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Newly graduated nurses' commitment to the nursing profession and their workplace during their first year of employment: A focused ethnography

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Abstract

Background: The commitment of nurses to their profession and workplace is closely linked to the delivery of high-quality patient care. Existing literature highlights the positive impact of commitment on care quality and patient outcomes. Conversely, a lack of commitment can lead to nurse burnout and disengagement. However, it remains unclear whether and how cultural beliefs and practices influence newly graduated nurses' commitment to the nursing profession and their workplace.

Aim: To explore the cultural beliefs and practices influencing newly graduated nurses' commitment to the profession and commitment to their workplace during their first year of employment.

Design: A focused ethnographic study.

Methods: Data consisted of field notes from 94 h of participant observations and 10 semi-structured interviews with newly graduated nurses working in acute care settings in Denmark. Data were analysed using ethnographic content analysis. Data were collected between March and June 2022.

Results: The findings reveal a major theme, termed 'A State of Transience among Newly Graduated Nurses', consisting of two themes: 'Newly Graduated Nurses' Pursuit of Professional Development and Supportive Work Environments' and 'A Lack of Formal Agreements or Conditions to Meet Expectations for Professional Development.'

Conclusion: Hospitals and nurse managers need to support newly graduated nurses in their first employment after registration by providing a range of clinical experiences through job rotation opportunities within the same organization, deliver on promises for onboarding support and foster a culture of trust. These strategies will help maintain the motivation, commitment and ability of newly graduated nurses to deliver high-quality patient care, thereby reducing the likelihood of turnover.

Relevance for Clinical Practice: A trusting and supportive work environment is fostered by providing diverse clinical experiences and consistent support for newly graduated nurses. To address potential high turnover associated with job rotation,

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hospitals need to rethink how retention is defined and measured, moving beyond hospital unit-level models and measures.

Reporting Method: This study reports to the SRQR guidelines.

Patient or Public Contribution: No patient or public contribution.

KEYWORDS

acute care setting, commitment, focused ethnography, new graduate nurses, professional practice, qualitative research, transition

1 | INTRODUCTION

The commitment of nurses both to the nursing profession and to stay in their workplace plays a vital role in influencing the way they deliver patient care (Huang et al., 2023). Existing literature highlights that being highly committed to patient care, their job role and to professional development can help nurses to provide consistent, high-quality care (Huang et al., 2023; Van Rooyen et al., 2018). The transition from nursing education to clinical practice represents a critical period for newly graduated nurses, as they must apply their acquired knowledge and skills in a real-world setting. Newly graduated nurses often experience a problematic developmental lag when entering the workforce in terms of functioning autonomously in caring for patients, as well as a lack of support from experienced nurses to accommodate their needs for skill development (e.g. clinical leadership, patient assessment, coping with emotional distress) (Kaldal et al., 2023a; Rush et al., 2019; McMillan et al., 2023). Newly graduated nurses are also working in increasingly complex and rapidly changing care environments, characterized by increasing patient acuity, high patient turnover, technological advancements and demanding workloads (Hallaran et al., 2023; Hussein et al., 2017). Newly graduated nurses must recognize and manage these challenges, whilst meeting the evolving needs and complexities of their patients to ensure optimal patient care. Research has shown that the challenges newly graduated nurses face, both in terms of their workplace environments and their transition experiences, can adversely impact their commitment both to the nursing profession and to their current workplaces (Waltz et al., 2020). The current study expands on this work by providing insights into the cultural practices and beliefs that influence newly graduated nurses' commitment to the nursing profession and their workplace. Findings might inform ways to facilitate the development and offering of beneficial onboarding that supports newly graduated nurses' professional development and provision of high-quality care. Exploring newly graduated nurses' commitment is particularly important in the context of global nursing shortages and retention challenges (International Council of Nurses, 2021). By providing adequate support and resources to newly graduated nurses, organizations can help enhance their commitment, which has the potential to contribute not only to enhanced patient care but also to improve retention rates.

2 | BACKGROUND

Newly graduated nurses' commitment to being a nurse and their commitment to stay in their workplace has been variously described in the nursing literature as nursing professionalism (Cao et al., 2023), professional commitment (García-Moyano et al., 2019; Huang et al., 2023), organizational commitment (Liou, 2008), nurse engagement (Dempsey & Reilly, 2016), occupational commitment (Kaihlanen et al., 2021) and work engagement (Zhai et al., 2023). In this study, we refer to nurses' commitment to the nursing profession and to their work organization collectively as 'commitment'.

Nurses' caring behaviours are significantly associated with their commitment (De Los Santos & Labrague, 2021). Studies have found that nurses who are committed to their profession and their workplace are more likely to provide high-quality care and ensure better patient outcomes (Huang et al., 2023; Van Rooyen et al., 2018). Conversely, nurses who are less committed to their profession or workplace are more likely to experience burnout, disengagement and job dissatisfaction, which can negatively affect their delivery of patient care (Huang et al., 2023; Van Rooyen et al., 2018). When nurses are not engaged in the care process, misunderstandings and misconceptions are increased, which can pose a threat to patient safety and lead to a lower level of care quality (Kwame & Petrucka, 2021). For newly graduated nurses, the transition from student to nurse is recognized as causing feelings of uncertainty and inadequacy (Urban & Barnes, 2020), which are linked to lower levels of caring behaviours (Hallaran et al., 2023). These feelings of uncertainty and inadequacy can erode newly graduated nurses' confidence and create turbulence in their working life (Najafi & Nasiri, 2023). The challenging transition that newly graduated nurses undergo as they move from being students to becoming practising nurses also contributes to the formation of a set of behavioural patterns that encompass knowledge, practice, professional values and work experience, which are collectively referred to as cultural beliefs. These beliefs are shared and accepted by members of a particular group, such as members of a care team, often without conscious consideration, and are transmitted through communication and imitation (Higginbottom et al., 2013; Wall, 2015). Whilst we know that newly graduated nurses' transition can cause feelings of uncertainty, poor confidence and low levels of caring behaviours, it is less clear whether and how cultural beliefs and practices influence newly graduated nurses' commitment to the nursing profession and their workplace.

