

New Nurses Views on Working with Guide Nurses in the Orientation Process: A Qualitative Study

Mesleğe Yeni Başlayan Hemşirelerin Oryantasyon Sürecinde Rehber Hemşirelerle Çalışmalarına İlişkin Görüşleri: Nitel Bir Çalışma

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ABSTRACT Objective: Guiding nursing has been defined as a system that supports new nurses and transfers their professional knowledge and experience to novice nurses. The aim of this study was to determine the opinions of newly recruited nurses about working with nurse mentors during the orientation process. **Material and Methods:** The focus group interview, a qualitative method, was used in this study. Data were collected using a semi-structured questionnaire. In the focus group 50 nurses were interviewed. Qualitative data from the interviews were recorded. The data were analysed by two researchers. Three themes and 11 sub-themes emerged from the qualitative data analysis. **Results:** The nurses (n=50) stated that the guiding nurses practice “made it easier for me to adapt”, “helped me learn faster”, “helped me to overcome my anxiety”, “increased my self-confidence, reduced stress”, and “guided me in correct communication”. Only a few nurses reported that they had communication problems with the nurse mentors. **Conclusion:** Guiding nurses accelerate the professional and clinical orientation of nurses by transferring their knowledge to new nurses and supporting them in routine and emergency practice. In addition, the support of guiding nurses increases nurses' self-confidence, reduces their anxiety and makes them feel safe in patient-related practices.

Keywords: Guiding nurse; orientation; new nurses

ÖZET Amaç: Rehber hemşirelik, yeni işe başlayan hemşireleri destekleyen, mesleki bilgi birikimlerini ve tecrübelerini acemi olana aktaran sistem olarak tanımlanmıştır. Mesleğe yeni başlayan hemşirelerin oryantasyon sürecinde rehber hemşirelerle çalışmalarına ilişkin görüşlerinin belirlenmesi amaçlanmıştır. **Gereç ve Yöntemler:** Çalışmada, odak gruplarının kullanıldığı nitel bir araştırma stili kullanılmıştır. Araştırmanın verileri, yarı yapılandırılmış anket formu kullanılarak toplanmıştır. Odak grupta 50 hemşire ile görüşme yapılmıştır. Görüşmelerden elde edilen nitel veriler kayıt altına alınmıştır. Veriler iki araştırmacı tarafından analiz edilmiştir. Nitel veri analizi sonucunda 3 tema ve 11 alt tema ortaya çıkmıştır. **Bulgular:** Hemşireler (n=50) rehber hemşire uygulamasının, “adapte olmamı kolaylaştırdı”, “öğrenimimin hızlı olmasını sağladı”, “korkumu yenmemde büyük faydası oldu”, “özgüvenimi artırdı, stresi azalttı”, “doğru iletişimde rehber oldu” olarak ifade etmiştir. Çok az hemşire de rehber hemşirelerle iletişim sorunu yaşadıklarını belirtmiştir. **Sonuç:** Rehber hemşireler, meslekte yeni olan meslektaşlarına bilgilerini aktarma, rutin ve acil uygulamalarda destekleriyle hemşirelerin mesleki ve klinik oryantasyonlarını hızlandırmaktadır. Ayrıca rehber hemşirelerin desteği, hemşirelerin özgüvenlerini arttırmakta, kaygısını azaltmakta ve hasta ile ilgili uygulamalarda kendilerini güvende hissetmelerini sağlamaktadır.

Anahtar Kelimeler: Rehber hemşire; oryantasyon; yeni hemşireler

Nursing education focuses on the acquisition of basic knowledge and skills, the integration of theoretical knowledge with clinical practice, and the development of critical thinking and problem solving

skills.¹ Despite this training, it is reported that nurses experience anxiety and lack of professional confidence when faced with new roles and responsibilities.² However, negative events encountered in the

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early years, such as different shift times, communication problems, incompatibilities in the workplace, the thought of making mistakes in patient care and treatment, lack of knowledge in the use of high technology can cause stress.^{2,3} Such situations increase nurses' error rates and sense of failure, and lead to dissatisfaction with work life. Supportive guidance practices should be incorporated to prevent these negative outcomes and reduce the problems experienced at the beginning of the career.²

