: @jen\_new1

**Associate Professor Georgina WILLETTS** DEd, MEd, RN

Department of Health Professions  
Swinburne University, Hawthorn Campus

Twitter: @GeorgiWilletts

No conflict of interest has been declared by the author(s).

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

**ABSTRACT**

**Aim:** To increase understanding of strategies graduate nurses use on a day-to-day basis to integrate themselves into pre-existing social frameworks.

**Background:** Being a graduate nurse and transitioning from a novice to beginner in the first year of clinical practice is stressful, challenging and overwhelming due to steep learning curves and adjusting to working in professional environments. How graduate nurses socially adapt and fit in to ward cultures is a hurdle to successful transition and can be difficult.

**Design:** A qualitative constructivist grounded theory methodology was used.

**Methods:** Seven adult, registered nurses were recruited using a purposive sampling technique. Participants were enrolled in a graduate nurse transition program, working in one of two acute care, adult public hospitals in South Australia included in the study. Data



collection conducted in 2016 use individual interviews consisting of open ended questions in an unstructured format. Transcripts were transcribed verbatim. Data analysis processes included initial and focused coding, theory building, memo-writing and theoretical sampling.

**Results:** Three main categories: self-embodiment and self-consciousness, navigating the social constructs and raising consciousness, supported by sub-categories describe the main strategies graduate nurses use to facilitate adaptation into complex clinical environments and ward cultures. Subsequent concept and theory development explains how graduate nurses find the social and professional balance to fit in.

**Conclusions:** Understanding graduates' adaptation strategies can inform improvements in graduate nurse transition programs. Facilitating and enhancing graduate nurse adaptation is the precursor to creating more resilient nurses ready to face the challenges that exist in today's work environments.

**KEYWORDS.** acculturation, adaptation, occupational, psychological, fitting in, grounded theory, newly qualified nurses, social identity, socialisation

## SUMMARY STATEMENT

### **Why is this research or review needed?**

- Despite the identification of graduate nurse transition and adaptation as a troubled process and having been researched through application of many different lenses, it remains a concerning issue.
- Scant research has been undertaken to comprehensively understand how graduate nurses help themselves to adapt and survive in complex health environments.

### **What are the key findings?**

- From this small, qualitative study of seven participants from two, acute care hospitals in Australia, multiple strategies were revealed that graduate nurses use to adapt to an individual ward culture and describe crucial actions used: self-embodiment and self-consciousness, navigating the social constructs and raising consciousness.



- Adapting to individual ward culture is a complex process of several interconnected stages which are not always sequential and rely on constant reflection and adaptation by the GN.

### **How should the findings be used to influence policy/practice/research/education?**

- Undergraduate curriculums and graduate nurse transition programs need to include education and information about the complex interplay of processes preceding fitting in.
- Shared knowledge of adaptation processes will equip graduate nurses to cope with the associated challenges through increased awareness, will stimulate discussion about the topic and encourage a more collaborative approach.

## **INTRODUCTION**

Differences in individual personality, ward cultures and clinical settings culminates in every Graduate Nurse (GN) having an individual experience of their first year of clinical practice and transition from novice to beginner. Aside from the steep learning curves associated with their new clinical role, GNs must negotiate and navigate established ward cultures. This study sheds light on the strategies that GNs employ to adapt and navigate social complexities in individual ward cultures to fit in, become accepted and embedded in to the team.

### **Background**

The decision in the 1980s to move nursing education from the hospital setting to the tertiary sector in Australia (Levett-Jones & FitzGerald, 2005) led to a 'theory-practice gap', highlighting the difficulty of applying knowledge from university to the clinical environment. Hence, GN transition programs were developed to support the progression of novice to beginner Registered Nurse (RN) and aimed to increase the confidence and competence of GNs, improve professional adjustment and increase retention (Edwards, Hawker, Carrier, &



Rees, 2015; Missen, McKenna, & Beauchamp, 2014; Parker, Giles, Lantry, & McMillan, 2014).

Despite the long-standing existence of GN transition programs, transition from novice to beginner RN remains stressful and challenging, suggesting something is amiss (ten Hoeve, Kunnen, Brouwer, & Roodbol, 2018). Transition is fraught with many stressors and is a complex, multifaceted and dynamic process that needs to consider individual backgrounds, knowledge levels, personality, prior experience in the field and the GN's life experiences (Benner, 1982; Pennbrant, Nilsson, Öhlén, & Rudman, 2013; Phillips, Esterman, & Kenny, 2015; Romyn et al., 2009). Additionally, ward acuity, staff shortages, rising complexity of patient care, accelerating patient turnover rates, ward dynamics and ward structure also need to be considered as influencing factors in transition (Feng & Tsai, 2012). GNs are expected to navigate such demands whilst concurrently acquiring skills, transferring knowledge to practice, adapting to working in professional environments and trying to 'fit in' to complex groups where social bonds already exist (Malouf & West, 2011; Scott, Engelke, & Swanson, 2008). A systematic process as modelled on the PRISMA Flow Diagram was undertaken to search extant literature for critical review (Figure 1) (Moher, Liberati, Tetzlaff, & Altman, 2010). A critiquing tool was used to determine quality (Critical Appraisal Skills Programme, 2017).

Exploration of GNs' experiences identified elements relating to belongingness, socialisation and assimilation to ward culture, as crucial to GN transition and adaptation processes (McKenna & Newton, 2008; Newton & McKenna, 2007, 2009). If a GN does not adapt or does not become socially accepted on their ward, it has negative consequences on their progression from novice to advanced beginner (Kelly & Ahern, 2009; Lai & Lim, 2012). However, adaptation is multifaceted and poses numerous challenges such as contradictory communication, horizontal violence, belittling and bullying (Parker et al., 2014; ten Hoeve et al., 2018; Walker, Earl, Costa, & Cuddihy, 2013).

Organisational socialisation (Phillips et al., 2015), professional socialisation (Houghton, 2014; Lai & Lim, 2012) and Social Identity Theory (SIT) (Ellemers, Haslam, Platow, & van Knippenberg, 2003; Willetts & Clarke, 2014) have been applied to nursing to extend knowledge beyond that of transition to gain an increased understanding of the complexities of the nursing profession. Through examination of SIT, the idea of belongingness begins to surface (Willetts & Clarke, 2014). Not completely dissimilar to the term 'fitting in' which has been the topic of some GN enquiry (Delaney, 2003; Malouf & West, 2011) belongingness



can be defined as identifying oneself as a member of the team and ward environment, an outcome or end result of the process of fitting in (Vinales, 2015).

