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Educational needs for new graduate nurses in Korea

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ABSTRACT

New nursing graduates often experience difficulty adjusting to clinical work environments, despite completing well-structured education programs. This study explored the educational needs of recent nursing graduates from the perspectives of new nurses and their clinical educators in Korea. Four focus-group interviews with 7 nurse educators and 8 new nurses were conducted. Data were analyzed using Patton's inductive content analysis. Five analytic categories emerged: communication skills that build good relationships, managing unexpected situations, prioritization, practical experiences, and different ways of delivering education. Educators and new nurses agreed that communication skills are essential in building and maintaining interpersonal relationships. Future educational programs for new graduate nurses should reflect the needs of nurses and their educators so new registered nurses can successfully make the transition to expert nurses.

1. Introduction

Recently, the healthcare environment expanded and increased in specialization worldwide, including in Korea. Therefore, efficient financial and competent human-resource management are important tasks of health-system organization. To achieve these goals, it is essential to secure experienced nursing resources and manage them to ensure the provision of quality nursing care (Kim and Kwon, 2014). The effective acclimation of graduate nurses to the workplace allows nurses to maintain employment and plays a crucial role in the quality of nursing and healthcare services (Brewer et al., 2012). As a result, various orientation and educational programs have been developed and applied in South Korea so graduate nurses may improve their nursing performance and adjust successfully to clinical settings (Park and Kim, 2013). However, many graduate nurses reported that their orientation and educational programs are superficial and impractical. Even after completing nursing programs, new nurses experience a gap between what they learned and what they experienced in real clinical settings; also, they fear the unfamiliar environment (Kim and Kwon, 2014).

In the United States, many new-nurse-orientation programs involve several long days of passively offered education including the content of an institution's policies, procedures, and other regulatory issues (Green, 2016). As a result, existing education programs for graduate nurses are less likely to attract new nurses. Also programs have limitations in supporting graduate nurses to absorb new responsibilities as healthcare

professionals and adapt to their new organizational environment. Thus, the development or reform of effective and systemic educational programs to foster adaptation and professional performance among new employees is needed. To achieve this goal, researchers and healthcare professionals should gather additional information on individual experiences and challenges new nurses encounter when learning nursing tasks in a clinical environment.

Not only in Korea, but worldwide, newly graduated nurses are having a hard time becoming independent professional practitioners. Few studies investigated the educational needs of new nurses in a clinical environment or the competences required to transition from student nurses to healthcare professionals. Also a need persists to understand nurse educators' and graduate nurses' perception of needs of newly graduated nurses from clinical settings.

2. Background

Nurse educators are challenged to provide meaningful and effective learning opportunities for new nurses (Kaddoura, 2010). Despite the importance of new nurse education, research studies on educational content have been insufficient; many previous investigations focused primarily on training methods, including the designation of preceptors. For example, Tsai et al. (2014) reported that education using preceptors is important for new nurses. In addition, the literature has confirmed that preceptors are effective in ensuring successful new-graduate

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Table 1
Guiding questions for the focus group interview (FGI).

Educator Group	New Nurse Group
<ul style="list-style-type: none"> - Tell me about your experience with educating new nurses. - What are essential nursing skills for new graduate nurses? - What type of education would help new nurses to be prepared to work independently? 	<ul style="list-style-type: none"> - Tell me about your experience with new nurse education. - What are essential nursing skills for new graduate nurses? - What are the skills found most difficult to perform? - What kinds of education would help you to be prepared to work independently?

orientation (Horton et al., 2012). Graduate nurses have reported that preceptors contribute greatly to their job satisfaction and competency development (Sandau and Halm, 2011). However, although many hospitals have introduced education programs involving preceptors, new nurses with less than 1 year of experience still experience much stress when providing acute nursing care and experience problems adjusting to ward settings (Casey et al., 2004).

New-nurse educators need to develop programs that can improve practical nursing care and healthcare delivery. In addition, to maintain new nurses' interest in learning, educators must implement various teaching strategies to keep new nurses engaged in learning activities (Green, 2016). Well-designed programs help new nurses feel welcome and influence their attitudes regarding the culture of the new organization and the staff's commitment to patient care (Allen, 2011). It is also important to acknowledge what type of education new nurses need, based on their own experiences. In this regard, we explored the educational needs of new nurses in Korea by interviewing new nurses with less than 3 months of experience, as well as nurses who were in charge of educating new nurses.

3. Purpose

The purpose of this descriptive qualitative study was to identify the educational needs of new graduate nurses from the educators' viewpoint as well as from new nurses' stances, to suggest future directions for educational programs for new nurses in Korea.

