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NEWLY GRADUATED NURSES' DIRECT CARE DELIVERY

A QUALITATIVE STUDY

Kaldal, Maiken Holm

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BY
MAIKEN HOLM KALDAL

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DENMARK

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By

Maiken Holm Kaldal

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Dissertation submitted

CV

Maiken Holm Kaldal is a registered nurse and holds a Master of Nursing Science degree from Aarhus University, Denmark. Since 2020, Maiken has been a PhD student at the Department of Clinical Medicine at Aalborg University, Denmark, and University College Northern, Denmark. She graduated as a baccalaureate nurse from the nursing program in Aalborg in 2006. Afterwards, she worked as a registered nurse from 2006 to 2007, first in Sønderborg Kommune, and subsequently in the neurological units at Sygehus Sønderjylland and Sydvestjysk Sygehus.

In 2009, Maiken accepted a position at the Department of Nursing at the University College of Northern Denmark (UCN), where she has taught and supervised undergraduate nursing students until 2020. In 2015, Maiken was appointed to the student counsellor position at the nursing department due to her special interest in student well-being, evaluation of nursing education, and curriculum development.

This study combines Maiken's interest and experiences within qualitative research and developments to improve the transition from nursing student to newly graduated nurse. This PhD project was funded through a collaboration between UCN and Aalborg University. Maiken was awarded the Erik Elgaard Sørensen's scholarship, which provided her with a unique opportunity to focus on Fundamentals of Care and graduate transition supported by the cross institutional and international collaboration between Aalborg University, Denmark, and Flinders University, Australia.

ENGLISH SUMMARY

Background

Newly graduated nurses' delivery of direct patient care, characterised by face-to-face contact between patients and nurses, plays a pivotal role in the quality-of-care that patients receive and experience. The quality of nursing care depends on three dimensions, including the established relationship between the patient and the nurse, the integration of nursing, i.e., addressing the need to consider physical, psychosocial, and relational elements in care actions, as well as the context in which nursing is delivered. Globally, in healthcare settings, hospitals face challenges such as high workloads, nurse shortages, all while dealing with the increasing complexity of patients, which can influence the ability to maintain high standards of care and safety. Newly graduated nurses, like other healthcare professionals, encounter challenges when working in demanding environments. They struggle to adapt new responsibilities, manage emotional stress, and meet cognitive demands. Despite the existence of onboarding programs, recent reports suggest that the transition from student to newly graduated nurse continues to be characterised by challenges and uncertainties. The extent to which these challenges influence direct care quality remains unclear, as does the question of how best to support newly graduated nurses in addressing direct care challenges.

Aim

This thesis aims to explore and describe newly graduated nurses' direct care delivery, encompassing their experiences and perceptions regarding the delivery of direct care in acute care settings, the factors that influence this care delivery, and their commitment to the nursing profession and their workplace.

Method

Newly graduated nurses' direct care delivery was explored and described using a thematic synthesis, inspired by Thomas & Harden, to synthesise the findings from three published research papers reporting on the two studies: an overview of existing research syntheses and an ethnographic study conducted within this thesis.

Findings

The synthesis of the findings highlighted that the direct care delivered by newly graduated nurses was influenced by three interrelated aspects of commitment, which arose due to the complex interplay of both contextual and individual factors. These three aspects were: 'Commitment to Excellence', 'Compromised Commitment', and 'Fluctuating Commitment'.

Implications

The findings of this thesis underscored the need for refinements in both nursing programs, policies, and practice to ensure that newly graduated nurses are prepared and work ready to meet the highest standards of patient-centered practice and stays committed to excellence in direct care delivery. These proactive steps can lead to increased nurse satisfaction and retainment, and a more resilient nursing workforce; Ultimately, improved patient care.

Conclusion

This thesis extended previous research by illuminating the complexities of newly graduated nurses' direct care delivery experiences in acute care settings. It explored the multifaceted factors influencing their commitment to delivering high-quality care and the challenges they encountered. The importance of accommodating the needs of newly graduated nurses in their pursuit of patient-centered care was emphasised. Their commitment to excellence, despite the complexities of the care environment, was evident. The thesis also explored compromised commitment due to various constraints and fluctuating commitment influenced by hospital support and onboarding systems. The thesis identified a connection between newly graduated nurses' commitment to direct care and the Fundamentals of Care Framework. It highlighted the Framework's potential to expand its utility beyond fundamental care delivery and definitions. It can also be useful in providing guidance to newly graduated nurses, particularly in reflections on direct care and in onboarding activities.

Future research

The thesis calls on educational and hospital institutions to develop and implement interventions and support strategies focusing on the delivery of direct care as a means to retain newly graduated nurses and enhance the quality of care. Furthermore, future research should investigate whether the commitment of newly graduated nurses to direct care has consequences for the patient. Finally, future research could be directed towards the use of the Fundamentals of Care framework in an educational context by developing recommendations that have the potential to improve the delivery of direct care, both during and after the completion of nurse education.

DANSK RESUME

Baggrund

Nyuddannede sygeplejerskers udførelse af direkte sygepleje, dvs. den sygepleje, der udføres i den direkte kontakt med patienten, spiller en betydelig rolle for kvaliteten af den sygepleje, som patienterne modtager. Kvaliteten af sygepleje afhænger af tre dimensioner, herunder den etablerede relation mellem patient og sygeplejerske, integrering af sygepleje, dvs. sige behovet for at forholde sig til fysiske, psykosociale og relationelle elementer i sygepleje samt konteksten, hvori sygeplejen udføres for og med patienten. På verdensplan står hospitaler over for udfordringer som travlhed, personalemangel og komplekse patienttilstande, som udfordrer ambitioner om høje standarder for kvalitet af pleje og sikkerhed. Nyuddannede sygeplejersker oplever, ligesom andre faggrupper, mange udfordringer, der er forbundet med, at de arbejder i komplekse hospitalsmiljøer. De skal tilpasse sig nye ansvarsområder, håndtere følelsesmæssig stress og imødekomme kognitive krav. På trods af, at der eksisterer introduktionsforløb, peger nylige rapporter på, at overgangen fra studerende til færdiguddannet sygeplejerske stadig er en periode præget af udfordringer og usikkerheder. I hvilket omfang disse udfordringer påvirker kvaliteten af den sygepleje, som patienterne modtager, er mangelfuldt belyst, ligesom spørgsmålet om, hvordan man bedst understøtter nyuddannede sygeplejersker i at håndtere disse udfordringer.

Formål

Denne afhandlings formål var at udforske og beskrive direkte sygepleje ud fra nyuddannede sygeplejerskers erfaringer med og opfattelser af at udføre denne form for sygepleje på somatiske sengeafsnit samt de faktorer, der influerer direkte sygepleje og nyuddannede sygeplejersker forpligtigelse i sygeplejefaget og deres ansættelsessted.

Metode

Nyuddannede sygeplejerskers udførelse af direkte pleje blev udforsket og beskrevet ved brug af en tematisk syntese, som var inspireret af Thomas & Harden. Syntesen sammenfattede fundene fra tre publicerede forskningsartikler, der afrapporterede de to studier, som blev udført i denne afhandling: en litteraturgennemgang af eksisterende oversigtsartikler og et etnografisk studie.

Fund

Syntesen fremhævede, at når nyuddannede sygeplejersker udførte direkte sygepleje, blev den påvirket af tre indbyrdes forbundne aspekter af forpligtigelse: 'Forpligtigelse til Excellence', 'Kompromitteret Forpligtigelse' og 'Fluktuerende Forpligtigelse', der

opstod som følge af et komplekst samspil mellem både kontekstuelle og individuelle faktorer.

Implikationer

Afhandlingen peger på et behov for forbedringer i forhold til både uddannelse og klinisk praksis for at sikre, at nyuddannede sygeplejersker er forberedte og kan håndtere udfordringer i forbindelse med direkte sygepleje samtidig med, at deres 'Forpligtelse til Exellence' består, så de er i stand til at opfylde standarder for patientcentreret praksis. Disse proaktive skridt kan medføre forbedret patientpleje og tilfredshed blandt sygeplejersker samt en mere robust arbejdsstyrke.

Konklusion

Fundene supplerede og udvidede den tidligere forskning ved at belyse kompleksiteten i nyuddannede sygeplejerskers erfaringer med direkte pleje i akutte plejeomgivelser. Den udforskede de mange facetter, der påvirker deres engagement i at levere høj kvalitet af pleje og de udfordringer, de står overfor. Betydningen af at imødekomme behovene hos nyuddannede sygeplejersker i deres stræben efter patientcentreret pleje blev understreget. Deres forpligtelse til fremragende pleje, på trods af kompleksiteten i plejemiljøet, var tydelig. Afhandlingen udforskede også kompromitteret engagement som følge af forskellige begrænsninger og svingende engagement påvirket af hospitalsstøtte og oplægningssystemer. Afhandlingen identificerede en forbindelse mellem nyuddannede sygeplejerskers engagement i direkte pleje og Fundamentals of Care begrebsrammen. Den fremhævede rammens potentiale for at udvide dens anvendelighed ud over grundlæggende sygepleje og definitioner. Den kan også anvendes til at vejlede nyuddannede sygeplejersker, især i refleksioner over direkte sygepleje og i tilrettelæggelsen af onboarding aktiviteter.

Fremtidig forskning

Afhandlingen opfordrer uddannelses- og hospitalsinstitutioner til at udvikle og implementere interventioner og støttestrategier, der fokuserer på udførelsen af direkte sygepleje, som et led i at fastholde nyuddannede sygeplejersker og forbedre kvaliteten af pleje. Desuden bør fremtidig forskning undersøge, om nyuddannede sygeplejerskers forpligtigelse i direkte sygepleje har konsekvenser for patienten. Endelig kan fremtidig forskning rettes mod anvendelsen af begrebsrammen Fundamentals of Care i en uddannelsesmæssig kontekst med henblik på at udvikle anbefalinger, der potentielt kan forbedre udførelse af direkte sygepleje for og med patienten, både under og efter afsluttet uddannelse.

OPENING SECTION

This thesis was conducted during my enrolment as a PhD student in the doctoral program 'Health Care, Health Promotion, and Organisations' at the Department of Clinical Medicine, located at Aalborg University Hospital and Aalborg University in Aalborg, Denmark. My initial interest and motivation for this work arose from my background as a nurse, nurse educator, and student counsellor, as well as my keen interest in understanding the complexities of delivering safe, effective, and high-quality fundamental care. Before embarking on this research, I delved into the challenges associated with integrating the Fundamental Care (FoC) Framework as a valued and essential component of nursing curriculum in supporting nursing students' critical thinking and understanding of what nursing care is and requires from a learning perspective. In 2016 and onwards, I took the initiative as one of five facilitators to implement the FoC Framework in both theoretical and clinical aspects of nursing education at UCN. Furthermore, my role as a student counsellor allowed interactions with nursing students who stated their concerns about becoming a newly gradated nurse. These students shared a myriad of experiences and challenges that coloured their perceptions of their future roles. Their observations and reflections on the experiences of newly graduated nurses encountered during clinical rotations at the hospital intrigued me. It was during these conversations with nursing students my curiosity arose and became the foundation for this research. Consequently, this study draws its inspiration from the interactions with nursing students and the utilisation of the FoC Framework in a cross-institutional collaboration.

This thesis is organised into 7 chapters, each containing the following contents:

Chapter 1+2: These chapters provide an introduction and background to the research topics concerning the delivery of direct care by newly graduated nurses.
Chapter 3: This chapter outlines the overall aim of the thesis, along with the specific aims of the two studies.
Chapter 4: Here, the philosophical assumptions underlying the studies within this thesis are discussed, along with a summary of the key aspects of the research methodologies and methods employed to explore the overall aim.
Chapter 5: This chapter presents the findings in three published papers reporting on the two studies conducted, followed by the findings of the thematic synthesis.
Chapter 6: In this chapter, the synthesised findings from studies 1 and 2 are contextualised within the existing literature and the FoC framework. The strengths and limitations of the two studies are highlighted, followed by an assessment of the trustworthiness of the syntheses. The chapter concludes with a discussion of the implications for practice.
Chapter 7: This final chapter serves as the conclusion of the thesis by summarising the key points and insights presented throughout, and suggestions for future research.

ACKNOWLEDGEMENTS

PUBLICATION LIST

Thesis Publications

This thesis is based on three original research papers:

Paper I

Kaldal, M.H., Conroy, T., Feo, R., Grønkjær, M., & Voldbjerg, S.L. (2023). Umbrella review: Newly graduated nurses' experiences of providing direct care in hospital settings. *Journal of Advanced Nursing*, 79(6), 2058–2069. https://doi.org/10.1111/jan.15434

Paper II

Kaldal, M.H., Conroy T., Feo, R., Grønkjær, M., Voldbjerg S.L. (2023). New Graduate Nurses' Delivery of Patient Care: A Focused Ethnography. *Journal of Clinical Nursing*, 32(19-20), 7454-7466. https://doi.org/10.1111/jocn.16804

Paper III

Kaldal, M.H., Voldbjerg, S.L., Grønkjær, M., Conroy, T., Feo R. (2023). Newly Graduated Nurses' Commitment to The Nursing Profession and Their Workplace During Their First Year of Employment: A Focused Ethnography, *Journal of Advanced Nursing*. Online Version of Record before inclusion in an issue https://doi.org/10.1111/jan.15883

Related Publications

Kaldal, M. H., Conroy, T., Feo, R., Grønkjær, M., & Voldbjerg, S. L. (2021) Newly graduated nurses' experiences of providing direct care in a hospital setting: An Umbrella Review. PROSPERO CRD42021262296. https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42021262296

Kaldal, M H. (2021) ILC ONLINE RESOURCE: Graduate Nurses Integrating FoC from Theory to Practice, The International Learning Collaborative (ILC) https://youtu.be/OFTDJ8F9JgI

Conferences Contributions

Kaldal, M. H., Voldbjerg, S. L., Grønkjær, M., Conroy, T. & Feo, R. (2023). The Paradox of Being Committed to Care whilst Providing Compromised Care. The ILC 2023 Annual International Conference. https://youtu.be/rA-2AV6vsL4?si=SLQT3vYMKRRyXsQV

Kaldal, M. H., Conroy, T., Feo, R., Grønkjær, M., & Voldbjerg, S. L. (2023) Når intentioner, handlinger og kontekst ikke taler sammen - en kvalitativ undersøgelse af direkte sygepleje udført af nyuddannede sygeplejersker. Sygeplejesymposium (2023). https://sygeplejesymposium.rn.dk/indbydelse-og-program/-/media/Kampagner/Sygeplejesymposium/2023/Program_og_abstraktbog_ONLINE.ashx

Kaldal, M. H., Conroy, T., Grønkjær, M., & Voldbjerg, S. L (2022). Retaining newly graduated nurses in challenging workplace environments. The ILC 2022 Annual International Conference. https://ilccare.org/wp-content/uploads/ILC-2022-Conference-Full-Program.pdf

Kaldal, M. H., Conroy, T., Grønkjær, M., & Voldbjerg, S. L (2021). Lesson Learnt from Conducting an Umbrella Review Protocol. International Journal of Qualitative Methods 20, 31-32 https://doi.org/10.1177/16094069211053959

TABLE OF CONTENTS

FIGURES AND TABLES

Figures

Tables

CHAPTER 1. INTRODUCTION

This PhD thesis focuses on newly graduated nurses' direct care delivery in both national and international contexts, with a specific emphasis on the nursing care provided directly to and with the patient. It aims to explore direct care delivery by encompassing newly graduated nurses' experiences and perceptions regarding direct care in acute care settings. Additionally, it explores the factors that influence the delivery of direct care, as well as the newly graduated nurse's commitment to the nursing profession and their workplace. By providing an overview of newly graduated nurses' past and present challenges, this thesis seeks to inform targeted interventions and support strategies that enhance the overall quality of care delivery. These efforts benefit both the newly graduated nurses themselves, the patients they provide care for, and the health care institutions where the newly graduated nurses are employed.

Direct care refers to interventions that involve interaction and personal contact between patients and nurses (Ernstmeyer & Christmann, 2021; Parsons *et al.,* 2018). Consequently, direct care delivery arises during patient care encounters. However, a lack of interactions between patients and nurses has negative implications for patient satisfaction and treatment outcomes, and for nurses' job satisfaction (Kwame & Petrucka *et al.,* 2021; Wiechula *et al.,* 2016). Notably, nurses' personal contact with patients is reduced due to scarce healthcare resources, limited time, nursing shortages, and increased patient complexity in hospital settings (Willman *et al.,* 2021; Hussein *et al.,* 2017). This reduction can be particularly detrimental to newly graduated nurses, who have less experience in navigating the complexities of nursing care (Hallaran *et al.,* 2023; Willman *et al.,* 2022), ultimately affecting the quality of care they provide.

The nursing profession is currently facing a global concern as a significant number of nurses, including nurses with many years of clinical experience, are leaving the profession (World Health Organisation, 2022). Experienced nurses play a vital role in supporting newly graduated nurses at the bedside by being available to address their questions and reflections (Jangland *et al.,* 2021). The intention of nurses to leave is closely tied to their commitment to the nursing profession and their workplace (Waltz *et al.,* 2020), both of which can adversely impact the quality of care provided (Huang *et al.,* 2023).

This thesis expands upon the existing knowledge of newly graduated nurses' delivery of direct care. It focusses on addressing knowledge gaps regarding factors in acute care settings that influence the delivery of direct care. Furthermore, it explores the potential influence of cultural beliefs and practices on newly graduated nurses' commitment to the nursing profession and their workplace, and how this impacts direct care delivery. By gaining insights into these aspects, potential knowledge gaps in newly graduated nurses' delivery of direct care can be addressed to ensure the delivery of high-quality nursing care for patients and the retention of newly graduated nursing in the workforce.

CHAPTER 2. BACKGROUND

In this chapter, I delve into factors related to newly graduated nurses' direct care delivery, including their educational background, transition challenges, experiences of direct care, and commitment. Together, these elements set the scene for a thorough exploration of the past and present challenges that newly graduated nurses face in delivering direct care.

2.1. Newly graduated nurses

Newly graduated nurses are individuals who have completed their nursing education and training programs, obtained registration, and are embarking on their professional nursing careers. A myriad of terminologies is used interchangeably in the literature when referring to nurses who have recently completed their education and training programs e.g., newly graduated nurses (Kaihlanen *et al.,* 2021), new graduate nurses (Masso *et al.,* 2022), recent graduate nurses (Cleary *et al.*, 2013), novice nurses (Kox *et al.,* 2020), new graduate registered nurses (Lyman *et al.,* 2020), newly qualified nurses (Elias & Day, 2020), graduate nurses (Kenny *et al.,* 2021), neophyte nurses (Fernandez *et al.,* 2018), and new nurses (Hallaran *et al.,* 2023). Variations in educational backgrounds and competence levels might be hidden behind these terminologies, depending on the nursing programs completed, e.g., Bachelor of Science in Nursing, Associate Degree in Nursing, Licensed Practical Nurse, and Certified Nurse Assistant (Munday, 2023). Bachelor of Nursing programs typically offer a comprehensive education, including a broad range of coursework in areas like leadership, research, and community health (European Education *et al.,* 2018). Furthermore, the amount and diversity of clinical experience can differ among newly graduated nurses based on their educational programs. Bachelor of Science in Nursing programs include extensive clinical rotations in various healthcare settings, allowing nursing students to gain exposure to different patient populations and nursing specialties (Deering, 2023).