The complexities of GNs' transition and adaptation has been researched through application of many different lenses. Despite this, scant research has been undertaken to comprehensively understand how GNs help themselves to adapt and survive in complex health environments.

## THE STUDY

### Aims

This study aimed to explore how GNs adapt to individual ward culture using a grounded theory research design.

### Design

A qualitative grounded theory methodology using the constructivist approach was used as the framework of inquiry which aimed to explore how adult GNs adapt to individual ward culture in their first year of clinical practice and to allow construction of a theory 'grounded' in the data (Charmaz, 2006, 2014).

### Participants

A purposive sampling technique was used to recruit seven participants (two males, five females). Inclusion criteria required participants to be: (1) a RN; (2) enrolled in a GN transition program; (3) working in one of two participating acute care, adult hospitals in South Australia; and (4) be at least four months into their program as they would be moving out of the 'transition shock' phase (Duchscher, 2012). Exclusion criteria included if the GN was employed into a ward where they had prior exposure either as an undergraduate or through prior employment.

Only GNs in a transition program were recruited as the program structure allows each GN to work consistently in two areas for six-month blocks at a minimum of eight days a fortnight thus maximising opportunity to adapt and fit in. A Nurse Educator who did not have any association with the GNs or the research project provided a written explanatory statement of the study to relevant GN intakes. Willing participants were asked to contact the primary researcher via email to enrol in the study. Initially, five GNs were recruited. Initially, five GNs were recruited, one from Hospital A and four from Hospital B. As initial recruitment was slow, it was decided to include the participant from Hospital A and an interview was



conducted. As this sample did not provide data saturation, another two participants were recruited from Hospital B.

Approved consent forms were completed by all participants. Individual audio recorded interviews, ranging from 23-60 minutes duration, were conducted by the first author in a discreet location and transcribed verbatim. Each participant was given a pseudonym.

### Data Collection

The research project was conducted in one of the five local health networks in South Australia which has two major hospital sites (Hospital A and Hospital B). An unstructured form of interview guided by open-ended questions was used allowing the researcher to remain analytical and inquisitive through asking further questions (Charmaz, 2015). Questions were devised using examples from Charmaz (2006, pp. 30-31) as a guide to ensure they remained true to grounded theory methods of inquiry. Questions focused around pertinent topics and gaps highlighted through literature review. Theoretical sampling allowed the researcher to change or modify interview questions in response to the emerging data and themes to allow certain themes and categories to expand (Appendix 1). No repeat interviews were conducted.

### Ethical considerations

Ethics approval was granted from both hospitals and the University's ethics committees. Any supposition about pre-existing professional relationships between the researcher and participants having an impact on the results is opposed by the deliberate choice of the grounded theory method which makes room for such connections.

### Data Analysis

Initial coding, focused coding, theoretical coding and memo-writing were the main processes that assisted in the development of a grounded theory and are central to data analysis in this method (Charmaz, 2006, 2014; Sbaraini, Carter, Evans, & Blinkhorn, 2011) (Table 1 for an example of initial coding and focused coding).

Theoretical sampling was facilitated through the constant comparative method, enabling data analysis to take direction and assisted to clearly see emergent theories. In all stages of coding, constant comparative analysis was used, a fundamental process in grounded theory method (Charmaz, 2014) whereby data is constantly compared with other data, i.e. comparing data from in the same interview and comparing data between interviews. The researcher engaged



in memo-writing after each interview which encouraged early analysis of the data and of emergent codes and aided theory development (Charmaz, 2006).

### Rigour

Harding and Whitehead (2013) pose in qualitative research ‘the process of rigour is linked to trustworthiness’ by ensuring auditability, fittingness, confirmability and credibility (p. 153). Auditability was met by guiding the reader through every step of the research process. Fittingness was addressed by providing rich explanation and description of the research methodology, the subjects and setting. Credibility was enhanced through asking each participant to review their interview transcription to ensure accuracy of data, thus contributing to research confirmability.

Inter-rater reliability was conducted via the first and second authors independently reviewing the codes and transcriptions. These were then analysed in team meetings with the third author. This resulted in rigorous data analysis, a hallmark of grounded theory, even at such a late stage (Charmaz, 2014).

### FINDINGS

The study participants had been enrolled into the GN transition program for seven to ten months at time of interview (Table 2). GNs used multiple strategies to adapt and fit in to an individual ward culture. These strategies were sorted into three main categories: self-embodiment and self-consciousness, navigating the social constructs and raising consciousness. Sub-categories provide further explanation to GN adaptation processes. Each stage of fitting in and their relationships are illustrated in Figure 2.

#### Self-embodiment and Self-consciousness

Revealing self required the GNs to emanate a measure of confidence allowing themselves to reveal to others who they were personally and professionally, inferring a self-consciousness of themselves and their actions. The GNs felt being transparent and communicating their current skill and knowledge level in relation to their new environments would assist their colleagues beginning to understand them professionally. Consequently, this assisted with adaptation as it reduced colleagues’ judgements and expectations, as Emily, seven months into the GN transition program explained:

*Being vocal about what you don’t know and being confident with what you do know.*



Kevin, eight months into the GN transition program understood an important strategy GNs used to 'fit in' was the need to reveal their personality first:

*First you have to open up and then try to ask them [to] open up to you.*

Most participants indicated that consciously projecting a professional self was a vital strategy to adapt. The GNs spoke about having a clear divide between home life and work to enable a professional and positive persona. As illustrated below by Nikki, who had seven months experience as a GN:

*I got things happen[ing] to me in my life... But, when I'm at work, especially at work, I try to not complain or whinge or let people see that, oh she looks like she's woken up on [the] wrong side of the bed today.*

Another expression of projecting a professional self was going above and beyond basic patient care delivery. Ben, nine months into the GN transition program did this to feel accepted and be considered a 'good nurse':

*I need to show that patient rapport and relationship with them, it's noticed.*

Completing nursing procedures according to their colleagues' personal style and preference was an essential strategy of modifying self and practice to gain acceptance, even if advice given did not align with organisational recommendations and/or best practice:

*It's not the way they do it out here, but it is the way, it is still accepted, but to try and fit in I did it their way. (Emily)*

Amy, working as a GN for seven months, shared being given warnings about a senior nurse who did not like GNs and would regularly find small incidents to report against GN's. Amy took this as a challenge and decided she needed to 'fit in' with this individual to guard her reputation:

*I was going above and beyond to show her that I wasn't just a grad, like I knew what I was talking about and just made sure I dotted my i's and crossed my t's so she couldn't find anything wrong with my work and just go above and beyond just to prove her wrong really.*