Newly graduated nurses' ambitions for career success and professional growth have been shown to influence, and be influenced by, both work commitment and care delivery. Their drive to advance their careers and improve their skills is positively associated with nurse-reported care outcomes, such as knowing and complying with patients' views and with care quality (Huang et al., 2023). However, newly graduated nurses who feel less committed to the organization they work for are less motivated to pursue opportunities for professional development and growth (Zhai et al., 2023). Similarly, a lack of supportive educational environments and resources is also shown to adversely impact newly graduated nurses' commitment (McMillan et al., 2023; Rush et al., 2019). Supporting newly graduated nurses in developing and maintaining a strong commitment to being a nurse and to stay in their workplace, therefore, has the potential to promote high-quality patient care and positive patient outcomes.

Nurses who receive sufficient support and opportunities for professional growth during the transition period are more likely to develop confidence and competence in delivering patient care (Hallaran et al., 2023). The transition and onboarding processes provided to newly graduated nurses vary across countries and healthcare systems (Rush et al., 2019). While some countries have nationally accredited programs, others assign the responsibility for introducing and supporting newly graduated nurses at regional or organizational levels (Kenny et al., 2021). However, the challenges experienced by newly graduated nurses remain consistent internationally, including a lack of clinical experience, confidence and competence to provide high-quality care (Kaldal et al., 2023a). Therefore, it is important to provide adequate support, create opportunities for professional growth and address these challenges in order to enhance the commitment of newly graduated nurses to the nursing profession and their workplace.

While the link between nurses' commitment and their care delivery has been established, there remains an uncertainty as to whether and how cultural beliefs and practices influence newly graduated nurses' commitment to the nursing profession and their workplace. The uncertainty highlights the need for further research to enhance our understanding of the complex interplay of factors that influence commitment for newly graduated nurses who often also experience the challenges of transitioning to clinical practice. By exploring the cultural beliefs and practices that influence newly graduated nurses' commitment to the nursing profession and their workplace, valuable insights can be gained into their motivations, values and expectations in relation to care delivery as well as their professional development. The exploration will also help identify potential barriers or challenges within the newly graduated nurses' specific social and cultural contexts that might impact their commitment. The findings generated from this study can inform policy development and decision-making processes aimed at improving the commitment of newly graduated nurses and, potentially, the quality of care they deliver. Additionally, the findings might guide healthcare organizations and nurse managers to develop and enhance strategies and interventions tailored to the specific needs and aspirations of newly graduated nurses, ultimately supporting their retention and professional growth.

3 | METHODS

3.1 | Aim

The aim is to explore the cultural beliefs and practices of newly graduated nurses influencing their commitment both to the nursing profession and to their workplace during their first year of employment in acute care settings. To explore the aim, two research questions are specified:

- What are the cultural beliefs and practices influencing newly graduated nurses' commitment?
- How do these beliefs and practices influence newly graduated nurses' commitment both to the nursing profession and to their respective workplaces?

3.2 | Design

A focused ethnography, with a specific emphasis on culture, was conducted to understand individuals' behaviours and beliefs in their specific context and to utilize the researchers' insights into the field (Higginbottom et al., 2013). In ethnographic inquiry, contexts, processes and meanings are understood from the perspective of participants and the researcher (LeCompte & Schensul, 2010). This research design allowed for an exploration of newly graduated nurses' delivery of care and their commitment to everyday practice in acute care settings using participant observation and interviews. A focused ethnography was chosen because it enables an in-depth understanding of people's lived experiences of a specific phenomenon and how they interact with their environment. In essence, this design enabled us to gain insights into how newly graduated nurses demonstrate commitment in real-world scenarios. By focusing on culture and utilizing participant observation and interviews, we were able to unravel the complex interplay between the nurses' experiences, their beliefs and the cultural context in which they operate.

This study takes a social constructivist epistemological framework, focusing on the interplay of social and cultural patterns that influence newly graduated nurses' commitment to being a nurse and to staying in their workplace. This aligns with the principles of focused ethnography and its aim of conducting a detailed study of a specific cultural group or community and a particular phenomenon or behaviour (Knoblauch, 2005; Wall, 2015).

This study is drawn from a larger study in which the overall aim was to explore possibilities for supporting newly graduated registered nurses' delivery of direct patient care in hospital settings. Initially, an umbrella review was conducted to understand newly graduated nurses' experiences of providing direct care across different geographical contexts (Kaldal et al., 2023a). Subsequently, factors influencing the delivery of direct patient care specifically within Danish acute care settings were explored (Kaldal et al., 2023b). Finally, in this study, the same dataset was used to explore cultural beliefs and practices around newly graduated nurses' commitment to

understand how best to accommodate the support needs of newly graduated nurses.