The exact duration of being considered a 'newly graduated nurse' can vary depending on the context and specific definitions used. It can range from a few months to three years after completing a nursing program (Benner, 2001; Duchscher, 2009; Murray *et al.,* 2018). After this initial period, the nurse is typically considered to have transitioned into a more experienced phase of their nursing career (Benner, 2001). It is important to note that the specific time frame might differ based on regional regulations, institutional policies, and individual perspectives. In this thesis, newly graduated nurses are defined as registered nurses who recently completed their nursing education program and obtained a Bachelor of Science in Nursing degree within the last three years.

2.2. Navigating transition challenges

Newly graduated nurses have met the educational requirements to become registered nurses and are entering the professional nursing workforce for the first time. While they possess foundational knowledge and skills (Uddannelses og Forskningsministeriet, 2022), their clinical experience might be limited. However, they are expected to fully contribute as nurses within the first few months (Duchscher & Windey, 2018). The first year as a newly graduated nurse is often marked by a steep learning curve and the need to develop confidence and competence in various aspects of nursing (Ulupinar & Aydogan, 2021). The transition from being a student to a new graduate in healthcare professions is widely recognised as a challenging and emotionally demanding phase (Hallaran *et al.,* 2023; Klitgaard *et al.,* 2021). The transition from nursing student to newly graduated registered nurse is no different, often involving feelings of uncertainty such as anxiety, role ambiguity, and stress (Higgins *et al.,* 2010; Kenny *et al.,* 2021; Lin *et al.,* 2014; Missen *et al.,* 2014; Murray *et al.,* 2018; Pasila *et al.,* 2017; Voldbjerg *et al.,* 2016). Research suggests that these areas of uncertainty influence nurses' caring behaviors (Kosmidis *et al.,* 2021). It is evident that emotional distress among experienced nurses hinders their commitment to care (Font-Jimenez *et al.,* 2020). It is also highly likely that graduates who experience emotional distress face challenges towards their commitment to care. Effective coping strategies and support for nurses have the potential to positively influence their commitment to care and therefore retention in the nursing profession.

In general, support is essential for newly graduated nurses as they transition to practice (International Council of Nurses, 2022; McMillan *et al.,* 2023; Rush *et al.,* 2019). The specifics of support vary across healthcare systems and countries, with differences in the duration and types of onboarding offered (Rush *et al.,* 2019; SHRM, 2023). In this thesis, the term 'onboarding' encompasses both orientation and transition programs (Kurnat-Thoma *et al.,* 2017). Adequate onboarding facilitates a smoother transition and supports the professional growth of newly graduated nurses (Kenny *et al.,* 2021). Onboarding might include providing guidance and assistance to newly graduated nurses to navigate direct care delivery, but whether or how onboarding is provided is often up to the individual healthcare institutions where newly graduated nurses are employed.

While previous research has extensively examined various aspects of newly graduated nurses' transition challenges, including turnover intention (Kaihlanen *et al.,* 2020), job satisfaction (Lin *et al.,* 2014), practice readiness (Masso *et al.,* 2022), use of knowledge sources (Voldbjerg *et al.,* 2016, Voldbjerg *et al.,* 2017), deployment of competencies (Charette *et al.,* 2019), interprofessional collaboration (Pfaff *et al.,* 2014), and the impact of support programs on their transitions (Rush *et al.,* 2014; Kenny *et al.,* 2021), there has been a notable absence of research specifically focusing on the direct delivery of care by newly graduated nurses. To adhere to the principles of person-centred care (PCC) and maintain consistency across the various PCC elements, such as context, integration of care, and the nurse-patient relationship, more

research is needed to gain insight into how newly graduated nurses deliver direct care and how they can be best supported in providing high-quality PCC for their patients.

2.3. Direct care delivery

Direct care encompasses a wide range of activities, such as treatments, advising, self-care assistance, patient education, and medication administration (Mosby, 2009). It places the patient at the centre of care actions and emphasises the importance of individualised care to meet specific needs (Yoost & Crawford, 2019; Walker *et al.,* 2017). Direct care holds significant importance for several reasons. It involves providing hands-on assistance, support, and medical attention to patients in need (Parsons *et al.,* 2018) and plays a crucial role in promoting patients' physical, mental, and emotional well-being (Kitson *et al.,* 2013). By engaging directly (i.e., face to face) with patients, nurses gain a deeper understanding of their unique needs, allowing for the development and implementation of personalised care plans and ultimately leading to better outcomes, increased patient satisfaction, and improved healthcare experiences (Connor *et al.,* 2023; McMillan *et al.,* 2013). Moreover, through regular observation and monitoring, nurses can promptly identify warning signs, intervene early, and implement preventive measures to mitigate health risks (Damayanti *et al.,* 2019).

Direct care plays a pivotal role in ensuring continuity of care. Nurses who engage directly with patients possess comprehensive knowledge of their medical histories, ongoing treatments, and individual care plans, and goals enabling effective coordination, seamless transitions, and improved patient safety within healthcare settings (Molina-Mula & Gallo-Estrada, 2020; Karam *et al.,* 2021). Furthermore, direct care empowers patients by involving them actively in their own care and addressing various dimensions of their fundamental needs, including physical, psychosocial, and relational aspects (Mikkelsen *et al.,* 2019). By providing information about medical conditions, treatment choices, and self-management techniques, nurses promote patient autonomy, shared decision-making, and a sense of empowerment. As a result, patients who receive direct care are more inclined to actively engage in their treatment plans, follow medication schedules, and adopt healthy lifestyle practices (Krist *et al.,* 2017). This underscores the significance of nurse-patient interactions in promoting patient involvement and positive health outcomes.

Nurse-patient interactions are influenced by the context where care is provided (Conroy, 2018; Wiechula *et al.,* 2016). In this thesis, context refers to the overall surroundings or external conditions that can influence newly graduated nurses' direct care delivery. It encompasses various system level factors such as physical, social, cultural, and organisational elements that can have an impact on the direct care encounter (Feo *et al.,* 2017). Potentially, the context has a stronger influence on newly graduated nurses' direct care delivery than it does for experienced nurses (Ebrahimi

et al., 2016). In addition, contextual factors pose the greatest challenge to person-centred care and the development of cultures that can sustain person-centred care (McCormack *et al.,* 2011). Each country's context and health system are different (World Health Organisation, 2016). Therefore, there is a need to consider contextual factors when exploring the delivery of direct care by newly graduated nurses. While there might be some overlap between the physical, social, cultural, and organisational factors, especially in complex hospital environments where multiple contextual factors interact, identifying the distinct contributions of these contextual factors' is essential for understanding the direct care delivery of newly graduated nurses.

2.4. Commitment to the nursing profession and their workplace

The quality of direct care delivery can be influenced by the level of commitment exhibited by newly graduated nurses towards the nursing profession and their workplace. The relationship between direct care and commitment lies in the fact that nurses' level of commitment can significantly influence their approach to person-centred care (Huang *et al.,* 2023). When nurses are highly committed to their profession and their workplace, they are more likely to demonstrate caring behaviors such as empathy and dedication in their interactions with patients (De Los Santos & Labrague, 2021). Conversely, nurses with lower levels of commitment might exhibit less engagement and dedication in their direct care interactions. This might lead to suboptimal care quality, decreased patient satisfaction, and even compromised patient safety (Kwame & Petrucka, 2021).

Nurses' commitment to their profession also has implications for their own well-being and retention in the profession (Guerrero *et al.,* 2017). Commitment to the nursing profession refers to the dedication, loyalty, and sense of responsibility that individuals who have recently completed their nursing education and training have toward their chosen career path in nursing (Poorchangizi *et al.,* 2019; Dempsey & Reily, 2016). It encompasses their willingness to uphold the values and ethical principles of nursing care, provide high-quality patient care, continue learning and growing within the profession, and actively contribute to the well-being of patients and the healthcare system (Mlambo et al., 2021). Collectively, commitment to the nursing profession is defined as a deep, ethical, and responsible dedication to providing high quality patient centred care Low commitment might lead to higher turnover rates, burnout, disengagement, and job dissatisfaction, which can ultimately result in difficulties in retaining nurses within the healthcare system (Huang *et al.,* 2023) Commitment to the workplace refers to the level of loyalty, dedication, and attachment that nurses demonstrate towards their workplace and their intention to stay (Dempsey & Reilly, 2016). Nurses who exhibit strong workplace commitment are more likely to be motivated, satisfied, and fulfilled in their careers. They actively contribute to the overall success of their healthcare institution, fostering a positive work environment, and enhancing the quality of care provided. Institutional support and a conducive work

environment can further strengthen nurses' commitment and contribute to effective direct care delivery (Van Rooyen *et al.,* 2018.)

Nurses' commitment to the profession and their workplace is greatly influenced by contextual factors such as leadership type, institutional characteristics, resources, opportunities for professional growth, and staffing (Gassas & Salem *et al.,* 2023; Huang *et al.,* 2023; McMillan *et al.,* 2023). Contextual factors can be described as the underlying systems, culture, and circumstances of the environment in which care takes place (Horton *et al.*, 2018). Within the complex network of contextual factors influencing nursing practice, it is important to highlight the role of culture e.g., cultural beliefs and practices. Cultural beliefs and practices, as an integral part of the broader social and institutional context, represent shared values and practices in the workplace that influence newly graduated nurses' approach to care, their well-being, and their commitment to the nursing profession (Wall, 2015; Higginbottom *et al.*, 2013). Recognising the interplay of cultural beliefs and practices with contextual factors is crucial when exploring commitment to direct care delivery. This commitment to the nursing profession and the workplace significantly contributes to the overall quality of care provided and influences the retention of newly graduated nurses, as well as nurses in general.

2.5. Rationale for this research

In this thesis, the identified research gaps lie in the limited evidence regarding the key issues surrounding the direct care delivery of newly graduated nurses. While there is a body of work on newly graduated nurses transition experiences, a focussed understanding of newly graduated nurses' experiences of providing direct care, the factors influencing direct care delivery, and specifically how these factors influence care is lacking.

The specific problem addressed in this thesis is the need to explore and gain insights into direct care delivery by newly graduated nurses employed in acute care settings. The transition from being a student to a professional nurse is a critical period accompanied by a wide range of challenges and uncertainties, including limited clinical experience and confidence in delivering patient care. This can hinder newly graduated nurses' ability to provide high-quality direct care. By exploring the factors influencing direct care delivery, this thesis aims to deepen our understanding of the nuances, complexities, and dynamics involved in delivering high-quality direct care as a newly graduated nurse.

Conducting research on the direct care delivery of newly graduated nurses holds significant potential benefits for various stakeholders in the field of nursing and healthcare. It will provide valuable insights into the transitional phase from recently graduated to more experienced nurse and how this impacts direct care delivery. In turn, the findings of this research can inform the development of evidence-based

practices and interventions aimed at improving direct care delivery by newly graduated nurses, ultimately enhancing person-centred care, improving patient outcomes, and contributing to the development of skilled nursing workforce.

By exploring newly graduated nurses' experiences of providing direct care, this research expands knowledge, introduces new perspectives, and offers valuable insights for improving direct care delivery and the professional development of newly graduated nurses in the healthcare institution. By understanding and addressing the factors influencing direct care delivery, this research within this thesis can contribute to the formulation of policies, guidelines, and tailored onboarding programs to facilitate the successful integration of newly graduated nurses into the workforce. This, in turn, ensures high-quality care for patients and fosters a resilient and committed nursing workforce.

CHAPTER 3. AIMS

3.1. Overall aim

The overall aim was to explore and describe newly graduated nurses' direct care delivery, encompassing newly graduated nurses' experiences of providing direct care in acute care settings, the factors that influence their delivery of direct care, and their commitment to the nursing profession and workplace.

3.2. Specific aims

The thesis was based on two studies. The two studies are represented in three papers, each guided by specific aims:

Study 1 - an overview of existing research syntheses

Paper I: To summarise research syntheses on newly graduated nurses' experiences of providing direct care in hospital settings (Kaldal *et al.,* 2023a).

Study 2 – an ethnographic study

Paper II: To explore factors influencing newly graduated nurses' delivery of direct patient care in acute care hospital settings (Kaldal *et al.,* 2023b).

Paper III: To explore the cultural beliefs and practices of newly graduated nurses influencing their commitment to the nursing profession and their workplace during their first year of employment in acute care settings (Kaldal *et al.,* 2023c).

CHAPTER 4. RESEARCH DESIGN AND METHODS

This chapter offers a concise overview of the philosophical assumptions that form the foundation of the research within this thesis. Within this chapter, the research methodologies employed to address the overall aim are also expounded upon. The thesis rests upon two studies: Study 1 encompasses an overview of existing research syntheses, as detailed in Paper I (Kaldal *et al*., 2023a), while Study 2 entails an ethnographic study, outlined in paper II (Kaldal *et al*., 2023b) and paper III (Kaldal *et al*., 2023c). Subsequently, an explanation of the methodology employed to synthesise the findings of the two studies conducted in this thesis is provided. Table 1 offers an overview of the studies.

Table 1 Overview of studies

	Thesis	Study 1	Study 2
Aim(s)	To explore and describe newly graduated nurses' direct care delivery, encompassing newly graduated nurses' experiences of providing direct care in acute care settings, the factors that influence their delivery of direct care and their commitment to the nursing profession and their workplace	To summarise research syntheses on newly graduated nurses' experiences of providing direct care in hospital settings.	To explore factors influencing newly graduated nurses' delivery of direct patient care in acute care hospital setting. To explore the cultural beliefs and practices of newly graduated nurses influencing their commitment both to the nursing profession and to their workplace.
Design	Thematic synthesis	Umbrella review	Focused ethnography
Context	International and national (i.e., Danish) acute care settings	High-income countries and any type of inpatient areas in a hospital setting	Three medical and two surgical units in a large hospital located in Denmark.
Participants	Newly graduated nurses 0-3 years post-graduation	Newly graduated nurses 0–3 years post-graduation	Newly graduated nurses in their first employment with 0-12 months of experience

4.1. Philosophical assumptions

The philosophical assumptions and methodological choices in this thesis facilitated a comprehensive exploration of the phenomenon of interest – direct care delivery – shedding light on its complex nature and generating valuable insights into the experiences and realities of newly graduated nurses. To explore the phenomenon of direct care delivery, a pragmatic approach was adopted, allowing for the selection of methods and paradigms that best suited the overall aim and bridged the gap between traditional scientific methods and more recent naturalistic approaches (Kaushik & Walsh, 2019). This pragmatic approach combined the systematic and structured nature of post-positivism with the open-ended and exploratory nature of social constructivism, emphasising the practical application of knowledge and the importance of achieving desired outcomes. The pragmatic approach recognises the need for flexibility and adaptability in addressing complex issues and values the integration of theory and practice (Creswell, 2013; Creswell & Plano Clark, 2011).

In this thesis, an overview of existing research syntheses was conducted to summarise newly graduated nurses' experiences of providing direct care in hospital settings. The review takes a post-positivist perspective. Post-positivism is a philosophical stance that acknowledges the limitations of pure objectivity while emphasising the importance of empirical evidence and rigorous scientific inquiry (Kaushik & Walsh, 2019). It recognises the influence of subjectivity in research while valuing systematic observation and logical reasoning as essential components of knowledge production (McDaniel *et al.,* 2020). The overview of existing research syntheses followed a systematic and rigorous process of synthesising (*not reinterpreting*) a large body of both qualitative and quantitative studies, applying strict inclusion and exclusion criteria to identify high-quality and reliable evidence on direct care delivery among newly graduated nurses. The findings from the overview of existing research syntheses provided an objective narrative summary of existing knowledge to identify gaps in this knowledge and serve as a foundation for formulating research questions and hypotheses for further investigation.

Subsequently, a focused ethnography was employed to explore the factors influencing newly graduated nurses' delivery of direct care, representing a social constructivist approach. Social constructivism posits that knowledge is actively constructed through social interactions and cultural contexts, rather than discovered or transmitted (McDaniel *et al.,* 2020). It highlights the fluctuating and interactive nature of learning and emphasises the role of collaboration, communication, and shared meaning-making in knowledge construction. Within the framework of social constructivism, it is recognised that multiple realities exist (ontological perspective), and knowledge is constructed through discourse and social interaction between the researcher and individuals (epistemological perspective) (Flick, 2014). Embracing this understanding, the focused ethnography involved fieldwork and observation including formal interviews and informal discussions in the natural setting where newly graduated nurses deliver direct care. The aim was to understand the subjective experiences, meanings, and social interactions that shape the perspectives of newly

graduated nurses and the cultural context surrounding their direct care delivery. Through a collaborative and interpretive process, knowledge was co-created with the participants, capturing the rich nuances and contextual factors that influence their experiences, utilising both descriptive 'which' and interpretive 'how' approaches (Flick, 2014; LeCompte & Schensul, 2010).

By combining an overview of existing research syntheses and a focused ethnography, this thesis provides a comprehensive and nuanced understanding of newly graduated nurses' delivery of direct care. It synthesises the knowledge foundation established through the overview of existing research syntheses while capturing the social and contextual factors that influence the beliefs, values, and practices of newly graduated nurses.

4.2. Study 1- an overview of existing research syntheses

The following description of the review of existing research syntheses is based on paper I:

- 'Umbrella review: Newly graduated nurses' experiences of providing direct care in hospital settings', published in Journal of Advanced Nursing (Kaldal *et al.* 2023a).

4.2.1. Aim

The aim of study 1 was to summarise existing research syntheses on newly graduated nurses' experiences of providing direct care in hospital settings (Kaldal *et al.,* 2023a). The purpose was to provide a comprehensive summary that encompassed the strongest and most reliable evidence available regarding the first-hand experiences of newly graduated nurses in providing direct care in hospitals. The summary detailed any contradictory or discrepant findings to develop evidence-based recommendations for clinical practice that accommodate the support needs of newly graduated nurses. Additionally, the summary established a conceptual and theoretical foundation to identify specific aspects of the phenomenon of newly graduated nurses' direct care delivery for further exploration. For example, the background knowledge obtained from the summary was utilised to formulate the research questions and design for study 2. How study 1 informed study 2 is explained in section 4.3.

4.2.2. Design

To gain a comprehensive understanding of the available evidence on newly graduated nurses' experiences of providing direct care, an overview of existing research syntheses was conducted using the Joanna Briggs Institute (JBI) Umbrella Review methodology (Aromataris *et al.,* 2020). The JBI Umbrella Review guidance, consisting of six steps (Please refer to Figure 1), was followed to maintain accuracy, completeness, and transparency in the review process (Aromataris *et al.,* 2020).