4. Method

4.1. Settings and samples

A convenience sample of eight new nurses and seven clinical educators participated in this study. The principal investigator (PI) and coresearchers of this study recruited nurse educators and graduate nurses through personal acquaintance and snowball sampling. For nurse educators, we contacted one university hospital and one tertiary hospital; for graduate nurses, we contacted two university hospitals. The inclusion criteria for the new nurse-graduate group were having worked as a registered nurse (RN) for less than 3 months and having completed the education for new nurses at the institution. We chose new nurses who had worked in their field for less than 3 months because they were likely to lack work skills and to experience difficulties in performing nursing skills independently (Sin, 2015). Inclusion criteria for the educator group were head nurses, charge nurses, or preceptor nurses who had trained or educated new nurses for more than 6 months.

4.2. Procedure

We held four focus-group interviews (FGIs) for nurse educators ($n = 7$) and graduate nurses ($n = 8$), with 3–4 nurses in each group. FGIs took place between April 2015 and May 2015. We chose a focus-group design because group discussion facilitates richer and deeper expression of opinions than individual interviews (Polit and Beck, 2016). Although FGIs carry the disadvantage that participants may not be willing to expose their personal opinions (Polit and Beck, 2016), the

benefits of conducting FGIs outweighed the benefits of individual interviews, particularly because the topic was not a sensitive one.

All four researchers observed the first focus group to ensure the consistency of the research process, led by the second author who is the PI of the study. The second author conducted one focus group, the third author conducted another, and the last author conducted two focus groups. Four interviews took place at two universities and one hospital. Trained research assistants also attended the FGIs to take field notes and record the sessions.

The FGIs proceeded according to a list of structured questionnaires. The first author was an experienced qualitative researcher, whereas the other authors had prior experience as focus-group moderators. We used two separate questionnaires: one for educators and the other for new nurses (see Table 1). Moderators of each FGI began with a brief introduction of the researcher and the study. Participants completed a brief questionnaire that included basic demographic information and work-related information. We provided participants with refreshments and about \$30 worth of gift certificates. FGIs ranged from 60 to 90 min in duration. We audiotaped and transcribed all group meetings and deleted the voice recordings after completing the transcripts.

4.3. Data analysis

We analyzed the data using Patton's (2014) inductive qualitative-content-analysis process. We chose content analysis for this study because the expected outcome fit the primary purpose of a content analysis, which was to reduce data to draw valid inferences (Weber, 1990). For trust worthiness, the first and fourth author independently reviewed the transcripts, line by line, to identify significant words, expressions, and phrases, and to develop initial codes. Each author extracted the themes separately and then compared the themes. One author did not discern the notion of the interrelationship between communication skills and relationship building, but after reviewing the data again, both agreed to merge communication skills and relationship building into one category. The final five categories in this study had the full agreement of all four authors. The authors reviewed the field notes, which included research assistants' thoughts and onsite reactions, when finalizing the categories.

4.4. Ethical considerations

After obtaining approval from the Institutional Review Board at the second author's university (2015-03-024-001), we recruited a convenience sample of nurse educators and new nurses in academic settings and hospitals for the study. During the focus-group discussions, facilitators explained that participants could withdraw from the study at any time and that their privacy and confidentiality was guaranteed. The use of pseudonyms ensured confidentiality.

5. Results

Seven nurse educators and eight new nurses participated in four FGIs; all were female. Detailed information about study participants appears in Table 2. The following five analytic categories emerged: communication skills that lead to good relationships, managing unexpected situations, prioritization, practical experiences, and different

Table 2
General characteristics.

Variables	Category	Educators (n = 7)			Graduate Nurses (n = 8)		
		n	%	M ± SD	n	%	M ± SD
Age (year)				36.43 ± 5.41			22.75 ± 0.46
Sex	Female	7	100		8	100	
Years of Experience (year)				13.57 ± 4.93			0.18 ± 0.08
Current Position	Head Nurse	4	57.1				
	Charge Nurse	1	14.3				
	Staff Nurse	2	28.6		8	100	
Department	General Ward	3	42.9		2	25.0	
	Out-Patient	0	0		4	50.0	
	ICU	1	14.3		2	25.0	
	Delivery Unit	3	42.9		0	0	

Note. ICU = Intensive care unit.

ways of delivering education. Communication skills, one of the prominent categories of this study, also encompassed relationship building, with overlapping components between communication skills and building relationships. One clinical educator suggested the relationship between communication skills and relationship building was like a “cogwheel” in that they interrelate and have synergetic effects.