3.3 | Setting and participants

The study setting was five acute care units (medical units $n=3$ and surgical units $n=2$) in one University Hospital in Denmark. The hospital requires that newly graduated nurses be provided a structured orientation. This orientation is managed at a local level and involves newly graduated nurses' participation in a hospital-wide introduction program. The nurse manager in each unit is responsible for delivering the introduction program for all newly graduated nurses in their unit. As such, turnover is evaluated at a unit (not organizational) level within this specific context. The introduction program includes follow-up conversations with the nurse manager, a mentor agreement where newly graduated nurses are paired with more experienced nurses working in the unit, 10h (four meetings) of group supervision from an experienced nurse, six training days in skills lab training and two teaching sessions. Additional activities (e.g. opportunities for competence development within a specific specialty or aligned to newly graduated nurses' personal interests) are typically promoted in job advertisements. However, these advertisements often do not specify the number or order in which activities must be completed or the timeframes for these activities.

The nurse managers of each unit were contacted prior to the study to obtain access to the unit and were provided with written and oral information about the study. A purposeful sampling technique was used to recruit participants. Inclusion criteria were that participants were in their first employment following registration as a nurse and with 0–12 months of clinical experience at the time of participation. Nurses with more than 1 year of work experience; working in critical care, psychiatric, palliative or maternity units; and not holding a Bachelor of Science in Nursing were excluded. Recruitment was focused specifically on nurses with a Bachelor of Science in Nursing because they make up the majority of newly graduated nurses working in hospitals in Denmark. This careful selection

allowed for the exploration of the dynamics of this specific group of nurses, aligning with the research aim.

The nurse managers in participating units provided potential participants who met the inclusion criteria with written information about the study. If the potential participants told the nurse manager they were interested, their details were passed on to the researcher (first author). The first author contacted the potential participants via email and then met in person prior to the fieldwork to provide additional information about the study's aim and her experience and areas of research interest.

Ten female nurses agreed to participate. Details of the newly graduated nurses' characteristics are presented in Table 1. At the beginning of the data collection, participants had 1–9 months of work experience, with an average of 3.5 months. At the time of the interviews, they had 4–12 months of work experience, with an average of 5.6 months. Three of the newly graduated nurses had previous knowledge of the wards in which they currently worked, having completed their final clinical placement as a nursing student at the unit.

3.4 | Data collection

The data collection took place from March to June 2022. Two types of data were collected by the first author: (1) observational data and (2) interview data. Participant observations allowed for nuanced insights into daily practices, while interviews facilitated the exploration of personal perspectives. Field notes were gathered, by using an observation guide, for 94 h of participant observation. The observation guide had six categories, including date/time/place of observation, specific details, sensory impressions, personal responses, conversation summaries and questions for future investigation (Sunstein & Chiseri-Strater, 2012). The guide also functioned as a reflexive journal where the first author noted personal reflections, thoughts and experiences throughout the research process. The reflexive journal encouraged the first author to question her own assumptions and preconceptions, promoting a more nuanced understanding of the research context and the participants. The first author abstained from giving direction and supervision to the participants and did

TABLE 1 Participant characteristics.

Participant	Age	Clinical experience at the time of observations	Clinical experience at the time of interviews	Hospital setting	Final clinical placement in the unit
1	30	1 month	4 months	Surgical	No
2	24	1.5 months	5 months	Surgical	No
3	26	2 months	4 months	Surgical	No
4	24	2 months	5 months	Surgical	No
5	26	2 months	5 months	Surgical	Yes
6	27	2 months	5 months	Surgical	No
7	24	3 months	4 months	Medical	Yes
8	23	3 months	5 months	Medical	No
9	41	9 months	12 months	Medical	No
10	28	9 months	11 months	Medical	Yes

not engage in care delivery to preserve objectivity and minimize the influence on participants' behaviours. Following observation, all participants took part in an individual, semi-structured interview (mean length: 45 min), conducted by the first author. The interview guide comprised open-ended questions about the aspects of the acute care setting that had been observed (and which were summarized by the first author during the interview) and were known from the literature to have an influence on newly graduated nurses' care delivery. The interview guide was validated by the author team, focusing on the questions' clarity and relevance to the study's aim. The interviews were structured with inspiration from Spradley's question types: descriptive, structural and contrast (Higginbottom et al., 2013). Examples of the types of questions asked are in Table 2.

The interviews were audio recorded and transcribed verbatim by the first author. Each participant also responded to a brief demographic survey (i.e. age, clinical experience (months), gender, hospital setting and clinical placement in their final practicum). The first author is a registered nurse who was completing her PhD at the time of data collection.

Given the focused aim of the study, a sample size of 10 was deemed sufficient to gather enough information for description and initial exploration (Higginbottom et al., 2013). However, the possibility of recruiting additional informants based on the ongoing analysis was acknowledged. As indicated by Bazeley (2013) and Fusch & Ness (2015), the scope of the data gathered was gradually refined, and the data collection process continued until saturation was reached. The collection of data stopped after 94 h of participant observation and 10 interviews as no new codes were emerging indicating that data saturation had been reached. This saturation demonstrated that the emerging patterns, represented by themes, were substantiated by the data and that no new information contradicted these patterns.

3.5 | Data analysis

The principles of ethnographic content analysis were applied and involved an inductive, iterative four-step approach (LeCompte & Schensul, 1999), guided by the research aim.

1. In-field (preliminary) analysis. Reflections and early interpretations of the data occurred while observing the newly graduated nurses in daily practice, when rewriting the field notes, during the interviews, and when transcribing the interviews. The preliminary analyses served as a guide to inform the subsequent observations and/or interviews.
2. Analysis from the bottom-up. Initially, the field notes from observations and transcripts from interviews were imported to NVivo Pro 12 software. The first author read the field notes and transcripts several times to gain an understanding and overview of the data. Then, coding for specific descriptive labels related to the research questions was performed. During the coding process, questions and reflective notes were recorded and later incorporated into the analysis to help identify meaningful patterns within the data.
3. Identifying patterns. The descriptive labels were systematically grouped into major themes and themes. The themes represent meaningful patterns with the data that relate to the research aim. The preliminary analyses conducted in Step 1 facilitated a reflective approach to formulating the themes. Refinement of the themes was reached through discussions amongst the author team about the relationships between the identified themes, the data and the research aim. Table 3 provides an example of the analytic process and the relationship between descriptive labels, themes and major theme.