Figure 1 The guidance of conducting an Umbrella Review

Inclusion criteria

Search strategy

Critical appraisal

Data extraction

Data synthesis

Results and conclusions
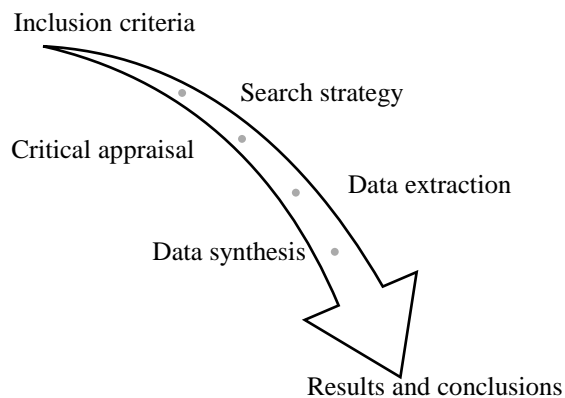
The umbrella review method was chosen because there were already existing research syntheses that reported outcomes on the first-hand experiences of newly graduated nurses (e.g., literature, meta-ethnography, meta-syntheses, and integrative reviews) and I wanted to consolidate the findings. To ensure consistency and transparency in reporting a summary of evidence from research review/syntheses, a review protocol was developed and registered on PROSPERO (Kaldal *et al*., 2021).

4.2.3. Inclusion criteria

To provide a clear indication of the scope and focus of this umbrella review a review question was formulated to address the population, phenomena of interest, and context:

- 'What are newly graduated registered nurses' experiences of their own provision of direct care in hospital settings?'

Inclusion and exclusion criteria were specified according to population, phenomena of interest, context/setting, *types* of research syntheses and search restrictions. Please refer to Table 2. The review encompassed newly graduated nurses in the transition period of 0-3 years after graduation to summarise their experiences in delivering direct care. These newly graduated nurses were registered nurses who had completed a bachelor in nursing science degree, without any specific restrictions based on age, gender, or ethnicity.

Table 2 Inclusion and exclusion criteria (*Kaldal et al., 2023a*)

	Include:	Exclude:
Participants	Registered Nurses with a Bachelor of Nursing degree No limitations related to the age, gender, or ethnicity 0 - 3 years post-graduation	Enrolled nurses, nursing assistants, licensed practical nurses, licensed vocational nurses, nurse practitioners, advanced practice nurses
Phenomenon of Interest	Direct care involving in-person contact	Direct care that did not involve in-person contact (e.g., virtually, or over-the-phone)
Context	High income counties. Inpatient units Any type of hospital setting	Middle- or low-income countries. Out-patient units, psychiatric hospitals, municipalities, nursing homes
Types of research syntheses	Internationally accepted review methodologies	Scoping reviews Review protocols Research syntheses that incorporate theoretical studies or text and opinion as their primary source of evidence
Search restrictions	Language: English, Swedish, Norwegian, and Danish Studies published before February 2021	

Direct care encompassed various experiences where newly graduated nurses engaged in activities such as assessing patient care needs, performing procedures, teaching, and integrating physical, psychosocial, or relational care actions. Examples include tasks like cleaning an incision, administering injections, assisting patients with ambulation, and providing bedside patient education.

Considering that the hospital serves as a prevalent entry point for most newly graduated nurses' nursing careers (Schwartz, 2019), the review incorporated research syntheses encompassing various units within hospital settings. This included, but was not limited to, medical/surgical units, intensive care units, perioperative units, palliative care units, obstetrical units, emergency departments, and rehabilitative units (*Kaldal et al., 2023a*). To ensure the rigor and credibility of the results and conclusions, internationally accepted review methodologies were utilised. This

involved incorporating research syntheses based on empirical evidence, including systematic reviews, mixed-methods reviews, meta-syntheses, meta-ethnographies, and literature syntheses (*Kaldal et al., 2023a*). The review specifically included research syntheses that focused on newly graduated nurses' provision of direct care in hospital settings within high-income countries, as defined by the World Population Review (2022). This decision was made to ensure cultural and contextual similarity to enable comparison between the included research syntheses while maintaining rigorous review standards, as recommended by Heywood (2019) and Whittemore (2005).

The participant pool for the review excluded enrolled nurses, nursing assistants, licensed practical nurses, licensed vocational nurses, nurse practitioners, and advanced practice nurses. Additionally, newly graduated nurses' experiences of providing direct care that did not involve in-person contact (virtual or over-the-phone) and indirect care activities (such as charting and scheduling, medication management, handovers, and interprofessional communication) were excluded. Consequently, research syntheses including studies from out-patient units, municipalities, psychiatric hospitals, nursing homes, as well as middle and low-income countries were not considered within the scope of this review. The exclusion criteria also encompassed scoping reviews, review protocols, and research syntheses that primarily relied on theoretical studies, text, or opinion as sources of evidence.

4.2.4. Search strategy

A search strategy was developed in collaboration with a research librarian in February 2021. The following main key words were used alone or in combination and adapted to the different thesaurus in the electronic databases: 'new* nurses,' 'experiences,' 'care,' 'nurse-patient relations,' and 'reviews'. The search was restricted to studies in English or Scandinavian language published before February 2021. The comprehensive literature search was conducted in Cinahl Ultimate, Embase, PubMed, Cochrane Database of Systematic Reviews, Epistomonikos, PROSPERO, Campbell Collaboration, and JBI Evidence Synthesis.

In total, 922 records were identified and imported into the Rayyan software system (Ouzzani *et al.,* 2016) to manage the screening of records for the selection process (Figure 2). After removing duplicates (n=128), a total of 794 records potentially meeting the inclusion criteria were identified. Blinded independent assessment against the inclusion criteria was conducted using software, with input from both myself and a member of the supervisory panel. During the screening process of titles and abstracts against the inclusion criteria, 750 articles were excluded, leaving 44 full-text research syntheses eligible for further examination. The main reasons for exclusion were related to populations e.g., students, nursing preceptors, managers or midwives, phenomena of interest e.g., program evaluation or drop-out statistics, context e.g., non-high-income countries, or study design e.g., primary research, scoping reviews,

or systematic review protocols (*Kaldal et al., 2023a*). While scoping reviews are valuable for mapping the literature, they often lack the same rigorous methodology as systematic reviews, mixed-methods reviews, meta-syntheses or meta-ethnographies, making their integration into an umbrella review challenging. Therefore, excluding scoping reviews from this umbrella review was necessary to maintain methodological consistency and prioritise high-quality research syntheses. After thoroughly reading the 44 full text research syntheses and considering the inclusion criteria again, an additional 23 research syntheses were excluded, for not meeting the in- and exclusion criteria i.e., for the same reasons as mentioned before, leaving 21 research syntheses for further assessment via critical appraisal.

Figure 2 Overview of the selection process
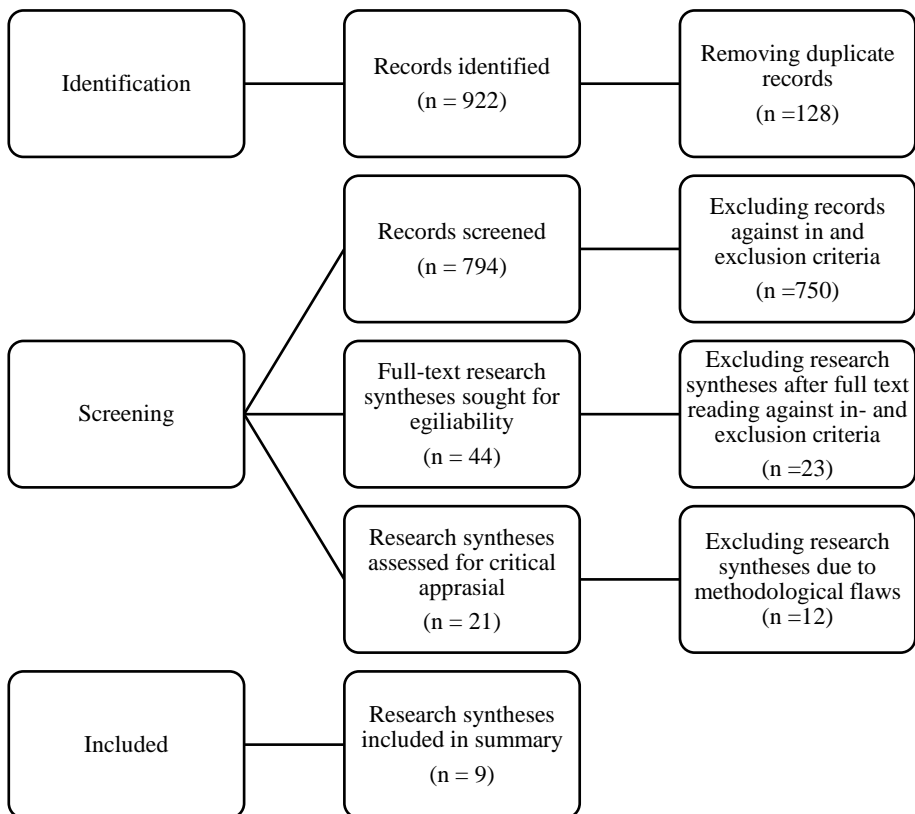
4.2.5. Critical appraisal

A total of 21 research syntheses underwent critical appraisal using the JBI Checklist for Systematic Reviews and Research (Aromataris *et al.,* 2020). To assess the methodological rigor and quality of these research syntheses, 11 specific questions pertaining to different aspects of a research review process were answered (e.g., review question clarity, inclusion criteria appropriateness, appraisal criteria suitability, data extraction error minimisation etc.). Each question was rated as 'Yes', 'No', or 'Unclear' based on the independent evaluation performed by myself and a member of the supervisory panel. Depending on the design of the research syntheses, some items were judged 'Not applicable'. Any disagreements were resolved by discussion with a third member of the supervisory panel. This led to exclusion of 12 research syntheses on the basis that they did not meet a critical appraisal threshold. The most frequent reasons for exclusion were lack of quality assessment of original studies and significant methodological flaws such as mixed sample of both primary studies and reviews or lack of systematic literature search. Finally, nine research syntheses, encompassing a total number of 174 original studies after removing overlapping studies (Pieper *et al.,* 2014), and published between 2010 and 2019 were included in the review. These comprised two systematic reviews, three integrative reviews, three literature reviews, and one meta-ethnography. Please refer to Table 3 for an overview of the included research syntheses.

Table 3 Overview of the included research syntheses

Author (year)	Original studies	Method
Gardiner & Sheen (2016)	36	Thematic literature review
Hawkins *et al,* (2019)	16	Integrative review
Higgins *et al.,* (2010)	17	Systematic review
Murray *et al.,* (2018)	45	Literature review
Pasila *et al.,* (2017)	13	Systematic review
Pfaff *et al.,* (2014)	27	Integrative review
Purling & King, (2012)	17	Integrative review
Teoh *et al.,* (2013)	12	Literature review
Voldbjerg *et al.*, (2016)	19	Meta-ethnography

4.2.6. Data extraction

Information regarding the objectives, participants, publication years, number of studies, methodology, and results related to the umbrella review question was extracted from the included research syntheses. The data extraction process utilised the JBI Data Extraction Form for Review for Systematic Reviews and Research Syntheses (Aromataris *et al.,* 2020). Table 4 serves as an illustration of a completed spreadsheet in Gardiner & Sheen's (2016) literature review. It demonstrates the following essential components:

- **Phenomenon of Interest:** This column identifies the specific topic or subject that the research synthesis is focusing on.
- **Synthesised Finding**: In this column, a concise summary of the primary discovery or outcome related to the phenomenon of interest can be found.
- **Details**: This column provides additional information or context to further explain and support the synthesised finding.

In essence, Table 4 provides insight into the structured and organised approach utilised for presenting and comprehending the primary findings and additional context of each research synthesis's investigation into the explicated phenomenon of interest.

The reporting of the findings employed a mixed approach, as suggested by Bressan *et al.* (2020). The extracted syntheses were presented verbatim and accompanied by a narrative summary that addressed the aim of the review and the research question, using a thematic approach. The results were organised by themes to provide an informative overview, and a hierarchy of concepts was developed to validate each theme after the narrative summary (*Kaldal et al., 2023a*).

Table 4 Example of a completed spreadsheet (Gardiner & Sheen, 2016)

Phenomenon of interest	Synthesised finding	Details
To gain a greater understanding of the support experiences of newly graduated nurses	A Stressful experience: Newly graduated nurses report feeling unprepared and lacking in confidence, knowledge, and skills to perform adequate patient care	Knowledge and skills characterised by: 'Feeling unprepared and overwhelmed by responsibility. Caring for patients who require full assistance, and the increasing numbers of patients with complex co-morbidities, can lead to physical and emotional exhaustion of newly graduated nurses.'
		Inadequate patient care characterised by: 'When the newly graduated nurse is allocated a full patient load without assistance, the reality and responsibility of professional nursing can be a shock, particularly when contrasted to the experience of being a student.' 'Without appropriate assistance from senior nurses, it is evident that negative behaviours exhibited by senior nurses, including bullying or a lack of support could negatively impact on patient care and outcomes.'
		Support practice characterised by: 'Graduated nurses are often reluctant to approach and request assistance from senior nurses.' 'Graduated nurses expect, and feel the need for, adequate acknowledgement and feedback from senior nurses.'

4.3. How study 1 informs study 2

Study 1 provided a comprehensive summary of the evidence concerning experiences of direct care delivery among newly graduated nurses. This umbrella review served as a foundation for the subsequent study by narrowing the focus based on previous research (Rashid *et al.,* 2019). It contributed to the conceptual, theoretical, and empirical understanding of the direct care phenomenon. The results of the first study indicated the influence of contextual, social, and cultural factors in the work environment on newly graduated nurses' experiences of providing direct care. These findings underscored the importance of conducting an ethnographic study to gain a profound understanding of the shared beliefs, values, and practices regarding direct care delivery in hospital settings. The insights obtained from the first study were integrated into the research process of study 2, shaping the research questions, analysis, interpretation, and discussion of the findings within a broader international research context (LeCompte *&* Schensul, 2010). Please refer to figure 3.

Figure 3 How Study 1 informs Study 2
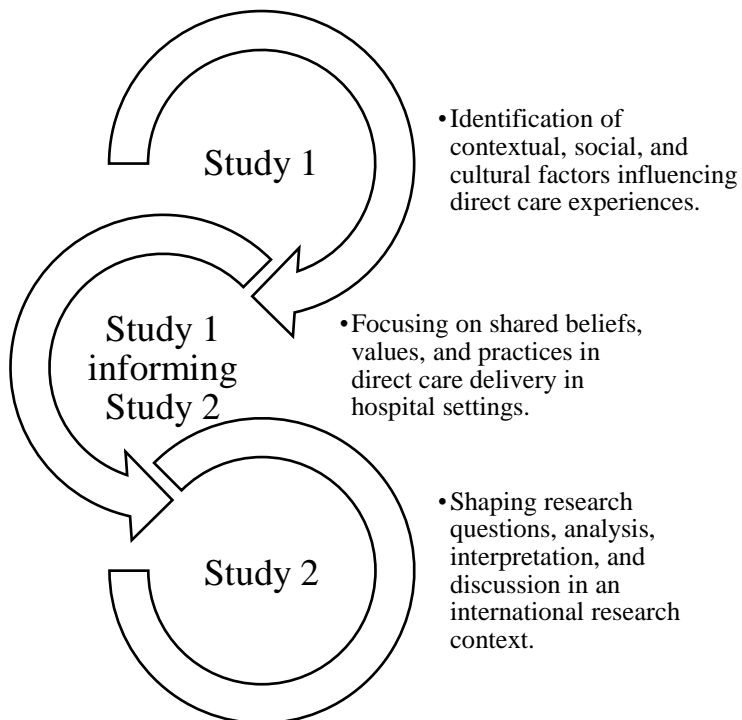
4.4. Study 2 – an ethnographic study

The following description of the ethnographic study is based on paper I and paper II:

- 'New graduate nurses' delivery of patient care: a focused ethnography', published in Journal of Clinical Nursing (Kaldal *et al*., 2023b)
- 'Newly graduated nurses' commitment to the profession and their workplace in their first employment: a focused ethnography', published in Journal of Advanced Nursing. (Kaldal *et al.,* 2023c)

4.4.1. Aims

Study 2 aimed to explore the factors that influence newly graduated nurses direct care delivery in Danish acute care settings (Kaldal *et al*., 2023b). In the initial data analysis, it became clear that the commitment of newly graduated nurses to both their profession and workplace significantly influenced their delivery of direct care. Subsequently, a secondary analysis of the same dataset was conducted, with a specific emphasis on exploring the cultural beliefs and practices that shaped newly graduated nurses' commitment to the nursing profession and their workplace during their first year of employment in acute care settings (Kaldal *et al*., 2023c). The purpose of study 2 was to gain a comprehensive understanding of the shared beliefs, values, and practices that shape the direct care delivery and the commitment of newly graduated nurses in medical and surgical units in a large Danish University Hospital.

The research questions were:

- What are the shared beliefs, values, and practice patterns of newly graduated nurses' delivery of direct care in hospital settings? (Kaldal *et al.,* 2023b).
- How do these shared beliefs, values, and practice patterns influence newly graduated nurses' delivery of direct care in hospital settings? (Kaldal *et al.,* 2023b).
- What are the cultural beliefs and practices influencing newly graduated nurses' commitment both to the nursing profession and to their respective workplaces? (Kaldal *et al.,* 2023c).
- How do these beliefs and practices influence newly graduated nurses' commitment both to the nursing profession and to their respective workplaces? (Kaldal *et al.,* 2023c).

4.4.2. Design

For study 2, ethnography was chosen as the research methodology. The delivery of direct care involves personal interactions between nurses and patients, which are inevitably influenced by the cultural norms and standards within the specific context of these interactions (Parsons *et al.,* 2018). In nursing care, direct care is not an isolated action but involves the relationship between nurses and patients, the integration of different care needs, and the broader context of care (Kitson *et al.,* 2018; Feo *et al.,* 2017). Nursing as a culture within the healthcare system has its own unique beliefs and practices (Cruz & Higginbottom, 2013). Given the significance of social, cultural, and contextual factors in direct care delivery, ethnography was reasoned a suitable methodology (LeCompte & Schensul, 2010; Hammersley & Atkinson, 2007).

Ethnography allows for a comprehensive understanding of the context, processes, and meanings associated with delivering care in acute care hospital settings. It adopts a cultural perspective when exploring individuals' lives within their respective communities (Hammersley & Atkinson, 2007; Fetterman, 2010). Traditional ethnography involves an in-depth, holistic study of an entire culture or community, providing a comprehensive understanding of various aspects of daily life, while focused ethnography narrows its scope to investigate a specific phenomenon or issue within a culture, aiming for depth within a narrower context. (Cruz & Higginbottom, 2013; Rashid et al., 2019). A focused ethnography was conducted to understand the beliefs, values, and practices of direct care delivery and to build upon the insights gained from study 1 (Higginbottom *et al.,* 2013). This research design facilitated an exploration of newly graduated nurses' delivery of care in acute care settings and their commitment, utilising participant observation and interviews (Kaldal *et al*., 2023b; Kaldal et., 2023c). The iterative process between data collection and analysis inherent in ethnography allowed for uncovering underlying cultural knowledge that might not always be visible. The methodology was designed to address these considerations and gain a deeper understanding of the context, processes, and meanings of direct care delivery among newly graduated nurses.