The idea that adapting to ward culture is an individual process was shared by the GNs. There was an understanding born from self-consciousness and insight that a strategy working for others, may not have the same outcome for them:

*Different people will have different strategies. . . I find a lot of grads [are]...really friendly, open and really try to get to know the people from the ward, which I think is awesome, it's just not me. (Nikki)*

Shaking it off was another central strategy GNs used to facilitate fitting in. Not dwelling on any underlying personal issues and the inherent ability of GNs to not interpret certain comments and actions of others personally, but rather 'shake it off', enabled the GNs to continue their journey to fitting in with increased resilience. Daisy, who'd almost finished her GN transition program advised:

*Don't take things personally. I mean, there's going to be days that you feel like people are targeting you but really it is not.*

*I shake it off, everything. Even if I had a bad day, when I have a nurse that yells at me and do something I really don't like, I just shake it off. When I go to sleep I don't think about it, the next day I come and see them, I try to like forget what happened and treat them like they're a completely new person, so nothing's wrong with what happened yesterday, just new relationship, everything is new. (Nikki)*

Participants justified the actions of their colleagues and did not take confrontation personally, by either thinking it was just a colleague's personality trait or it was just a bad day.

### Navigating the Social Constructs

GNs learnt to navigate their way through complex ward cultures to fit in. Gauging the social constructs of the ward culture preceded navigating the social constructs. The ways of gauging varied, though shared a similar goal: surveying and evaluating the culture, an integral step prior to creating any inroads. Gauging the social constructs through observations provided insights and context to colleagues' behaviour in relation to the ward culture:



*At the start I felt as though I was getting picked on... but since working here longer I now see that that's how they talk to everybody and that's how they keep the calm in the small unit. (Emily)*

*I would observe people and how they work and what they're like so I would be able to tell who I could come to when I need to ask questions and I learned from others. Like, I watched what people were doing what. (Daisy)*

'Finding my way' emerged from the individual methods and strategies the participants used to fit in and adapt to the ward:

*Learning from the senior staff. I guess they've been there the longest. They know what they are talking about. (Ben)*

*Usually the more senior one is a bit more difficult to connect with. So, if you can find anyone who is at the same level as you are and then build up from there, it would be much easier. (Kevin)*

'Finding my way' involved a complex understanding of both self and the social constructs of the ward. Participants understood creating friendships was an important strategy to infiltrate ward culture. On a social level, strategies such as being conscious of conversation style made colleagues feel 'noticed':

*It's just the way you go about communicating with them and how you talk to them on a day to day basis... Just general conversation in between your work, really. That's what I've found. (Ben)*

*I think it's a good thing that you pay attention to little details so that way you can pick it up and show them that you actually care and that actually makes them feel more open to you. (Daisy)*



Participants knew the importance of helping others and used this as a strategy to fit in. Offering help showed commitment and contribution to the team and proved that they were coping with their own workloads thus facilitating acceptance. Lucy, with nine months experience of being a GN had learnt:

*You just have to have a good working relationship to want to help each other out and work as a team.*

The GNs highlighted the notion that showing drive and a positive attitude to the team's workload demonstrated a willingness to collaborate. Collaboration through challenges and problem solving generated closer professional relationships:

*There's never a same day in nursing, there's always different stuff coming up and with more brains you can figure things out. And with more problems, actually, you grow closer with your colleagues and everything and I think that's the fun of it.*  
(Kevin)

Fitting in often meant friendships were created making clinical collaboration easier. However, competing priorities between professional and social to enable adaptation were also identified. The ward environment was considered a social environment and clinical proficiency was perceived as insignificant without the social relationships as illustrated below:

*Trying to be social but not too social because you are at work, but it is a social environment as much as some beg to differ, you come to work to not only work but to socialise, some people might not like that, but I feel like it is, it helps you get through... those tough situations.* (Emily)

*I would want to say clinical skill is more important, but then again if your clinical skill is good but then you don't have a relationship or the relationship with the colleague is not really good, it's just pointless, in some sense.* (Kevin)



Weighing up professional and social priorities is a delicate balancing process. Despite being able to express the importance, many of the participants struggled to explain the complexities of this process and its potential consequences:

*I would say focus on three things: clinical skill, relationship with patients and relationship with the colleague and then the problem is juggling between those three and keeping a balance of the three, because if either one went out of balance, the three of them will actually pull you down real quick. (Kevin)*

### Raising Consciousness

Raising consciousness involved the adaptation processes through reflectivity. Being aware of the differences between fitting in and not fitting in was integral to the GNs' eventual successful navigation of the social constructs.

*I still struggle to feel like I fit into a social group here, mainly because I don't have a lot in common with the people out here, but I do feel like a part of the team in a work environment, I felt more socially connected to my last rotation. (Emily)*

*If I can do it myself and I'm not comfortable with them, then I wouldn't grab them. So, there's a difference between fitting in and not fitting it with a certain group of people. (Nikki)*

Many of the participants found it difficult to describe how they knew they were fitting in. Explanations centred around cues from colleagues and simply being able to 'feel' that they fitted in. Without knowing what it felt like to not fit in, the GNs did not have a reference point to gauge the extent to which they were adapting. Recognising the difference between ward environments offered comparator reasons why GNs felt they fitted in differently between rotations. GNs routinely analysed individuals who did not fit in to the culture in the wards they were working and avoided behaviours to enhance fitting in:

*Noticing other grads on the ward that...don't do such a good job and you hear little bickering... 'Oh that bloody grad doesn't know what she's doing, doesn't know what he's doing' and 'oh why is that?' I ask. (Emily)*



Adapting to individual ward culture to fit in is a complex process of several interconnected stages. These stages are not always sequential and rely on constant reflection and adaptation by the GN.

## DISCUSSION

This study presents a unique and emergent theory in relation to GN transition processes building on existing ideas and theories in the literature. The theory describes the key strategies that GNs encompass, of self-embodiment and self-consciousness processes and professional and social values, through raising their consciousness to find balance and successfully navigate complex social constructs to fit in, as illustrated in Figure 3.