Type of question	Example of question
Descriptive	Can you describe what prompted you to apply for this position?
Structural	What facilitates/constrains your intention to stay in the unit?
Contrast	What is the difference between being committed and not committed when delivering care to your patients?

TABLE 2 Examples of types of questions.

TABLE 3 Major theme, themes, and descriptive labels representing the cultural beliefs and practices around newly graduated nurses' commitment.

Major theme	Theme	Descriptive labels
A State of Transience Among Newly Graduated Nurses	Newly Graduated Nurses' Pursuit of Professional Development and Supportive Work Environments	Diverse clinical experience On the move Springboard employment Opportunities for growth and advancement Restriction of the first employment
	A Lack of Formal Agreements or Conditions to Meet Expectations for Professional Development	Dishonest or false advertising of onboarding initiatives Lack of formal agreements Missed learning opportunities Restrictive work conditions

4. Fine-tuning results. The author's team discussed and refined the themes in relation to existing studies and relevant theories and contextualized them in relation to health care systems and newly graduated nurse transition.

3.6 | Ethical considerations

The project protocol was approved by the Unit of Information Security (ID number F2022-035) in the hospital where the study took place. Data collection was conducted according to the principles of the Declaration of Helsinki. Written consent was obtained from all participants, and all participated voluntarily. Two newly graduated nurses, both employed in medical units, chose to withdraw after the dates for observation were confirmed but before the consent form was signed. The participants were not offered compensation for their participation. The field notes (observations and reflexive journal) and transcripts of the interviews were anonymized to prevent the participants from being identified and were then stored on encrypted, password-protected devices. The interview recordings were deleted after transcription. The participants were notified that their demographic information, field notes and interview transcripts would be used for the purpose of reporting study findings. The participants' preferred times and places were used for the interviews. To preserve confidentiality, only two people were present during the interview: the participant and the first author.

3.7 | Trustworthiness and reflexivity

To ensure trustworthiness of the study findings, a process of triangulation was utilized. This involved cross-checking the analysis findings with various sources of data, such as field notes, interview transcripts and participant feedback. The first author verified her observations during interviews by asking participants if her observations reflected their experiences, thereby acting as a form of member-checking (Adler, 2022). This highlights the connection between observations and interviews—specifically, the quotes utilized in the findings section reflect the observations of the same participant. Multiple sources of data were used to enhance objectivity, truth and validity (Fusch & Ness, 2015). As a form of investigator triangulation, the anonymized transcriptions of field notes, the reflexive journal and interviews were shared with the author team to ensure consistency in field notes and interview techniques (Adler, 2022). Additionally, the author team held regular meetings to ensure the validation of interpretations and conclusions relating to the data, and to maintain consistency with the study's aim. The contributions of the author team in all analytic steps using critical and reflective constant comparison strengthened the study's confirmability (Polit & Beck, 2014). To ensure the study was conducted rigorously and transparently, a reflexive approach was utilized to mitigate the influence of the first author's positionality. This involved acknowledging and

reflecting on various factors such as the first author's prior knowledge, insight into the field, education and practice as a nurse and experience as a nurse educator and student counsellor. The author team also reflected on the first author's positioning as an "insider," (i.e. sharing particular attributes, such as being a registered nurse, with study participants), which formed her internalized beliefs and values. Prior to entering the field of study, the first author took steps (e.g. acknowledging and reflecting on prior knowledge and experience) to minimize personal biases and preconceptions. Furthermore, the reflexive journal helped the author team to maintain transparency, accountability and trustworthiness by acknowledging their own perspectives and continuously reflecting on their own influence on the research process and findings.

This study followed the standards for reporting qualitative research (SRQR) checklist (O'Brien et al., 2014). See Data S1.

4 | FINDINGS

The analysis resulted in one major theme and two themes outlining the cultural beliefs and practices that shape the commitment of newly graduated nurses both to the nursing profession and to their workplace during their first year of employment in acute care settings (see Figure 1).

4.1 | Major theme: a state of transience among newly graduated nurses

The dataset highlighted a common state of mind among newly graduated nurses, which was characterized by a state of transience. This state of transience refers to a temporary or transitional state in terms of their employment and professional development. Participants saw their first employment as a springboard for their professional development. They perceived their presence in the unit as brief, temporary and time limited. Additionally, they shared a desire to move to another unit inside or outside the hospital to gain diverse clinical experience. The newly graduated nurses'

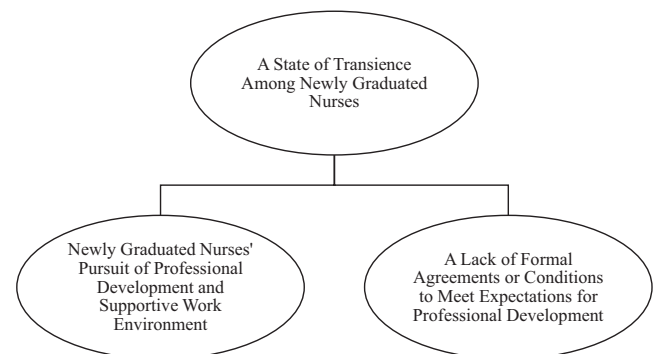


FIGURE 1 Themes depicting cultural beliefs and practices shaping newly graduated nurses' commitment in acute care settings.

perception of their first employment as time-limited and their desire to move to different units was a result of their understanding that their first employment served as a starting point for becoming the best nurse possible. This perception seemed to be reinforced by the lack of formal agreements or conditions in the unit that secured the newly graduated nurses' participation in onboarding activities, leaving them with unfulfilled expectations for professional development.

