

The challenges coped by the novice in nursing practice

OS DESAFIOS ENFRENTADOS PELOS INICIANTES NA PRÁTICA DE ENFERMAGEM

LOS DESAFÍOS ENFRENTADOS POR LOS NOVATOS EN LA PRÁCTICA DE LA ENFERMERÍA

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ABSTRACT

The purpose of the study was to investigate the challenges faced by the nurses during the first years of their nursing work. A total of 31 novice nurses were included in the sample that answered a questionnaire with open and closed questions. The data analysis was conducted by using the qualitative software called Atlas Ti. The novice nurses deal with some challenges related to: a) leadership team; b) the competence and technique ability. The findings suggested that the nursing novice is not well prepared for assuming a leadership role as well as for caring in the settings of high-complexity. In order to cope those challenges new strategies of education and nursing practice has to be developed together with nurses educators and nurses practitioners.

KEY WORDS

Nursing.
Professional practice.
Education, nursing.

RESUMO

O estudo teve o objetivo de investigar os desafios enfrentados pelas enfermeiras no início da profissão. As informações foram obtidas por entrevistas semiestruturadas de 31 profissionais de enfermagem formados entre 2000 a 2004. A análise foi feita pelo software Atlas Ti para análise qualitativa. Os recém-graduados enfrentaram desafios referentes às atividades: a) Relacionamento com a equipe de trabalho; b) Competência e habilidade técnica. Conclui-se que os recém-graduados estão pouco preparados para desempenhar a função de liderar uma equipe de enfermagem, bem como para o cuidado em unidades de alta complexidade. Para enfrentar esses desafios, novas estratégias de ensino e de prática devem ser traçadas de comum acordo entre docentes e enfermeira e enfermeiros atuantes na prática.

DESCRITORES

Enfermagem.
Prática profissional.
Educação em enfermagem.

RESUMEN

Este estudio tuvo como objetivo investigar los desafíos enfrentados por las enfermeras en el inicio del ejercicio de su profesión. La recolección de datos fue efectuada a través de encuestas semiestructuradas, realizadas a 31 profesionales de enfermería que obtuvieron su graduación en el periodo de 2000 a 2004. El análisis fue efectuado con el software Atlas Ti para análisis cuantitativo. Los recién graduados enfrentaron desafíos en relación a: a) relación con el resto del equipo de trabajo; b) competencia y habilidad técnica. Se concluye en que los novatos están poco preparados para ejercer la función de liderar un equipo de enfermería y también para la atención en unidades de alta complejidad. Para enfrentar tales desafíos es necesario desarrollar nuevas estrategias de enseñanza y de práctica, en total acuerdo entre los docentes y profesionales con actuación efectiva.

DESCRIPTORES

Enfermería.
Práctica profesional.
Educación en enfermería.

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INTRODUCTION

This article is part of a larger research focusing on the transition from the academy to work in hospitals and Health Centers according to nurses' experiences and reports. The passage from student to professional can result in stress for newly graduated nursing professionals, due to the fact that they have to face certain challenges when experiencing inconsequence between their academic learning and the reality in their work environment⁽¹⁻²⁾. These professionals can respond to this dissonance with some degree of disillusion with nursing practice or with the devaluation of the academic ideal, or may feel challenged to seek new work perspectives.

Challenge is understood as a provocation to overcome a stressful situation and/or event. It involves the possibility of transforming this situation/event into growth, development or conquest. Facing challenges demands a continuous assessment of a person's existing internal or external resources. In this assessment, that person judges his/her capacity to cope with the situation and the obtained results, considering the selected coping resources⁽³⁾.

The first job or a change in the job position can be seen as a challenge or considered a threat, as new attitudes and skills are demanded. The way the person will face this situation, as a threat or a challenge, will entail important repercussions for the strategies (s)he will select to face the situation. People who feel challenged instead of threatened have a high self-esteem, provoking feelings of control over the situation. Thus, they develop skills to overcome the stressing situation.

The conflict between the academy and health services is not new, in the last five decades, literature has shown reflections about the theme and alternative solutions, many of them unsuccessful⁽⁴⁻⁶⁾. Hence, this problem is not exclusive to nursing and was highlighted by the Brazilian Health Reform. The Unique Health System proposed a change in the health system's paradigm, from a hospital-centered model to a model marked by comprehensive health promotion for the population. Health professionals' education has shown to be quite impermeable though, remaining distant from this process⁽⁶⁻⁷⁾, despite a recent quite large-scale movement in the Brazilian Government to change this situation, such as the National Curricular Guidelines⁽⁸⁾ for example, which privilege education directed at the community's needs and guided by the epidemiological profile.