SIT and self-categorisation posit the way individuals behave at work reflecting both the individual's social identity and how they perceive and relate to groups (Ellemers et al., 2003; Willetts & Clarke, 2014). Self-embodiment and self-consciousness raising enabled the GNs to become self-aware to social processes reflected in SIT. GNs raise their consciousness and awareness to notice subtle differences in their own feelings and emotions as well as feedback and reactions from colleagues. These describe the preliminary phase of self-categorisation and support the developed theory. Given this necessary information enables GNs to balance and refine their expression of self, therefore maximising their chance of optimal positioning in the professional and social milieu. Parallels can be seen in Lee, Hsu, Li and Sloan (2013) study which found that GNs mask their true personalities to allow peace and harmony in their interpersonal relationships. Projecting an optimistic first impression with the intention of envisaging this as their professional self, improved GNs' ability to fit in. Thus, confirming consciousness and awareness raising processes presented in the theory. Behaviours such as a positive attitude and smiling has been previously reported (Lee et al., 2013; Leong & Crossman, 2015). However, new emergent strategies in this study of projecting a professional self by separating home from work life, basic manners, remembering colleagues' names and developing strong patient rapport, further explain the theory that GNs' individual reflection and adaptation enable them to optimally position themselves.

'Individuality' as a concept was premised on the finding that GNs have a strong understanding of the differing, personal and individualistic ideas and means of strategizing to fit in to ward cultures (Parker et al., 2014; Zarshenas et al., 2014). Previous research, examining socialisation frameworks of GN adaptation recognises individual processes of



belongingness and acculturation (Goodare, 2015; St-Martin, Harripaul, Antonacci, Laframboise, & Purden, 2015; ten Hoeve, Jansen, & Roodbol, 2014; ten Hoeve et al., 2018; Zarshenas et al., 2014). However, the current study offers new insights into GNs having a thorough understanding of the complexities of fitting in. Furthermore, GNs observe and subsequently recognise not only when their peers are using certain strategies to fit in, but that some strategies are not necessarily suited to everyone. Understanding the personality traits of those who did not fit in, self-reflection and growing knowledge of the ward culture provided the GNs with knowledge of which behaviours to avoid, maximising their chance of optimal positioning and adapting to the ward culture. Similar findings cannot be located in the current discourse on GNs suggesting revelation of a new understanding of GN adaption strategies. GNs' ability to interpret their environment in this way, demonstrates an inherent understanding of the foundations of SIT. This is a novel discovery, highlighting the idea that finding the optimal balance and fitting in is truly individual, something that each GN needs to discover for themselves.

The current theory uniquely posits that adaptation is a constant process. Through persistent, conscious moulding and manipulating their practice and behaviour throughout their transition the more skilled GNs become at appropriately immersing in to the ward culture.

Negative ward cultures and conflict have a direct impact on GN socialisation and work experiences (Dwyer & Hunter Revell, 2016; Laschinger et al., 2016; ten Hoeve et al., 2018). The findings of this study showed that GNs who had a strong sense of self and ability are more able to shake off negative attitudes and unprofessional incidences. This concept of individuality is further illustrated in how they managed their feelings. GNs noticing and balancing their own feelings and emotions, in response to feedback and reactions from colleagues, led to increasing self-identity throughout transition. This led to increasing self-confidence enabling the GNs to be resilient and recover quickly from negative encounters, demonstrating reluctance for undesirable behaviour to disturb their path to fitting in.

GNs need to gauge the social constructs of the ward environment where they are immersed (McKenna & Green, 2004; Parker et al., 2014). While supporting previous findings this study offers an explanation to the intricacies of gauging. GNs expressed their ability to actively assess and gauge individuals, the team and the environment. These techniques have been documented elsewhere (Mellor & Gregoric, 2016; St-Martin et al., 2015) thus strengthening the present findings. These findings are integral to the current theory as gauging provides GNs with a reference point and feedback mechanism to enable optimal positioning.



Recent studies have identified learning the names of colleagues and treating fitting in as a challenge are new insights into the approaches GNs use to fit in and eventually find their way into the ward milieu (Leong & Crossman, 2015; Mellor & Gregoric, 2016). Such persistence and individual conscious effort reflects the main theory and explains how GNs develop resilience, further contributing to their ability to adapt and fit in. Over a decade ago, Santucci (2004) recognised the importance of how relationships with colleagues has an impact on feelings of belongingness. A decade later, St-Martin et al. (2015) discovered GNs 'consciously' develop bonds with their colleagues to assist integrating into their work environment. Such findings align with the present study, highlighting the notion that GNs realise the importance of making friendships. Sharing the clinical load through offering help and team work is imperative in many ward culture dynamics and synonymous with fitting in. GNs understand the benefit of helping others (Lee et al., 2013; St-Martin et al., 2015). GNs in this study understood that helping others contributes to the team, suggesting an underlying comprehension that if you help others, reciprocation is likely. This creates a sense of urgency for GNs to become proficient with their own workloads. GNs can then help others and be seen to be contributing to the team, thus assisting their adaptation.

Clinical knowledge, positive attitudes, asking clinical questions and seeking affirmation from colleagues were all used as strategies to fit in and reported also by Mellor and Gregoric (2016). Without clinical collaboration GNs' opportunity to engage with their colleagues was minimal. The theory developed from the current study explains that self-embodiment processes required the GN to have a strong sense of self, which was slowly revealed to colleagues over time. Early in transition, when confidence was low, clinical collaboration was used as a method to create friendships. The GN would receive assistance and the shared task allowed a foundation for conversation and possible friendship. Subsequently, friendships enabled GNs to feel more comfortable, enabled effective communication and allowed more licence and opportunity to ask for help. As confidence and a strong sense of self-identity grew over the transition journey, this enabled GNs to make friends easily. Friendships facilitated increased clinical collaboration without the GNs considering it would threaten their adaptation, as they already felt a sense of belonging. Adams and Gillman (2016) also posit that relationships with colleagues are important for GNs as they provide opportunity for receiving encouragement and developing a sense of belonging.

It is well established that GN transition involves both professional growth and socialisation processes (Duchscher, 2012; ten Hoeve et al., 2018). The current theory conveys GNs



endeavour to find the optimum balance between social and professional values and priorities that exist. Graduate socialisation processes are often distracting and govern experience in early transition phases (Malouf & West, 2011; Newton & McKenna, 2007, 2009). This study confirms the existence of a delicate balance of the professional and social elements to fit in and finding the balance of these values are dependent on the individual and the individual's response to the ward culture.

Interestingly the GNs placed a higher value on professional and clinical skills, being integral to fit in. GNs focused on their professional growth recognising that as their primary role and reason for employment. Similarly, Feng and Tsai (2012) also found an emphasis on professional development. As the theory advances, it suggests there is a balance that is needed between professional and social aspects of adaptation. The GN needs to find the optimal balance as one cannot exist without the other.

