Suffering Sources among the Newly-Graduated Nurses at the Beginning of Their Clinical Work: A Qualitative Study

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Abstract: Suffering is an inevitable reality at the beginning of work that may cause several damages to the amateur nurses and health care organizations. Although suffering has been investigated in some studies, its sources among the newly-graduated nurses have not been investigated so far. The goal of this study is to investigate suffering sources of the newly-graduated nurses at the beginning of work. The present research is a qualitative content analysis study. The participants included 17 amateur nurses of Tehran educational hospitals. The data was collected through a semi-systematic interview. Sampling was made by using a targeted method and was continued until data saturation. All interviews were recorded and were then written down and were analyzed by using the qualitative content analysis method. Findings of this study showed that suffering is a joint experience among the newly-graduated nurses at the first months of their beginning to work. The findings showed the suffering sources among the nurses. Four main themes emerged in this study, namely non-preparedness for working, workplace, patients, and colleagues as the suffering sources. Experiences of the participants showed that suffering of the newly-employed nurses has extensive sources that affect their personal and professional lives. Understanding suffering sources of the newly-employed nurses can be an important factor in helping this group of nurses. Sensitivity of nursing managers to the reduction of these suffering sources and supporting the newly-graduated nurses are very important.
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1. Introduction

Suffering is a complicated, mental and individual concept for which no consensus has so far been achieved by the authorities (Deal, 2011). Suffering is an inevitable reality for nurses at the beginning of their work. Studies on suffering characteristics have indicated that it generally includes much sorrow, loneliness, tension and conflict (Ferrell & Coyle, 2008). Suffering has been described by several characteristics such as loneliness, disappointment, vulnerability, fear and loss (Kazanowski et al., 2007).

Beginning to work has been defined as the most stressful time for most of the newly-graduated nurses (Tung & Chien-Yu, 2009). These nurses face several challenges at the beginning of their works. These challenges may have undesirable effects on their individual and professional aspects (Duchscher & Cowin, 2006). Many studies have pointed to their stresses in facing complicated conditions (Mooney, 2007; Newton McKenna, 2007; Stacey & Hardy, 2011). According to some researchers, the newly-graduated nurses experience different feelings in the first months of their works including as anxiety, inability, incompetency, turmoil, insecurity, insolvency and suffering (Scott et al., 2008; Newton McKenna, 2007).

Several studies have indicated that authorities have high expectations from the amateur nurses at the beginning of their works. Therefore, these newly-graduated nurses cannot meet their expectations and this provides them with feelings such as inability, depression and lack of occupational security leading to their suffering (Sacey & Hardy, 2011; Mooney, 2007). Moreover, some of the existing conditions of workplace such as low number of nurses, shortage of resources and equipment, restrictions imposed by the authorities and high level of works make the newly-graduated nurse to tolerate high levels of hesitation, pressure and suffering (Tung & Chien-Yu, 2009). Suffering may lead to occupational dissatisfaction and exhaustion, service abandonment or even work abandonment by the newly-graduated nurses followed by several

economic damages and losses for health care organizations (Evans, 2001; Tung & Chien-Yu, 2009).

Since the role of nurses is to reduce and to relief man's sufferings (Morse, 2005), one of the roles of nursing personnel, managers and instructors in facing with newly-graduated nurses is to understand them, to help them and to relief their sufferings. Therefore, identification and understanding these sufferings can result in preservation of their health, job satisfaction and finally their job retention. Suffering has been an important concept in nursing discipline since the time of Florence Nightingale; however, few studies have been made in this regard. Most of the studies have been made on the patients and nurses who are permanent accompaniers and witnesses of patients' sufferings (Eifried, 2003) have been addressed very little. In this regard, investigation of experiences of amateur nurses from suffering sources can provide the knowledge based on real experiences. In Iran, newly-graduated amateur nurses should work for public hospitals for 2 years to obtain permission for clinical work. Like most other countries, Iran suffers from shortage of nurses. This problem causes nurses to work more than the necessary shifts which include 192 hours per month (Adib Hajbaghery & Salsali, 2005). Furthermore, high workload, intense work shifts, unequal nurse to patient ratio, dissatisfaction of nurses, governance of physicians on the beds and autocratic management are among other characteristics of nursing in Iran (Khademi et al., 2012). In addition, the community has a negative view to the nursing profession in Iran. People do not consider nurses as people with academic education and they ignore their scientific and practical capabilities. They consider nurses as cheap people with low levels of knowledge. Most of the people even do not know they have academic degrees and that they have graduated from universities. Considering that there is little knowledge regarding the suffering sources of newly-graduated nurses at the beginning of work, it is necessary to make researches in this field. In addition, considering the nature of suffering which is an intellectual, individual and complicated issue, it seems that a qualitative research method is the best way to investigate and study that (Streubert &Carpenter, 2007). On this basis, the present study was designed towards discovering suffering sources of newly-graduated nurses at the beginning of their works.