Knoblauch's (2005) concept of 'alterity' emphasises the importance of familiarity with the field, which was necessary for formulating relevant research questions. Drawing on my own experience as a nurse and nurse educator (emic), the conceptual and theoretical insights into newly graduated nurses' experiences of providing direct care and commitment (etic), principles from focused ethnography were incorporated into the methodology. Unlike traditional ethnography, where researchers are often unfamiliar with the field, I understood and knew the field being studied. I utilised this understanding to uncover deeper insights into the intricacies of providing direct care. Focused ethnography is characterised by its specific research focus, targeted data collection methods, and a limited time frame. These characteristics enabled me to efficiently investigate and gain practical insights into the specific aspects of delivering direct care within a narrower context. Given the presence of shared (*and perhaps also tacit*) knowledge between participants (newly graduated nurses), the research field (acute care hospital setting), and myself (an early-stage researcher), the methodology

was adapted to account for this (e.g., using reflexive journaling, triangulation of data sources).

4.4.3. Participants and recruitment

Ten newly graduated nurses were recruited. All participants were female with different durations of clinical experience (μ= 5.6 months) and age (mean =26 years). All had graduated with a Bachelor of Nursing degree from one of the three Schools of Nursing in Northern Denmark within the previous 0-12 months (Kaldal *et al*., 2023b; Kaldal *et al*., 2023b). In Denmark the Bachelor of Science in Nursing program consists of three and a half years of full-time study and constitutes 210 credits according to the European credit transfer system (Ministry of Education *&* Research, 2022). In line with directives from the European Union (EU), the Danish Bachelor of Science program consists of 43% clinical-based education (Danske Professionshøjskoler, 2023a). All participants were employed at the same University Hospital and enrolled in the hospital-wide orientation program.

To address the aim and in accordance with focused ethnography, the participants must possess specific knowledge and experience (Higginbottom *et al.,* 2013). In this study, this meant being employed in a setting where nurses interact with patients and deliver direct care. Accordingly, purposeful sampling was employed to recruit and select participants based on a set of predetermined criteria. The criteria included nurses who had graduated within the previous 12 months and were working in acute care settings during the data collection period. Additionally, the participants needed to be in their first employment after graduation to ensure a specific focus on the experiences and perspectives of newly graduated nurses during the early stages of their professional careers.

To get access to the hospital units (i.e., the research venue), the head nurse managers at the hospital were contacted and provided with written information about the study. The head nurse managers then contacted and shared the information with the unit nurse managers in their respective units. The head nurses then reported back to me which units I was allowed to contact.

I established contact with unit nurse managers via an email informing them about the study and followed up with a face-to-face meeting with seven nurse managers. Two nurse managers withdrew their interest after the meeting due to a high workload and staff changes in the unit. Five nurse managers retained their interest after the meeting and shared written information about the study with potential participants. Interested participants allowed for their contact information to be passed on to me by the unit nurse manager.

I contacted the potential participants via email to provide additional information about the study and to arrange a face-to-face meeting. The participants were informed that

their participation was voluntary and contingent on their availability and willingness to participate in the study. Initially, 13 newly graduated nurses agreed to participate, but three newly graduated nurses later withdrew from the study due to time constraints or lack of interest, or because they declined or did not respond to the invitation to a face-to-face meeting. As a result, ten newly graduated nurses from five units at a Danish university hospital were included in the study. The characteristics of the participants are presented in Table 5.

Based on similar qualitative research studies focusing on newly graduated nurses, a target of 10-12 participants was determined (Voldbjerg *et al.,* 2021; Charette *et al.,* 2019). This study prioritises in-depth exploration rather than broad coverage and does not aim to generalise findings to the larger population. The number of participants was chosen to facilitate focused understanding within a specific social and cultural context (Padgett, 2013). The constructivist approach recognises the co-construction of knowledge between me (the researcher) and the participants (Boddy, 2016). The selected number of participants allowed for the establishment of meaningful relationships, despite the limited time spent in the field compared to traditional ethnography. I remained in the field until data saturation was reached, indicated by the repetition of previously shared data by participants during observations and interviews (Hennink & Kaiser, 2021). The sample size of 10 was considered adequate for generating descriptive and exploratory information (Higginbottom *et al.,* 2013). However, the possibility of recruiting additional participants were kept open as it depended on the analysis.

Table 5 Participant characteristics (Kaldal *et al.,* 2023b; Kaldal *et al.,* 2023c)

Participant	Age	Clinical experience at the time of observations (Months)	Clinical experience at the time of interviews (Months)	Hospital setting
1	30	1	4	Surgical
2	24	1,5	5	Surgical
3	26	2	4	Surgical
4	24	2	5	Surgical
5	26	2	5	Surgical
6	27	2	5	Surgical
7	24	3	4	Medical
8	23	3	5	Medical
9	41	9	12	Medical
10	28	9	11	Medical

4.4.4. Setting

To gain insight into the contexts and cultures in which newly graduated nurses worked and delivered direct care, I observed them within their workplace, specifically in an acute care setting, during their care practices. Data were collected between March and June 2022 at three medical and two surgical units. In all units, the caring staff consisted primarily of nurses (Kaldal *et al*., 2023b; Kaldal *et al*., 2023c). To draw attention to the importance of patient-centred care, the hospital has introduced the Fundamentals of Care Framework into clinical practice, research, and education (Clinical Nursing Research Unit 2019). The introduction program provided to the participants by the hospital encompassed various elements, including six teaching days covering specialised topics such as respiration, circulation, and skills simulation (e.g., peripheral venous catheter insertion, bladder catheterisation, nutrition probes, arterial puncture), as well as medicine administration. They were also provided with eight hours of instruction on documentation based on the Fundamentals of Care Framework (Feo *et al.,* 2017) and communication. Furthermore, they were offered a mentor agreement, ten hours of clinical group supervision, and three follow-up conversations with their manager during the initial three months of employment (Region Nordjylland, 2022). Specific details regarding the duration of the introduction period were not explicitly stated by the hospital institution nor was this duration observed to be similar within and across medical and surgical units. This meant that there were significant differences in length, content, and format in the structured onboarding for newly graduated nurses within the same institution.

4.4.5. Field observations

To explore the factors influencing the delivery of direct care by newly graduated nurses, observations were conducted during their daily interactions with admitted patients in a hospital unit. The observation period took place between March and May 2022 and involved a total of 96 hours of participant observation spread over 26 shifts. Each observation session lasted approximately three to five hours and occurred during different shifts (daytime, evening, and night). Table 6 provides details on the number and shift types observed. Originally, I planned to follow the newly graduated nurses for a full shift (eight hours), but they told me directly that this was too many hours to have me follow them around. They preferred that I observed them for no more than three to four hours at time. I also planned on following each nurse in a day, an evening, and a night shift. However, the newly graduated nurses believed that less direct nursing care occurred during evening and night shifts due to reduced patient contact caused by lower staffing levels. They conveyed that it was unnecessary for me to accompany them during evening and night shifts. Hence, I was only able to observe two evening shifts and one night shift in addition to 23 day shifts. Thus, there was an imbalance in the shifts observed, however, this was the result of a pragmatic approach to data collection.

The participants were informed that their delivery of direct care would be observed using the 'observer as participant' approach (Conroy, 2017; Higginbottom *et al.* 2013). I dressed in a nurse uniform and accompanied and engaged with the participants. I introduced myself as a researcher when encountering patients. I positioned myself in a discreet or peripheral location within the patient room to observe the direct care being delivered. I did not actively participate in care delivery, nor did I provide guidance or supervision unless explicitly requested by the participants (e.g., when asked for assistance with wound observation or inserting a peripheral venous catheter). This approach was chosen to maintain objectivity, adhere to the hospital's insurance policy, and avoid influencing the behaviors of the newly graduated nurses.

Table 6 Number and shift type observed for each participant.

Participant	Date	Day shift	Evening shift	Night shift	Hours
1	March 10th	7-11			4
	March 11th	7-11.30			4.5
	March 21st		3-6		3
2	March 14th	7-11			4
	March 15th	7-11			4
	March 16th	7-10			3
3	March 22nd	7-10			3
	April 6th	7-11			4
4	March 25th	7-12.30			5.5
	April 5th	7–11			4
5	March 28th	7-12			5
	April 4th	7–10			3
6	March 29th	7-11			4
	March 3rd	7-11			4
7	April 20th	7-11			4
	April 22nd	10-13			3
	April 27th		3-6		3
8	April 21st	7-11			4
	May 3rd			11-3	4
	May 5th	9-12			3
9	April 26th	7-11			4
	April 28th	7-10			3
	April 29th	10-13			3
10	May 2nd	11-14			3
	May 5th	7-11			4
	May 6th	11-14			3
Total	**26 days**	**23**	**2**	**1**	**96**

During the observations, detailed field notes were taken and later transcribed in a narrative format. These field notes documented various aspects, including informal discussions; the structure, purpose, and forms of interactions; the use of value-laden language; and the amount of time spent in face-to-face patient care. To ensure the research process was well-documented, the field notes followed Sunstein & Chiseri-Strater's (2012) approach, including information on the date, time, and place of each observation; specific details observed; sensory impressions; summaries of conversations; and questions for future investigation. An example of a field note is provided in table 7.

Table 7 Example of field notes

Where am I?	What do I register?	What do I sense?	What do I think?	What do they say?	What do I wonder?
April 22nd 11:25 Patient room Medical unit	The phone rings in the nurse's pocket, she ignores the call twice, but the third time she answers the call.	A loud ring tone interrupts the dialog three times within two minutes. The nurse talks on the phone with a low voice. The patient looks confused.	The phone interrupts patient-nurse interaction and patient care. The nurse prioritises the incoming call over the direct care actions.	The nurse tells the patient that she is sorry, but she had to respond to the call. The patient does not respond to her apology.	Why do nurses choose to bring the work phone into the patient room? How do nurses value/respect the direct care encounter between patient and nurse?

The field notes were transcribed into narrative format using reflexive daily consolidated notes. These detailed observations informed the ongoing data collection and the development of the semi-structured interview guide used in the ethnographic interviews (Kaldal *et al*., 2023b; Kaldal *et al*., 2023c).

4.4.6. Semi-structured interviews

To gain a more comprehensive understanding of the observed situations, semi-structured interviews were conducted with the newly graduated nurses following the observations. The observations primarily provided etic data, which represented my

interpretation of the observed events, while the interviews aimed to gather emic data, capturing the perspectives of the newly graduated nurses themselves (Hammersley & Atkinson, 2007).

The interviews were scheduled after the observations and the transcription of field notes for several reasons. First, conducting the interviews after the observations helped minimise the potential influence of my questions or comments on the participants' actions and responses during their direct care delivery. Second, the interviews allowed for deeper insights into the participants' experiences and perspectives. Lastly, conducting interviews following the observations enhanced the credibility and trustworthiness of the research findings obtained from the interviews (Hammersley & Atkinson, 2007). More specifically, I verified my observations by discussing them with participants during interviews to ensure that my findings mirrored their experiences. For example, I inquired, 'I found it unexpected how limited the in-person interactions with patients were. Have you had a similar experience?' (Kaldal *et al*., 2023b).

The interviews were audio recorded and lasted between 39 to 48 minutes. They were arranged at convenient times for the participants, either during or outside of work hours, and took place in locations chosen by the participants, such as a quiet room at the hospital or a private meeting room/office away from the clinical area. Although it was agreed in advance with the nurse manager that the participant could participate in the interview during working hours, several participants chose to attend the interview at the end of the working day or on a day off. The interview guide was developed in Danish and validated by two of the members of the supervisory panel. The interview guide consisted of open-ended questions that focused on how factors observed during the observations and known from study 1, influence the delivery of direct care (Appendix A). Examples of these question types can be found in Table 8. The interviews were structured using question types inspired by Spradley (1979), including descriptive, structural, and contrast questions (Higginbottom *et al.,* 2013).

Table 8 Examples of types of questions (Kaldal *et al.,* 2023b, Kaldal *et al.,* 2023c)

Type of question.	Example of question
Descriptive	Can you describe what kind of nurse you are and how you deliver nursing care to the patients admitted to the unit? Can you describe what prompted you to apply for this position?
Structural	What facilitates/constrains your direct care interventions? What facilitates/constrains your intention to stay in the unit?
Contrast	What is the difference between uninterrupted and interrupted interventions when you are delivering direct care to your patients? What is the difference between being committed and not committed when delivering care to your patients?

4.4.7. Reflexivity

In ethnographic research, the researcher's senses and perception play a crucial role in collecting data (LeCompte & Schensul, 2010). As the researcher immerses themselves in the setting under study, they inevitably influence both the site itself and the process of data collection and analysis (Whitehead, 2004; Hammersley & Atkinson, 2007; LeCompte & Schensul, 2010). This inevitable influence necessitated continuous reflection on my dual role as an insider *and* outsider (Labaree, 2002) and how this impacted on the research process and the knowledge generated (Denzin & Lincoln, 2017). To ensure transparency and address potential biases in relation to the collected data, I maintained reflexivity throughout the study. Despite my limited time in the field and restricted observation of certain activities (such as bathing situations and conversations with relatives) due to policy and ethical guidelines, I adopted the role of observer-as-participant, as described by Higginbottom *et al.* (2013), whereby I had minimal involvement in the research setting (i.e., doing more observation than participation) (Conroy, 2017). Observer-as-participant is a concept that acknowledges participants' awareness of my observational role. This approach allowed for active involvement in various activities, which in turn might have contributed to fostering a positive rapport with the observation site and the individuals under study. This dual role, situated between me (i.e., as an observer) and the participant (i.e., the newly graduated nurse), presents a nuanced framework for comprehending the cultural dynamics at play within the research context. While I did not directly engage in direct care activities, my background as a registered nurse occasionally led me to provide minor assistance, such as cleaning up in the patient room and retrieving equipment for participants. This dual role (e.g., being both an insider and outsider) presents an intriguing perspective. One could argue that I occupied the role of a 'participant' to some extent. More specifically, this position of being an observer-as-participant aligns with the concept of a 'passive participant' as described by Spradley (1980) in his typology of participant/observer roles.

Using a notebook for reflexive thoughts during observations placed me in an observable position to both patients and newly graduated nurses, as noted by Knoblauch (2005), which occasionally posed challenges to achieving complete immersion. At times, I refrained from taking notes, particularly when it seemed to distract the newly graduated nurses from their direct care interactions, or when participants or patients inquired about the content of my notations. These actions were part of my conscientious approach to manage potential biases and uphold the integrity of the study. The data collection took place in a setting that was familiar to me (i.e., I was a nurse myself, I had prior experience of bedside nursing, and I knew the setting from the cross-institutional collaboration between the University Hospital and the University College in which I worked) (Grønkjær *et al.,* 2023). In addition, I shared common implicit and explicit knowledge with the newly graduated nurses through my experience as a nurse educator and student counsellor. It was a matter of defamiliarisation and estrangement rather than immersion as I encountered the field where I had both insider and outsider perspectives on the setting. My in-depth understanding of the field allowed for an intensive data collection within a limited

time frame (Knoblauch, 2005; LeCompte & Schensul, 2010). Whilst I had knowledge of the setting, I was also labelled with an outsider status (e.g., not being a part of the staff), which provided me opportunity to ask unbiased questions (Gerrish, 2003) (e.g., what does it mean to you when your nurse manager does not keep her promises?). There was also a risk that my insider knowledge and preconceptions (e.g., newly graduated nurses are primarily task-oriented when providing direct care), potentially made me overlook other aspects of the phenomenon of interest. To minimise personal biases and preconceptions, my positioning as an 'insider' was critically reflected upon in the supervisory panel (Higginbottom *et al.,* 2013). For instance, the reflections with the supervisory panel facilitated discussions around contrasting interpretations of newly graduated nurses' intentions and actions in relation to how they delivered and reasoned their care.

4.4.8. Ethnographic analysis

An ethnographic method of analysis inspired by LeCompte & Schensul (1999) was used to address the two specific aims in study 2. LeCompte & Schensul's approach involves four phases. This approach was initially used to explore factors influencing newly graduated nurses' delivery of direct care in acute care settings and, in the second analysis, the cultural beliefs and practices of newly graduated nurses influencing their commitment both to the nursing profession and to their workplace.

The in-field analysis (first phase) involved reflections, preliminary analysis, and initial interpretations of data from participant observations, which guided the subsequent participant observations and later the individual interviews. In the second phase all field notes, plus transcripts of the observations and interviews, were organised and coded using NVivo 12 Pro software (Kaldal *et al*., 2023b; Kaldal *et al*., 2023c). I read and reread the transcripts several times to develop an overview of and insight into the data. To gain a deeper understanding of care delivery and its contextual influences, descriptions of care delivery within the data were coded. This process aimed to uncover the meanings attributed to care delivery by each participant. Throughout the coding process, I took reflective notes and documented any questions that arose. These notes and questions were later used to guide the identification and development of patterns in the analysis. To ensure the validity of the coding process, the initial set of codes was reviewed and discussed with the members of the supervisory panel. Through these discussions, the codes were refined and shaped to enhance the overall quality and accuracy of the analysis. The analysis itself was guided by the analytical questions presented in Table 9. These questions helped operationalise the research questions and were formulated by drawing upon my reflective notes and inquiries, which were generated during the initial comprehensive review of the transcribed data.

Table 9 Questions guiding the first analysis.

What are the factors relating to newly graduated nurses' delivery of care in acute care hospital settings?	• What specific beliefs do they hold regarding patient care and their role as a nurse? • What values and principles guide actions in providing direct care? • What patterns or recurring behaviors are observed in direct care delivery practices?
Why do these shared beliefs, values, and practice patterns exist among newly graduated nurses?	• Why do they prioritize certain aspects of care over others? • Why do they adhere to specific beliefs and values when delivering direct care? • Why do these shared patterns emerge within the acute care hospital setting?
How do these shared beliefs, values, and practice patterns influence newly graduated nurses' delivery of direct care in hospital settings?	• How do these shared beliefs and values shape the way they interact with patients? • How do these shared practice patterns influence the direct care provided? • How do these shared beliefs, values, and practice patterns contribute to their overall professional development and growth as direct care nurses?

During the first analysis, it became evident that the commitment of newly graduated nurses to the nursing profession and their workplace significantly influenced their perceptions and actions towards direct care delivery. To delve deeper into this aspect, a second analysis was conducted with a specific focus on the influence of commitment among newly graduated nurses on their delivery of direct care. This second analysis was guided by the questions outlined in Table 10. These questions were developed based on reflective notes and inquiries made during the initial thorough reading of the transcribed data, following the approach described by LeCompte & Schensul (1999).

