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# Physical and Emotional Experiences of New Graduate Nurses in the Eastern Region of Ghana

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**Abstract**

**Background:** The practice readiness of new graduate nurses (NGNs) is a subject that generates lively conversation and conflicting perspectives amongst nurse clinicians, educators, and researchers in academia and clinical environment. The physical and emotional experiences of NGNs are grounded in the amount of energy they use in trying to perform in the roles expected of them.

**Objective:** The study sought to explore the physical and emotional experiences of graduate nurses. Design A qualitative exploratory descriptive design was used for this study involving twelve (12) new graduate nurses.

**Settings:** The study was conducted in Suhum Government, St Martin, Atua Government, Asesewa Government, and Akuse Government Hospitals in the Eastern region of Ghana.

**Participants:** twelve (12) newly graduated nurses participated in the study. They are made up of five (5) males and seven (7) females. The age ranged between twenty-five (25) to thirty (30) years.

Methods: A semi-structured interview guide was used to collect the data. The interview was audio-taped and transcribed verbatim. Data analysis was done through thematic content analysis.

**Results:** Two (2) major themes emerged after the data analysis. These are physical and emotional experiences. The findings of the study revealed that NGNs had to deal with numerous challenges such as lack of accommodation, lack of resources (both human and material), stressful workload, lack of support from the hospital management.

**Conclusion:** The hospitals must put in place measures to ease the challenges NGNs go through during their initial stage of work by providing accommodation, and the needed resources required for work.

**Keywords:** New Graduate, Nurses, Physical Experiences, Emotional Experiences, National Service, Nurse Managers, Preceptors, Nursing, Midwifery, Ghana

## 1 Introduction

Training of nurses in Ghana has changed from certificate in nursing into diploma to degree in nursing, masters and now PhD in nursing. The challenge is whether these changes have actually equipped new graduates with the needed skills, competencies, and knowledge to function in the current health system. Graduate nurses who complete the four-year degree in nursing program are mandated to undertake a one-year national service after successfully completing and passing their licensing examinations organised by the Nursing and Midwifery Council of Ghana (NMC). However, there are numerous challenges that confronts this new graduate in the clinical settings such as lack mentors, shortage of nurses, financial constraints, lack of a decent accommodation, and inadequate supervision from experienced nurses. Others have to deal with lack of resources in the hospitals to implement what was taught in school. In Ghana, nurses on National Service (NS) are sometimes mandated to manage the ward alone without any supervision. This, therefore, leaves new graduate nurses (NGNs) with less time to adjust to their role and responsibilites as nursing officers where they are made unit heads in their new permenant environment.

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The experiences of new graduate nurses (NGNs) have become a topic for discussion and research since Kramer's famous seminal work on reality shock (Kramer, 1974). It is an indisputable fact that the transition from student nurse to registered nurse is usually tumultuous and nerve-wracking period for graduate nurses (Hart, Brannan &Chesnay, 2014; Duchscher, 2009). Kramer (1974) and Duchscher (2009) invented the word "*reality shock*" and "*transitional shock*" respectively to express the frustrations that confront new graduate nurses within their initial stage of work. The practice readiness of new graduate nurses is a subject that generates lively conversation and conflicting perspectives amongst nurse clinicians, educators, and researchers in academia and clinical environment (Dyess & Sherman, 2009).

As critical members of the nursing working force in Ghana, new graduates nurses need to perform at the highest pace and must learn faster with appropriate skills. NGNs are assigned comparable responsibilities as experienced nurses (Draper et al., 2014) whereas those in the rural settings are expected to be work ready, work independently, possess greater problem-solving skills, and undertake leadership and managerial duties (Bennett et al., 2012; Wolff et al., 2010). NGNs in Ghana are sometimes tasked to manage the ward with little or no assistance in the rural areas where there are shortages of nurses which is quite challenging (Donkor& Andrews, 2011).

Nurses account for 60% of all healthcare workers in Ghana (GHS, 2014). The physical experiences of new graduate nurses are grounded in the amount of energy they use in trying to perform in the roles expected of them (Duchscher, 2009). Additionally, maladjustment to sleep time is consumed by dreams about work, bringing about a state of 'perpetual work' that contributed significantly to their growing exhaustion (Duchscher, 2009). Using a mixed method cross-sectional design, Parker et al. (2014), reported that NGNs had roostering challenges and heavy workload leading to high work-related stress, and a deteriorating morale. Morrow (2009) also found massive responsibilities and low management support as impeding the transition of new graduate into practice.

Again, in a qualitative phenomenological study conducted by Thomas, Allen, and Bertram (2012), NGNs revealed feelings of frustration, being overwhelmed during work, working with unsupportive nurses, and unable to work for 12-hours shifts. New graduate nurses attributed their frustration to lack of unit resources and assistance with increased number of assigned patients. Preceptors were described as supportive, resourceful and exhibit a caring attitude. NGNs are prone to practice errors due to increasing fatigue and stress (Saintsing et al., 2011). NGNs rely on experienced and senior nurses in most district hospitals in Ghana for assistance since most hospitals are without a trained preceptor. Relatedly, Lea et al. (2017) sought to "investigate the nature and timing of support available to new graduate nurses" in rural Australia within a transition to practice program. The duty roster was described as unfavourable and unfair leading to physical exhaustion. The study also highlighted the lack of feedback, heavy workload, and low management support for the new graduates. Hussein et al. (2016) in their qualitative study identified lack of support seeking behaviours, non-inquisitiveness, and poor communication skills among NGNs. Not uncommonly, staff shortages, fatigue, large number of inpatient, and increase workload deter the experienced nurses from helping the new nurses. Other related studies in Southern Africa has identified increase workload, inadequate equipment, and staff shortage as a detriment to the effective transition of NGNs(Ndaba, 2013; Zonke, 2012).