2. Material and Methods

This study reports a part of the findings of PhD thesis of the researcher conducted by using conventional content analysis method. Considering that suffering is an intellectual, complicated and ambiguous process, it can be accurately examined by a naturalist paradigm. This is because naturalist paradigm and qualitative methods observe reality based on the ground and they accept multi-reality and different structures of a phenomenon and are useful for studying the less known areas (Polit& Beck, 2010; Streubert & Carpenter, 2007; Graneheim & Lundman, 2004).

Research Setting: Study was made in the educational hospitals affiliated to the Tehran University of Medical Science. After obtaining preliminary consent of participants, interviews were made at workplaces or any other places at their own discretion (Streubert & Carpenter, 2007).

Participants: In this study, 17 participants were selected using targeted sampling (table 1). Amateur nurses were passing their first year of service in the training hospital wards. Sampling from hospitals, wards and different working shifts were made.

Table 1. Demographic particulars of participants

Particulars	Mean	Range	Standard Deviation
Age (Years)	24	22-25	1.5
Gender	82.35% Female, 17.65 Male	---	---
Average Work Records (Month)	6.76	3-11	4
Marital Status	17.65% Married, 82.35% Single	---	---

Data Collection Method: Data was collected by using deep semi-structure interviews. Described experiences of the interviewees were recorded on tapes, in the manner that after completion of each interview the recorded findings were written down, the obtained data was analyzed and the next interview was done. Preliminary questions of the interview had been arranged in such a manner to encourage the participants to freely talk about their experiences. For example, the new graduated nurses were requested at the beginning of interviews to explain their experiences in the first days of their workings. After that, based on the collected data more detail questions were asked about their problems and concerns in facing the problems. After completion of interviews, data collection was continued until achievement of data/class saturation, in the manner that no new finding was achieved in the last interviews (Strauss& Corbin, 1998).

Data Analysis: Content analysis was used to analyze data, in the manner that after interviewing with each participant, the texts recorded on the tape were written down. For the purpose of acquaintance and accurate analysis, the data was reviews and reread for several times. To identify the key sentences and concepts in the texts, the texts of the interviews were investigated line by line and word by word and each key sentence or word was given a code. In this way, preliminary codes were identified. In the next step, similar preliminary codes were put in one class and preliminary classes were formed. The classes were again merged and axial classes were formed. To increase data validity, the following arrangements were made: 1) Interview and long meetings with participants, 2) Continuous reading of interviews and thinking deeply on the data, 3) Enjoying supplementary comments and views of colleagues for confirming and correcting the accuracy of codes and extracted classes, in the manner that after coding and classification of data by the first researcher, the consensus among researchers concerning the codes and classes was investigated and the disputed codes and classes were changed until a consensus could be achieved by the researchers. In this research, the researchers investigated the texts, codes and classes for several times so that the validity of codes and accuracy of identified concepts would be ensured. 4) Returning some of the interviews to the participants after coding in order to investigate consensus on the codes among the researchers and participants. Consensus on the two last issues (among researchers and researchers and participants) was higher than 95%. Moreover, to increase data accuracy and stability, four criteria, namely credibility, transferability, dependability and confirmability were used (Tobin& Begley, 2004), in the manner that in order to confirm validity and acceptability, in addition to use of prolonged engagement with data and spending sufficient time for collection and analysis of data, integration method of information sources, multiple methods for collecting information such as interview and noting were also used. Besides, memo, member check, investigation of data by advisors and reviews by colleagues were also used (Polit & Beck, 2010; Streubert & Carpenter, 2007). For the purpose of transferability, the researcher used deep, analytical and rich descriptions of background and particulars of participants, description of study and clear explanation of impediments and constraints to allow the readers to use findings in other contexts (Schmidt and Brown, 2009; Tobin & Begley, 2004). Reliability in this study was made through step by step repetition and auditing (Tobin & Begley, 2004). In this study, data and documents were orderly and accurately investigated by the advisors, consulters and arbitrators. To achieve confirmability, all research steps especially data analysis steps throughout the procedure were recorded in detail so that in case any other researcher intends to continue researching in this field, he/she can easily follow the procedure based on the available documents related to interviews, open coding and other steps (Polite and Beck, 2010). Furthermore, a number of interviews, codes and extracted classes were made available to the researcher colleagues and some of the faculty members who were familiar with analyzing method of qualitative researches and they were asked to investigate the accuracy of coding process.