To identify patterns and structures (third phase), codes were gathered systematically into themes representing patterns and structures within the data (Kaldal *et al*., 2023b; Kaldal *et al*., 2023c). The themes identified were iteratively compared with the raw data (both observations and interviews) and discussed with the members of the supervisory panel. The process of identifying patterns and structures was iterative, with possible patterns emerging and requiring further exploration of the data. The reflections, preliminary analysis, and initial interpretations from phase one supported a reflective approach and enriched the identification of patterns (Kaldal *et al*., 2023b; Kaldal *et al*., 2023c). Finally, I refined and compared (fourth phase) the retrieved patterns and structures within the context of healthcare and nursing education and

discussed them in relation to other studies and relevant theories (Kaldal *et al*., 2023b; Kaldal *et al*., 2023c).

Table 10 Questions guiding the second analysis.

What are the cultural beliefs and practices that influence newly graduated nurses' commitment?	• What cultural values and norms shape commitment? • What are the cultural expectations regarding dedication, responsibility, and loyalty in the nursing profession?
Why do these beliefs and practices influence newly graduated nurses' commitment?	• Why do cultural beliefs play a significant role in shaping the commitment? • Why do cultural practices have an influence on dedication to the nursing profession and their workplaces?
How do these beliefs and practices influence newly graduated nurses' commitment?	• How do cultural beliefs about nursing influence sense of purpose and dedication? • How do cultural practices within healthcare settings reinforce or challenge commitment to the profession and workplace? • How do cultural beliefs and practices influence interactions with colleagues, patients, and the healthcare system?

4.4.9. Ethical considerations

The study received approval from the Unit of Information Security at the hospital, with the assigned ID number F2022-035 (see Appendix B) and was conducted in accordance with the principles of the Declaration of Helsinki. Additionally, approval was obtained from the hospital management to conduct the study, and authorisation to contact the unit management for participation was obtained (Kaldal *et al*., 2023b; Kaldal *et al*., 2023c). Nurse managers and participants were provided with oral and written information about the project and the participants gave written consent before taking part (Appendix C). Participants were explicitly informed that their involvement in the project was entirely voluntary, and they retained the freedom to withdraw from the study at any point without being obligated to provide an explanation. Since the primary focus of data collection did not directly involve patients, written consent from patients was not considered necessary. However, before commencing patient observations, I obtained verbal consent from each patient. It is worth noting that no patients declined to participate. Most patients believed that I was present to assess and

evaluate the newly graduated nurses. As a result, these patients frequently conveyed their satisfaction with the particular nurse caring for them. The rest of the unit staff were informed about the study via their nurse managers, and a written notice outlining the study and the presence of an observer (myself) in the unit was prominently displayed in the staff room. To maintain confidentiality, raw data were securely stored on a computer protected by a password accessible only to me. These data were then shared with my supervisors through the university college's system (UCNemdok). To ensure anonymity, participants were assigned numerical codes (e.g., Participant 1, Participant 2, etc.). Additionally, all transcripts and other information about the participants, such as the unit and names, were anonymised, and audio recordings were deleted after transcription. The transcripts were not returned to the participants for feedback. Instead, I sustained trustworthiness through participant observations and reflections, gathered through both formal interviews and informal discussions. Participants were not offered any form of reimbursement for their time and involvement in the study.

4.5. Synthesis

To address the overall aim of this thesis, a systematic approach was utilised to synthesise the findings from an overview of existing research syntheses and a focused ethnography. A description of the employed methodology is provided below.

4.5.1. Aim

This thesis aimed to explore and describe newly graduated nurses' direct care delivery. It encompassed their encounters with direct care provision, as well as the factors that influence such delivery, along with their commitment to the nursing profession and workplace. The synthesis of findings (i.e., summary of the analytical themes) is presented in section 5.3. and discussed in section 6.1.

The following questions that guided the thematic synthesis are to cover the different aspects of newly graduated nurses' direct care delivery, including the experiences, influencing factors, perceived commitment and the influence of the workplace environment.

- What are the experiences of newly graduated nurses in providing direct care in acute care settings?

- What factors influence the delivery of direct care by newly graduated nurses in acute care settings?

- How do newly graduated nurses perceive their commitment to the nursing profession in the context of their direct care delivery?

- How does the workplace environment influence the commitment of newly graduated nurses to their profession and the delivery of direct care?

4.5.2. Design

To address the overall aim of this thesis, a thematic synthesis, inspired by Thomas & Harden (2008), was considered useful for synthesising the findings of the two studies. This approach facilitated a comprehensive and crosscutting understanding of the results obtained in studies 1 and 2. According to Thomas and Harden (2008), thematic synthesis draws upon primary qualitative research and established methods, involving the process of inductively coding and identifying analytical themes within primary research reports.

4.5.3. Data material

The data material consisted of the findings reported in the following three papers:

- Kaldal, M.H., Conroy, T., Feo, R., Grønkjær, M., & Voldbjerg, S.L. (2023). Umbrella review: Newly graduated nurses' experiences of providing direct care in hospital settings. *Journal of Advanced Nursing*, 79(6), 2058–2069. https://doi.org/10.1111/jan.15434
- Kaldal, M.H., Conroy T., Feo, R., Grønkjær, M., Voldbjerg S.L. (2023). New Graduate Nurses' Delivery of Patient Care: A Focused Ethnography. *Journal of Clinical Nursing*, 32(19-20), 7454-7466. https://doi.org/10.1111/jocn.16804
- Kaldal, M.H., Voldbjerg, S.L., Grønkjær, M., Conroy, T., Feo R. (2023). Newly Graduated Nurses' Commitment to The Nursing Profession and Their Workplace During Their First Year of Employment: A Focused Ethnography, *Journal of Advanced Nursing*. Online Version of Record before inclusion in an issue https://doi.org/10.1111/jan.15883

4.5.4. Data Extraction

Data extraction started by carefully reading and reflecting together on the content and the findings in the included studies. The synthesis took the form of the three stages described by Thomas and Harden (2008). The thematic synthesis process involved an

iterative movement between coding, identification of descriptive themes, and generation of cross-cutting analytical themes (Thomas & Harden, 2008).

In the initial stage, I revisited the findings from the three papers and conducted coding guided by the research questions. This process employed a line-by-line coding approach facilitated by NVivo software. The coding process followed an inductive approach, meaning the coding was grounded in the data and patterns generated in Studies 1 and 2 rather than following a pre-determined framework or codebook. This approach allowed flexibility and receptiveness to the data, ensuring that all significant information was integrated into the coding process.

In the second stage, I identified and organised related codes into descriptive themes. During this stage, I explored similarities and differences between the codes, grouping them into a hierarchical tree structure that captured the essence of the initial codes. The descriptive themes encompassed specific challenges, perceptions, and influences that collectively contributed to the direct care delivery of newly graduated nurses. All these factors played a pivotal role in shaping the approach to direct care and the quality of care delivered by newly graduated nurses. These factors reflect the multifaceted journey of newly graduated nurses as they navigate emotional struggles, perceptions of competence, person-centred care, career aspirations, complexities in patient assessment, discrepancies in expectations, disappointment, and support inconsistencies. Additionally, they must constantly engage in a balancing act between expectations and realities in their pursuit of excellence and career mobility. Throughout this stage, I maintained coherence and alignment with the collected data by consistently referencing the original findings in Papers I, II, and III. This thesis utilised data from an umbrella review and ethnographic study, meaning the findings have been synthesised and/or interpreted at multiple different levels. The intention was to synthesise findings from across the two studies in a way that reflected the nuanced experiences of newly graduated nurses, the available data, and the various layers of interpretation involved. Referring to the original papers (Kaldal *et al*., 2023a, Kaldal *et al.*, 2023b and Kaldal *et al*., 2023c), I validated my interpretations and ensured that the synthesis accurately represented the insights from the primary data sources (please refer to table 11).

In the third stage of synthesis, the focus shifted towards establishing connections between the descriptive themes to develop three analytical themes that addressed the direct care delivery experiences of newly graduated nurses. The resulting three themes were: (1) Commitment to Excellence, (2) Compromised Commitment, and (3) Fluctuating Commitment. These three themes collectively outlined the diverse aspects that influenced newly graduated nurses' commitment to direct care delivery, encompassing both positive and negative factors. Each theme encompassed distinct factors that resulted in a dynamic commitment among newly graduated nurses. For instance, the concept of ' Fluctuating Commitment' was significantly shaped by their enthusiasm to explore a wide range of opportunities, enabling them to gain diverse clinical experiences across various contexts. This approach played a pivotal role in their journey towards evolving into the best possible nurses.

Table 11 Display of excerpts of findings leading to analytical themes.

Excerpts of findings	Descriptive theme	Analytical theme
'Newly graduated registered nurses experienced emotional distress, understood as disturbed patterns of thinking or perceptions of being incompetent to provide direct care.' (*Kaldal et al., 2023a*) They felt a lack of grasping the total picture.' (*Kaldal et al., 2023a*) 'Newly graduated registered nurses felt insecure when not given enough time for critical reflection.' (*Kaldal et al., 2023a*)	The emotional struggles and perceptions of competence in the context of providing person-centred care	Commitment to Excellence
'… the nurses spoke of the importance of person-centred care and specifically patient involvement, co-operation, autonomy, conscientiousness, dignity and justice.' (Kaldal *et al*., 2023b) 'Newly graduated nurses shared experiences of bad conscience and feelings of incompetence when not being able to attend to the interpersonal aspects of care.' (Kaldal *et al*., 2023b) 'The nurses were knowledgeable about and motivated to commit to nursing care that focused on patients' individual needs and on patient involvement.' (Kaldal *et al*., 2023b) 'When prompted by the researcher and given the opportunity to reflect and evaluate the care delivered, the newly graduated nurses demonstrated insight into how their care delivery potentially impacted (1) the relationship between them and their patients and to what extent they (2) integrated the patients' needs in their actions in (3) the specific care context.' (Kaldal *et al*., 2023b)	Pursuit of person-centred care: insights, challenges, and self-reflection	
'The newly graduated nurses' 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.' (Kaldal *et al*., 2023c) 'The newly graduated nurses recognised the importance of being critical of their own work and accepting constructive criticism from others as a means of enhancing their nursing care skills.' (Kaldal *et al*., 2023c) 'According to their perspective, being the best nurse entailed delivering optimal patient care.' (Kaldal *et al*., 2023c) '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.' (Kaldal *et al*., 2023c)	Career aspirations, striving for optimal patient care and professional growth	

Excerpts of findings	Descriptive theme	Analytical theme
'Newly graduated registered nurses felt inadequate to assess patient information/knowledge and lacked competency in transforming choices into care actions.' (Kaldal *et al.,* 2023a) 'Management of overwhelming workloads and increased responsibilities influenced their assessment and recognition of patients' needs.' (Kaldal *et al.,* 2023a)	Navigating the complexities of patient assessment and care integration	Compromised Commitment
'Due to staff shortages, the newly graduated nurse deprioritised interpersonal aspects of direct care delivery such as patients' emotional well-being and involvement.' (Kaldal *et al*., 2023b) 'Electronic devices (e.g., telephone or paging receivers) and nursing students or interprofessional colleagues were observed to interrupt direct care delivery.' (Kaldal *et al*., 2023b) 'Inconsistencies between culturally conditioned behaviour in support practices and care commitment arose when the newly graduated nurses did not express their need for support or the relationship between nurse and patient was interrupted.' (Kaldal *et al*., 2023b) 'The limited time newly graduated nurses spend face to face with their patients constrained them from providing the care they believed patients needed and wanted.' (Kaldal *et al*., 2023b)	Barriers to person-centred care: Prioritisation, interruptions, and cultural dynamics in the practice	
'The newly graduated nurses were often unable to attend training sessions regularly, resulting in a developmental lag.' (Kaldal *et al*., 2023c) 'The newly graduated nurses' expectations for onboarding, training, and other forms of professional development were often not met.' (Kaldal *et al*., 2023c)	Discrepancies in expectations and reality for newly graduated nurses	

Excerpts of findings	Descriptive theme	Analytical theme
'Feelings of being disappointed emerged when promised feedback was not received and experienced ambiguity in clinical practice roles and conflicts towards their professional identity.' (Kaldal *et al.,* 2023a) 'Newly graduated registered nurses had feelings of being inconsistently supported by colleagues or the organisation.' (Kaldal *et al.,* 2023a)	Navigating disappointment and support inconsistencies	Fluctuating commitment
'The newly graduated nurses entered practice expecting that nursing care includes engaging with patients because of an educational focus on nursing theories highlighting holistic and individualised care.' (Kaldal *et al.*, 2023b) 'Despite being promised mentoring and individual training and introduction in the unit, the newly graduated nurses sometimes experienced that their colleagues were unable to provide support…' (Kaldal *et al.*, 2023b) 'The newly graduated nurse worried about being dominated by cultural behaviors that accepted postponing patients' needs of care.' (Kaldal *et al.*, 2023b) 'When newly graduated nurses' needs for support were not accommodated, they appeared perplexed and could not make up their minds about what to do.' (Kaldal *et al.*, 2023b)	Balancing expectation and realities and the dilemmas faced when striving for person-centred care and seeking support from colleagues	
'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.' (Kaldal *et al.*, 2023c) 'Even when newly graduated nurses did receive the promised training, it did not guarantee their long-term commitment to the workplace - they still intended to leave the unit to gain clinical experience elsewhere, partly because their confidence in their skills and readiness for new challenges.' (Kaldal *et al.*, 2023c) 'Unfulfilled expectations for training and onboarding adversely impacted the newly graduated nurses' commitment both to their workplace and to the nursing profession.' (Kaldal *et al.*, 2023c) 'Newly graduated nurses strive to become the best nurse possible, but their perceptions of how this can be achieved does not seem to be compatible with an employment restricted to one unit.' (Kaldal *et al.*, 2023c)	The pursuit of excellence and career mobility: Challenges and conflicting priorities	

CHAPTER 5. FINDINGS

The overall aim of this thesis was to explore and describe newly graduated nurses' direct care delivery, encompassing newly graduated nurses' experiences of direct care provision in acute care settings, as well as the factors that influence the delivery of direct care and their commitment to the nursing profession and workplace. In the following, I present a summary of findings for papers I, II, and III and the synthesis of findings.

5.1. Summary of findings from Study 1

The aim of the first paper based on Study 1 was to summarise research syntheses and provide an overview of the best available evidence on newly graduated nurses' experiences of providing direct care in hospital settings (Kaldal *et al.,* 2023a). The summary identified three themes relating to newly graduated nurses' experiences: 1) Feeling a Lack of Competency, 2) Sense of Emotional Distress, and 3) In Need of Support.

In the theme of 'Feeling a Lack of Competency,' the newly graduated nurses expressed perceptions of inadequacy in relational and managerial aspects of nursing care. They reported difficulties in communication with patients, bonding issues, limited assessment skills, and challenges in articulating concerns to colleagues. Newly graduated nurses also felt inadequate in assessing and transforming patient information/knowledge into direct care actions. They struggled with independence and clinical skills and integrating patient perspectives in decision-making. Furthermore, the complexity of clinical leadership, including overwhelming workloads and increased responsibilities, added to their sense of incompetence when providing direct care.

The theme of 'Sense of Emotional Distress' highlighted the patterns of thinking and feelings of incompetence experienced by newly graduated nurses. They reported various degrees of stress, anxiety, uncertainty, and fears of looking foolish or being ridiculed by colleagues. Disappointment arose when promised feedback from colleagues was not received, and they felt inexperienced and unprepared for the realities of nursing practice. Low self-confidence affected their decision-making and ability to regulate emotions, impacting the provision of care.

The theme 'In Need of Support' emphasised newly graduated nurses' need for assistance in developing direct care competencies and coping with emotional distress. Newly graduated nurses sought support from colleagues, preceptors, nursing directors, physicians, and senior staff. Relationships with staff and patients, critical reflection, and mentorship were essential in building confidence and providing safe

care. The workplace culture played a significant role, as a supportive environment positively influencing the direct care provision, while negative behaviors such as criticism, unfair treatment, and bullying, hindered the direct care delivery. Inconsistency in support from colleagues and the institution to deliver high quality direct care was also reported.

5.2. Summary of findings from Study 2 – ethnographic study

In the following, findings from Study 2 – which were presented in papers II and III – are summarised separately.

Summary of findings from paper II:

The aim of this study was to explore factors influencing newly graduated nurses' delivery of direct patient care in acute care hospital settings in Denmark. The identified factors were described within three themes: 1) Contrasting Intentions and Actions for Care Delivery, 2) Organisational Constraints Block Interpersonal Aspects of Nursing Care and 3) Newly Graduated Nurses' Suppressed Need for Support Constitutes Delay in Care Actions (Kaldal *et al.,* 2023b).

The identified factors in this study were interrelated and varied in their nature, ranging from explicit external influences (e.g., staffing ratios, clinical protocols, resource allocation) to implicit integrated influences (e.g., institutional culture, peer behaviour, emotional climate). The factors were influenced by contextual and personal factors. The findings emphasise the challenges faced by newly graduated nurses in aligning their intentions with their care actions, overcoming organisational constraints, and addressing their need for support.

The first theme, 'Contrasting Intentions and Actions for Care Delivery,' revealed a disconnect between the newly graduated nurses' reported ideals of person-centred care and their actual care actions. This disparity often resulted from a focus on instrumental tasks (e.g., wound care, measurement of vital signs, injection procedures), where they prioritised routine tasks over individual patient needs. In other words, newly graduated nurses' direct care actions focused more on completing tasks efficiently rather than on the ideal of tailoring care to the unique requirements of each patient.

The second theme, 'Organisational Constraints Block Interpersonal Aspects of Nursing Care,' uncovered how organisational factors such as staff shortages, heavy workloads, and time constraints hindered newly graduated nurses' delivery of direct care. These organisational factors resulted in reduced time for patient interactions and

compromised psychosocial and relational care. Thus, there were limited opportunities for fundamental care interactions.

The third theme, 'Newly Graduated Nurses' Suppressed Need for Support Constitutes Delays in Care Actions,' highlighted how newly graduated nurses hesitated to seek help or express their needs, leading to delays in care. Factors contributing to this suppressed need included their own expectations of independence, limited training and orientation, and interruptions at the bedside. The reluctance to ask for assistance and the absence of support further hindered timely direct care delivery.

Summary of findings from paper III

The aim of this study was 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. The cultural beliefs and practices were described within one major theme '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'. The two themes were interconnected and influenced one another. The findings highlighted the transitory nature of newly graduated nurses' first employment, their commitment to professional development, and the need for supportive work environments and formal agreements to meet their expectations (Kaldal *et al.*,2023c).

The newly graduated nurses perceived their first employment as temporary and time-limited, viewing it as a steppingstone for professional development and gaining diverse clinical experience. They expressed a high level of commitment to the nursing profession, aiming to deliver high-quality patient care and continuously improve their practice. However, their commitment to their workplace was not as pronounced, and they aspired to explore other opportunities beyond their current employment.