Guiding nursing is defined as a system that supports newly recruited nurses and transfers professional knowledge and experience to new nurses.⁴ Guiding nursing is a process that supports new entrants to the profession until they are able to realise independent nursing practice on their own. In this process, nurses discover their strengths and weaknesses, learn to cope with difficulties, protect themselves from unnecessary risks, increase their performance and motivation, adapt more quickly to the organisation/clinic in which they work, and improve their management skills.⁵ It has also been reported that safe and high quality patient care is provided through the leadership nurses receive.⁶ There are studies in the literature evaluating the opinions of nurses and student nurses about the guiding nurse.⁷⁻⁹ However, there are no studies evaluating the opinions of nurses who started their careers in intensive care units (ICU) about the guiding nurse. Due to the complex structure of ICUs and the fact that emergency interventions occur at any time, ICU nurses need to make quick decisions and put them into practice. ICU nurses are expected to be equipped and professional. In order to prevent new nurses who start working in ICUs from having negative experiences, it is especially important to support them with a guide nurse.³ This study is thought to give direction to the regulations that will increase the quality and quality of the practice by providing improvement and development suggestions for the guide nursing practice as a result of the experiences gained by the nurses who started to work with the guide nurse.

Research Objective

The aim of this study was to explore new nurses opinions about working with a senior nurse during the orientation process.

MATERIAL AND METHODS

STUDY DESIGN

The study was conducted using a phenomenological design, which is a qualitative research design. The phenomenological design is a research design that aims to gain an in-depth understanding of the events, experiences and perceptions that occur.¹⁰ For this reason, a phenomenological research design was used in the study because it would enable new nurses to better evaluate their feelings, thoughts and experiences in order to determine the advantages and disadvantages they experienced in the orientation process with the guide nurse. The data collection technique used was the focus group interview technique, which is often preferred because it provides the opportunity to obtain rich and in-depth data.

SETTING AND SAMPLE

The population of the study consisted of 96 nurses who started their profession in 2021 in the General Hospital Tower of a City Hospital in Türkiye and completed the orientation process in the ICU accompanied by a charge nurse. The nurses constituting the population were assigned to 5 (five) ICUs after 2 (two) weeks of orientation training with the lead nurse following 16 hours of theoretical training on nursing care, patient follow-up and patient safety in ICUs.

The sample of the study was determined by homogeneous sampling using the purposive sampling method, as the newly recruited nurses experienced the orientation process together with the guide nurse. The study sample consisted of 10 nurses from each of 5 (five) ICUs who were involved in the orientation process and who wished to participate in the study. In total, 50 nurses were included in the study.

MEASUREMENTS/INSTRUMENTS

A questionnaire including the socio-demographic characteristics of the nurses and a semi-structured interview form including the views on the nurse counselor practice developed by the researchers were used to collect the study data (Appendix 1).

APPENDIX 1: Questions.

- What are the advantages of a guide nurse in your intensive care orientation process?
- What are the disadvantages of a guide nurse in your intensive care orientation process?
- Would you like the guide nurse practice to be used in other departments of your hospital and other hospitals during the orientation process?
- Do you have any suggestions for the guide nurse application? Can you explain?

DATA COLLECTION AND ANALYSIS

Qualitative Data Collection

The data were collected between 10 April and 10 May 2023 using a semi-structured questionnaire. The literature recommends that focus groups in qualitative studies should consist of 4-10 people.¹¹ Furthermore, the literature reports that 1-2 hour interviews are appropriate for effective data generation in focus group interviews. This study involved 5 focus group interviews with 50 nurses from 5 ICUs, each consisting of 10 people who were new to the profession and had completed the ICU orientation process with the supervising nurse. The interview with each group lasted approximately one hour. The study used face-to-face interview techniques and a voice recorder. The researchers conducted the focus group interviews in the ICU meeting room. The interviews were conducted in an uninterrupted, calm and quiet environment. Before starting the interview, the researchers explained the purpose of the research to all nurses participating in the study and informed them that the interviews would be recorded. Written and verbal consent was obtained. The researchers conducted the focus group interviews using four open-ended questions designed to stimulate discussion. No additional questions were asked. The researchers ensured that the nurses understood the questions and expanded on them if necessary. The interviews were recorded on tape and in written notes. The focus group interviews were moderated by the first author, who works in the hospital, while the other researcher took notes during the interviews. The taped interviews were then transcribed. The researchers then analysed the data.