Ethical Considerations: This study began after obtaining permission from educational department and ethics committee of Tehran University of Medical Sciences and concerned hospitals. All the participants signed the consent form with full knowledge.

3. Results

Analysis and interpretation of data showed that suffering is a common experience among the newly-graduated nurses in the first months of their beginning to work. Suffering was declared by the interviewees for several times in terms of an in vivo code. Findings of this study showed four major themes as sources of suffering including lack of preparedness for working, workplace, patients and colleagues (table 2).

Table 2. Main categories and subcategories of suffering sources in the newly graduated nurses at the beginning of work.

Subclasses	Main classes (Themes)
Emotional unpreparedness	Unpreparedness for working as a source of suffering
Proficiency (performance) unpreparedness	
Communicative unpreparedness	
Managerial unpreparedness	
Physical conditions of workplace	Workplace (hospital) as a source of suffering
Organizational conditions of workplace	
Physical and mental conditions of patient	Patients as a source of suffering
Inappropriate view of patients and their families to nursing	
Annoying behaviors of colleagues	Colleagues as a source of suffering
lack of any support	

1) Unpreparedness for working as a source of suffering: All participants in this research pointed to their unpreparedness at the beginning of work for performing their duties in complicated clinical conditions and they called that as the largest challenge at the beginning of work. Such unpreparedness had a larger extent and caused the appearance of feelings such as insufficiency, disqualification and inability. These negative feelings were a ground for emergence of suffering in them.

1.1) Emotional unpreparedness: Lack of self-confidence, self-esteem, self-hesitation and dependency on colleagues at the beginning of work were ordinary experiences. Most of the participants at this study had not been prepared for clinical works. Therefore, after attending at the workplace in the first days, they faced extreme tiredness, loss of energy, incompatibility with patients, colleagues and the governing atmosphere since they were not accustomed to the existing conditions. They described shift working as a hard work. The suffering resulted by this issue led to appearance of undesirable emotional reactions in some of the amateur nurses, reactions such as crying, sorrow, isolation, anger, misconduct and aggression. In this regard, an amateur nurse said: "It was very hard at the beginning of work. I was not accustomed to that. I became tired very soon. I was very unhappy and I always cried."

1.2) Proficiency: (performance) unpreparedness: Participants of this study pointed to their operational defects in two areas including accuracy and speed for several times. At the beginning of work they evaluated their own capabilities negatively which provided high stress and suffering for them. Suffering level depended on unpreparedness level. The less a nurse's clinical proficiency was, the more would be his/her suffering. Performance defects included preliminary skills and procedures of nursing such as finding patient's vessel, adjustment of serum's droplets, pre and post operation cares, pre-diagnosis care, advanced nursing proficiencies such as replacement of tracheotomy, CPR, pulmonary rehabilitation, etc. In this regard a nurse said, "Whatever I try I cannot use IV Canula."

Sometimes these operational defects appear in special conditions such as emergency situations or when facing with patients in critical conditions. An amateur nurse talked about CPR of a patient at the beginning of her service period (second month). She said, "The patient needed CPR. His vessel had been torn off. We did not have enough time. I could do nothing. I really suffered."