Previous research has documented GNs' experiences and changes over their transition (McKenna & Green, 2004; St-Martin et al., 2015) However, the research has not explicitly discussed the idea that GNs become conscious of feeling such differences nor that GNs use this as a self-reflection tool to measure their adaptation. This is a fundamental and novel idea posited in the current theory. Many GN transition programs foster a disruptive nature of ward rotations (Kelly & Ahern, 2009; Kramer, 1974; Malouf & West, 2011). Establishing new relationships and bonds with colleagues was often stressful for GNs and had an impact on their socialisation processes (Kelly & Ahern, 2009; Malouf & West, 2011). Even though GNs shared that rotating wards is difficult, it provided a reference point for reflection. As the theory suggests, fitting in requires constant assessing and re-assessing of actions and attitudes of self and others.

### Limitations

This research was a small study conducted in one health network in South Australia and there was little variability in the sample, hence findings cannot be generalised to other networks or facilities, nor to the experiences of other GNs. The study investigated GN experience only and did not examine GN transition program structure and curricula which may have contributed additional understanding to the data.

### CONCLUSION

This small study of seven GNs recruited from two acute care hospitals in South Australia demonstrates that GNs require preparation and to be adequately supported in their adaptation



to ward culture. If GNs are not supported in this process, the individual, their colleagues and the patient are likely to be affected. Further research, nationally and internationally, in this discourse is needed to shed more light on the topic to inform changes in policy, practice and education on a broader level to enhance GN experience.

These findings can be used to inform practice in University and hospital environments. It is recommended that both undergraduate and GN transition program curriculums include education about the complex interplay of adaptation processes and encourage discussion of the topic to assist and advantage adaptation through sharing stories and strategies. Shared knowledge will equip GNs to cope with the associated challenges through increased awareness and will stimulate discussion about the topic, encouraging a less individual and more collaborative approach to adaptation and fitting in.

#### Author Contributions:

All authors have agreed on the final version and meet at least one of the following criteria (recommended by the ICMJE\*):

- 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;
- 2) drafting the article or revising it critically for important intellectual content.

\* <http://www.icmje.org/recommendations/>

#### References

- Adams, J. E., & Gillman, L. (2016). Developing an evidence-based transition program for graduate nurses. *Contemp Nurse*, 52(5), 511-521.  
doi:10.1080/10376178.2016.1238287
- Benner, P. (1982). From novice to expert... the Dreyfus Model of Skill Acquisition. *American Journal of Nursing*, 82, 402-407. Retrieved from  
<http://journals.lww.com/ajnonline/pages/default.aspx>



- Charmaz, K. (2006). *Constructing Grounded Theory: A practical guide through qualitative analysis*. London, England: SAGE.
- Charmaz, K. (2014). *Constructing Grounded Theory* (2 ed.). London, England: SAGE.
- Charmaz, K. (2015). Teaching Theory Construction With Initial Grounded Theory Tools: A Reflection on Lessons and Learning. *Qualitative Health Research*, 25(12), 1610-1622. doi:10.1177/1049732315613982
- Critical Appraisal Skills Programme. (2017). CASP Checklists. Retrieved from <http://www.casp-uk.net/casp-tools-checklists>
- Delaney, C. (2003). Walking a fine line: graduate nurses' transition experiences during orientation. *Journal of Nursing Education*, 42(10), 437-443. Retrieved from <http://www.healio.com/nursing/journals/jne>
- Duchscher, J. E. B. (2012). *From Surviving to Thriving: Navigating the First Year of Professional Nursing Practice*. Saskatoon, Canada: Nursing the Future.
- Dwyer, P. A., & Hunter Revell, S. M. (2016). Multilevel Influences on New Graduate Nurse Transition. *Journal for Nurses in Professional Development*, 32(3), 112-121. doi:10.1097/NND.0000000000000265
- Edwards, D., Hawker, C., Carrier, J., & Rees, C. (2015). A systematic review of the effectiveness of strategies and interventions to improve the transition from student to newly qualified nurse. *International Journal of Nursing Studies*, 52(7), 1254-1268. doi:10.1016/j.ijnurstu.2015.03.007
- Ellemers, N., Haslam, S. A., Platow, M. J., & van Knippenberg, D. (2003). Social Identity at Work: Developments, Debates, Directions. In S. A. Haslam, D. van Knippenberg, M. J. Platow, & N. Ellemers (Eds.), *Social identity at work: developing theory for organizational practice* (pp. 3-26). New York, NY: Psychology Press.
- Feng, R. F., & Tsai, Y. F. (2012). Socialisation of new graduate nurses to practising nurses. *Journal of Clinical Nursing*, 21(13/14), 2064-2071. doi:10.1111/j.1365-2702.2011.03992.x
- Goodare, P. (2015). Literature review: "Are you ok there?" The socialisation of student and graduate nurses: do we have it right? *Australian Journal of Advanced Nursing*, 33(1), 38-43. Retrieved from [ajan.com.au](http://ajan.com.au)



- Harding, T., & Whitehead, D. (2013). Analysing data in qualitative research. In Z. Schneider, D. Whitehead, G. LoBiondo-Wood, & J. Haber (Eds.), *Nursing and Midwifery Research: Methods and appraisal for evidence-based practice* (pp. 141-160). Sydney, Australia: Elsevier.
- Houghton, C. E. (2014). 'Newcomer adaptation': a lens through which to understand how nursing students fit in with the real world of practice. *Journal of Clinical Nursing*, 23(15/16), 2367-2375. doi:10.1111/jocn.12451
- Kelly, J., & Ahern, K. (2009). Preparing nurses for practice: a phenomenological study of the new graduate in Australia. *Journal of Clinical Nursing*, 18(6), 910-918. doi:10.1111/j.1365-2702.2008.02308.x
- Kramer, M. (1974). *Reality Shock: Why Nurses Leave Nursing*. St Louis, MO: C.V. Mosby.
- Lai, P. K., & Lim, P. H. (2012). Concept of professional socialization in nursing. *International e-Journal of Science, Medicine & Education*, 6(1), 31-35. Retrieved from <http://web.imu.edu.my/ejournal/>
- Laschinger, H. K. S., Cummings, G., Leiter, M., Wong, C., MacPhee, M., Ritchie, J., . . . Read, E. (2016). Starting Out: A time-lagged study of new graduate nurses' transition to practice. *International Journal of Nursing Studies*, 57, 82-95 14p. doi:10.1016/j.ijnurstu.2016.01.005
- Lee, H. Y., Hsu, M.-T., Li, P.-L., & Sloan, R. S. (2013). 'Struggling to be an insider': a phenomenological design of new nurses' transition. *Journal of Clinical Nursing*, 22(5/6), 789-797. doi:10.1111/j.1365-2702.2012.04189.x
- Leong, Y. M. J., & Crossman, J. (2015). New nurse transition: success through aligning multiple identities. *Journal of Health Organization & Management*, 29(7), 1098-1114 1017p. doi:10.1108/JHOM-02-2014-0038
- Levett-Jones, T., & FitzGerald, M. (2005). A review of graduate nurse transition programs in Australia. *Australian Journal of Advanced Nursing*, 23(2), 40-45. Retrieved from <http://www.ajan.com.au/>
- Malouf, N., & West, S. (2011). Fitting in: A pervasive new graduate nurse need. *Nurse Education Today*, 31(5), 488-493. doi:10.1016/j.nedt.2010.10.002