5.1. Communication skills that can lead to good rapport building

One of the most highlighted educational needs that appeared in the interviews was communication skills. When this topic arose, clinical educators and new nurses indicated their agreement with the ideas by adding comments and nodding their heads. New nurses mentioned that communication skills helped them understand and educate their patients. Several clinical educators disclosed they wanted new nurses to be taught communication skills in their new-nurse-education programs, like other training programs outside nursing area:

So I think it would be good to learn fully about how to communicate with caregivers, patients, physicians, and other healthcare professionals, plus how to understand and what to expect from human beings.

Nurse educators and new nurses mentioned that new nurses had difficulty adjusting to telecommunication, due to the speech rate, use of acronyms, use of jargon, and lack of prior telecommunication experience. Clinical educators stated that these hardships deterred communication in return:

Newly graduated nurses say that telephone communication is very difficult for them. The reason is that the contents of the conversation itself are already difficult for them. They also cannot hear the conversation very well on the phone, and it is even more difficult for them to ask the caller to repeat the message because nurses feel uneasy about asking others to repeat. Therefore, they cannot accurately relay the message.

One nurse educator shared that relationship building begins with effective communication. A clinical educator said the relationship between communication skills and relationship building was like a “cogwheel,” and new nurses in the same FGI strongly agreed with this idea:

Nurses don't just work with nurses and patients. We have to work with many different professionals, such as doctors, drivers, EMS people, and others. Because nurses work with all kinds of people, they need to know how to communicate well with these people and build rapport with them. This is important because they all are related to each other like a cogwheel.

Some clinical educators averred that “graduate nurses who communicate well with their patients usually do well in delivering nursing

care, and they will likely continue their careers as nurses.” Other clinical educators believed that “the key point is to build great relationships with the doctors or related departments. This closely relates to how long nurses will survive and stay in a clinical setting.”

5.2. Managing unexpected situations

Several new nurses shared they were having difficulty addressing patients' complaints. Those complaints included symptoms, unsatisfactory nursing skills such as injection blunders, and unexpected clinical events, including a seizure episode:

If one of the patients has a seizure. Nurses are unable to calmly tend to the patient, even though they have been trained to handle seizure events. The actual situation is very stressful, so they end up panicking over the whole episode. Therefore, each department needs to develop emergency protocols or booklets that describe how to deal with emergency situations that relate to particular departments. This will help nurses gain confidence about how to deal with emergencies.

Patients' complaints about the healthcare system itself were another unexpected situation that produced stress for new nurses. One new nurse stated:

I do not know how to deal with something that's related to hospital system. When patients get upset about something that I cannot do anything to change and start to yell, I just draw blanks and do not know what to tell them. It ruins the rest of the day.

Other new nurses mentioned they wanted to practice these situations or desired a manual that explained what to do for specific events.

Nurse educators also disclosed a need to learn how to address patients' complaints:

I hope I have learned how to think critically, calm a patient down, solve problems, and express my thoughts to have effective communication with patients. These skills are a must when dealing with the patients. They are especially important when I handle their complaints.

Educators and graduate nurses mentioned that one of the most embarrassing, frustrating, and unexpected situations for new nurses was having to address mortuary care for the first time:

Schools or hospitals never really teach us how to support the family during the death of a loved one. When recent nursing graduates have to deal with death and dying without any first-hand knowledge, they become distressed when patients loudly mourn the death of their loved ones.

5.3. Prioritization

New nurses also struggled with prioritization, especially in emergency situations. Failing to prioritize sometimes made a patient's status worse:

All of a sudden, I have to deal with 10 different tasks at the same time. I have to check vital signs and pupil sizes, page the doctor, and call a caregiver. I cannot comprehend which one needs to be prioritized. If a patient's condition gets worse, there are many situations where I could not properly care for them.

Some failures of prioritization resulted from a lack of knowledge about certain situations. For example, some new nurses were unaware of the dangers of decreases in blood pressure, just as high blood pressure is dangerous and requires intervention. This lack of knowledge may have caused them to delay notifying the physicians or hesitated to tell the person in charge.

Nurse educators mentioned that when new nurses fail to prioritize, it can lead to problems in charting, which is important in communicating with other nurses and healthcare providers:

They even have a hard time with charting when many things happen at once. They feel confused and do not know how to prioritize. This finally effects the charting as well.

5.4. Practical experiences

New nurses indicated that practical experiences were more helpful than visual, verbal, or aural education:

When I heard it or read it in texts, I thought I understood the content, but I often could not apply it to the real situations. I think actual experience is the most important thing in nursing.