1.3) Communicative unpreparedness: Another suffering source in the newly graduated nurses was their inability in communication, in the manner that some of the amateurs had problems with patients and their family members, patients of the opposite gender and accompaniers. This problem reduced the self confidence of the amateur nurse, caused him/her to feel isolated and alone and intensified his/her suffering. Sometimes, this inability in communication even existed in reporting to the physician. The nurse suffered from such problem. In this regard, a participant said, "At first, I could not communicate with my colleagues. I suffered so much. I feared lest the doctor called and asked me about the patient. What should I answer then? These were all sufferings for me."

1.4) Managerial unpreparedness: One of the major problems that the newly graduated nurses suffered from that was lack of necessary capability to act as a manager, coordinator and in charge of caring team in different working shifts. Considering the fact that treatment system suffered from shortage of nurses, sometimes a newly graduated nurse became manager and in charge of the work shift and since she lacked sufficient competency and qualification to perform the assigned duties she faced problems and sometimes she was ridiculed by her colleagues. These insufficiencies were present in supervision and control of works, decision making, coordination, planning and prioritization, responsibility, time management and designation of duties, in the manner that in such conditions the newly graduated nurse felt powerlessness, inability in accepting responsibility and failure to perform the works in the assigned time. This problem was observed much more at the beginning and middle of their work and they gradually acquired necessary capabilities over time by gaining experience. One of the participants said, "It was very difficult. We had to follow the works all the times. Nothing could be arranged and coordinated. I could not plan accurately. I did not know what to do. I had become aggressive. I murmured all the time. That was quite difficult."

2) Workplace (hospital) as a source of suffering: Suffering caused by workplace formed a large part of daily work experience of nurses. This suffering had been generally experienced in the following sources.

2.1) Physical conditions of workplace: Inappropriate physical conditions, shortage of equipment, insufficient sources and hard and highly turbulent work conditions were the factors that changed the workplace to an annoying and stressful environment for the newly graduated nurses. They declared during their experiences that high volume of work, numerous beds, shortage of facilities and disorderliness imposed high pressures on them. Such conditions sometimes caused them to feel alone,

hopeless and disappointed. They even caused the newly graduated nurse to think of abandonment of her workplaces. In this relation, a nurse said, "It is so crowded here that I cannot plan for anything. There is a high workload. Everything is in a mass. That is why I suffer so much."

2.2) Organizational conditions of workplace: Shortage of nurses, high workload, hard and turbulent work conditions, work shift, rigid work rules and regulations, long work hours, nightly work shifts and working on holidays as relief, cold relations, intensive and heavy work shifts and especially physician-centeredness were factors that caused suffering of the newly graduated nurse. One of the nurses pointed to her bitter experiences and said, "The conditions in hospital are annoying. You will lose your happiness here."

3) Patients as a source of suffering: Participants declared patients' conditions and situation as their source of suffering. Nurses suffer from the conditions of their patients due to their very close and continuous relations with them and with their families. Suffering sources in this section include physical, mental and socioeconomic conditions of patients, inappropriate views of patient and their families and facing with ethical problems.

3.1) Physical, mental and socioeconomic conditions of patients: Different factors were declared as sources of stress and suffering for the amateur nurses, factors including facing with malignant, chronic and incurable patients, observation of pathological results, making the patient aware of the diagnosis, observation of patients' pains, sufferings and deaths followed by observation of their families' reactions by the amateur nurses. Sometimes socioeconomic conditions of patients such as poverty, economical problems and lack of any social support stimulated the feelings of newly graduated nurses followed by their suffering. Patient's age such as children was also another factor for the newly graduated nurses' sufferings. One of the newly graduated nurses said, "We had a child in the ward that had an unsuccessful graft. I became very sad whenever I saw her." Another nurse said, "Each time a patient dies I became so sad. I think about that patient all the times even at home and whenever I remember that I cry."

3.2) Inappropriate view of patients and their families to nursing

Generally, the Iranian community has a negative view to nursing. Some people do not consider them as people with academic degrees and ignore their scientific and practical capabilities. They consider nurses as cheap persons with low knowledge. This problem causes nurses' suffering especially at the beginning of their work when they face such approach. In this regard one of the nurses said, "Some patients never think that we have academic degrees. They have very bad behaviors with us. Their behaviors annoy us. One of the family members of a patient said to me, "If you were educated, you would not need to become a nurse and to be awake all night long."