4.1.1 | Theme: newly graduated nurses' pursuit of professional development and supportive work environments

Newly graduated nurses viewed their first employment as a stepping stone to gaining clinical experience in different units, enabling them to pursue their career goal of becoming the best possible nurse. According to their perspective, being the best nurse entailed delivering optimal patient care. The desire for growth and development, and the need for a supportive work environment, were fundamental in the cultural beliefs and practices influencing the newly graduated nurses' commitment.

The newly graduated nurses' commitment to the nursing profession was evidenced by their dedication to delivering high-quality patient care and their willingness to pursue professional development in order to achieve this goal. One nurse said:

I would like to deliver nursing care with a focus on and in collaboration with the patient based on the needs that they have. But it worries me if I'm developing enough when I just go and ask the same people [the nurses in the unit] all the time. So, it's about having the guts to develop. I want to be able to be critical of myself or let others be critical of what I do. That is very important for me and my nursing care.

(Participant 7, interview)

Broadly speaking, the newly graduated nurses demonstrated a strong commitment to the nursing profession by expressing a desire to deliver patient-centred care while being open to feedback and willing to continuously improve their practice. The newly graduated nurses recognized the importance of being critical of their own work and accepting constructive criticism from others as a means of enhancing their nursing care skills.

The newly graduated nurses believed that having clinical experience from various clinical settings would enhance the quality of care they could deliver for their patients. This perception, however, conflicted with their employment; as a condition of their employment, the newly graduated nurses stayed in one unit and did not rotate to other units. Hence, their drive to gather diverse clinical experience (i.e. their commitment to the nursing profession) overruled their commitment to stay in their employment for a longer period (i.e. their commitment to their workplace). Newly graduated nurses'

aspirations for career progression and their intention to explore other opportunities beyond their current employment are illustrated in the following quotes:

I'm going to do something else. I just haven't figured that out yet. I really like being there. But it is a jumping-off point.

(Participant 2, interview)

It's [the first employment] a springboard. I want to specialize in something or become a manager, so I need clinical experience from different units.

(Participant 6, interview)

Readily I admit that I have started to look elsewhere. I have already made an appointment to observe a few times in another unit [in the same organization].

(Participant 7, interview)

In most cases, the first employment was viewed as a springboard for newly graduated nurses, indicating their aspirations for professional growth and openness to new opportunities. While they displayed commitment to their personal development as nurses, their commitment to the organization itself was not as pronounced, suggesting a potential conflict between career advancement and organizational loyalty.

The newly graduated nurses typically talked of restricting their employment in their first workplace to a maximum of 2 years. Thoughts of not staying in the same workplace were attributed to opportunities for growth and advancement outside the unit. They were driven by a determination to not get 'stuck' in the same unit. One nurse expressed in this way:

I worry that suddenly seven years have passed by, and I haven't moved on or done any of what I imagined I would do. But then again, it will really amaze me if this happens—I don't think I'll just stay here for many years.

(Participant 1, interview)

As this quote demonstrates, the newly graduated nurses expressed concerns about the possibility of stagnation in terms of their learning and ongoing professional development if they remained in the same unit.

Whilst the newly graduated nurses perceived staying in the same unit for an extended period (i.e. more than 2 years) as potentially detrimental to their continued professional development as a nurse, they nonetheless valued the opportunity to work alongside experienced nurses who could provide guidance. One nurse voiced scepticism and apprehension about units where nurses had limited experience within that specific unit, stating:

I wanted to work here because there are so many experienced nurses. That is important. In other units, some of the nurses, that have been there for the longest time are some that only have two or less years of experience. I appreciate that there is someone I can come to and ask if I have any doubts. It makes me feel safe.

(Participant 3, interview)

In most instances, the newly graduated nurses chose their current workplace based on the presence of experienced nurses. They appreciated the value of working alongside these experienced nurse colleagues, who could provide guidance and support. The ability to approach someone for support or clarification created a sense of safety and reassurance for the newly graduated nurses. As such, 2 years of experience within the same unit was considered a prerequisite to being a competent nurse for others but not necessarily for the newly graduated nurses themselves.

In summary, this theme demonstrates that newly graduated nurses strive to become the best nurse possible, but their perceptions of how this can be achieved do not seem to be compatible with employment restricted to one unit. Cutting short their first employment was an intentional behaviour of newly graduated nurses to gain diverse clinical experience and become the best nurse possible. Whilst the newly graduated nurses did not intend to stay at the same workplace for more than 2 years, they nonetheless preferred working with colleagues who had more than 2 years' experience within a specific unit.

4.1.2 | Theme: a lack of formal agreements or conditions to meet expectations for professional development

Newly graduated nurses' initial commitment to the workplace was established by promises of thorough training and onboarding, including feedback and support, that were guaranteed in the job advertisement and at the job interview. The sincerity of employers and the promise of comprehensive onboarding and training periods played a crucial role in their decision to accept job offers, as illustrated below:

As a newly graduated nurse, I want to give myself the best opportunity to develop the skills needed to become a good nurse. At the job interview, they emphasized the opportunity for support and feedback, which is important to me.

(Participant 9, interview)

I accepted the offer of employment because they seemed sincere and promised a thorough introduction and training period at the job interview.