Gorman and Mcdowell (2018) found in Egypt that NGNs work for long hours due to staff shortage, difficulty adjusting to shift work, lack of continous support from senior nurses, and high patient to nurse ratio. New nurse graduates experience a period of doubt and susceptibility; and are considered a "vulnerable population" (Duchscher, 2009). NGNs have difficulty dealing with nursing labour work emotionally, seeking for help, working within the health team, being assertive, and lack of confidence (Walton, Lindsay, Hales, & Rook, 2018). The NGNs also verbalised feeling anxious assessing and caring for distress patients, difficulty communicating with superiors, and asking for help which the NGNs fear may signal failure.

Thomas et al. (2012) on their qualitative study of the experiences of NGNs reported fear of failure and being called incompetent. Graduate nurses expressed fear talking to physicians, frustration writing and reading physicians' orders, fear making errors, and the abusive nature of nurses when they are unable to perform assigned tasks. "Lack of unit resources and assistance with the increased number of assigned patients increased new nurses' frustration and the belief that the practice environment was unsafe" (Thomas et al., 2012, p. 245). Zhang et al. (2017) conducted a quantitative study of 343 NGNs to determine their intention to leave in their first year of practice. Occupational stress and professional identity were the major reasons given by NGNs. The stress was due to interruption in personal life, working independently at night, the effect of shift work. Lea et al. (2017) in their study of new graduate nurses reported that their emotional support were unmet. Their study also indicated that lack of protection from the organization, lack of support from the nursing management, lack of feedback and appraisal from the senior nurses concerning their performance.

**Objectives of the Study**

1. To describe the physical experiences of new graduate nurses within their first year of practice after the National Service.
2. To describe the emotional experiences of new graduate nurses within their first year of practice after the National Service.

## 2 Methodology

### 2.1 Research Design

This research used a qualitative exploratory descriptive design. Qualitative exploratory descriptive design was used to assist in the investigation of the transitional experiences of NGNs. Qualitative approaches are useful for investigating different views of human beings and how they interpret their lived experiences in a natural context. This study was exploratory because it inquired about unfamiliar facets of the experiences of newly qualified nurses in their first year of clinical practice. This method also provided data that would contribute to the understanding of the research question.

### 2.2 Research Setting

The study was conducted in the Eastern Region of Ghana. The Eastern Region, one of the sixteen (16) regions in Ghana was created in November 1953, four (4) years before Ghana's independence. It has Koforidua as its regional capital. The Region lies between latitude 60 and 70 North and between longitudes 10 30'North and 00 30' East. It has a land area of 19,323 square kilometers. It is the 7th largest region in terms of land area. The region registered an estimated population of 2,925653 during the 2021 housing and population census signifying a growth of 0.98% over a period of one decade. The Region has twenty-five (25) hospital including government and mission hospitals. The five (5) hospitals are; Suhum Government Hospital, St Martin Hospital, Atua Government Hospital, Asesewa Government Hospital, and Akuse Government Hospital. Akuse government hospital has a 70-bed capacity hospital, Suhum Government Hospital is a 95-bed capacity, Atua Government hospital located in the Lower-Manya Krobo Municipalityoperate at 89-bed capacity, St. Martin De Porres Hospital is a 91-bed capacity while Asesewa Government Hospital located in the Upper Manya-Krobo District is a 56-bed capacity.

### 2.3 Target Population

The target population for the study was graduate nurses (degree) working within their first year of practice after their national service in the selected hospitals in the Eastern region.

### 2.4 Inclusion Criteria

Eligible participants include:

1. All new graduate nurses who have completed the National Service.
2. New graduate nurses working in the Eastern region.
3. New graduate nurses working for more than six (6) months and less than 12 months after their National Service.

### 2.5 Exclusion Criteria

The exclusion criteria include:

1. Newly qualified nurses who are not degree holders,
2. New graduate nurses working for more six (6) months and less than 12months but have declined to participate in the study.
3. Graduate nurses who have worked for more than one year, and those less six (6) months.

### 2.6 Sample size and sampling technique

Purposive sampling method was used to select participants for this study. This embroils identifying and choosing individuals or participants that are especially knowledgeable about or experienced with a phenomenon of interest (Cresswell& Plano Clark, 2011). This sampling technique allows the researcher to select participants that can provide credible and accurate information required to answer the research question.

The researcher identified new graduate nurses at their various hospitals with the help of the Deputy Director of Nursing Service and the human resources manager. New graduates who met the inclusion criteria were recruited into the study. Those who agreed to participate in the study signed the consent form. The participants were interviewed and data analysis was done concurrently until saturation was reached. This is the

point where no new idea or insight wasbeen provided by the participants and it was reached at the tenth participant, however, two more participants were added which confirmed the saturation.