4) Colleagues as a source of suffering: The results indicate that most of the colleagues including nurses, students and other members of caring and treatment team caused suffering of the newly graduated nurses in different ways. Behaviors of the colleagues had been experienced as follows:

4.1) Annoying behaviors of colleagues: Colleagues' behaviors were described by the participants from different aspects as one of the most important subjects at the beginning of work. These behaviors were mostly shown by nurses with high records of service and included inappropriate, cold and unfriendly behaviors, ignorance of the newcomer nurse, lack of any appropriate communication, no talking, humiliation, insult, exploitation and forced labor. Sometimes discrimination and injustice were also shown by the head nurse, in the manner that newly graduated nurses received hard cases while nurses with high records of service received easy cases. Moreover, hard work shifts were assigned to the newly graduated nurses and easy work shifts were for the nurses with high records of service. There were also discriminations for the monthly programs. The result of such experience included loss of motivation and unwillingness to continuation of working. One of the participants said, "One thing that annoys me is that nurses with high records of service force us. The head nurse had left all hard cases for me. I should do all the works while my colleagues who had high records of service had nothing to do."

4.2) Lack of any support: Participants pointed to lack of suitable support by managers, head nurse and high record nurses especially in the early days of their works. They had experienced lack of support in different conditions and ways. Feelings such as loneliness or having no one to support were the consequences of such non-support which was declared by some of the participants. This problem was observed in terms of insufficiency of orientation programs at the beginning of work, insufficient emotional support, inappropriate declared support and lack of support. One of the newcomer nurses said, "I received no training program at the beginning of my work. Nobody helped me. No one even told me if I had a good performance."

4. Discussions

Findings of this study clarified suffering sources in the newly graduated nurses. These sources included unpreparedness for working as a source of

suffering, workplace as a source of suffering, patients as a source of suffering and colleagues as a source of suffering. Rudolfsson& Flensner (2012) declare that suffering is the common experience of life with which man will face over time (Rudolfsson and Flensner, 2012). Unpreparedness for clinical working is one of the suffering sources in the present study which has also been referred to in many studies (Newton and McKenna, 2007; Stacey & Hardy 2011). Range of unpreparedness for a professional role in the present study was beyond the available definitions. Although the present studies have not directly pointed to the suffering sources, most of them have considered such unpreparedness as a ground for divulging feelings such as disqualification, low self confidence and stress in the newly graduated nurses (Casey et al, 2011; Kelly and Ahern, 2008). After beginning to work, the newly graduated nurses suddenly find that they lack the necessary preparedness for providing services and performing nursing duties. This leads to undesirable reactions in their physical and mental dimensions (Stacy and Hardy, 2011). However, review of the literature showed that clinical training of the bachelor's program of nursing was not efficient enough and failed to prepare the nurses for the changing caring environments (Hickey, 2010; Andersson & Edberg, 2010). In the study conducted by Hickey (2010), most of the participants declared that they had not sufficient time for real nursing works and especially prioritization of caring, learning how to care more than one patient and interaction with the members of health care team. A part of findings of the present study showed that workplace can be a source for suffering. Several studies within the recent years have shown that nurses show high levels of emotional Fatigue. This Fatigue is caused by a series of factors related to workplace such as excessive workload as the result of increased demand, continuous change in working conditions, confliction between nursing care priorities and managerial or financial priorities that may lead to a stressful organizational atmosphere (Manzano Garcia & Ayala Calvo, 2012; Martins et al, 2010). In a study on job satisfaction conducted by Aiken et al. (2001), he concluded that 40% of nurses were not satisfied with their workplace and about 33% of them had plans to abandon their job within the next year (Aiken et al., 2001). Corley and Minick (2005) declare that organizational restrictions including shortage of personnel and increased work hours are among the factors that play a role in increasing stress among nurses (Corley and Minick, 2005). Rudolfsson & Flensner (2012) consider experiences such as nursing shortage, disorderliness in workplace and some of the problems related to physicians as the reasons of nurses' sufferings (Rudolfsson & Flensner, 2012). In a qualitative study made on nursing workplace by Choi et al. (2011), they found that nurses worked in undesirable and inappropriate environments. They further found that stable and instable pressures in the workplace disappointed the nurses and increased their willingness to abandon their workplace (Choi et al., 2011). Real world of work was usually inconsistent with their expectations and this led to a reality shock in them followed by anxiety, stress and pressure (Mooney, 2007, Stacey & Hardy, 2011). A part of findings of the present study showed that patients can be a source of suffering for the newly graduated nurse due to different reasons including medical diagnoses such as incurable, refractory and chronic diseases, observation of painful procedures, inappropriate behaviors and distrust to the newly graduated nurse. In this field, other studies have also pointed nurses' sufferings upon observing patients' sufferings (Maeve, 1998; Rudolfsson, 2012). Some studies have considered nurses as permanent witnesses of patients' sufferings and have mentioned the consequences of such issue (Eifried, 2003). Several studies have pointed rudeness, insults and verbal harassment of patients and their families against nurses. Similar to our study, there are also reports indicating negative stereotypes and viewing nurses as unprofessional people (Khademi, 2012). This is followed by feelings such as disappointment and ambiguity in self image and social identity as well as feeling of a mistake in choosing the field of study. Our findings showed that colleagues acted as a suffering source for the newly graduated nurses. In this regard, several studies have pointed to horizontal violence in hospitals and especially between high records and newly graduated nurses (McKenna, 2003, Newton& McKenna, 2007). McKenna and colleges (2003) identified horizontal violence as an important problem with which the newly graduated nurses face in nursing profession which was both hidden and apparent (McKenna et al., 2003). In the research made by Abe (2010), violent behaviors among nurses were reported in terms of verbal and physical harassment, exploitation and isolation (Abe, 2010). In some studies, newly graduated nurses have reported experiences such as loneliness, isolation, ignorance and lack of any support at the beginning of work (Duchscher, 2008). Most nurses may not be able to provide their patients with appropriate caring services due to negligence or shortage of time. This causes them to suffer and to feel guilty. Furthermore, conflicts between their values and those of their colleagues result in experiences such as hesitation, dichotomy, uncertainty and suffering (Mooney, 2007; Newton McKenna, 2007; Stacey &Hardy, 2011). Therefore,