(Participant 6, interview)

In general, the newly graduated nurses valued opportunities to develop their skills as a nurse and to receive guidance in their professional journeys. The newly graduated nurses wanted training and onboarding (e.g. introduction to the unit, courses, conversations with the managers) because these activities helped them to feel safe and secure in providing patient care and ultimately enhanced their development. The promise of these opportunities during job interviews and employment offers influenced their decision-making process regarding employment and reflected their desire for supportive and nurturing work environments. However, the newly graduated nurses' expectations for onboarding, training and other forms of professional development were often not met. One nurse shared:

I only attended one course. There has been a long wait and there is something wrong about the structure. The process is dragged out. It's frustrating because there is a sense of security in attending competency courses. I get something I can take with me and learn something new to become better.

(Participant 4, interview)

As this quote demonstrates, the newly graduated nurses were often unable to attend training sessions regularly, resulting in a developmental lag. This lag occurred because of a lack of formal agreements or conditions to ensure newly graduated nurses' time to participate in the unit-level introduction. Without these formal agreements or conditions, other factors such as heavy workloads and low staffing intervened, resulting in the promised training and onboarding not being received. One nurse experienced it like this:

A one-hour training session with the wound nurse on the unit is planned for 9.45 am. We [the newly graduated nurse and observer] attend the teaching session from the start in the unit's coffee room, but after 15 min we left the session because the bell of one of the new nurse's patients keeps ringing on her phone and no one seems to respond.

(Participant 9, observation)

The newly graduated nurses were often unable to attend or complete training sessions due to the lack of formal agreements and structures. Consequently, they often did not have opportunities to catch up on any missed training sessions and stated that the gap in their training and onboarding adversely impacted their professional development.

Due to the challenges the newly graduated nurses faced and their inability to capitalize on opportunities for professional development, they stated that they often thought about leaving not only the unit but also the nursing profession. Two nurses, respectively, expressed their disappointment and dissatisfaction like this:

I think it's been kind of an uphill battle—not having the introduction and conversations with my leader. If it's horrible already, then I'll just have to hang on until I can find another unit or find a completely different job elsewhere.

(Participant 5, interview)

The introduction I was promised at the job interview must have been lost [it was not offered]. I don't feel properly trained to take on my tasks or my role as a nurse. This is not what I expected. So, what's next—should I stay, or should I look elsewhere?

(Participant 10, interview)

These quotes illustrate that unfulfilled expectations for training and onboarding adversely impacted the newly graduated nurses' commitment both to their workplace and to the nursing profession. However, even when the newly graduated nurses did receive the promised introduction and onboarding, this did not guarantee that they would stay in the unit. One participant said:

I feel sad to leave here, because I've learnt so much, but I also feel that I'm ready to go somewhere else and learn more.

(Participant 7, interview)

In general, the newly graduated nurses were happy about their workplace and transition experience if significant learning and professional development had taken place. Despite this significant learning, they did not intend to remain within the unit or potentially even the workplace. Indeed, the skills they developed through appropriate training, support, feedback and supportive colleagues meant they felt confident to take up challenges elsewhere, prompting them to seek out diverse clinical experiences in other units or organizations.

In summary, this theme demonstrates that the newly graduated nurses initially committed to their respective workplaces due to promises of thorough training and onboarding. However, the actual provision of training and onboarding often fell short, leading to gaps in their professional development. This, along with other challenges (heavy workloads and low staffing, lack of formal agreements and structures), made newly graduated nurses considered leaving both their workplace (i.e. their unit) and the profession. Even when they did receive the promised training, it did not guarantee their long-term commitment to the workplace. The newly graduated nurses still intended to leave the unit to gain clinical experience elsewhere, partly because their confidence in their skills and readiness for new challenges motivated them to move forward. As such, this theme paints a complex picture of commitment, where newly graduated nurses' commitment to the profession often conflicted with, and took priority over, their commitment to the workplace.

5 | DISCUSSION

This study explored the cultural beliefs and practices influencing newly graduated nurses' commitment to the profession and commitment to their workplace during their first year of employment. Findings were described in one overall theme with two themes. The overall theme 'A State of Transience Among Newly Graduated Nurses' described that newly graduated nurses commonly perceived their first employment as temporary and shared a desire to move to a different unit or hospital in order to gain diverse clinical experiences. The first theme 'Newly Graduated Nurses' Pursuit of Professional Development and Supportive Work Environments' showed that cutting short their first employment was an intentional behaviour of newly graduated nurses to gain diverse clinical experience and become the best nurse possible, which, for them, meant providing high-quality care for their patients. The second theme 'A Lack of Formal Agreements or Conditions to Meet Expectations for Professional Development' revealed that the commitment of newly graduated nurses was influenced by the support they received for professional development. This Discussion will focus on the implications of these findings in relation to (1) Commitment and Professional Development, (2) Enhancing Newly Graduated Nurses' Professional Development (3) Fostering Trust and Support and (4) Addressing Challenges and Opportunities in Onboarding.