### 2.6 Data collection tool

The study used a semi-structured interview guide to conduct a face-to-face interview. Semi-structured interview guide provide the environment for the researcher to establish rapport with the participant, ask follow-up or probing questions depending on the participant's response (Turner 2010). The interview guide was made up of open-ended and probing questions to elicit in-depth responses from the NGNs. The questions were framed in such a way that, they were not leading questions that elicited preconceived answers.

### 2.7 Data collection procedure

The study was conducted at the various hospitals of the participants since it was their preference and at their own convenience time. A participant information leaflet containing the research objectives and recruitment formalities were used to explain to the participant the aim of the study and their mobile phone numbers obtained to contact them to arrange the interview date, time, and venue if they willingly agree to participate in the study. The interviews were conducted in English as all the participants could speak the English language.

Before the interview starts, rapport was established with the participants by engaging them in a conversation. The interviews were conducted in noise free and conducive settings where participants spoke without restriction. Probes were used to follow up on open-ended questions to stimulate further and better information on important topics. The interviews were audio-recorded after seeking permission from the participants. The interview lasted between 30minutes to 50 minutes. The audio-recording interviews were played backed to participants for corrections they wish to make. Field notes were taken on all non-verbal behaviours of the participants.

### 2.8 Data Analysis

The recorded interviews were transcribed verbatim and the transcripts read repeatedly to identify similar and contrasting ideas, and thoughts. The researcher read the transcripts severally to completely understand what the participants were saying. Attention was given to punctuations and tone of voice. Similar thoughts and words within the data were combined to develop a theme, and the related themes formed sub-themes. All the themes identified were coded with sub-headings and kept in a file, and then each new themes and sub-theme that were identified were added to the file. The process continued until all the transcripts were exhausted. The final process involved the drawing of conclusion and confirmation. Verbatim quotations from the transcripts were used to illustrate the themes. Tentative conclusions were drawn from the themes and sub-themes identified to illustrate the viewpoints of new graduate nurses about their transitional experiences.

### 2.9 Ethical consideration

Ethical clearance was sought from the Noguchi Memorial Institute for Medical Research (IRB 00001276) and the Ghana Health Service ethics review committee (GHS-ERC:016/12/17) before data collection started. Informed consent was sought from the participants assuring them of protection from exploitation and intimidation. The purpose of the study was explained to the participants and their consent sought before being recruited into the study. Participants were given one week to consent to the study. Participants were made to sign a consent form before the data was collected. Participants were also told they have the right to withdraw from the study at any time without giving any reason. Privacy was ensured during the interviews as it was conducted at a convenience place chosen by the participants. Findings were presented using identification codes and pseudonyms. The data was available to only the researcher and the thesis supervisors. Also, the audio recordings will be kept in secured place and locked for at least five (5) years.

## 3 Results

### 3.1 Socio-demographic characteristics of the participants

The socio-demographic characteristics of the respondents collected included gender, age, year of completion of school, duration of work, department working, relationship status, and the university attended. Pseudonyms were used, instead of the participant's real names, to conceal their identity; these were Boahemaa, Wayo, Edem, Dzifa, Akosua, Nabila, Bruwa, Dede, Amoatey, Serwah, Kwame and Akorfa.

The result is presented in Table 1

The 12 participants are made up of five (5) males and seven (7) females. The age ranged between twenty-five (25) to thirty (30) years. Four (4) of the participants attended private universities while eight (8) attended public universities. All NGNs completed their education between 2013 to 2016 and have worked for a duration of between seven (7) to eleven (11) months. Three (3) (2 females and 1 male) are married whiles nine (9) are single. One has a baby and one is pregnant again at the time of the interview. Nine (9) of the participants started work in April 2017 and three (3) in July 2017.

### 3.2 Organization of themes

From the experiences narrated by the participants, two major themes and fourteen (14) sub-themes were identified after the analysis. The themes were predetermined from the construct of the TCF (Table 2).

### 3.3 Physical Experiences of New Graduate Nurses

These are lack of accommodation, heavy and stressful workload, unfavourable duty roster, changes in social habits and routines, financial constraint, and inadequate resources (human and material). Participants are expected to be work ready but had to deal with these physical barriers. In this section, participants outlined the physical constraints that impacted positively and negatively on their transition into practice.

### 3.4. Challenge with Accommodation

Participants had challenges with accommodation during their initial stage of work. Most of the new graduates had to work for several months without permanent accommodation. Lack of accommodation resulted in lateness to work, late assumption of duty, poor nursing care, and physical exhaustion. Participants said they expected their hospitals to provide them with accommodation but that was not the case. Bruwa acknowledged that:

"When I came to the hospital, the hospital had no accommodation for me, so I was given some weeks to go round and look for where to stay and it took me a months to find accommodation because I was not familiar with the town ...I have to live with a friend before I could find a comfortable place. It affected my work. It was stressful and frustrating…"

Edem also recounted that:

"When I posted to the hospital, there was no accommodation. I have no place to stay, and it was really bad. I had to go and sleep at a guest house until the following day due to the long journey. It was really hectic before we secured accommodation after one months"

### 3.5 Inadequate Resources

Managerial challenges experienced by the participants were lack of human resources and material resources. Human resources included nurses and cleaners. Participants complained of inadequate nurses to run the shift. Participants had to manage the ward with one nurse or alone on most occasions. Participants who are now learning the values and protocol of the institution had to run the unit alone without the assistance of experienced nurses. For instance, Amoatey, a nurse at the male ward stated that:

"...that is one problem we have here. The number of staffs is inadequate and we some times have one nurse on duty".