- McKenna, L., & Green, C. (2004). Experiences and learning during a graduate nurse program: an examination using a focus group approach. *Nurse Education in Practice*, 4(4), 258-263. doi:10.1016/j.nepr.2004.01.004
- McKenna, L., & Newton, J. M. (2008). After the graduate year: a phenomenological exploration of how new nurses develop their knowledge and skill over the first 18 months following graduation. *Australian Journal of Advanced Nursing*, 25(4), 9-15. Retrieved from <http://www.ajan.com.au/>
- Mellor, P., & Gregoric, C. (2016). Ways of Being: Preparing Nursing Students for Transition to Professional Practice. *Journal of Continuing Education in Nursing*, 47(7), 330-340. doi:10.3928/00220124-20160616-10
- Missen, K., McKenna, L., & Beauchamp, A. (2014). Satisfaction of newly graduated nurses enrolled in transition-to-practice programmes in their first year of employment: a systematic review. *Journal of Advanced Nursing*, 70(11), 2419-2433. doi:10.1111/jan.12464
- Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2010). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *International Journal of Surgery*, 8(5), 336-341. doi:10.1016/j.ijsu.2010.02.007
- Newton, J. M., & McKenna, L. (2007). The transitional journey through the graduate year: a focus group study. *International Journal of Nursing Studies*, 44(7), 1231-1237. doi:10.1016/j.ijnurstu.2006.05.017
- Newton, J. M., & McKenna, L. (2009). Uncovering knowing in practice during the graduate year: an exploratory study. *Contemp Nurse*, 31(2), 153-162. Retrieved from <http://www.contemporarynurse.com/>
- Parker, V., Giles, M., Lantry, G., & McMillan, M. (2014). New graduate nurses' experiences in their first year of practice. *Nurse Education Today*, 34(1), 150-156. doi:10.1016/j.nedt.2012.07.003
- Pennbrant, S., Nilsson, M. S., Öhlén, J., & Rudman, A. (2013). Mastering the professional role as a newly graduated registered nurse. *Nurse Education Today*, 33(7), 739-745. doi:10.1016/j.nedt.2012.11.021



- Phillips, C., Esterman, A., & Kenny, A. (2015). The theory of organisational socialisation and its potential for improving transition experiences for new graduate nurses. *Nurse Education Today*, 35(1), 118-124. doi:10.1016/j.nedt.2014.07.011
- Romyn, D. M., Linton, N., Giblin, C., Hendrickson, B., Limacher, L. H., Murray, C., . . . Zimmer, C. M. (2009). Successful transition of the new graduate nurse. *International Journal of Nursing Education Scholarship*, 6(1), 17. doi:10.2202/1548-923X.1802
- Santucci, J. (2004). Facilitating the transition into nursing practice: concepts and strategies for mentoring new graduates. *Journal for Nurses in Staff Development*, 20(6), 274-284. doi:10.1097/00124645-200411000-00007
- Sbaraini, A., Carter, S. M., Evans, R. W., & Blinkhorn, A. (2011). How to do a grounded theory study: a worked example of a study of dental practices. *BMC Medical Research Methodology*, 11(1), 128-138. doi:10.1186/1471-2288-11-128
- Scott, E. S., Engelke, M. K., & Swanson, M. (2008). New graduate nurse transitioning: necessary or nice? *Applied Nursing Research*, 21(2), 75-83. doi:10.1016/j.apnr.2006.12.002
- St-Martin, L., Harripaul, A., Antonacci, R., Laframboise, D., & Purden, M. (2015). Advanced Beginner to Competent Practitioner: New Graduate Nurses' Perceptions of Strategies That Facilitate or Hinder Development. *Journal of Continuing Education in Nursing*, 46(9), 392-400. doi:10.3928/00220124-20150821-01
- ten Hoeve, Y., Jansen, G., & Roodbol, P. (2014). The nursing profession: public image, self-concept and professional identity. A discussion paper. *Journal of Advanced Nursing*, 70(2), 295-309. doi:10.1111/jan.12177
- ten Hoeve, Y., Kunnen, S., Brouwer, J., & Roodbol, P. (2018). The voice of nurses: Novice nurses' first experiences in a clinical setting. A longitudinal diary study. *Journal of Clinical Nursing*, 27(7-8), e1612-e1626. doi:doi:10.1111/jocn.14307
- Vinales, J. J. (2015). The mentor as a role model and the importance of belongingness. *British Journal of Nursing*, 24(10), 532-535. doi:10.12968/bjon.2015.24.10.532
- Walker, A., Earl, C., Costa, B., & Cuddihy, L. (2013). Graduate nurses' transition and integration into the workplace: A qualitative comparison of graduate nurses' and Nurse Unit Managers' perspectives. *Nurse Education Today*, 33(3), 291-296. doi:10.1016/j.nedt.2012.06.005



Willetts, G., & Clarke, D. (2014). Constructing nurses' professional identity through social identity theory. *International Journal of Nursing Practice*, 20(2), 164-169.  
doi:10.1111/ijn.12108

Zarshenas, L., Sharif, F., Molazem, Z., Khayyer, M., Zare, N., & Ebadi, A. (2014). Professional socialization in nursing: A qualitative content analysis. *Iranian Journal of Nursing and Midwifery Research*, 19(4), 432-438. Retrieved from <http://www.ijnmr.mui.ac.ir/index.php/ijnmr>