The pursuit of professional development and supportive work environments by newly graduated nurses demonstrated their aspiration for growth, advancement, and a nurturing workplace environment. They valued the opportunity to work with experienced nurses who can provide guidance and support. However, their aspirations for career progression through gaining diverse clinical experience often conflicted with their current employment structure (i.e., lack of guaranteed participation in support activities or lack of job rotations), leading to a potential mismatch between career advancement and organisational loyalty.

5.3. Synthesis of findings

This summary presents the synthesised findings generated from the thematic synthesis of findings from Studies 1 and 2, as described by Thomas & Harden (2008). The thematic synthesis offered a comprehensive understanding of how direct care was delivered, utilising different methodological approaches. Hence capturing both objective perspectives (etic view) and subjective experiences (emic view) of newly graduated nurses' direct care delivery. The synthesis of the findings, that were reported in the peer reviewed three papers, led to the identification of three analytical themes (Please refer to figure 3). These themes were 1) Commitment to Excellence, 2) Compromised Commitment and 3) Fluctuating Commitment. These three commitment aspects were interrelated as they collectively represented various dimensions of the newly graduated nurses' commitment to direct care delivery. The following sections describe these three themes in detail.

Figure 3 Themes illustrating newly graduated nurses' commitment to direct care delivery.

Commitment to Excellence

The emotional struggles and perceptions of competence in the context of providing person-centred care.

Pursuit of person-centred care: insights, challenges, and self-reflection.

Career aspirations, striving for optimal patient care and professional growth.

Compromised Commitment

Navigating the complexities of patient assessment and care integration.

Barriers to person-centred care: Prioritisation, interruptions, and cultural dynamics in the practice.

Discrepancies in expectations and reality for newly graduated nurses.

Fluctuating Commitment

Navigating disappointment and support inconsistencies

Balancing expectation and realities and the dilemmas faced when striving for person-centred care and seeking support from colleagues

The pursuit of excellence and career mobility: Challenges and conflicting priorities.

Commitment to excellence

Newly graduated nurses' commitment to excellence underscored their profound dedication to delivering high-quality care and pursuit of professional growth. Both studies illuminated how the nurses exhibited a commitment to excellence in their direct care provision, driven by a dynamic interplay of experiences and perceptions of excellent care. In Study 1, the journey of newly graduated nurses was characterised by emotional distress and feelings of inadequacy as they worked to grasp a comprehensive understanding of patient care. These feelings that were identified in Study 1 were considered as a result of the commitment to care the newly graduated nurses had which was identified in study 2. The newly graduated nurses in Study 2 showed a strong commitment to delivering person-centred care and actively engaging and involving patients in their care. Consistent with the challenges identified in Study 1, Study 2 revealed a significant gap between the nurses' intentions for care and how effectively they integrated their knowledge of patients' needs into their actions. The need for support for newly graduated nurses was evident in the challenges they faced when translating their intentions into practice. When they struggled to align their ideals of patient care with their actual direct care actions, it led to emotional and moral distress which was identified in Study 1. Despite their commitment to person-centred care and patient engagement, they still encountered difficulties in delivering care effectively. Study 2 further delved into their perspective of initial employment as a nurse, as a steppingstone towards becoming exemplary nurses, motivating them to actively seek diverse clinical experiences. This pursuit for clinical diversity was arguably a response to their ongoing struggle with feelings of inadequacy or as an adaptive coping mechanism towards achieving professional growth and continuous enhancement. Both studies emphasised that these nurses were eager for constructive feedback and opportunities for critical reflection to enhance their direct care provision. At the heart of their professional identity there was an unwavering acknowledgment that excellent patient care was paramount. Their commitment to essential values in the nursing profession transcended into a commitment to delivering high-quality patient care. Newly graduated nurses' commitment to excellence found expression in endeavours to deliver safe, effective, and high-quality direct care.

Compromised commitment

The compromised commitment of newly graduated nurses' delivery of direct care was accompanied by significant challenges when it came to navigating the complexities of patient assessment and care integration. These complexities created barriers to delivering person-centred care, as newly graduated nurses encountered obstacles related to prioritisation, interruptions, and cultural dynamics within their practice. In study 1, it was revealed that they struggled with a sense of inadequacy when assessing patient information and lacked the competence to translate decisions into actionable care, thereby impacting their effectiveness in care provision. The insights from study 2 expanded on this, shedding light on how staffing shortages forced newly graduated

nurses to deprioritise certain aspects of direct care delivery, such as tending to patients' emotional well-being and actively involving them in their care. This signified a compromised commitment to patient-centred care. Furthermore, the same study brought to light how frequent interruptions during direct care delivery, caused by electronic devices and interactions with colleagues (e.g., nursing students, nurse colleagues and/or interprofessional colleagues), where observed to disrupt the delivery of direct care. The disruptions hindered newly graduated nurses in being present and focusing on the patient being cared for. Thus, examples of compromised care emerged when premise for building and maintaining a trusting relationship the nurse-patient relationship was thwarted. Furthermore, external factors such as cultural norms (e.g., shared values, beliefs and practices related to teamwork, mentorship, patient-centred care) and interruptions from the care context influenced how newly graduated nurses were able to fulfil their commitment to providing care, and when these factors were not managed effectively, it had negative consequences for their dedication to their patients. The findings from both Study 1 and Study 2 highlighted that the commitment of newly graduated nurses is compromised by various factors. These included a wide range of contextual factors including shared beliefs and practices, interruptions, the weight of heavy workloads and increased responsibilities, which affected their perception of and response to patient needs. Additionally, limited face-to-face time with patients hindered their ability to provide comprehensive care and contributed to feelings of compromised commitment.

Fluctuating commitment

The fluctuating commitment of newly graduated registered nurses was marked by a series of challenges that influenced their dedication to person-centred care and the nursing profession, as well as their willingness to explore various opportunities to become the best possible nurse. The fluctuating nature of commitment among newly graduated nurses suggested that their dedication to the nursing profession and their loyalty to their workplace could ebb and flow. This commitment was influenced by a range of factors, such as the challenges they faced, the support they received, and the alignment between their expectations and the realities of their roles. At times, they exhibited high levels of commitment, driven by their pursuit of excellence and career advancement. However, commitment could also waver when they encountered disappointments, inconsistencies in support, or conflicting priorities. This fluctuating nature of commitment reflected the constantly changing and responsive nature of their professional journey, where contextual and personal factors played a role in shaping their level of dedication to their roles and the quality of care they provided. In Study 1, feelings of disappointment surfaced when promised feedback failed to materialise. Additionally, the ambiguity of clinical practice roles, along with conflicts towards their professional identity, further contributed to their fluctuating commitment. Study 2 pointed to challenges in attending training sessions and unmet expectations for onboarding, training, and professional development due to a lack of necessary resources and support. Study 2 emphasised that as newly graduated nurses entered

practice with expectations of engaging closely with patients, based on educational principles of patient-centred care, they encountered barriers that challenged this envisioned commitment. Despite promises of mentoring and training, Study 2 highlighted that these nurses sometimes faced a reality where colleagues were unable to provide adequate support, further contributing to their fluctuating commitment. Cultural behaviors that prioritised the postponement of patients' needs fostered a sense of worry, making their fluctuating commitment evident. Study 1 showed that newly graduated nurses felt inconsistently supported by colleagues and the institution. Furthermore, Study 2 established that when their support needs went unmet, newly graduated nurses appeared perplexed and/or indecisive about remaining in the unit or continuing in the profession. This illustrated the fluctuating nature of their commitment. Their belief that diverse clinical experiences enhanced care quality clashed with the restriction to a single unit, creating a conflict that further contributed to their fluctuating commitment to their workplace, but not necessarily to the nursing profession. In Study 2, it was found that unmet expectations for training and onboarding continued to erode their commitment to both their workplace and the nursing profession. Study 1 further highlighted how the inadequacy of time for critical reflection added to their insecurity, also resulting in a sense of fluctuating commitment. Yet, Study 2 found that even when promised training was received, it did not ensure a steadfast commitment, as the intent to leave to experience diverse clinical experiences persisted. Their ambition to become the best possible nurse clashed with the constraints of being employed in a single hospital unit and was further compounded by inadequate onboarding experiences. Newly graduated nurses often aspired to gain experience in different clinical specialties, believing it could help them become well-rounded and deliver high-quality care. This desire for diverse experiences reflected their commitment to continuous growth and improvement in their nursing practice. However, this aspiration created a challenge. On one hand, they wanted to explore various specialties to enhance their skills and knowledge, with the goal of becoming the best nurses possible. On the other hand, the limitations of their current situation led to feelings of frustration and indecision. This conflict and the inability to achieve their aspirations contributed to the fluctuating nature of their commitment. While they remained dedicated to providing high-quality direct care, the practical constraints they faced led to fluctuations in their commitment as they navigated the complexities of their early nursing careers.

CHAPTER 6. DISCUSSION

In this section the findings from the synthesis are discussed, along with their implications in the context of the overall aim of the thesis and the existing research literature. To elevate the discussion beyond mere aggregation of findings from study 1 and 2, it is a deliberate choice to maintain a singular focus on the synthesised findings. Subsequently, I will reflect upon the strengths and limitations of the research process, focusing on the design and selected methodologies for the two studies as well as the trustworthiness of the synthesis.

6.1. Discussion of research findings

The overall aim of this thesis was to explore and describe newly graduated nurses' direct care delivery, encompassing newly graduated nurses' experiences of providing direct care in acute care settings, the factors that influence their delivery of direct care, and their commitment to the nursing profession and workplace. To address the overall aim the three analytic themes representing the synthesised findings of this research will be discussed below. The three analytical themes, based on the two studies conducted in this research project, collectively make a substantial contribution to the existing body of literature regarding the direct care experiences of newly graduated nurses. By providing comprehensive and in-depth insight, the findings derived from the synthesis serve as an example of how an overview of research syntheses (i.e., an umbrella review) can effectively inform the foundation for ethnographic investigation. Through this methodological approach, I was able to achieve the study aims of 1) delving into the multifaceted factors that exert influence on newly graduated nurses' delivery of direct care and 2) exploring the underlying beliefs and practices in a specific context shape the commitment of newly graduated nurses.

This discussion will critically reflect upon the findings of the synthesis through the lens of the Fundamentals of Care (FoC) Framework in a separate section (6.2). While acknowledging that the newly graduated nurses in Study 1 were from a range of countries and therefore had diverse education and clinical experiences, many of which would not have included an introduction to the Framework. Nonetheless, the Framework is internationally recognised as representing the core of nursing care (i.e., fundamental care) (International Learning Collaborative, 2023b) and it is therefore still relevant to understand the findings. Additionally, this thesis draws upon literature on the FoC Framework, referenced throughout this thesis (e.g., in the background section describing direct care delivery, and in the design, setting, and context of Study 2).

Commitment to excellence: Nurturing newly graduated nurses' dedication to patient-centred care and reflective practice

The findings of the synthesis underlined that newly graduated nurses' direct care delivery was characterised by a commitment to excellence. Their intentions of delivering person-centred care and actively engaging and involving patients in their care, reflected a strong focus on the patient being cared for and interacting with them. This commitment is supported by a recent review of the work readiness of newly graduated nurses, which identified no major concerns regarding their practice readiness (Masso *et al.,* 2022). Additionally, a recent survey conducted in Denmark among nurse employers highlighted the positive attributes possessed by newly graduated nurses, including professional and theoretical competencies, adaptability to technology, initiative, curiosity, reflective abilities, and innovative thinking (Danske Professionshøjskoler, 2023b). The findings of this synthesis collectively emphasise the strong foundation and potential for excellence exhibited by newly graduated nurses in terms of their good intentions, willingness, and ability to engage in caring relationships when delivering direct care. On the other hand, this synthesis also highlights that while newly graduated nurses might have the intentions and immediate ability, willingness, and competencies to engage in these relationships, it is another matter whether they follow through with these intentions and competencies or can do so consistently.

The findings of the synthesis highlighted that newly graduated nurses were dedicated to delivering high-quality care and expanding their clinical experiences to become the best possible nurses for their patients. Although challenges have been identified in the wider literature for translating beliefs into practice among newly graduated nurses (Duchscher & Windey, 2018; Lee & Sim, 2019; Ocloo et al., 2021), this thesis introduced nuanced perspectives to the ongoing discourse in nursing practice. Newly graduated nurses' commitment to excellence and the distinctive values of the nursing profession most likely align with the professional values that were integrated into their nursing curricula (Poorchangizi *et al.,* 2019). Consequently, it becomes imperative to provide support that aids newly graduated nurses in effectively bridging the gap between their beliefs and practical application or in critically reflecting upon the reasons for any disconnect. Establishing a nurturing environment where theoretical knowledge can be seamlessly applied to real-world direct care scenarios can enhance newly graduated nurses' confidence and competence (Willman *et al.,* 2021). The findings of the synthesis were also pertinent from an educational standpoint, both during their training to become a registered nurse and in their professional journey as a registered nurse. Newly graduated nurses' commitment to excellence extended beyond their theoretical understanding, as they actively sought to apply their theoretical knowledge in real-world scenarios. However, because of unmet support needs, they were often striving on their own to adapt to evolving circumstances to ensure the best possible care for patients.

Collectively, the findings of the synthesis underscored characteristics among newly graduated nurses such as commitment to high-quality care and diverse clinical

experience as prerequisites to become the best nurses. These characteristics signify their commitment to upholding high standards of care by integrating theoretical knowledge, care actions, and contextual awareness. This commitment involved bridging the gap between their intentions and actions, translating their professional beliefs and values into tangible care practices that reflected person-centred care. A commitment to excellence stands in contrast to the findings of Kosmidis et al. (2021), whose recent review suggested that nurses often possess limited awareness and understanding of their professional values. Nevertheless, the findings of this synthesis nuanced an internal conflict towards delivering direct care. Despite possessing robust values, newly graduated nurses expressed challenges in effectively translating these values into tangible care actions that guaranteed exceptional care quality. The care delivery context played a significant role in obscuring their commitment. This internal conflict between intentions and actions has been previously characterised as a potential source of moral injury (Rowlands, 2021).

The findings of the synthesis emphasised that newly graduated nurses strove to ensure that their care actions aligned with their ideals, even in the face of challenges posed by the complex care environment. The dedication to achieving a high level of care quality involved newly graduated nurses engaging in critical reflections on their actions and fundamental care principles. These principles included establishing the patient-nurse relationship, care integration, and considering the influence of the context, as outlined by the International Learning Collaborative (2023a). Research has shown that being critically reflective enables practitioners to engage with varying perspectives or ways of understanding situations and competing courses of action; to meet with more confidence the challenges that arise from these competing positions; to gain a more in-depth understanding of ethical dilemmas in their practice, and to encourage new ways of thinking (Pockett *et al.,* 2011). The findings of the synthesis indicated that newly graduated nurses engaged in an introspective process, involving reflection on their thoughts, feelings, actions, and experiences. This process encouraged them to confront ethical challenges and consider different viewpoints in their professional practice. Hospital institutions and nurse managers should consider how to harness the untapped potential of newly graduated nurses' critical thinking skills to sustain their commitment to excellence. Critical thinking can enhance the support provided to newly graduated nurses and ultimately improve the quality of direct care provided to patients (Kuennen, 2015, Pangh *et al., 2019,* Shin *et al., 2022).*

Compromised Commitment: A balancing act- navigating the challenges in newly graduated nurses' direct care delivery

The findings of the synthesis underlined that newly graduated nurses' direct care provision was characterised by a compromised commitment. The compromised commitment resulted from multifaceted factors that led to instances of incomplete or delayed care, driven by the constraints of time and the complex demands of the healthcare environment. The factors compromising commitment encompassed

intrapersonal, interpersonal, and institutional aspects, such as emotional distress, interactions with colleagues and patients, workload pressures, and resource limitations. These factors aligned with the results of previous research on the factors influencing care. Conroy (2018) elucidated organisational, individual, and interpersonal factors that influenced nurses' person-centred care delivery within hospital settings, while Janerka et al. (2023) outlined staff-, patient and family-, and environment-related factors that may facilitate or threaten the patient-centredness when planning care. However, the complexity of these factors defies simple categorisation, as they often interweave and adapt based on specific contexts (Kieft *et al.,* 2014; Han *et al.,* 2023). While grouping factors aids conceptualisation, acknowledging their interconnectedness and fluid nature in direct care is paramount. The findings of the synthesis implied an intricate interplay of contextual and individual factors that shaped the direct care delivered by newly graduated nurses, occasionally leading to instances of delayed or unfinished care.

The findings of the synthesis emphasised a tension between the intentions and willingness of newly graduated nurses to provide person-centred care and the challenges posed by contextual constraints, resulting in a compromised commitment. These contextual constraints often laid beyond the control of the newly graduated nurses. Therefore, considering the findings of this synthesis, newly graduated nurses, as direct care providers, must approach each situation with a comprehensive and nuanced view that embraces the contextual intricacies at play. The synthesised findings urgently call for interventions such as mentorship programs and cultivating an environment of reflective discourse among colleagues, to ensure care quality in acute settings. Moving forward, recognising and addressing this intricate web of influences becomes a pivotal step towards elevating the standard of care provided by newly graduated nurses and ensuring patients receive the highest quality of care possible.

The findings of the synthesis highlighted that newly graduated nurses struggled to accommodate patients' physical, psychosocial, and relational needs due to limited time, bedside interruptions, and organisational constraints. These challenges stemmed from the broader healthcare system and its demands, which sometimes required newly graduated nurses to prioritise certain tasks over others, resulting in delayed care actions or care left undone. Numerous studies have previously been conducted to delve into how nurses allocate their time to various nursing activities, aiming to describe and support nursing practice. Notably, findings from these studies indicated that nurses allocate approximately 34% of their time to direct patient contact (Schenk *et al.,* 2017, Butler *et al.,* 2018, Michel *et al.,* 2021). The findings of the synthesis underlined that limited time at the bedside hindered newly graduated nurses' ability to engage in meaningful conversations and provide comfort to patients, emphasising the importance of addressing the lack of time at the bedside to accommodate patients' needs when delivering direct care. The compromised commitment towards direct patient contact was supported by a literature review that found that nurses did not have sufficient time to engage in meaningful conversations with patients or offer them comfort (Kwame & Petrucka, 2021). The delivery of safe, effective, high-quality care

involved the tangible elements of what has been described as fundamental care (Feo *et al.,* 2017), including tasks like medication management, eating and drinking, comfort, keeping the patient involved and informed, securing emotional well-being, patient engagement and being present and with patients. Additionally, nurses often face other aspects of nursing care (e.g., documentation and time spent in the medicine room) that require their attention (Ryder *et al.,* 2022). In the literature, nurses were frequently found to be preoccupied with the physical aspects of care delivery for their patients (Bagnasco et al., 2020; Van Belle et al., 2020). Accordingly, there was a potential risk of missed nursing care, as nurses were consistently confronted with other aspects of care, such as psychosocial and relational needs, that also demanded their attention (Charboyer *et al.,* 2021). The relationship between bedside interruptions and instances of missed nursing care has been discussed in previous research. Abdelhadi *et al.,* (2022) reported that, newly graduated nurses tend to respond to interruptions (e.g., technical issues, colleague requests, and other patients), as well as bed alarms more frequently than more experienced nurses. Accordingly, they become more susceptible to missing or overlooking fundamental nursing care. The findings of the synthesis emphasised that the challenges newly graduated nurses face in managing interruptions contributes to the difficulties they experience in providing safe, effective high-quality direct care. Ultimately, recognising the significance of psychosocial and relational aspects in the direct care provided by newly graduated nurses highlights a pathway for enhancing patient outcomes. Addressing the time constraints and interruptions that impede meaningful interactions is essential in maintaining the quality of direct care. By considering contextual constraints and interruptions to overcome direct care challenges, hospitals and educational institutions can empower newly graduated nurses to forge trusting relationships with patients, ultimately fostering improved well-being and engagement in relational care actions.