New nurses mentioned that hands-on practice, such as operating medical equipment and electronic systems, was particularly beneficial when beginning to work independently. New nurses explained that even though they learned how to operate medical equipment in school, they still needed additional education to run certain equipment correctly without difficulty. One nurse educator stated that technology education needs to be included in new nurses' educational programs:

Because medical technology and equipment are rapidly changing, up-to-date technology education is needed to keep up with those changes.

Many new nurses experience hardship in deciding which information they should report to nurses coming on for the next shift, which is not sufficiently covered at school or in the workplace:

Before I even learn about the patient, I have to relay my duty to the nurse on the next shift. Sometimes I forget to include some of the information, so I end up feeling badly for the next nurse.

One nurse mentioned that it would be good to learn basic rules for handing over the care of patients to the next shift.

5.5. Different ways of delivering education

This study included nurses from three hospitals and the educational programs for new nurses were different in lecturers, content, and formats. Many clinical educators and new nurses proposed novel ways to deliver essential information. In one educator group, a clinical educator suggested separating the educational program with an interval of a few months, to be more effective, and other educators agreed that this idea could be beneficial. According to one:

I think there should be another set of education for new nurses after working independently for about 1 month. If they learn again, based

on their experience, I think they will think, "that's right, this was it!" and they will have a "eureka" moment.

Another suggestion was to divide the new nurses into groups according to certain categories of settings after their basic-orientation education, such as a medical ward versus a surgical ward or a general ward versus an intensive-care unit setting. In this manner, nurses would learn and practice specific procedures and protocols or even certain specialized and current knowledge they can use when they begin working independently. One new nurse said:

Graduate nurse-education programs should differ, depending on the eventual working departments, because different skills are required for each department. For example, it would be beneficial to differentiate between internal medicine and general surgery.

The two groups of new nurses suggested adding simulation exercises to nursing-education programs. In recent years, the majority of nursing schools have used simulation education, and new nurses had recently been exposed to these experiences. They said simulations were a "great stressor" in their undergraduate programs because they directly linked to grades. However, they added that if simulation were used in programs for new nurses, they would focus better than they had when in school because they would be placed in those types of situations soon without the accompanying stress of worrying about their grades. They also recommended performing simulation exercises repeatedly; *I think simulation in nursing practice is necessary for at least a few important diseases.*

6. Discussion

The researchers used FGIs with nurse educators and new nurses to explore the educational needs of new nurses. Five core educational needs emerged, based on an analysis of interview results. We used and analyzed data from this study to determine themes: interpersonal skills, decision making, coping in crisis, and reporting, including handover, to develop simulation scenarios for new nurses. Application of the simulation scenarios to new nurses in multisite hospitals revealed that simulation education was significantly effective in improving communication skills.

The first core category was "communication skills that can lead to good rapport building." Participants recognized that good communication skills are important for new nurses' nursing practices. This outcome supports the outcome of a study that hospital nurse leaders thought the highest-ranked category was communication skills (Sortedahl et al., 2018). This outcome is also consistent with study results from Casey et al. (2004), who found that communication with physicians is one of the greatest stressors for new nurses. The interviewees stated that a lack of communication skills interferes with working confidently and establishing relationships with work-related people (Casey et al., 2004). In other words, communication skills are essential for building and maintaining interpersonal relationships, as these skills strongly align with human relationships, like a cogwheel, according to the interview results. Using simulations with various scenarios in on-boarding programs and orientation programs could provide rich environment to practice communication skills (Dwyer, 2014). Especially during debriefing, new nurses can self-reflect and can hear from other health professionals, including nurses.

Other research studies also reported that new nurses experience difficulty in building good relationships (Kim and Kwon, 2014; O'Kane, 2012). In these situations, hospitals should develop methods to improve new nurses' communication skills to facilitate better interactions between colleagues. Furthermore, nurses who possess considerable communication skills tend to easily adapt in their wards and maintain their careers for a longer period of time than those who lack these skills, because nurses with strong communication skills are skilled at interacting with patients, doctors, and other relevant personnel. According

to the Organisation for Economic Co-operation and Development (2015), South Korea is one country that lacks a sufficient healthcare workforce. In addition, the recent turnover rate of new nurses in South Korea (29%) is nearly two times higher than that of general nurses (13.9%; Cho, 2015). This rate of turnover may mean educators need to specifically target improved communication skills. Hospitals should reinforce practical training—in particular, using clinical cases—so trainees can improve their communication skills; new nurses also need motivation to improve their communication skills.