Transcription Excerpt	Initial Coding	Focused Coding
Yeah, yeah I don't know I just, I always have a fear of forgetting people's names, my first ward was a smaller ward, like 16 beds and there was less nurses on so that wasn't too bad but when I've gone to this next ward its double the size, double the amount of nurses so yeah, I would just hate to address someone by the wrong name or something, I just find its respectful to know someone's name.	Fearing forgetting names of colleagues  Smaller ward means less nurses to get to know  Showing respect by using people's names	<i>Projecting a professional self</i>  <i>Recognising different ward environments</i>  <i>Projecting a professional self</i>
I am a very happy person, I always try and be happy at work, no matter what is going on at home, I just come into work and forget about it and be happy and act like you want to be there and engage with everybody.	Trying to be happy  Forget about out what is going on at home  Act like you want to be there  Engage with everybody	<i>Projecting a professional self</i>
...that I always try to maintain the positive attitude, because I got really bad days, I got things happen to me in my life, I got like really sick and I got unhappy things happen. But, when I'm at work, especially at work, I try to not complain or whinge or let people see that,	Maintaining a postive attitude  Ability to separate work life and home life	<i>Projecting a professional self</i>

Table 1: An example Initial and focused coding processes



Name (Pseudonym)	Progression into the Transition Program	Hospital Site (A or B)
Amy	7 months	B
Emily	7 months	A
Nikki	7 months	B
Kevin	8 months	B
Ben	9 months	B
Lucy	9 months	B
Daisy	10 months	B

Table 2: Participant data



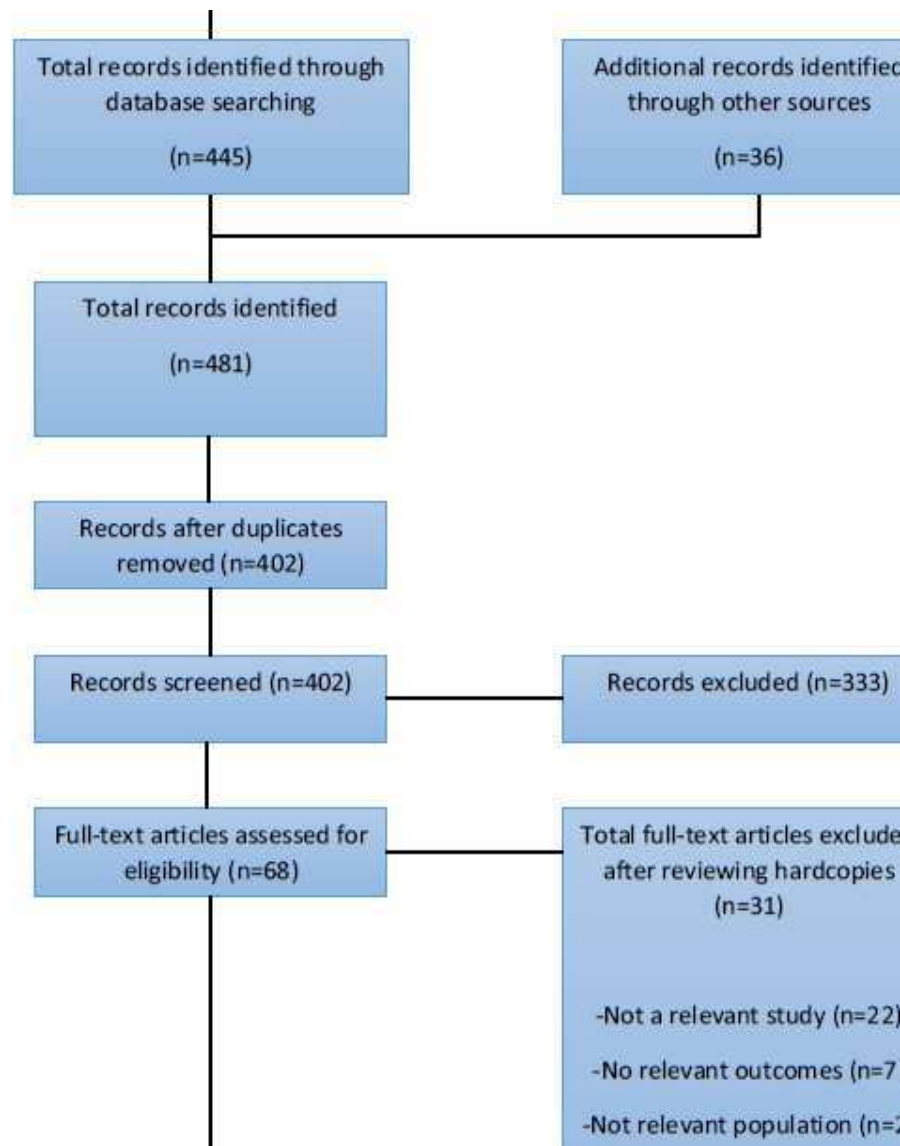


Figure 1: PRISMA Flow Diagram representation of identification of sources relevant for critical review of the literature