A pressured healthcare system has long been in the spotlight both in research and in the media where it is identified as an opponent in the struggle to deliver person-centred care (Francis, 2013, Griffiths *et al.,* 2019; Albinus, 2023). The findings of the synthesis underlined that when newly graduated nurses did not address patients' physical, psychosocial, or relational needs, they interpreted this as either their own shortcomings or, more commonly, because of needing to prioritise tasks due to organisational constraints. The failure to address patients' care needs, especially in acute care settings, was a significant concern with important consequences for both patient well-being and nursing practice (Ball et al., 2018). Neglecting patients' fundamental needs could result in diminished patient satisfaction, increased stress and anxiety among patients, and a potential decline in the quality of care provided (Kwame & Petrucka, 2021; Molina-Mula & Gallo-Estrada, 2020) Furthermore, it can result in reduced nurse-patient rapport, hinder effective communication, and ultimately impact patient outcomes (Charboyer *et al*., 2021). Addressing these crucial aspects of patient care is paramount to fostering a person-centred approach to healthcare, improving patient experiences, and enhancing the overall effectiveness of nursing practice. This issue becomes even more critical in settings with limited resources (Ryder et al., 2022). The pressure on healthcare professionals to manage heavy workloads for

prolonged periods can result in both compromised quality of care and negative impacts on their own well-being (Govasli & Solvoll 2020). Consequently, this was perceived as inadequate or of poor quality by the newly graduated nurses within this study and was attributed to external obstacles that impede the interpersonal aspects of care. A focus on managing the factors contributing to the compromised commitment can support them in navigating emotional challenges. For instance, by highlighting the changing nature of commitment and the interrelatedness between its three aspects: *excellence, compromised, and fluctuation*, including the recognition that commitment levels can change over time, hospital institutions can develop tailored support programs. These programs aim to help newly graduated nurses in managing the emotional challenges that arise from their evolving responsibilities and roles, such as the assessment of patients' fundamental care needs. In other words, concentrating on the nature of commitment can help newly graduated nurses to manage the emotional distress associated with direct care delivery. The emotional challenges can sometimes compromise their commitment to excellence when nursing ideals intersect with the demands of nursing care in acute care settings.

Fluctuating commitment: Accommodating the rising and falling trends to support newly graduated nurses' direct care delivery

The findings of the synthesis underline that the direct care delivered by newly graduated nurses was characterised by a fluctuating commitment. This involved struggling with disappointment, encountering support inconsistencies, and striking a balance between expectations and realities. Additionally, fluctuating commitment also encompassed the pursuit of excellence and career mobility, where newly graduated nurses confronted challenges and conflicting priorities while striving for person-centred care and professional growth. The findings of the synthesis underline that newly graduated nurses depended on networks of support and actively sought options to enhance their professional competencies to excel in their nursing roles and to become capable and high-skilled providers of direct care. Support is crucial to help newly graduated nurses bridge the gap between their aspirations and the practicalities of delivering high-quality direct care (Saifan *et al.,* 2021). This support could include mentorship, training programmes that extend beyond skills and competency to include their own psychological or emotional wellbeing, and opportunities for critical reflection and skill development (Fernandez *et al.,* 2018; Kenny *et al., 2021* Pocket *et al.,* 2011). In turn, this support can sustain the commitment among newly graduated nurses to their direct care delivery.

The fluctuating commitment among newly graduated nurses led to uncertainty, variability, or inconsistency in their direct care delivery. The findings of the synthesis emphasise that the hospital, both at unit and institutional levels, fell short in supporting newly graduated nurses' desire for diverse clinical experiences and in upholding the commitments made during the onboarding process. Despite being enrolled in hospital-wide orientation programs, newly graduated nurses consistently made efforts to adapt

and improve their skills to effectively handle changing situations and the challenges that come with delivering direct care. This dedication reflected their commitment to upholding a high standard of care and their readiness to evolve as healthcare professionals. However, there remains a pressing need for precise interventions and support strategies aimed at further enhancing newly graduated nurses' quality-of-care provision (Kenny et al., 2021). A significant amount of research reports positive outcomes from transition programs for newly graduated nurses (Ebrahimi et al., 2016; Missen *et al.,* 2014; Smyth et al., 2018; Rush et al., 2019; Hallaran et al., 2023; See et al., 2023; Kenny et al., 2021; Valdes et al., 2023). However, it is important to recognise that these positive outcomes, such as improved retention, enhanced professional competences, and increased confidence, might be contingent on whether and how newly graduated nurses are able to fully participate in the programs under evaluation. That is, the newly graduated nurses might have experienced these positive outcomes because their participation in onboarding activities was appropriately facilitated.

The findings of the synthesis emphasise that the commitments made towards onboarding activities (such as training courses or mentor support) often remained unfulfilled due to the absence of formal agreements at the unit level to guarantee the participation of newly graduated nurses. Consequently, there exists an unresolved challenge for hospital management and nurse managers in guaranteeing that newly graduated nurses receive the support offered. This challenge has also been addressed in a recent review by Mellor et al. (2022), which found that hospitals' provision of consistent, quality support for newly graduated nurses was not assured. Other research similarly shows that work conditions can hinder newly graduated nurses' opportunities for professional growth and increase their intention to leave (Guerrero *et al.,* 2017; Huang *et al.,* 2023; Van Rooyen *et al.,* 2018). However, the findings of the synthesis also highlight a potential drawback to providing the support that was offered. If newly graduated nurses felt successfully supported, their confidence to seek new challenges was enhanced. Consequently, they considered exploring opportunities for further professional development in other units/specialties, both within and beyond the hospital setting. Newly graduated nurses' desire to explore opportunities elsewhere can lead to high turnover and poor retention rates. Nurse managers and hospital institutions should therefore consider adopting a broader perspective on retention, extending beyond the unit level, and consider facilitating the evolving career paths of newly graduated nurses.

The findings of the synthesis emphasise that newly graduated nurses actively contemplated exploring work opportunities in various units/specialties or settings to acquire a diverse range of clinical experiences The notion of supporting newly graduated nurses' professional development through exposure to diverse experiences (e.g., job rotation) to facilitate the retainment of newly graduated nurses has been addressed elsewhere (Alfuqaha *et al.,* 2021; Gellerstedt *et al.,* 2019; Halberg *et al.,* 2020; Platis *et al.,* 2021). Kox et al. (2020) recommended that newly graduated nurses who aspire to professional, personal, and intellectual growth should be provided with opportunities to further their development. This support and encouragement are

essential to help them maintain motivation and engagement in their nursing careers. However, it is imperative to carefully consider advantages and disadvantages before suggesting job rotations as a single solution to facilitate retainment and professional development. Charette et al. (2023) highlighted potential negative outcomes of rotation and frequent changes, such as emotional exhaustion or lack of belonging.

The findings of the synthesis emphasise a conflict between newly graduated nurses' employment being restricted to a single unit and their beliefs towards needing diverse clinical experiences to become the best nurse possible. One potential rationale for this conflict could be attributed to the generational traits of the newly graduated nurses included, primarily belonging to Generation Y, born in the 1980s through to the late 1990s. Generation Y nurses are recognised for their propensity to contemplate early career changes (See *et al.,* 2023; Waltz *et al.,* 2020), which adds complexity to their commitment to their workplace. Furthermore, commitment levels are known to shift over time (Van Rossenberg *et al.,* 2018) necessitating a contemporary understanding of the continuous variability and adaptability among newly graduated nurses who enter clinical practice (Baharum *et al.,* 2023; See *et. al*, 2023). Understanding Generation Y's career traits and commitment fluctuations over time emphasises the need for tailored strategies for onboarding activities The findings of the synthesis imply a tension between newly graduated nurses' ambition for diverse clinical experiences and the constraints of unit-specific employment. Hence, their commitment was not fixed or steady. Rather, it shifted or fluctuated based on different factors and circumstances, including the desire for personal and professional growth. Potentially, this knowledge can guide hospital institutions and nurse managers in providing support and growth opportunities for newly graduated nurses. Additionally, an awareness of generational traits and work patterns could contribute to the retainment of newly graduated nurses in the nursing profession.

6.2. How newly graduated nurses' commitment to direct care delivery aligns with the Fundamentals of Care Framework

To expand on how newly graduated nurses' commitment to direct care contributed to the overarching goal of delivering person-centred care, this section of the thesis used the Fundamentals of Care (FoC) Framework to unpack the three commitment aspects: excellence, compromised and fluctuating, that influenced newly graduated nurses direct care delivery. The FoC Framework will serve as a guiding reflection tool in this section to explore newly graduated nurses' experiences of providing direct care within health care institutions where the Framework is integrated.

The Fundamentals of Care Framework

The Fundamentals of Care (FoC) Framework emphasizes the importance of factors such as organisational culture, resources, and the evaluation of care delivery to ensure the provision of timely and responsive care that addresses patients' physical, psychosocial, and relational needs (Kitson, 2018; Feo et al., 2017). There are other person-centered care (PPC) frameworks, such as the Senses framework (Nolan et al. 2006), the Values, Individualised, Perspective and Social (VIPS) framework (Brooker, 2007), the 6 C's framework (National Health Service, 2023), The Burford Model (Johns, 1991), and McCormack & McCance's (2006) framework. These frameworks encompass various aspects, such as the qualities of healthcare staff, approaches to patient interactions, the organization of care and services, the healthcare environment, and the evaluation of care outcomes. (Byrne et al. 2020). The distinction between FoC Framework and other PPC approaches lies in how they approach patient care. FoC Framework clearly outlines the fundamental needs that should be met for all patients. In contrast, PCC primarily emphasises addressing patients' preferences without specifying which aspects of care should be prioritised (i.e., it emphasises understanding patients' preferences but lacks clarity regarding the broader context). FoC Framework, however, provides more detailed guidance on the specific aspects of care that should be addressed for all patients.

By incorporating the principles of the FoC Framework into their care delivery, healthcare providers can enhance their ability to engage with patients effectively, foster a trusting relationship, and deliver care that is tailored to individual needs. The motivation behind the establishment of the FoC Framework was the recognition of missed nursing care worldwide, as revealed by studies like the Francis report, which exposed the systematic neglect of fundamental care and its detrimental consequences for patients (Chaboyer et al., 2021; Kitson et al., 2013; Francis, 2013). To address this issue, the International Learning Collaborative (ILC), composed of nurse and healthcare clinicians, managers, educators, and researchers, united with the common goal of transforming healthcare and improving the delivery of fundamental care globally. The ILC firmly believes that prioritising fundamental care will enhance patient outcomes, safety, and experiences, while also benefiting healthcare providers and organisations. The ILC emphasises the need for evidence-based practices for fundamental care that are supported by research, implemented within health systems, and integrated into nursing curricula; a movement that is gaining momentum worldwide (Alderman et al., 2018; Grønkjaer et al., 2023; Janglang et al., 2018; Kitson et al., 2019; Mudd et al., 2022; Muntlin et al., 2023; Voldbjerg et al., 2020).

Figure 4 The ILC Fundamentals of Care Framework (Image obtained from
https://ilccare.org/the-framework/)
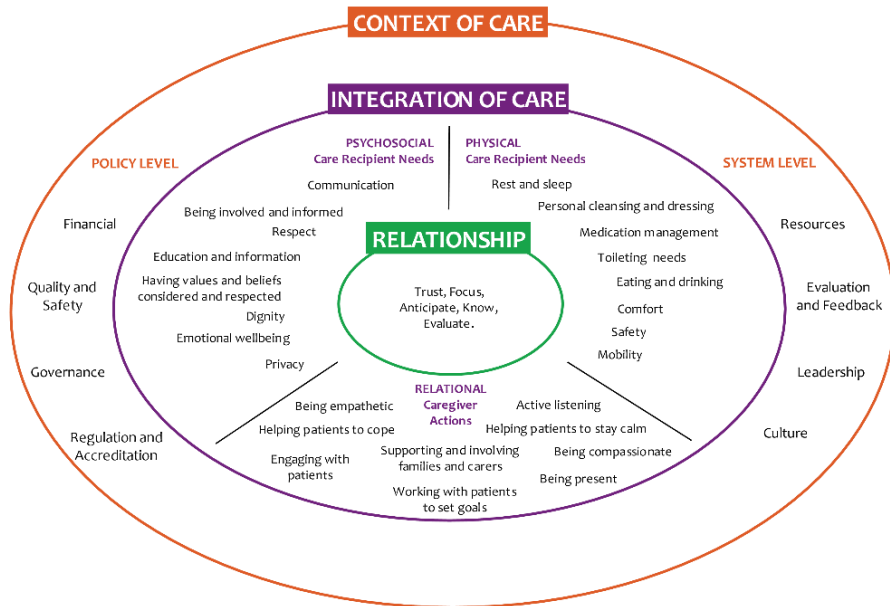
The FoC Framework presented by the ILC adopts a holistic approach and provides a
comprehensive outline of safe, effective, and high-quality fundamental care. Its
purpose is to guide practice, research, education, and policy development in the realm
of direct patient care (Kitson et al., 2019). Fundamental care, which is vital for every
patient, serves as the foundation for the nurse's compassionate interaction with the
patient, and the Framework places emphasis on building a trusting relationship and
providing a supportive care context. By integrating care needs, the Framework aligns
with the principles of person-centeredness while focusing on the delivery of care for
fundamental needs (Feo et al., 2017). the Framework highlights the importance of (1)
establishing a trusting patient-provider relationship, (2) recognising and addressing
patients' physical and psychosocial care needs, and (3) working within a context that
is supportive of these goals (Feo et al., 2017). (Please, refer to figure 4). Nurses are
encouraged to utilise the FoC Framework to meet patients' fundamental care needs,
and voices from around the world have joined in advocating for direct patient care to
be a priority on every healthcare agenda, aiming to combat the global issue of missed
nursing care (Kitson et al., 2019). As a result, the FoC Framework was implemented
in the research program at Aalborg University Hospital (Aalborg University Hospital,
2019), which supported the studies present in this thesis.

Unpacking the three aspects of commitment: Excellence, compromised and fluctuating.

The commitment to excellence displayed by newly graduated nurses within this thesis in relation to their pursuit of delivering high-quality care aligned harmoniously with the essence of the FoC Framework. The FoC Framework underscores the importance of cultivating a trusting relationship with the patient to address their multifaceted needs – physical, psychosocial, and relational (Kitson et al., 2013; Kitson et al., 2019). The dedication exhibited by newly graduated nurses in Study 2 to maintain high standards of care involved their theoretical knowledge, the direct care they delivered, and a contextual awareness, which resonate with the three dimensions of the FoC Framework (Feo et al., 2017). Parallels emerged between the efforts of newly graduated nurses to bridge the gap between their intentions and actions and the mission and vision of the FoC Framework, which, in turn, encompassed values, verbal expression, action, and ownership of fundamental care (Kitson et al., 2019). This alignment emphasised that the commitment of newly graduated nurses not only adhered to the FoC principles but also aligned with the culture of their workplace, even in the face of challenges in delivering excellent direct care. It is crucial to acknowledge that the synthesised findings highlighted persistent challenges in translating awareness of fundamental care into tangible direct care actions. On the other hand, the synthesised findings also provided practical examples illustrating how newly graduated nurses engaged in reflective activities on the direct care provided by explicitly referring to the different dimensions of the FoC Framework, i.e., relationship, integration of care, and the care context. This alignment between the commitment of newly graduated nurses and the FoC Framework offered valuable insights into the potential for fostering a culture of person-centred care within healthcare institutions. This thesis has contributed to the existing body of knowledge by offering examples of how reflective practices can be supported through familiarity with the FoC Framework. This was particularly relevant in cases where newly graduated nurses encountered challenges and sometimes left fundamental care tasks incomplete. Consequently, this thesis also facilitated a deeper understanding of the dynamic interplay between intention and action, ultimately contributing to the advancement of person-centred care, particularly in relation to direct care delivery for fundamental needs.

The observation within this thesis of compromised commitment in some instances of direct care delivered by newly graduated nurses sheds light on the challenges they encountered in fully addressing patient needs. These challenges, stemming from a complex interplay of factors like time constraints, workload pressures, and resource limitations, directly influenced their ability integrate and meet patients' fundamental care needs in the direct care provided. These factors align with the 'Context of Care' dimension of the FoC Framework that encompasses policy and systems-level factors that exert a profound influence on a healthcare provider's ability to establish meaningful relationships with the individuals under their care and to comprehensively address their fundamental needs (Feo *et al.,* 2017). While the intentions of newly graduated nurses were rooted in the aspiration to deliver person-centered fundamental

care, the realities of the healthcare environment often acted as obstacles resulting in compromised commitment. Studies have shown how systemic issues can hinder the realisation of person-centred care intentions (Kwame & Petrucka, 2021; Coulter & Oldham 2016) as well as nurses' commitment to their workplace (Rush et al., 2014).

The tension between newly graduated nurses' genuine intentions to deliver person-centred care for patients' fundamental needs and the constraints imposed by the healthcare environment highlighted the broader systemic issues that could impede the realisation of person-centred care. Direct care for patients' fundamental, rooted in respect and compassion for the patient, has been described as the necessary foundation upon which personalised, patient-centric care can be built (Molina-Mula & Gallo-Estrada, 2020). Understanding the thesis findings in the context of the FoC Framework further unveiled the compromised commitment of newly graduated nurses. It shed light on the intricate interplay between their sincere intentions to provide person-centered care for patients' fundamental needs and the constraints imposed by the healthcare environment. These constraints highlighted broader systemic issues that could have hindered the realisation of person-centred care. In such circumstances, the dedication to delivering person-centred might have shown signs of compromised commitment, necessitating a moment of critical reflection. Paans et al. (2017) developed a conceptual profile outlining the characteristics of an excellent nurse, which included self-reflecting on capabilities, actively seeking opportunities for personal growth, and using feedback as an indication of excellence. Consequently, it becomes crucial to focus on offering support that encourages the reflexive capacity of newly graduated nurses. Studies have shown that the FoC Framework is valuable for guiding reflection on one's work among bedside nurses (Muntlin et al., 2023) and for supporting nursing students' reflections on the nature and requirements of nursing (Voldbjerg et al., 2020). Integrating the FoC Framework to guide critical reflections in onboarding activities as well as in daily practice has the potential not only to strengthen the commitment of newly graduated nurses to deliver direct, high-quality care but also to foster their professional development.