Bruwa also added that:

"The nurses are also not adequate. Because for a shift we have only two (2) nurses, the senior nurse and the junior nurse, unless maybe nurses on National Service or students are available to support us, we just have to run the ward with two nurses with about 30 patients".

For Serwah a participant at the children's ward with 9 months working experience, it was difficult attending to in-patient and emergency cases at the same time with one nurse on duty:

"Sometimes you come to work with just one nurse, in addition to me. The nurse-to-patient ratio is not that favourable. Sometimes you have about 23 patients with two nurses on the ward… in addition to emergency cases coming to the ward because we do not have an emergency unit. So, it becomes a bit difficult".

Inadequate material resources such as equipment and logistics were some concerns raised by the participants. Clinical thermometer, sphygmomanometer, suction machine, glucometer, pulse oximeter, nebulizing machine were unavailable in most units. Some of this equipment in some instances were being shared by two or more units. Participants reported challenges practicing nursing skills learnt in school devoid of the requisite equipment and materials. Bruwa, for example, stated that:

"For the equipment, they are not enough because as at now, a whole ward we do not have monitors, our suctioning machine is not really working, so with the equipments, we need a lot".

Nabila also had this to say:

"You can have one particular sphygmomanometer which is being shared by different units and it becomes hectic and creating problems for us and again, basic medications are not available" (Nabila).

### 3.6 Heavy and Stressful Workload

Majority of the participants described their workload as heavy, tough, a lot, and stressful. Participants had to deal with heavy workload due to the few nurses available and the colossal tasks they had to accomplish. This compelled some participants to close beyond their usual closing time. Other participants work for between ten (10) to twelve (12) hours a day. Participants reported falling sick and had to take excuse duty due to the workload.

Boahemaa recounted her experience:

"Sometimes I work for 12 hours because if I leave the ward, only one nurse will be left to provide care. I have to stay over till everything is done. Recently, I had to go for excuse duty to rest for some days due to the stressful nature of work last month".

Edem also shared similar experience:

"The work load is a lot and heavy. Sometimes I am forced to work beyond my closing time. Because you are doing a procedure and you cannot leave it and go home. I have to be around and support because we are very few, we need to support others".

### 3.7 Unfavourable and stressful duty roster

The duty roster was unfavourable according to some participants. Participants said the duty roster was stressful as they had to work for five (5) continuous days before getting a day off.

Bruwa acknowledged that:

"The duty roster as at now is really stressful. Because you have to work for five days before you get one day off. Assuming being a pregnant woman and you have to work continuously for 5 days before she goes for off".

Boahemaa also narrated her experience:

"How can you go for five continous (5) days, go for off one day…not even resuming for afternoon…you are resuming for morning".

### 3.8 Changes in social habit and routines

Participants' new work schedules seemed to have affected their personal lives, taking time for them to adapt, missing important social functions, and not spending weekends and public holidays with their friends and families. Again, participants had challenges combining their work with personal and family life. Routine activities such as playing games, socialization, attending funerals, and church services were all affected. Those married found it difficult spending time with their spouses as presented in the following quotes. Amoatey stated that:

"The job is demanding; you have to run shift and it has affected what I used to do. Just recently my father's brother died and I was not able to go and you know our culture concerning funeral".

Those married found themselves separated from their spouses. For example, Akorfa stated that:

"I have visited my husband just once. So, it has affected my marriage very much. Instead of being together (with the husband), we are not together, we are separated because of work".

### 3.9 Financial constraints

One major challenge that participants had to deal with was finances. All the participants lamented that their salaries delayed for six (6) to seven (7) months. Most participants admitted they had to depend on their parents for financial support instead of them providing for their parents. The participants saw this phenomenon as embarrassing. Bruwa recounted her experience:

"When we first enrolled with work, about six months we had not been paid and the hospital too was not helping us with any money. So, it was very difficult. The moment you start working, the family

begin to think that you are working and they are expecting something from you…so it was difficult going back to them asking for help".

Other participants resort to borrowing money to cater for their accommodation: Edem stated that:

"Paying for accommodation was even difficult. Sometimes we even borrowed money to pay for accommodation because the facility was not ready to support us with any money. I thought my pay will come early but it did not".

**4.1 Emotional Experiences of New Graduate Nurses**

Participants expressed mixed emotions within their initial stage of work. The amount, timing and nature of support available to participants facilitate their integration into their new working environment. While some participants expressed happiness, others described their initial experience as scary. Support was not available in most cases. Eight (8) sub-themes were identified under this theme. Namely; sense of accomplishment, feelings of frustration and being overwhelmed, support from nurses, support from Deputy Director of Nursing Services (DDNS), support from doctors, support from hospital management, family support, peers support.