Analysis

The data from the focus group interviews were transcribed into a computerised format by the first re-

searcher. Colaizzi's method, a seven-step content analysis, was used to evaluate the data.¹² Firstly, the texts containing the participants' experiences were carefully read to gain a general understanding and insight. Secondly, important statements and key words in the texts were identified. Thirdly, similar expressions that appeared in different interviews were grouped together. Fourthly, the meanings were grouped into themes and sub-themes. Fifth, overarching explanations were written that included all the themes. Sixth, the aspects of the overarching explanations that were necessary for the study were transformed into short and condensed statements. Finally, feedback was given to the participants to determine whether the results of the analyses reflected their experiences.

Credibility

The interviews were conducted in the ICU meeting room, where the nurses had received their institutional training and were familiar with the institution, so the nurses felt safe. The interviews started with daily topics of conversation so that the nurses could easily express their thoughts and ideas.

Dependability

The reliability of content analysis in qualitative research is related to the accuracy of coding. When the data obtained is analysed by different researchers, they should arrive at similar results.¹³ The data in this study were assessed and analysed separately by both members of the research team and the results were then compared.

ETHICAL CONSIDERATIONS

The study was conducted in accordance with the principles of the Declaration of Helsinki. The study obtained approval from the Ankara Yıldırım Beyazıt

University Ethics Committee (date: December 08, 2022, no: 20-1266) in order to maintain the ethical standards of the research. In addition, permission was obtained from the institution where the study would be implemented after obtaining the permission of the Ethics Committee (number 16.03.2023/E-72300690-799-211410823). Participants were informed of the purpose of the study, that their information would be kept confidential, that a voice recorder would be used, and that participation was voluntary, and their verbal and written consent was obtained. To ensure confidentiality, participants' names were coded as H1, H2, H3,... according to the order in which they were interviewed.

RESULTS

Of the nurses who participated in the study, 78% (n=39) were female and 22% (n=11) were male. The mean age of the students was 25.6±1.1 years.

Three themes and eleven sub-themes emerged from the qualitative data analysis. These themes are presented in Table 1.

FIRST THEME: ADVANTAGES

Most of the participants stated that working with a guide nurse provided benefits in terms of “speeding up the orientation process, communicating more effectively with patients, reducing their fears and anxieties when starting to work, feeling safer with the guide nurse and speeding up their learning process”.

Below are some sample responses:

Accelerating the Orientation Process

“The guide nurse’s explanation of our duties and responsibilities helped us to adapt quickly to the clinic” (H7, H31, H36), “It provided preliminary

preparation during the orientation process, facilitating the introduction and adaptation to the clinic” (H26), “It facilitated my orientation process to the field” (H23).

Effective Communication

“It was an advantage for me to learn to communicate with patients and their relatives” (H43); “It guided me in determining the order of priorities in communicating with the patient and what to do” (H3); “It was a guide in necessary and correct communication with doctors, nurses and staff” (H4); “It easier to recognise other clinic staff” (H50).

Fear and Anxiety Reduction

They stated that they had reduced the fear and anxiety they experienced in approaching patients, treatment and care processes (H8, H13, H33, H40). “It helped me to overcome my fear in my first practices with patients” (H6); “I was able to see patients on my own without fear” (H12); “It supported us in cases of anxiety and enabled us to complete the care and treatment process in a good way” (H30).

Feeling Safe

They stated that the presence of a nurse guide during their first applications to ICU patients and the subsequent checking of their applications made them feel safe (H10, H11, H17, H18, H42, H45). In addition, participants said: “Doing my exercises under someone’s supervision in the first few days made me feel safe” (H33); “Knowing that a guide was with us during the orientation process increased my confidence and reduced stress” (H37); “Having someone to ask about something I did not know gave me confidence in this period when I was inexperienced” (H36).

TABLE 1: Themes and subthemes.

Themes	Advantages	Disadvantages	Suggestions
Subthemes	<ul style="list-style-type: none"> • Accelerating the Orientation Process • Effective Communication • Fear and Anxiety Reduction • Feeling Safe • Accelerating the Learning Process 	<ul style="list-style-type: none"> • Communication Problems with the Counselor 	<ul style="list-style-type: none"> • Guided Shift • Extension of the orientation period • One to One Guide • Recommendations on Guide Nursing • Use in Other Departments

Accelerating the Learning Process

Nurses reported that the support provided by the guide nurses enabled them to learn patient care, treatment and clinical skills more quickly, and accelerated the translation of their theoretical knowledge into practice (H1, H5, H7, H8, H21, H22, H25, H37, H39, H46-H50). "It was advantageous for me to learn treatment, ICU functioning, patient care, infusion pump use" (H6); "Patient care made my learning fast" (H29); "One-to-one learning method of treatment and patient care was faster and easier" (H24). "It contributed significantly to my learning of practices such as body care of patients" (H9); "It enabled me to learn and be informed about the functioning of the clinic in a short time" (H17).