The conflict in nursing has been described some time ago as a syndrome called *reality shock*⁽⁹⁾. This shock occurs when newly graduates cannot integrate the knowledge they obtained in school into their daily professional practice, that is, they discover that the nursing they learned in school differs from the nursing practiced in health institutions. The care model used in hospital institutions is what most diverges from the academy's theoretical orientation⁽¹⁰⁾.

Health services also exert considerable pressure on newly graduated nurses, especially when they are designated to leading positions. These newly graduates often start to lead the work of nursing technicians and auxiliaries, who have great experience and technical skills. In view of this situations, as they have not developed these skills yet, these newly graduates feel insecure and insufficiently prepared to face this reality⁽¹¹⁾.

Nursing students have denounced this divergence between academic teaching and on-the-job expectations⁽¹²⁾. Moreover, in the researchers' professional experience, we observe that most nursing students have disapproved of care practice as it is conducted at health institutions and have criticized nursing professionals' attitudes in the field. It has also been observed, though, that when they were inserted in the work sphere, these same students behaved equally to the professionals they criticized before. This situation reveals the importance of continuous discussion about theory versus practice, giving rise to the question: How does the transition from the academy to the work sphere occur for newly graduated nurses? Based on this question, we focus on these nurses' challenges and set the following objective: To identify the challenges newly graduated nurses face at the start of their practical activities.

To delimit this research, the researchers departed from the premise that newly graduated nurses face countless stressful situations at the start of their profession, which represent challenges they need to overcome, despite difficulties, and that most of these stressful situations derive from the existing gap between academic training and the job world in nursing. Thus, attempts were made to disclose the importance of the job world's reality for the academy and vice-versa.

How does the transition from the academy to the work sphere occur for newly graduated nurses?

METHOD

This is a qualitative and exploratory research. Study subjects were 31 professionals who complied with the following inclusion criteria: a) graduated from undergraduate nursing courses in Santa Catarina between 2000 and 2004; b) working in health institutions in Greater Florianópolis; c) accepting to participate in the research. Subjects were identified based on a list of nurses working at health institutions in Greater Florianópolis. The number of participants was defined by information repetition. After the first twenty interviews, the researchers perceived that data were repeated but, attempting to expand the possibility of new information, eleven other interviews were held, which confirmed this perception.

Information was obtained through semistructured interviews with open and closed questions, recorded with the interviewees' consent.

For data analysis, Atlas Ti^(a) software for qualitative data was used. The following steps were followed in the analysis process: reading and rereading of the interviews; coding of expressions and/or phrases related to the challenges of nurses' professional practice; grouping of similar codes, leading to the elaboration of two categories that cover the different challenges newly graduates nurses face when inserted into the job world.

After they accepted to participate in the research and received detailed information, subjects signed the free and informed consent term. Approval for the project was obtained from the Ethics Committee for Research Involving Human Beings at *Universidade Federal de Santa Catarina*, Project No^o 231/06 - No. 0161.0.242.000-06, in compliance with Resolution No 196/96 by CNS/MS⁽¹³⁾.

RESULTS AND DISCUSSION

The nurses included in this research had graduated from three different institutions in Santa Catarina, and more than 90% were female. The participants graduated in: 2000 (19.35%); 2001 (12.91%); 2002 (25.81%); 2003 (22.58%) and 2004 (19.35%). For 38.7%, professional activities started in hospitals; for 19.35% in the family Health Program; 19.35% Health Secretaries; 16.124%, teaching institutions where they administer classes in technical or higher nursing courses; and 6.48% did not inform their first workplace.

The nurses perceive the transition from the academy to work as a challenging moment of many discoveries, frustrations, joy and accomplishments. In this paper, we discuss two categories that represent the main challenges they face at the start of their professional activities: a) Team leadership and b) Competency and technical skill.

Team leadership

Taking charge of the nursing team represents a challenge for the newly graduated nurses and involved: overcoming the prejudice of having little experience and being young; conquering the team's credibility in role changes for graduates who used to work as nursing technicians and assumed a higher position than their former colleagues; overcoming gaps in education, especially with regard to management and team leadership aspects. These challenges converged in the need to establish a harmonious relationship with the work team.

They perceived that some team members demonstrated lack of confidence in their work and considered they were unprepared for activities. They indicated that gaining confidence and credibility was a process that demanded effort, patience, dedication and ability.

[...] we graduated recently and everyone labels us *ah, she graduated recently, she doesn't know much*. So, all the more as I look younger, so that was my main challenge until I conquered everyone (E1).