the required skills for establishing a balance between different roles should be addressed and emphasized by mangers and trainers. Findings of our study may be defined based on the social critical theory. Based on this theory, newly graduated nurses understand the existing discriminations in workplace as a social environment. Under the existing work pressures they have to come along with the rules and regulations governing on workplace even thought they are in contradiction with values and lessons learned by the newly graduated nurses during education. In fact, they withdraw their authority in order to get rid of stress. This leads to internal conflict and finally sufferings of the newly graduated nurses (Duchscher, 2008). Such sufferings may be followed by long term consequences for the newly graduated nurse and for those who need her. Therefore, managers and experienced nurses should support them by establishing suitable communication and interaction with them so that they can adapt to the existing conditions, learn and gain experiences and improve in this way. Managers and experienced nurses should assist them towards finding the meaning of suffering and moving towards exaltation. As a qualitative study, the present study has some restrictions as compared to the studies with qualitative methodologies. The restrictions that challenge the results of qualitative studies include their mental nature and low generalizability. Despite these restrictions, the result of this study produced a deep understanding about suffering sources in amateur nurses at the beginning of their work. Moreover, efforts have been made to extend its transferability to different fields through sampling with maximum diversity and clarification of data analysis stages.

Conclusion: This study can help in development of the little knowledge available concerning suffering sources of nurses and can remove the existing shortage of knowledge in this regard. Furthermore, the present study considerably explained the suffering sources of newly graduated nurses in their transformation from university to clinical nursing. Findings of this study can provide a new approach for thinking about the challenges of newly graduated nurses at the beginning of their work and can serve as a basis for professional and managerial decisions. They can also be used as a basis to develop tools towards the extent and intensity of suffering sources in the newly graduated nurses. Awareness of these suffering sources can develop an approach in clinical and training nurses as well as in managers and can motivate them to assist and help the newly graduated nurses. This study showed that most of amateur nurses need extensive supports at the beginning of their works and it is the responsibility of authorities to reduce the suffering of newly graduated nurses by providing necessary sources and skills in workplaces. Findings of this study provide rich information which can be considered as instructions for managers, trainers, authorities and beneficiaries of nursing towards prevention of work abandonment by such huge workforce. It can also lead to use of efficient strategies in order to support and protect the future generation of nursing. Further researches on each of the concepts are recommended.

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