5.1 | Commitment and professional development

The findings of the present study highlight the influence of intrinsic motivations for professional development on newly graduated nurses' commitment both to the profession and to their workplace. The findings suggest that hospital organizations and nurse managers should consider offering flexible development opportunities tailored to newly graduated nurses' preferences for professional growth (e.g. job rotation where nurses are shifted between different units at regular intervals to expose them to diverse clinical specialties, Al-fuqaha et al., 2021). Even when newly graduated nurses did receive the promised training, it did not guarantee their long-term commitment to the workplace. The newly graduated nurses still intended to leave the unit to gain clinical experience elsewhere. However, it is important to consider the potential challenges and benefits associated with rotations and onboarding programs. Charette et al. (2023) emphasized that challenges such as a lack of belongingness and emotional exhaustion might arise when frequently changing workplaces, as is often the case during job rotations. This highlights the need to address these potential negative effects in order to promote newly graduated nurses' well-being and commitment. On the other hand, Gellerstedt et al. (2019) found that onboarding programs lasting over 12 months, which include rotations and internships in different clinical settings, increased newly graduated nurses' intention to stay in the workplace. This suggests that well-designed and comprehensive onboarding programs can positively impact nurses' commitment and retention. To retain newly graduated nurses, Kox et al. (2020) stated that innovative approaches are required, explicitly supporting

nurses' professional growth and providing development opportunities. This aligns with the idea that ongoing support and opportunities for learning and advancement are crucial for nurturing newly graduated nurses' commitment and fostering their long-term retention.

5.2 | Enhancing newly graduated nurses' professional development

This study provides valuable insights into the strong motivation of newly graduated nurses to seek diverse clinical experiences for their professional development. Their inclination to change jobs within 2 years reflects their belief in the necessity of gaining varied experiences to advance their careers. This indicates that newly graduated nurses highly value acquiring a broad range of knowledge, skills and exposure to different patient populations, conditions and care settings. This aligns with previous research that has demonstrated that found that nurses who have experienced job rotation tend to exhibit high levels of job satisfaction and job commitment (Alfuqaha et al., 2021; Platis et al., 2021), supporting the notion that exposure to diverse experiences can facilitate the retainment of newly graduated nurses. Moreover, Halberg et al. (2020) stressed by rotating nurses across different wards and involving them in various aspects and elements of the patient's pathway, their knowledge and understanding of the entire care process can be expanded. Based on previous research concerning newly graduated nurses, it is hypothesized by the author team that job rotation can be a valuable approach to enhance their professional development and acquisition of skills. By exposing newly graduated nurses to different aspects and elements of the patient's pathway through job rotation, they can gain a comprehensive understanding of the entire care process. This can contribute to their knowledge growth, competence and ability to provide high-quality patient care. Job rotation can also help newly graduated nurses explore various clinical settings, expand their skill set and identify areas of interest for future career development. Hence, job rotation offers a potential avenue for newly graduated nurses to broaden their experiences, enhance their skills and improve their readiness to provide safe and high-quality care. The newly graduated nurses that participated in this study are a part of Generation Y. Generation Y nurses have a higher likelihood of considering job changes within their early careers compared to previous generations (See et al., 2023; Waltz et al., 2020). Therefore, when implementing job rotation programs or strategies for professional development, healthcare organizations and nurse managers need to consider the specific needs and motivations of Generation Y nurses. This may involve creating opportunities for diverse experiences, career advancement, skill development and providing a supportive work environment that aligns with the values and expectations of this generation.

5.3 | Fostering trust and support

This study highlights the role of hospital organizations and unit nurse managers in breaching the trust of newly graduated nurses

in relation to training and onboarding, which adversely influenced newly graduated nurses' commitment to their workplace and/or the nursing profession. Specifically, participants spoke of misleading advertising of onboarding support, leading to unfulfilled expectations by the unit nurse manager and the hospital organization. A study by Zhai et al. (2023) similarly found that a lack of support and opportunities for learning and growth can lead to disillusionment and dissatisfaction among new graduate nurses. Likewise, a study by Pertiwi & Hariyati (2019) suggested that inadequate onboarding programs can lead to decreased job satisfaction and increased turnover rates. Furthermore, the breach of trust experienced by newly graduated nurses raises concerns about their ability to establish trusting relationships with patients; these concerns have similarly been noted in other studies (Hølge-Hazelton & Berthelsen, 2021; Molina-Mula & Gallo-Estrada, 2020). It is essential that organizations fulfil their promises and provide the necessary support to new graduates to establish a trusting and supportive work environment to preserve their commitment. By doing so, organizations and nurse managers can foster a culture of trust and support that encourages new graduates to remain committed to the profession and to their workplace.

5.4 | Addressing challenges and opportunities in onboarding

The findings of this study shed light on the challenges faced by newly graduated nurses in obtaining diverse clinical experience, primarily due to organizational factors such as restricted employment to a single unit, high workloads and a lack of support. Interestingly, the present study revealed that newly graduated nurses often expressed a desire to leave their workplace, irrespective of their transition experience. Specifically, even when the newly graduated nurses received the promised onboarding and introduction to the unit, their drive for rapid competence development via exposure to varied clinical settings meant they still intended to leave their unit to gain clinical experience elsewhere. Other research has similarly shown that newly graduated nurses often intend to leave their first workplace (Hallaran et al., 2023). Even though this is the case, it does not mean that onboarding is a waste of time or should be neglected by hospitals. Onboarding plays a crucial role in skill development, fostering a sense of belonging and orienting nurses to the organization's values and culture (Kenny et al., 2021; See et al., 2023). These benefits can positively influence nurses' commitment to the nursing profession and potentially lead to improved patient care outcomes (Dempsey & Reilly, 2016). The newly graduated nurses in this study were motivated by opportunities to develop their skills as a nurse. These findings align with previous research, highlighting the importance of viewing training and onboarding as opportunities for equipping newly graduated nurses with essential skills and knowledge (Jangland et al., 2021; Zhai et al., 2023). It also supports the notion that that nurse managers and organizations should think differently regarding retention and evaluated beyond the unit level, taking into

account newly graduated nurses' broader career trajectories and transient nature. Personalized learning programs for onboarding have shown promising results, yielding higher nursing knowledge, critical thinking and nurse satisfaction compared to traditional practices (Valdes et al., 2023). By offering comprehensive onboarding experiences, hospitals demonstrate their commitment to nurturing and developing the potential of newly graduated nurses, fostering long-term loyalty and dedication to the profession, even if nurses choose to explore other employment opportunities. This, in turn, can attract and retain newly graduated nurse who are motivated to continually enhance their skills and contribute to the nursing profession (Kox et al., 2020).