SECOND THEME DISADVANTAGE

The majority of the nurses reported that there were no disadvantages to the orientation practice accompanied by a guide nurse. However, some of the nurses reported that they had communication problems with the guide nurse.

Below are some sample responses:

Communication Problems with the Counselor

"Being severely reprimanded when we did something wrong" (H28); "Sometimes I encountered harsh and aggressive attitudes" (H18); "There were a lot of communication problems" (H16); "We had communication problems caused by the guide nurse" (H22).

THIRD THEME: SUGGESTIONS

Based on participants' responses, their suggestions for the nurse practice guide were grouped into five sub-themes.

Below are some sample responses:

Guided Night Shift

"She should be on duty with the counselor nurse because the longer the working hours, the faster she learns" (H25); "Training should continue during 16-24 shifts" (H2); (H24); "To start on watch with a guide nurse" (H24); "It would be better to be oriented with the support of a guide nurse during night shifts" (H30).

Extension of the Orientation Period

Participants stated that extending the orientation period with the guide nurse would have a positive effect on the adaptation and learning process (H9, H11, H14, H24, H48). "The new nurse should work with a guide nurse for 6 months" (H3); "The theoretical and practical time given should be extended" (H26).

One to One Guide

As a way of improving the practice of guide nurses, they suggested that each nurse should be paired with a guide nurse. "One guide nurse for each person would be more appropriate" (H44). They stated that nurses should have one-to-one guidance practice for effective guidance (H27, H29, H30, H47, H49).

Recommendations on Guide Nursing

"They can be trained on communication and teaching and the guide nurse should have a separate training" (H37); "They should be knowledgeable about training" (H4). "The only responsibility of guide nurses is to train new staff, they have no other responsibilities" (H38). "The new nurse is evaluated, and the guide nurse is also evaluated by the new nurse" (H3). "New nurses can be encouraged to do research by giving them homework" (H1). "One week should be worked with guide nurse A and one week with guide nurse B" (H45); "It may be more beneficial to work with one guide nurse for 2 weeks and then work with another guide nurse for 2 weeks" (H33).

Use in Other Departments

All of the nurses who took part in the study said that it would be beneficial to introduce a guide nurse orientation in other departments and hospitals.

DISCUSSION

Nurses who are new to the profession need guidance from their colleagues to accelerate in individualised care planning and implementation, to increase their knowledge and skills, and to have a professional perspective.¹⁴ Learning with a guide nurse facilitates the experience, accelerates the orientation process of nurses and increases their awareness of understanding the organisational culture and taking responsibility.¹⁵

In Cebeci et al. study, the participants indicated that working one-on-one with guide nurses accelerated their clinical orientation, increased their practice and allowed them to spend more time on patient care.^{8,9} In the studies of Ulupınar and Şen, it was reported that teamwork with the support of a guide nurse facilitated orientation, and in the study of Çayır and Faydalı, it was reported that the guide nurse practice accelerated the adaptation process and enabled them to develop nursing skills.^{16,17} In this study, the nurses who started their career in the ICU with the guide nurse stated that it accelerated the orientation process by using expressions such as “it made it easier for me to adapt” and “it made my learning faster”. It has been stated that orientation with the guidance nurse not only accelerates the clinical adaptation process but also facilitates the adaptation to the profession and the acquisition of professional nursing skills.^{15,17}

Nurses who are new to the profession experience fear and anxiety about taking responsibility alone because they do not have sufficient knowledge and skills to adapt to both the profession and the hospital work order. Therefore, feelings of insecurity and inadequacy may arise in new nurses. In Kachaturroff et al. study, it was determined that education with a guiding nurse reduced the anxiety level of nursing students, and in Sü et al. study, it was found that student nurses whose orientation was accompanied by a guide had lower stress scores than those who did not receive guidance and were effective in reducing the level of clinical stress.^{16,18,19} In Demir et al., nurses whose clinical adaptation was supported by the guide stated that it was easier for them to cope with stress and that the guide was a role model for them.²⁰ In this study, which is parallel to the literature, nurses stated that working with a guide nurse ‘helped me overcome my fear’ and “I was able to care for the patient without fear”. New nurses stated that the nurse guide practice helped to reduce the fear and anxiety they experienced during the treatment and care process. Orientation with the guide nurse, providing opportunities to work together, identifying their needs and supporting their learning were found to be effective in reducing nurses’ clinical stress and anxiety levels.¹⁵