**4.2 Sense of Accomplishment**

Participants expressed wonderful experiences at the initial stage of work. Participants acknowledged feeling proud and expressed happiness on their assumption of duty, as well as a steady improvement in confidence and competence required for the current position. Participants enjoyed the transition process as they became more accountable as professional nurses. For instance, Bruwa stated that:

"For the past few months since we started work, I think it has been the best, great and I am learning more and getting more experience. I have finally achieved my aim of being a Nursing Officer"

Edem also reported that:

"It has been a wonderful working experience, I have assumed more responsibilities and any service you provide to your client, you have to see to it that it is perfect and also follow up on the client to see that the care you rendered has been successful. It makes me happy"

**4.3 Feelings of frustration and being overwhelmed**

Some participants described their initial experience as terrifying as they were not ready for their initial position. Participants were not ready for the initial positions assigned to them. Others had stressful and confused start in their new roles as nursing officers. The participants experienced loss of security and protection of being a student nurse, and shielded academia; resulting in increased anxieties and stress. Participants described their initial stage of work as stressful, tough, confused, and not the best start. The confusion and stress was due to the massive responsibilities assigned to them, coupled with the lack of skills, and the fear of making mistakes.

Nabila stated that:

"As a student, we took things for granted, but when I started as a nursing officer, I have realised it is stressful and fearful. Sometimes as students or during National Service, there are somethings we were not doing but since becoming a nursing officer, people would look up to me".

Boahemaa also asserted that:

"A newly posted staff, you are on duty with an auxiliary staff and sometimes it quite difficult. Sometimes you get some cases and you are a bit confused, you do not know what to do, so I had to be calling my ward in-charge on phone. I just do not want to make a mistake"

**4.4 Support from Nurses**

Support from the nurses were varied. Participants reported the supervision and advised from the senior nurses as *good and helpful while* support was lacking from the junior nurses. Support provided include counselling, teaching, preparing duty roster, documentation, assisting in performing nursing tasks, and settling done in their new environment. For instance, Dede stated that:

"My unit in-charge has been very helpful because regardless of what you learnt in school, each hospital and unit has it different protocol…let me say how they do their things in the unit. When I came, she was the teaching type and she understood that I am new. She really helped me to settle down…"

Kwame also added:

"For the senior nurses, I will say they have been supportive. Because my in-charge always assistance me in performing nursing procedures, documentation, managing the ward, report writing to regional. He taught me all these"

Contrary to the above comments, some participants described the support from the junior nurses as not encouraging. Participants expressed tension between them and the junior nurses. Participants reported unruliness and insubordination by the junior nurses especially those who were older than them and those they were taking over from as unit heads. For example, Dzifa narrated her story this way:

"I had some few challenges with those who are a bit older than me and they feel that they have been there for long, so when they are doing the wrong things and you try to correct them, it is like that is how they had being doing it, so why would you come and say something is wrong…even if you try to tell them the physiology behind it, they would not allow you …I had that challenge".

**4.5 Support from the Deputy Director of Nursing Services (DDNS)**

Support from the head of nursing services includes assisting them with accommodation, getting their salaries paid and constant encouragement with reassurance. Some participants described the support as *good*, *very inspiring,* and *extremely supportive*. The expressions below reaffirmed the above:

"For my DDNS, she kept encouraging me that you are now a nursing officer, you are in-charges of the ward so you need to take away all fears and be able to run the ward if the in-charge is not around" Bruwa

"The DDNS was very supportive…extremely supportive. We could go to him at any time and he is ever ready to listen to us. You can even call him on the phone and tell him your problems and he will listen to you and just let you know what you have to do" Dede.

**4.6 Support from Doctors**

Recounting their experiences with the doctors, there were diverging experiences. Most participants said the doctors were supportive, accommodative, understanding, and gave them the respect due them whereas others had bad experiences with some doctors.

Akosua also recounted her experience with the doctors:

"The doctors are very accommodating… as we go on rounds, they listen to our views too, when we tell them how things have to be done and nursing management for the client, they do listen to us".

However, some participants had bad experiences from some doctors. This include undermining their authority, rudeness, and being shouted at. Wayo stated that:

"For the doctors especially the senior doctor I came to meet was rude but the junior one was very cooperative".

**4.7 Support from the Hospital Management**

The participants described the support from management as not caring, very poor, and very little. Participants said they expected the hospital management to provide a temporal accommodation, needed resources for work, and allowances until their salaries are paid. Participants contended that the management were only interested in them working. Wayo recounted his experience:

"Hmmm it was very poor because at least they know we are just starting and the most challenging aspect is finances ...they could give something small to pay at least our bills or feeding but nothing at all done for us."

Edem also stated that:

"I was expecting the management to provide a temporal accommodation so that staffs can stay there and search for their permanent accommodation. More so, because of the delay in the payment of salaries, they could have provided some allowances just to sustain us…this could have even shown that they care about us".

Kwame also alleged that:

"Very poor. No body ask me if you had accommodation, theirs is you have started work"

**4.8 Family Support**

Narrating their experiences, participants describe family support as marvelous and timely. Support ranged from financial to emotional. Participants had to depend on their parents for financial support even though they were working. The following quotes reaffirmed the experienced of the participants.

Nabila also gave this account:

"When I started work, they (parents) will be calling to ask what is going on, are you acclimatizing to your new environment well? They encouraged me when I tell them about any challenge I faced at work".

Emotional support was provided by the family to some participants. Boahemaa shared her experience:

"The family was very helpful because sometimes little provocations here and there, sometimes you just boil up…So it is my parents that usually encouraged me".