5.5 | Strengths and limitations

This study possesses several notable strengths. Firstly, the study's immersive approach facilitated a deep understanding of the social and cultural dynamics within the researched community (i.e. acute care settings) (Knoblauch, 2005). By spending time in the field, the first author was able to observe and engage with newly graduated nurses in their natural settings, capturing rich and detailed data (Higginbottom et al., 2013). This allowed for a nuanced exploration of the phenomenon of interest. Furthermore, the research demonstrates a strong commitment to maintaining trustworthiness in the research process. While a pilot test was not conducted prior to data collection, the researchers employed an in-field analysis approach, ensuring that observations and interviews informed each other and enabled focused data collection. However, the transferability of the study's findings might be constrained by the contextual and cultural conditions in which the research was conducted. The emphasis on the Danish context and the specific unit-level onboarding responsibility might limit the generalizability of the results to healthcare settings that differ from these conditions (Bazeley, 2013). Furthermore, the sample size is modest and lacks representation from male graduate nurses. Nonetheless, the outcomes were situated within their context in accordance with ethnographic research and closely aligned with analogous international research. It is also important to note that participants in this study volunteered and might, therefore, be highly motivated and/or have a specific interest in the research topic. As such their experiences might not fully mirror those of all recently graduated nurses in Denmark. However, the aspect of voluntariness was imperative to uphold ethical standards and establish a foundation of trust, aligning with the principles of ethical research conduct and establishing rapport, as emphasized by Higginbottom et al. (2013). It is important to note that participants in this study volunteered and might, therefore, be highly motivated and/or have a specific interest in the research topic. As such, their experiences might not fully mirror those of all recently graduated nurses in Denmark (e.g. participants' openness to receiving feedback might be specific to this group of participants). Finally, the first author's insider position in the nursing profession could have influenced the research process and findings, despite attempts to mitigate personal

biases (Higginbottom et al., 2013). However, the participant observation and interviews provided opportunities for co-construction of data, with the interviews designed to allow participants to provide their perspectives on the observed experiences.

5.6 | Implications for clinical practice

Failing to support newly graduated nurses' need for diverse clinical experiences is problematic. If hospital organizations do not readily support and offer diverse clinical experiences for newly graduated nurses, they will undertake this rotation themselves by moving to a different unit or hospital, meaning hospitals might perceive they have poor retention and high turnover. Hospitals should consider offering a range of experiences and being flexible in and honouring their promises around delivering onboarding opportunities, thus establishing trusting and supportive work environments that provide the necessary support for newly graduated nurses. The support includes providing opportunities for learning and growth and fostering a culture of trust and support that encourages new graduates to remain committed to the profession and provide the best possible patient care. By acknowledging that turnover can be a natural part of career progression and creating a supportive environment that encourages ongoing professional development and growth, hospitals and nurse managers can foster a positive reputation as an organization that prioritizes the professional development of their staff. This, in turn, can attract and retain talented newly graduated nurses who are motivated to continually enhance their skills and contribute to the nursing profession. Ultimately, the investment in onboarding becomes an integral part of a larger retention strategy that focuses on creating an engaging and supportive workplace culture.

5.7 | Recommendations for further research

Further research is required into how organizations should best define and measure turnover in a way that promotes both effective onboarding and retention strategies. There is a fundamental contradiction in investing time and resources in the onboarding process for newly graduated nurses, especially considering the possibility that these nurses might eventually leave the organization. However, it is worth considering the potential benefits of onboarding, even if some nurses do leave. If onboarding practices were universally adopted, they could contribute to retaining nurses within the profession and lead to the deployment of highly trained registered nurses across different facilities, ultimately enhancing patient care on a broader scale. However, the apparent contradiction between onboarding and retention needs to be explored in more detail. Future research is also required on the significance of a trusting and supportive work environment in fostering commitment, including the impact of being flexible in relation to offering opportunities for professional development, and honouring the

promises of onboarding support. Research in these areas will contribute to the development of best practices for onboarding newly graduated nurses, supporting their professional development enhancing their commitment, and ultimately improving patient outcomes.

6 | CONCLUSION

This study provides insights into the relationship between newly graduated nurses' commitment and their care delivery. It highlights that newly graduated nurses' commitment to the profession and their workplace is influenced by their initial employment experiences and their motivation to gain diverse clinical experience to become the best nurses possible for their patients. Hospitals and nurse managers should take this into consideration when they structure onboarding activities and additionally reconsider how they measure and think about turnover/retention. However, it is important to balance individual professional development with contributions to the nursing profession. Additionally, the breach of trust through misleading advertising of onboarding can lead to demotivation and disengagement, emphasizing the importance of hospital organizations and nurse managers fulfilling promises and providing necessary support to establish a trusting and supportive work environment. By investing in comprehensive onboarding, newly graduated nurses' drive for professional growth can be nurtured, and loyalty to the profession can be fostered.

AUTHOR CONTRIBUTIONS

All authors agreed on the final version and met at least one of the following criteria: (1) substantial contributions to conception and design, acquisition of data or analysis and interpretation of data; (2) drafting the paper or revising it critically for important intellectual content.

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No conflict of interest has been declared by the authors.

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICS STATEMENT

The study was approved by the Unit of Information Security of the hospitals where the study took place (ID number F2022-035).

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