One situation some of the interviewees mentioned as surprising derived from the fact that they used to be nursing technicians and thought the entire team supported them. This change in roles did not always occur smoothly though, which was appointed as another challenge. They felt some degree of discomfort in the team due to their new function, with difficulties to accept their leadership, particularly highlighting their lack of experience and knowledge. These two characteristics – experience and knowledge – were also emphasized in another study as some of the most important aspects for effective leadership⁽¹⁴⁾. The statement below illustrates this perception:

My main challenge was to have my colleagues accept me as a nurse, because I was a technician and then I became a nurse. They had to report to me and many did not accept that. So that was a challenge I faced. Making people believe in me and respect me as a nurse (E5).

Harmonious relations at work are fundamental for self-accomplishment. Finding a favorable environment and support from the people nearby are an obstacle newly graduated nurses have to overcome. Despite appointing difficulties in relations with the team, the participants perceived that they had to show their competency and ability to lead a team. Keeping communication channels open was one option they found.

Establishing a good relation with the team, especially through adequate communication, is an essential requisite for a leader⁽¹⁴⁾. A leader needs to be prepared to receive both support and criticism; needs to inspire confidence; needs to be worthy of credit, demonstrating coherence with the service's philosophy and congruence in his/her ideas, discourse and actions. Gaining confidence is a requisite for effective leadership and, therefore, actions need to be in line with proclaimed beliefs⁽¹⁴⁾.

Some nurses mixed up leadership with the need to show their authority in a self-assertion exercise. Some nurses used the strategy of making it clear whom the *boss* was. They were not sure about the effectiveness of this way of dealing with the team. This authority shown by the study participants is considered a need for newly graduates to show their authority towards the team, mostly comprising nursing technicians. When a person uses a lot of energy to achieve this goal though, this may generate negative reactions and impair collective work⁽¹⁵⁾.

Taking up the management role was another challenge the nurses perceived. Different foci appeared in management difficulties, such as: lack of political preparation, lack of practical experience and relationship with the team. They highlighted that their education did not sufficiently prepare them or, what is more, did not address the entire complexity involved particularly in managing people.

(a) Atlas Ti is a software for qualitative data analysis, constructed based on Grounded Theory.

[...] the University does not teach you how to deal with people's behavior, how to coordinate a team, how to deal with problems, with coordinating the shifts, with the problem of your employee's should who did not come to work, with your colleague's criticism, with the quibble of not wanting to receive a new employee, because of all of these interpersonal relationship problems in teams (E8).

The insecurity deriving from management difficulties was expressed in daily teamwork and was considered one of the main sources of conflict, both internally and when interacting with other team members. This resulted in insecurity to take charge of the countless responsibilities, evidencing disequilibrium between the complexity of their professional activities and their preparation for these activities. This situation often resulted in feelings of frustration that interfered in the conquest of their team leadership roles.

[...] It was the issue of having to take the responsibility for a team, of being accountable for this team, I, without experience, had to know what they don't, of having to be able to, because I thought that team thought I know and that I was going to be their support (E7).

[...] I was the only nurse at the unit and I had to make the best of it, and sometimes, even when talking to an auxiliary about a procedure, they could even solve doubts, but there were other things only the nurse could do and that was complicated (E1).

The perception that nurses are not adequately prepared to take charge of the nursing team was also highlighted in another study. The findings showed that 50% of the interviewees mentioned their administrative competencies are not adequate to assume leading positions, including leadership and political aspects. Nurses not in leading functions mentioned they felt better prepared for their professional practice⁽²⁾.

Lack of knowledge about public policies and SUS organization and structure were appointed as another aspect that interfered in the practice of newly graduated nurses who started their career in primary care. Again, they appoint gaps in their professional education, highlighting that these contents are often offered in the initial semesters of the course, when they are not sufficiently mature yet to identify their applicability.

The lack of preparation to deal with the complexity of political aspects in different spheres reveals that external factors interfere in professional practice and that managing these issues is difficult, as they go beyond technical skills.

[...] I think nurses are not prepared to face the political difficulty of working in small cities. Everything is tied up, we are not prepared for that. So that's something I found very difficult, the management relation with the professional. So, often, it's very political and that really caused a lot of difficulties for me (E9).

Recognizing the political context allows them to detect and analyze the different factors that direct or indirectly interfere in daily health service activities in further detail. The identification of these structures, which are present in

all health services, make it easier for newly graduates to develop their activities in planning and developing more flexible and more visible actions⁽¹⁶⁾.

Nursing team leadership is an issue that has aroused various discussions in the area, especially with regard to the possibility of their learning as something that can be developed in professional education. The need for some personal characteristics, such as dynamics, communication, honesty and credibility often seem opposed to the possibility of learning⁽¹⁴⁾. However, the nurses themselves have considered that one can become a leader, but appoint that some conditions are needed, such as: experience, technical and management knowledge, besides good political preparation. In this sense, newly graduated nurses may need greater support during their first professional experiences.