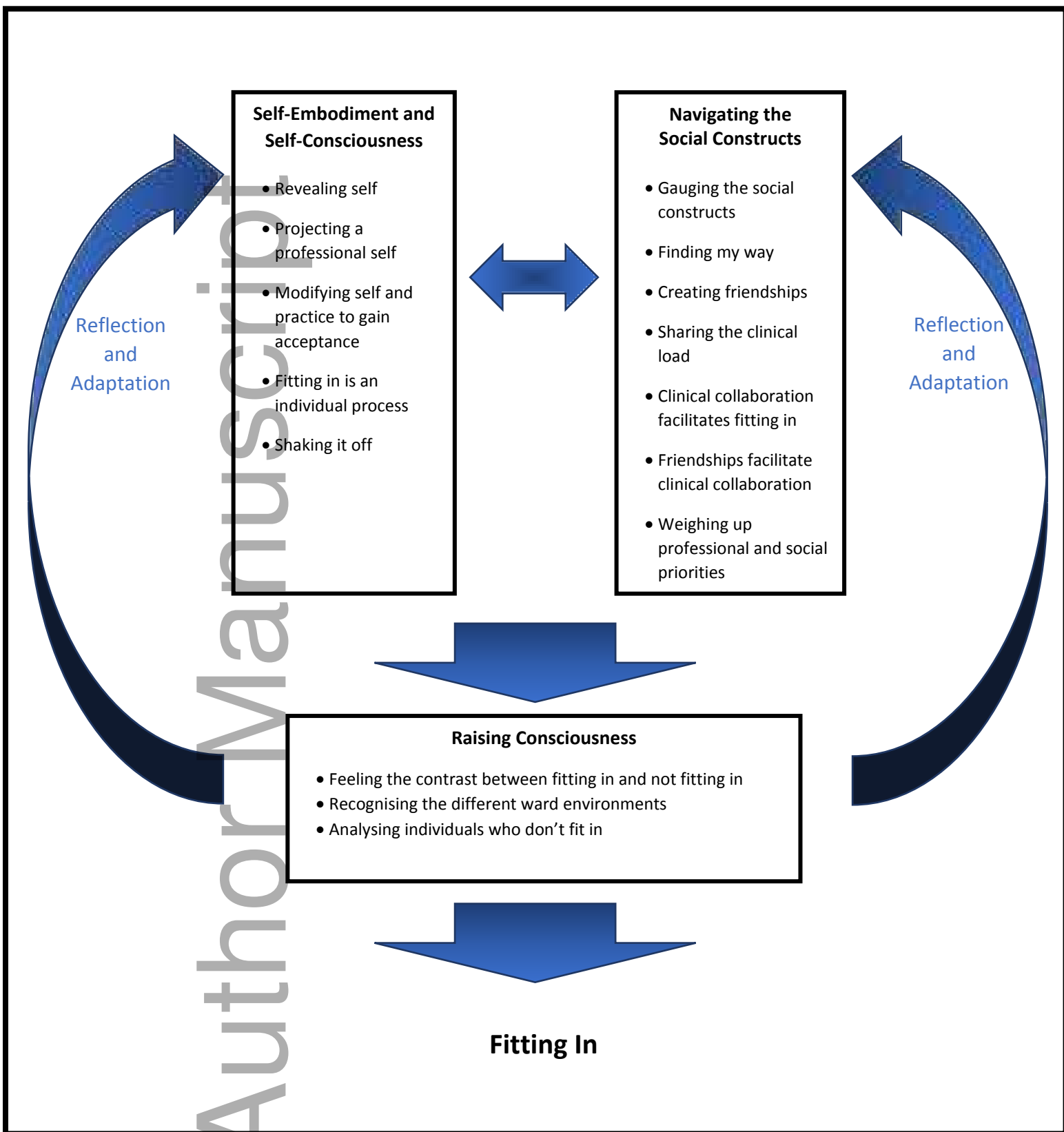


Figure 2: Main categories and sub-categories to enable fitting in.



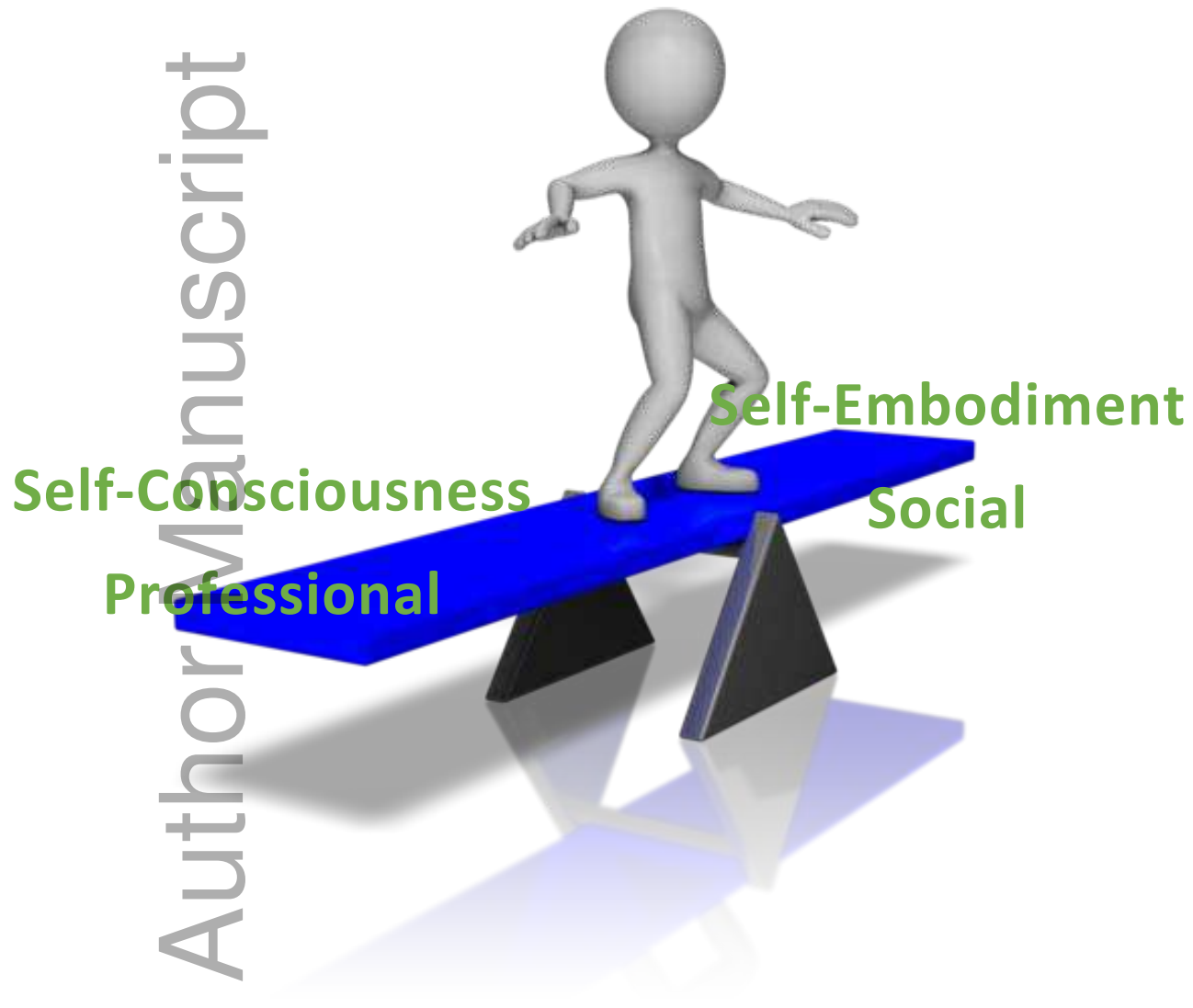


Figure 3: Finding the balance to fit in. Image adapted from: PresenterMedia (2017)





Minerva Access is the Institutional Repository of The University of Melbourne

**Author/s:**

Feltrin, C;Newton, JM;Willetts, G

**Title:**

How graduate nurses adapt to individual ward culture: A grounded theory study

**Date:**

2019-03

**Citation:**

Feltrin, C., Newton, J. M. & Willetts, G. (2019). How graduate nurses adapt to individual ward culture: A grounded theory study. JOURNAL OF ADVANCED NURSING, 75 (3), pp.616-627. <https://doi.org/10.1111/jan.13884>.

**Persistent Link:**

<http://hdl.handle.net/11343/284681>