**4.9 Support from Peers and Friends**

Participants described the support from peers and friends as excellent, supportive, and helpful in releasing stress. Participants identified peers and friends support as a way of battling isolation and dealing with the challenges at work. For example, Amoatey stated that:

"My peers, personally those I came with, some of them are at other unit but we still work together, if they do not understand anything they contact me and I also do the same. So the support has been excellent"

Edem also alleged that:

"When we came, some friends took us into their home and I stayed there for more than 3 months".

**5 Discussions**

**5.1 Socio-demographic characteristics**

All the participants were between the ages of 25 to 30 years. This is consistent with the average age of nurses in Ghana which is said to be between 25 to 35 years (GHS annual report, 2014). Most of the participants were females. Nursing in Ghana has been dominated by women over the decade and the finding is consistent with the widely held view that nursing and midwifery are female dominated professions. However, this trend might be changing gradually with many males taking up nursing as a career due to the perceived job opportunity it offers after school.

**5.2 Physical experiences of New Graduate Nurses**

Decent accommodation and housing plays a vital for the survival of a person and is recognized as a basic human need. Access to accommodation has been a major problem facing many Ghanaian workers. The Bank of Ghana in 2007 estimates the housing deficit in Ghana to be 1.6 million units. One major challenge that confronted participants during their initial stage of work was lack of accommodation. The finding was significant as all participants in this study had this challenge. Ayalew, Kols, Roosmalen, and Stekelenburg (2016) on their study of the factors affecting turnover intention among nurses in Ethiopia found lack of housing facilities among 78% of NGNs. Participants had to work for between one (1) month to three (3) months before securing permanents accommodation. Some participants had to commute several kilometres to work on a daily basis resulting in fatigue, lateness to work, and increased cost to the already burdened NGNs whose salaries had not been paid due to delays. Working hours was spent by the participants searching for accommodation instead of providing care. This acted as a barrier to smooth transition into professional practice of NGNs. In Ghana, newly posted workers are to look for their own accommodation due to limited government houses. Management of hospitals must secure temporal accommodation for newly posted nurses to minimize the stress that NGNs go through. This will serve as a motivating factor for nurses to accept postings to rural and hard to reach areas in Ghana. The quality of nursing care is affected when newly posted nurses face accommodation challenges. Some participants had to live with colleagues for months before securing permanents accommodation, which was described as embarrassing and loss of privacy.

It was common to find participants working under stressful environments. Most participants had to combine managerial responsibilities with clinical practice. All participants described their workload as heavy and hectic, in addition to the long distance some have to travel to work. Saintsing et al. (2011) contended that NGNs are more likely to make medical errors due to stress and heavy workload. The transition from student into professional practice has been described as stressful (Gorman & Mcdowell, 2018; Zhang et al., 20170. It is common to find newly posted nurses and entrusted to provide care to patient without the supervision of experienced. In Ghana, this phenomenon usually occurs in the rural areas where most health workers refused to be posted to take up position. Majority of the experienced and senior grade of nurses tend to be found in the urban areas. This means nurses had to care for a high number of patients during a shift. This phenomenon serve as an impediment to the smooth transition of new graduates into professional practice.

Some participants had to work for several hours beyond their usual closing time resulting in fatigue, burnout, and poor patient care. Participants reported working for between nine (9) to ten (10) hours a day which is beyond the eight (8) hours allowed for Public Sector Workers in Ghana. This also leads to physical exhaustion and making bad clinical decisions on patient needs. This findings support reports across South Africa that found NGNs skipping meals, increased absenteeism, and decrease in the immune systems due to heavy workload (Ndaba, 2013; Teoh, Pua, & Chan, 2013). New graduate nurses in Ghana are also made to manage the ward with minimal or no assistance in most cases. In most of the hospitals, there were no emergency units which further compounded the stress level of the participants. Nurses are prone to providing poor quality nursing care when they had to care for several patients. In reducing the stress associated with NGNs, Morrow (2009) suggested work schedules that allowed experienced nurses work with the NGNs for a considerable amount of time.

Again, participants complained about the unfavourable and exhausting nature of the duty roster. The complaints had to do with the number of days participants had to go to work before taking an off day. Going to work for six days before getting a day off was seen as stressful to most participants. Participants in other studies had expressed similar frustrations of working for several hours (Gorman & Mcdowell., 2018; Philips et al., 2014; Parker et al., 2014, Thomas et al., 2012). This allow the new graduates to learn from the experienced ones. This findings is consistent with the findings of Lea et al. (2017) who found that the duty roster of NGNs in rural Australia was unfavourable as participant had to go for four (4) night on before one (1) day off. The workload and expertise of NGNs at a particular time should be considered when planning the duty roster for the ward to reduce the stress associated with the roster.

Adequate resources such as human and material are necessary requirement for the smooth running of any hospital. Both human and material resources were lacking in most hospitals. With respect to human resources, participants complained of inadequate nurses. In most instance, there was only one or two nurses on duty coupled with the high number of patients. A study by Ndaba (2013) on the lived experiences of NGNs in South Africa identified lack of human resource leading to increased workload, reduced performance, increased fatigue, and exposure to legal action against the nurses.