Professional self-confidence contributes to a nurse’s professional confidence by helping to develop problem-solving skills and successfully perform independent roles.²¹ However, in most cases, the acquisition of this skill during the educational process is insufficient, and nurses experience a lack of self-confidence in the early stages of their profession, which negatively affects their success in the field of work.²² In Demir et al. study, nurses in the orientation process stated that the guide nurse programme increased their self-confidence and self-awareness.²⁰ In İleri et al. study, young nurses stated that the opportunity to work with a guide nurse made them feel happy and safe and had a positive effect on their self-confidence.²³ In Cebeci et al. study, participants expressed that they felt safer when they performed medical procedures under the supervision of a nurse.⁸ In this study, nurses reported that the nurse increased their confidence and reduced their stress. It has been stated that providing nurses new to the profession with a guide nurse during the orientation process is effective in increasing professional confidence.²⁴ Therefore, a supportive guide nurse practice will make new graduate nurses feel safe, increase their confidence and competence, increase their sense of belonging and contribute to a successful transition process.^{14,25,26}

In the nursing profession, effective communication is considered an important care tool in treatment. Nurses who are new to the profession sometimes experience communication problems with both patients and healthcare professionals during the orientation and adaptation period.²⁷ Kumcağız et al. reported that the level of communication skills increased with the number of years in the profession.²⁸ Hendekci found that fourth-year nursing students had higher communication skills scores than first-year students.²⁹ In Wakefield’s study, the role of the guide nurse in supporting communication difficulties experienced by new nurses during the orientation period was highlighted.³⁰ In this study, new nurses stated that the guidance nurse provided them with comfort in communicating with patients and healthcare professionals with statements such as ‘guided me in determining the order of priority in communication and what to do’ and ‘guided me in correct communication’. As

stated in the literature, the support provided by the guide nurse is believed to improve communication skills as well as its impact on academic success.²⁵

The guide nurses communication skills and her communication with the nurse must be effective and efficient. The guide should be polite to the nurse, listen to their demands and needs, give feedback and make suggestions.^{31,32} In Ergün et al. study, 60% of the counselees stated that they had a positive communication with their guide, and 86% stated that their guide was ethical, respectful and kind.³³ Çamveren et al. reported that mentor nurses are aware that they should be role models with appropriate communication techniques and professional behaviour towards nurses who are new to the profession.³⁴ In Bal et al. study, it was determined that the guide nurses were aware of their roles and responsibilities and provided constructive feedback to the new nurse.⁷ In addition to the advantages of guide nurse practice, there are also disadvantages such as some communication problems. New nurses state that they face unkind behavior by their colleagues, they do not receive the support they expect and they cannot communicate easily.^{23,35} In our study, although the majority of new nurses stated that they did not have any problems with the guide nurse, there were also participants who reported communication problems such as “being warned harshly”, “harsh and aggressive attitudes”, “communication problems”, New nurses’ encounters with these situations have negative effects on their anxiety levels and professional life and may cause them to feel isolated. Communication problems and conflicts between guide nurses and new nurses should be identified and solutions should be provided with a collaborative approach. It is recommended that guide nurses and new nurses should be introduced and paired to prevent such problems that may occur between guide nurses and new nurses and to ensure

that they receive effective and efficient guidance.³⁶ In addition, it is thought that providing a training that includes effective communication will be effective in reducing the problems that may be encountered.

CONCLUSION

Nurses starting their career in the ICU need a guide to provide a professional perspective on their knowledge, skills and practices. Guiding nurses accelerate the professional and clinical orientation of nurses by transferring their knowledge to their professional colleagues who are new in the profession and supporting them in routine and emergency practice. In addition, the support of guide nurses increases nurses self-confidence, reduces their anxiety and makes them feel safe in patient-related practices. In order to facilitate the orientation of new nurses working in ICUs in institutions, it is recommended to use the guide nurse practice, to conduct studies on the guide nurse model, to introduce one-to-one guide and nurse guides to support the guide nurse, and to plan orientation shifts under the supervision of the guide nurse.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

All authors contributed equally while this study preparing.

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