Competency and technical skill

The challenges related to competency and technical skill involved both the specificity of care in specialty areas and generic competencies in daily nursing practice that should have been acquired during academic education. Some interviewees appointed that dealing with users, particularly during physical examinations, nursing consultations, considering both the procedures and the theoretical base needed for decision-making, as a knowledge gap.

The lack of skills to develop some procedures is considered a lack of competency and preparation for professional practice. Nurses sometimes feel vulnerable and believe that they deserve the criticism they receive. To overcome these limitations, they seek support from other colleagues or nursing technicians in the team. However, the reports about this search not always indicate success and satisfaction, as their insecurity was even more evidenced and they confirmed that they were not adequately prepared to take charge of a team.

When I went to do nursing consultations for children it was complicated because you learn a lot about the basis but, when you have to do it, you get afraid of doing something you actually shouldn't be doing, such as physical examination. Because, in college, you do not learn to do physical examination as you should, and then you'll have to do the physical examination and learn what you didn't learn in college (E8).

I definitely felt insecure. Some techniques, procedures I didn't do in the academy, only after I graduated. So, sometimes, I asked someone to accompany me, even if it were a technician next to me, to give me some security. If I didn't know, I would ask what to do right then. In this respect the academy should improve. Some techniques were not even discussed in the academy. So that's it, I felt difficulties to do procedures I had no contact with in college (E24).

Another conflict the nurses indicated is between nurses' generalist education and the organization of health services, especially in the hospital area, which is guided by specialties. Newly graduates frequently go to work in specialty areas without the necessary technical skills. The challenge of overcoming difficulties becomes part of their daily reality

since, as mentioned earlier, they do not always manage to get the necessary support.

When I entered hemodialysis I didn't know anything, nothing, because it's really a specific area, I couldn't turn on a machine, I couldn't puncture a patient, I really knew nothing, and the nurse who works here, who is a 26-year-old nurse specialist, so *oh dear*. I left here crying every night (E6).

High-complexity care remains a challenge, especially because specialization courses are not always available or accessible. Hence, preparing generalist nurses and putting them in super-specialized areas immediately after graduating is a practice at health services that has caused conflicts for these professionals and some degree of risk for the users. This situation was also highlighted in another research in which newly graduated nurses mentioned they felt insecurity, anxiety and even anguish to deliver care to patients at units with more complex care⁽¹¹⁾.

Technical procedure skills are overvalued and sometimes mixed up with professional technical skills. A qualified professional is someone who is capable of covering a range of skills and knowledge, in different forms and contexts, to perform their professional activity in a competent way⁽¹⁷⁾. Professional competencies are constructed as a process and in progressing from one work situation to another⁽¹⁸⁾. Being competent in a given profession implies not only vast knowledge, but knowing how to use, integrate or mobilize this knowledge in a real situation⁽¹⁹⁾.

Different studies reaffirm this condition, evidencing that undergraduate courses, although they propose to prepare critical nurses, directed at responding to society's demands, still use traditional approaches centered on curative models⁽²⁰⁻²¹⁾.

FINAL CONSIDERATIONS

These study findings reveal that, when newly graduated nurses enter the labor world, they are confronted with

stressful situations due to the lack of convergence between what they learn in the academy and what they find in practice. Initial nurses were challenged to find ways of facing this transition. Their main challenges were team leadership, management and technical-political skills, besides competency and technical skill to perform their role.

The findings suggest that competent professionals' education needs to be supported by approaches that value not only rationality, but mainly the subjectivity that is part of daily health reality. It is through subjectivity that nurses' involvement is expressed in daily reality, for which they do not feel prepared.

Nursing students spend most of their course time watching and performing care practice in a micro-perspective, studying and delivering care to one person or a group of persons, without getting involved with the macro-issues, such as institutional policies and their interrelations. When integrated into the labor world, they perceive that reality is more complex than what they were educated for, where conflicting relations, political struggles and the bureaucracy of health services often contrast with their to a certain extent romantic view of the profession.

In this perspective, academic education needs to be reconsidered, not only in terms of contents, but also with a view to developing strategies to integrate students into the job world, anticipating what they will meet and how best to prepare for this transition. Education needs to be devised for work, integrating theoretical and practical skills, attitudes and ethical values, but at the same time covering general and specific knowledge⁽⁴⁾.

Newly graduated nurses' insertion into the job world also needs to be humanized. Strategies to welcome these new professionals need to be created, considering that generalist education does not immediately make them able to take the responsibility for super-specialized areas, with distinguished practices.

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