This situation is not surprising in Ghana, despite achieving a middle-income status a decade ago, Ghana still has shortage of health workers especially nurses and doctors (GHS, 2014) due to the lack of funds from the central government that is responsible for employment of nurses into public hospitals. Student nurses and nurses on National Service in most cases are used to augment the permanent nurses in most hospitals in rural Ghana. Participants had to work above their abilities due to the unavailability of experienced nurses.

Some of the hospitals lacked an emergency unit meaning few nurses had to cater for both in-patient and emergency cases. This phenomenon negatively affects the work output of participants leading to physical exhaustion and ailments. Contrarily one participant felt the number of nurses is fairly adequate but experience staff shortages when nurses embark on annual leave, maternity leave or sick leave. Clinical thermometers, sphygmomanometer, suction machine, glucometer, pulse oximeter, nebulizing machine, gloves and methylated spirit are unavailable in most units. Lack of material resources result in the delay of providing quality nursing care to patients. Hospitals in Ghana lack basic material resources due to low budgetary support from the central government and delay payment from National Health Insurance Scheme (NHIS) especially for hospital in rural areas where majority of the client access healthcare with health insurance. This affects the procurement of basic material resources for work.

Numerous studies conducted in South Africa (Ndaba, 2013; Zonke 2012) and Lesotho (Makhakhe,2010) found similar results. Participants in these studies complained of the unavailability of essential medications, and dysfunction equipment leading to poor nursing care, deteriorating patient's condition, and poor work satisfaction among the participants.

The GHS as a matter of concern must address the lack of equipment, consumables, and logistics confronting hospitals in Ghana to help improved on the quality of healthcare delivered and ensure job satisfaction among staff.

Again, the work schedules of the participants affected their personal life and routine social habit. NGNs who were not only interested in learning the norms and acclimatizing to their new environment but also managing their personal lives as well. Some participants had challenges with work-life balance. In line with this study, Gorman and Mcdowell (2018) conducted a study on the needs of NGNs within their first two years of practice in an acute care hospital in Cairo, Egypt. Participants stated that they had difficulty adjusting to shift work. The study also found that participants "suffer from a perceived work-life imbalance" (Gorman & Mcdowell, 2018, p.132). In this study, maladjustment is mostly noticed in the relationship of participant who are married, going out with friends, and not having the opportunity to attend certain social functions such as weddings and funerals which are cherished in the Ghanaian society.

Participants also revealed getting exhausted and did spent most off-duty day sleeping. Walker et al. (2013) reported that NGNs are prone to depression and illness due to difficulty adjusting to their new environment. This is therefore vital for nurses to be exposed to the various shift in nursing practices, including holidays and weekends as students. Financial resources available to NGNs in the initial stage of work assisted them settle down to their new environment as they need to cater for accommodation, transportation, feeding and general upkeep. Financial constraints is another challenge that confronted the participants in this study even though it is not supported by literature. Participants complained about the delay in receiving their salaries even when they are expected to provide nursing care. Payment of accommodation, transportation, utility bills, feeding and other necessities of life was a challenge for all participants. It took an average of six (6) to seven (7) months for the participants to receive their first salary due to delays in processing the needed document by the controller and accountant general department. Payment of salaries in Ghana to newly posted staffs in the government sector has been a problem despite the numerous measures put in place over the years. Some reported they had to rely on savings made during their national service, borrowing, and assistance from their family.

Another effect are some participants having to take up part time jobs to be able to fend for themselves. Participants who are married, had to rely on their spouses for financial support. Participants were not happy, still depending on their family for financial support despite working. For quality nursing care, government must put in place measure to ensure early payment of salaries of NGNs. These measures will also ensure newly posted nurses need not work in private hospitals as it's negatively affect the quality of healthcare provided and lessen the financial burden of families. The hospital should also be able to provide some allowances for the NGNs until they start receiving their salaries.

**5.3 Emotional Experiences of New Graduate Nurses**

It is a known fact that the amount of support available to NGNs determine how successful the transition becomes. Lack of support can lead to disenchantment among NGNs (Henderson, Ossenberg & Scott, 2015; Parker et al., 2014). Participants expressed a sense of excitement, fulfilling and accomplishment during their initial stage of work. Participants felt they have become more accountable as professional nurses. Others felt they have achieved their dreams of becoming nurses. These findings concur with Kramer (1974) who confirmed that NGNs experience a feeling of happiness, delight, and a sense of pride in their new roles as Registered Nurses. It is remarkably to note that new graduates felt the change in role comes with responsibilities and accountability. The participants are now conscious and value the nursing care they provide to their client as compared to the student status. Others are excited about the role they play in helping their clients get better. Parker et al. (2014) affirmed the transition period to be a vulnerable time for new nurses as they decided to commit to the profession or leave at this period base on their initial experience.

Conversely, some NGNs had scary, stressful, fearful, and confused experiences in their new roles as nursing officers. Dyess and Sherman (2009) affirmed that fear and discouragement as common occurrence. Some admitted they are overwhelmed by the nature of work and massive responsibilities assigned to them. The new graduate seemed to experience loss of security and protection of students, and shielded academia; resulting in an increase anxiety and stress. Parker et al. (2014) suggested that poor experience during transition can influence NGNs career decision in the profession. Again, the NGNs described the support from the senior nurses as good and helpful. Participants reported that the senior nurses provided them with all the needed guidance, supervision, and encouragement. This they believe help them to acclimatised to their new environment. Rush et al. (2015) highlighted the important role of senior nurses in assisting NGNs during their initial stage of work which is revealed in this current study. This may be due to the fact that in Ghana, graduate nurses are classified as senior staff and those who are not unit in-charges are deputy unit in-charges in most hospitals which demands for a close working relationship.