The second core category was “managing unexpected situations.” Participants had difficulty coping with unexpected situations and required relevant education. New nurses tend to be confused when they encounter sudden complaints from patients or any other circumstances they have not previously experienced. Therefore, strategies to enhance problem solving based on critical thinking are required to improve new nurses’ ability to cope with these situations, as repeated failures can reduce their confidence and increase their stress, which, in turn, negatively affects their adjustment in a clinical environment. Kaddoura (2010) reported that nurse educators strive to promote critical-thinking skills, learning, and confidence through various teaching approaches because they cannot prepare nurses for every situation.

Educators have recently preferred simulation learning because it enhances problem-solving and decision-making abilities. Although many nursing departments at universities have offered nursing students practice sessions using simulation, new nurses need educational programs in clinical settings as well (Hatler et al., 2011). Simulation presents real-life practical problems that demand the active engagement of learners in critical thinking and should foster learners’ confidence in their decision-making abilities. In the United States, the use of simulations in nursing education brings great benefit to hospitals (Kaddoura, 2010). Educators have developed and applied many simulations to hospital-orientation programs to increase retention rate by reducing stress, increasing confidence, decreasing unmet expectations, improving job satisfaction, and creating an environment with better patient outcomes with fewer nursing errors (Nursing Executive Center, 2008; Olejniczak et al., 2010). Thus, standardizing the simulation for new nurses and applying simulations more systematically to new nurses will help trainees and hospitals.

The third core category was “prioritization.” New nurses who participated in the interview responded they could benefit from prioritization training because of their poor skills in setting priorities and reading the entire task. From hospital nurse leaders’ perspective, prioritization was one of the highest ranked items they think nursing students and new nurses need (Sortedahl et al., 2018). This finding was similar to results from Park and Kim’s (2013) study of new nurses’ experiences moving from advanced beginners to competent nurses. According to Park and Kim, participants had difficulty prioritizing when many tasks were suddenly given to them simultaneously. They were also afraid of deterioration in the health of their clients, because their failure to set priorities could delay timely treatment. Many previous studies suggested that critical thinking should be used in nursing to organize and analyze patient data to establish priorities (Kaddoura, 2010). Therefore, the introduction of various teaching methods in new-nurse-training programs, such as simulation practice and team-based learning, would promote critical-thinking skills in new hires.

The fourth core category was “practical experiences.” Participants pointed out the need for experience in an actual situation. A new graduate nurse has a large knowledge and skill gap to overcome between school and actual nursing practice (Sandau and Halm, 2011). Consequently, new nurses feel marked difficulties in task performance and are even shocked by the reality of their workplace when they transfer from students to professional nurses after finishing their formal education (Cho et al., 2009). In particular, new nurses who have no prior experience in handing their patients to the next shift struggle to do so. They also feel apologetic because their poor handover skills may present problems for the next shift. Therefore, hospitals should provide

opportunities in which new nurses can acquire the skills and roles required in the clinical field to assist them in working in an actual health environment with as little stress as possible (Bang and Kim, 2014). Because it will be challenging to develop clinical-practice programs for new nurses in every setting, developing standardized educational programs such as the National Nurse Entry to Practice (NETP) program in New Zealand would be beneficial. The NETP received positive feedback from new nurses and directors of nurses regarding hands-on learning (Doughty et al., 2018).

The last category was “different ways of delivering education.” Participants responded that educators should provide separated training time points and distinct teaching methods, based on each department’s needs. Participants also asked for a new learning style, such as special classes for the skills they would need after finishing their formal orientation. This finding was in line with those of the study conducted by Casey et al. (2004), which reported that continuous support and professional development should be offered when changing to new nurses. Park and Kim (2013) also suggested that practical training should be afforded to nurses for each hospital or nursing area; participants recommends that for educational content, detailed yet dramatic changes, including removing or highlighting some content based on its importance, would support new nurses.

7. Conclusions and recommendations

In conclusion, according to study results, new graduate nurses may experience a more successful transition to professional nursing if they are offered scrupulous and systemic teaching methods and simulation-training sessions to improve their overall work capacity in a clinical environment. Furthermore, educators need to make a consistent effort to improve their programs to reflect the demands of new nursing graduates, as these nurses have educational requirements regarding the content and the delivery methods of their education. Educators could also apply a portion of the educational programs for new nurses that reflect their demands to undergraduate nursing programs, particularly for senior nursing students, so their first year of working experience will have a smooth-transition. Finally, despite the existence of some guidelines for newly graduated nurses (Van Rooyen et al., 2018), each clinical setting needs to have evidence-based guidelines facilitating the transition from nursing students to graduate nurses to enhance the ability of new nurses to physically and psychologically safely adapt to their new environment.

Conflicts of interest

All four authors, Soon Hee Lee, Jung-Hee Kim, Dukyoo Jung, and Sook Jung Kang declare that they have no competing interests.

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