Therefore, it is not surprising that the participants in the current study had a good working relationship and support from the senior nurses many of whom were of the same grade with them. This findingarehowever incongruent with previous studies that found lack of support from unit nurse managers and senior nurses as they were described as unapproachable, and disrespected the NGNs (Lea et al., 2017; Saghafi & Hillege, 2012).

On the contrary, the junior nurses are unsupportive and shown aggressive behaviours toward the NGNs. This was mostly shown by junior nurses whom the NGNs had taken over from as ward in-charges. Junior nurses may assume leadership roles in the absence of senior nurses in Ghana. Participants reported poor communication with the junior nurses, intimidation, and difficult asking for help. Other participants reported tension between them and the junior nurses. Older but junior in grade to the NGNs are also described as unsupportive, refused delegation of duties, and refused taking instructions. In Ghana, mostnurses with certificate and diploma and with several years of working experience are still lower in rank to graduate nurses hence receiving lower salaries than the NGNs. This may explain the behaviour of the junior nurses. Some junior nurses doubted the competency of the participants with comments like "he does not know anything". These derogatory comments impacted negatively on the confidence and self-esteem of the participants.

Participants in this study espoused divergent views regarding the support from the doctors. Mostparticipants described the doctors as very supportive, accommodative and educative. Due to the low doctors to patient ratio in Ghana, nurses in the district hospital assist doctors in performing medical procedures such as setting intravenous line and blood transfusion. Others serve as assistant surgeons in the theatre. This may account for the cooperative relationship that exists between doctors and some NGNs in this study. A study by Ankers, Barton and parry (2017) found NGNs narrating positive encounters with doctors where their contributions to the healthcare team was appreciated.

Conversely, some doctors are described as having bad communication and interpersonal skills, and domineering. Other participants described the doctors as domineering, autocratic, questioned their competency in make clinical decisions concerning patient care, and do not accept advice from the NGNs. Medical dominance has been identified as a barriers in midwifery practice in Australia resulting in professional rivalry and poor communication (Licqurish & Seibold, 2013) and Ghana is not an exception. A study by Thomas et al. (2012) found new nurses struggling with doctors' orders, feared communicating with doctors, and working with unhelpful and abusive doctors. This might reflect the perceived superior categorized relationship between doctors and nurses in Ghana. Doctors are seen by the society as superior to nurses and nurses are just to obey doctors' orders without questioning them. It is however paramount for health worker to work together in harmony. Nurses need to be assertive in decision making.

Again, the study found support the hospital management was poor. NGNs in the study reported as very poor, not caring, and very little support from hospital management. This study found that no strategic plan has been put in place by the hospital management to ensure smooth transition of participants. Participants expected management to provide them with accommodation on assumption of duty and some monetary support until their salaries are paid but this was not done. Participants said management of the hospital are only interested in them working and showed no concern about their welfare. This findings concur with Ebrahimi et al. (2016) that found poor management of the hospital, lack of strategic planning, ineffective employment policies, and in most cases the "hospitals were often run by people with no expertise in the field of hospital management" (pg.187).

Furthermore, family support was immense for the participants during their first year of practice. It was not therefore surprising that participants attested to the fact that since they were not receiving salaries, they had to depend on their families for their daily upkeep, accommodation, feeding, transportation, and paying utility bills. These findings though not support by literature but is still relevant in the light of this study. This may be due to the value place on the family system in Ghana. Participants also described the support from peers and friends as excellent and supportive. Participants viewed peers and friends support as a way of releasing stress, battling isolation, sharing experiences, and socialization. Peer and friends also provided emotional support for participants. The findings are in line that of Whitehead et al. (2015) and Parker et al. (2014) that found that support from work peers and colleagues was effective battling isolation, sharing ideas, and formulating actions for use in practice. This friendship might have been built during school days and continued to the work environment.

## 6 Conclusion

Numerous studies have been conducted on the transitional experiences of newly qualified nurses in the developed countries but limited data was found in Africa. Research on the experiences of NGNs worldwide has always yielded mixed result.

The study revealed that the transition from the role of students to that of nursing officers to be stressful and scary for the NGNs due to increase workload, unfavourable duty roster, lack of resources, lack of accommodation, and financial constraints. Participants also described the support from hospital management as very poor and the support from the junior nurses as not encouraging. It is therefore, paramount for nurse managers and nurses to support this new graduates nurses within their first year of practice. Comprehensive orientation and induction need to be organised for the NGNs to assist them acclimatised to their new environment. The challenges facing NGNs at their new work settings should be the concern of all stakeholders in the health sector.

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**Authors' contributions**

Victor Kwame Kpatsi conceived the study and Christiana Asiedu and Victor Kwame Kpatsi design the study, all authors assisted in the data collection, data analysis, interpretation, and write-up and in the preparation of the draft manuscript.

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Authors declare that they have no competing interest.

**Ethics approval and consent to participate**

All procedures performed in study was in accordance with the ethical standards of the Ghana health service. Written informed consent was sought form the study participants

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