A fluctuating commitment to direct care delivery can be seen as an integral part of the process for delivering effective and person-centred fundamental care. A fluctuating commitment is not necessarily a sign of inconsistency or weakness in nursing; rather, it represents the adaptability and resilience required in the complex and ever-changing field of healthcare. In healthcare, adaptability is crucial (Lyng *et al.,*. 2021). Patient needs, healthcare contexts, and individual circumstances are often dynamic (Kwame & Petrucka, 2021. A fluctuating commitment allows newly graduated nurses to adjust their approach and priorities to meet these changing demands effectively. Nursing can be emotionally challenging (Hallaran *et al.,* 2023). A fluctuating commitment acknowledges that newly graduated nurses may have moments of emotional strain or exhaustion. It recognises the importance of resilience training and support mechanisms to help newly graduated nurses cope and maintain their commitment to providing quality care. Given the widespread global deficits in fundamental care delivery, nurturing a resilient commitment among newly graduated nurses becomes not only essential but also a potential solution to enhance care quality. Although this

commitment might fluctuate at times, the intention of newly graduated nurses remains firm: they aspire to become the best possible nurses for their patients. Prioritising the development of trusting relationships, as recommended in the FoC Framework (Feo et al., 2017), provides benefits not only to patients but also contributes to staff retention by integrating the principles of the FoC Framework as a central aspect of onboarding activities provided by healthcare institutions. In the context of fluctuating commitment, newly graduated nurses actively sought opportunities to enhance their professional competencies and endeavoured to become the best nurses possible for their patients. Therefore, the importance of fostering positive and trusting relationships extends beyond just the patients; it also encompasses the relationships with nurse managers. For example, a trusting relationship between newly graduated nurses and nurse managers can ensure emotional support and the fulfilment of promises for learning and growth, all of which are vital for newly graduated nurses on their journey to becoming committed direct care providers.

The commitment to direct care should not be static but evolving. A fluctuating commitment implies a willingness to learn from experiences, reflect on practice, and continuously improve to become the best nurse possible for their patients, which is essential for delivering effective fundamental care. As global healthcare systems deal with challenges related to shortcomings in the provision of fundamental care, it becomes evident that sustaining or facilitating the fluctuating commitment among newly graduated nurses has the potential to enhance the quality of direct care delivered. Even if this means that newly graduated nurses are not necessarily retained in a single unit or hospital, but as an overriding result remain in the nursing profession. As such, a fluctuating commitment is not a sign of inconsistency or weakness; rather, it represents the adaptability and resilience required in the complex and ever-changing field of healthcare. It ensures that nurses can provide effective fundamental care even in challenging situations, making it an integral and essential aspect of their role.

6.3. Reflections on research process, design, and methods

In the following, the research process, design, and methods will be reflected upon. The methodological discussion will begin with study 1, followed by study 2, and conclude with reflections on the trustworthiness of the synthesis.

Study 1- an overview of existing systematic syntheses

A systematic and structured approach following the JBI guidelines was utilised to conduct an umbrella review of the experiences of direct care provided by newly graduated nurses. The identified strengths of this umbrella review include the application of a rigorous, systematic methodology, critical appraisal that led to exclusion of poor-quality research syntheses and meticulous data extraction However,

limitations included the limited number of syntheses in the existing literature and variations in the scopes of the included research syntheses. Despite these limitations, the umbrella review provides valuable insights into the experiences of newly graduated nurses in providing direct care by synthesising existing evidence and identifying commonalities and variations in nurses' experiences. The strengths and limitations are addressed in more detail below:

The umbrella review had an advantage in reporting evidence that was both convergent and divergent, while also describing what was unknown in the scope of newly graduated nurses' direct care delivery (Fusar-Poli & Radua, 2018). This capability stemmed from the synthesis of evidence drawn from a diverse range of research syntheses employing varying methodologies, collectively encompassing substantial participant numbers. It The selection and review processes were managed through use of the Rayyan software system (Ouzzani et al., 2016), which ensured streamlined screening, data extraction, and critical appraisal processes (Cant et al., 2022). There was a noticeable variation in the way included research syntheses were structured and evaluated the experiences of newly graduated nurses. This variation aligns with the aim of an umbrella review to identify consistencies and variations across research syntheses (Aromataris et al., 2020). The systematic approach was a key strength of this umbrella review, as it aimed to provide a structured overview of existing, often diverse, evidence (Fusar-Poli & Radua, 2018). The collaboration by at least two authors (i.e., a member of the supervisory panel and myself) working independently to screen articles mitigated potential errors (Cant et al., 2022), and enhanced the credibility of the review process (Lincoln & Cuba, 1985). The meticulousness of the data extraction process was achieved via the use of extraction sheets (Aromataris et al., 2020), ensuring accuracy and completeness (Cant et al., 2022) and dependability (Lincoln & Cuba, 1985). The summary maintained a consistent and inclusive approach. For example, it considered a wide range of factors or criteria when assessing the methodological quality of research syntheses. The evaluation process was comprehensive and took into account various aspects, rather than being limited or selective in its assessment (Aromataris et al., 2020), which is crucial for ensuring reliable findings in an umbrella review. The transparency and comprehensiveness were ensured by using the Preferred Reporting Items for Overviews of Systematic Reviews with harms (PRIO-harms) checklist of items for reporting the overview of research syntheses (Moher et al., 2009).

The main limitation of this umbrella review was the absence of existing research syntheses solely focused on the direct care experiences of newly graduated nurses. This scarcity limited the coverage of the review and is a common challenge in umbrella reviews (Aromataris et al., 2020). This scarcity also meant there was limited overlap between included research syntheses, which each had varying scopes, inclusion criteria, and search methodologies (Johnson & Hennessy, 2019). This limited study overlap was considered in terms of how it could introduce bias and affect the umbrella review's comprehensiveness. A limited overlap may mean that some relevant studies or evidence have been missed or not adequately synthesised, which can impact the overall reliability and validity of the umbrella review's conclusions. A

further limitation of the umbrella review is that it depended on the quality of the primary studies represented in the included research syntheses. As a summary of review evidence, an umbrella review should avoid reverting to the reporting of evidence from included primary studies in the research syntheses (Aromataris et al., 2015). Hence, this umbrella review, do not focus on the assessment on the knowledge base at the primary research level, but the quality of the methods used to syntheses the primary studies.

Study 2 - ethnographic study

This study capitalised on the immersive nature of the focused ethnographic approach, enabling an in-depth exploration of intricate social and cultural dynamics within acute care settings (Whitehead, 2004; Hammersley & Atkinson, 2007; LeCompte & Schensul, 2010). Actively engaging newly graduated nurses within their natural environment facilitated the capture of rich and contextually nuanced data. The commitment to maintaining trustworthiness and the use of in-field analysis further enhanced the study's strengths. To increase the transparency in the focused ethnographic approach, my background in nursing, including roles as both a clinician and an educator, offered a valuable perspective. It is worth noting that my position as a nurse educator might have influenced participant responses to align with the principles of the Bachelor of Nursing curriculum, particularly the emphasis on person-centred care and the Fundamentals of Care Framework. To address potential researcher-induced bias, the study employed data source triangulation, as outlined by Adler in 2022. While the study did not include a pilot test of the interview guide, it adopted an in-field analysis approach, fostering a symbiotic relationship between observations and interviews. Through participant observation and interviews, data co-construction occurred, effectively capturing a spectrum of viewpoints. To validate the perspectives of the recently graduated nurses, their responses were restated and summarised towards the conclusion of each interview. This provided them with an opportunity to elaborate further or rectify any potential misconceptions. The interview statements were then cross-referenced with observations and data gathered from the various acute care settings (e.g., medical and surgical units), with particular attention to confirming or contradicting remarks (Adler, 2022).

This study focused on a deeper and nuanced understanding of the factors influencing care delivery by newly graduated nurses within the setting of a Danish University Hospital. The insights generated from the study 1 served as background knowledge; a prerequisite principle when doing focused ethnography (Knoblauch, 2005). Study 2's specific focus warrants acknowledging potential limitations on transferability. This study provided a detailed and comprehensive account of the context in which the study was conducted, the characteristics and demographics of the participants, and the specific findings derived from the research. This thorough description was intended to assist readers and researchers in evaluating the potential transferability and relevance of the study's findings to their own unique settings and circumstances. The

findings were contextualised and aligned with outcomes from international studies. However, the scope of the Danish healthcare context and unit-level onboarding responsibilities might restrict the broader applicability of findings. Additionally, the study's sample size of n=10 and the lack of male graduate nurses were noteworthy limitations. Nonetheless, data collection continued until a comprehensive understanding was reached, and enough information was gathered to answer the research questions, with no new themes emerging (Hennink & Kaiser, 2021; Higginbottom *et al.,* 2013).

The newly graduated nurses engaged voluntarily, which raised the possibility of their experiences not being entirely representative of all newly graduated nurses. Nevertheless, the participants' median age aligned with the broader demographics of nurse graduates in Denmark (Danske Professionshøjskoler, 2023a). Voluntariness was emphasised as an ethical imperative to establish trust and maintain research ethics, aligning with the principles highlighted in Higginbottom et al. (2013). Access to the research field and participant recruitment was pre-arranged with managers and introduced a potential influence from power dynamics and obligations on volunteer engagement. The access to the field and the newly graduated nurses was restricted based on a promise to minimise disruptions in their already busy clinical practice. This promise included a limited estimated time for field observations and interviews.

The participants received an initial briefing, clarifying that the purpose of observations was to understand their direct care actions (how) and motivations (why), rather than making judgment about these actions. This approach aligned with the study's specific aim and was emphasised to ensure entry into the field. However, a challenge arose when instances of delayed or missed care actions were witnessed. In retrospect, it would have been wise to communicate my dual role - as a researcher and as a nurse, in ensuring patient well-being to the newly graduated nurses. This could have led to a collaborative agreement on protocols for researcher involvement in cases where patient care was compromised.

To enhance the trustworthiness of the study findings, triangulation was employed. This involved cross-referencing the findings from the ethnographic analysis with various data sources, such as field notes, interview transcripts, and participant feedback. During the interviews, observations were verified by seeking confirmation from the participants themselves. For instance, the participants were asked if the observation represented their own experiences, inviting their input on specific aspects observed. The focused ethnography approach permitted both formal interviewing and informal discussions to ascertain participants' perspectives, validate observations and collect data on unobserved or non-observable issues, such as attitudes and feelings (Higginbottom *et al.,* 2013). This process of triangulation and member-checking was implemented to enhance the objectivity, credibility, and validity of the research (Fusch & Ness, 2015; Adler, 2022). The members of the supervisory panel also engaged in ongoing discussions about the transcriptions of field notes, the reflexive journal, and interviews to ensure consistency in data collection techniques – a practice also known as investigator triangulation (Adler, 2022). By reflecting on the notes from

the observations during the interviews, participants were given the opportunity to provide feedback from their own perspective, further strengthening the member-checking process (Adler, 2022).

Trustworthiness

The thematic synthesis of the findings from the umbrella review and the focused ethnography allowed a comprehensive understanding of the area researched: exploring and describing newly graduated nurses' direct care delivery. Undertaking this thematic synthesis had the advantage of generating an overall understanding of existing knowledge to facilitate a deeper comprehension of the topic-at-hand (Polit & Beck, 2021). The process of synthesising the findings of the two studies was achieved via a thematic synthesis (Thomas & Harden, 2008). To ensure trustworthiness, the concepts of confirmability, credibility, dependability, and transferability were consistently addressed within the synthesis, whilst also being cognisant of the strengths and limitations of the two individual studies and as listed above. Therefore, considering the trustworthiness in the synthesis, inherently involves considering both Study 1 and Study 2. Lincoln & Guba (1985) emphasised that these four areas of trustworthiness warrant substantial consideration and establish the prerequisites for high-quality qualitative research. Different strategies have been used to ensure the trustworthiness of the synthesised findings. These strategies are discussed in the following.

Confirmability addresses the research's objectivity, safeguarding an unbiased presentation of participants' viewpoints and results by mitigating researcher bias (Polit & Beck, 2021). The research process of the thematic synthesis ensured confirmability through meticulous documentation of every decision and step. Transparent rationale for methodology selection, data collection, and analysis was consistently provided. Methodological consistency was maintained throughout, with the findings from the three papers coded in a uniform manner to establish a clear connection between the data and findings. Data triangulation was also employed, incorporating diverse sources (first- and second-hand interpretations and existing research) to cross-validate conclusions. Additionally, peer review was sought from the supervisory panel, allowing external researchers to scrutinise research methods and findings. The outcomes of this review process with supervisors were incorporated into the synthesis. A comprehensive audit trail was meticulously maintained by using the NVivo software, ensuring traceability in the synthesis process. Methodological reflexivity was practiced, acknowledging and addressing potential biases. These actions collectively fortified the confirmability of the synthesis, exemplifying that interpretations and findings were firmly grounded in the data (please refer to table 11).

Credibility addresses the confidence in the authenticity of the results, assessing how accurately they reflect the underlying data (Polit & Beck, 2021). While conducting the synthesis, credibility was rigorously maintained. The expertise of multiple

researchers (the supervisory panel) was enlisted for independent data analysis, and peer debriefing sessions were conducted to validate interpretations. Throughout the synthesis, consistent reference back to the raw data was made, substantiating identified themes with specific quotes and examples. The data were meticulously integrated throughout the analytical process, ensuring a faithful representation of the data's essence (Graneheim *et al.,* 2017).

Dependability, as advocated by Polit and Beck (2021), concerns the stability of research results when repeated by other researchers. In this synthesis, several measures were taken to establish dependability. The systematic approach used to synthesise the three published research papers and the detailed reporting of this process within the thesis ensured the research process was transparent and reproducible (Owens, 2021). A limitation of this process was that it was performed by one person independently (i.e., me as a PhD student), however, the data collection process was overseen by the members of the supervisory panel to ensure consistency with the overall aim of this thesis and the data extraction. Furthermore, regular meetings with the supervisory panel were held to discuss any emerging issues and discrepancies during data collection and analysis. This iterative process allowed for the identification and resolution of potential sources of bias. Additionally, comprehensive documentation of the research process was maintained, including data collection procedures and coding decisions. A rigorous and transparent approach to data synthesis and interpretation has been maintained in the synthesis. However, it is recognised that potential interpretation bias exists. To mitigate this potential bias, several strategies were employed, including iterative discussions in the supervisory panel to ensure consensus on themes, peer debriefing with fellow research student and researcher in the research environment of the hospital and university, and member checking with participants to validate the interpretations.

Transferability concerns the extent to which findings can be transferred to another context (Polit & Beck, 2021). The researcher can make suggestions about where and how the results might be transferred and used, leaving it up to the reader to decide. Transferability was addressed throughout the synthesis by aiming to present structured, rich, and detailed descriptions to allow the reader to judge whether the findings are transferrable to their particular context (Graneheim *et al.,* 2017). The findings of the synthesis are intended for use in other contexts; however, potential interventions must be adapted to the specific hospital context and onboarding programs provided therein. The synthesis achieved a deep analytical insight and understanding of newly graduated nurses' delivery of direct care across various countries and cultures. Thematic synthesis was chosen as the method to improve the applicability of the results, ultimately benefiting a wider range of audience (Thomas & Harden, 2008). Thematic synthesis allowed for the identification of themes and patterns in the data, making it easier to extract meaningful insights and recommendations. By organising findings from Studies 1 and 2 (codes) into first descriptive themes and them analytical themes, the synthesised findings become more accessible and understandable for healthcare practitioners, policymakers, educators, and researchers. This approach promotes the practical application of the findings of

this thesis in diverse contexts and contributes to a more comprehensive understanding of newly graduated nurses direct care delivery.

6.4. Implications for education, practice, and policy

The findings of this thesis have expanded knowledge, introduced new perspectives, and offered valuable insights for enhancing direct care delivery and promoting the professional growth of newly graduated nurses in acute care hospital settings. This thesis found that an intricate interplay of individual and contextual factors shaped three aspects of commitment - excellence, compromised, and fluctuating - within the delivery of direct care by newly graduated nurses. Considering the findings, implications for practice, policy and education, are elaborated, along with concrete examples of recommendations to guide those who want to act on the findings of this thesis.

Implications for practice are relevant primarily for nurses working as direct care providers in acute care settings, both in Denmark and on an international scale. This thesis has identified ways in which nurses can be supported and empowered to enhance the delivery of direct care, make informed direct care decisions, and excel in their direct care provision. The findings highlight several recommendations that can serve as actionable steps to elevate the quality of direct care within acute care settings by fostering a culture of feedback and reflection and emphasising excellence, safety, and the positive impact of professional development.

Practice Recommendations:

→ Promoting reflective practice: Encouraging nurses to engage in ongoing self-reflection to cultivate a culture of continuous improvement and a steadfast commitment to excellence in clinical practice.

→ Prioritising person-centered care: Emphasising person-centered care principles, such as nurturing nurse-patient relationships, integrating care seamlessly, and understanding the broader context within which care is delivered.

→ Resilience training consideration: Evaluating the inclusion of resilience training for newly graduated nurses. This equips them with valuable tools to navigate emotional challenges without compromising their dedication to excellence.

In summary, these practice recommendations are designed to create a supportive environment for newly graduated nurses, enabling them to excel in direct care and uphold the highest standards of patient-centred care delivery.

Implications for policy encompass the insights derived from this thesis that possess the potential to shape the development, adjustment, or implementation of policies and regulations. The understanding gained regarding the commitment of newly graduated nurses to direct care delivery can serve as a valuable foundation for the creation of policies, guidelines, and customised onboarding initiatives aimed at facilitating their seamless integration into the healthcare workforce. Recognising the unique challenges faced by newly graduated nurses in direct care, it becomes imperative to provide them with the necessary support resources to sustain their dedication to person-centered care, adapt to complex healthcare environments, and foster their professional growth, as elucidated by Mlambo et al. (2021).

Policy Recommendations:

→ Targeted training and simulation: Implement specialised training and simulation sessions that address the intricacies of direct care within the context of factors that might challenge its delivery.

→ Comprehensive onboarding: Ensure the active participation of newly graduated nurses in onboarding activities, guaranteeing a smooth transition into their roles and responsibilities.

→ Hospital commitment: Hospitals should play a pivotal role in recruiting and retaining committed nurses by upholding their promises regarding the onboarding of newly graduated nurses.

→ Cultivating a culture of excellence: Foster a culture of direct care excellence and continuous improvement within healthcare institutions, with guaranteed onboarding activities to support the delivery of high-quality care.

→ National orientation program: Explore the establishment of a national orientation program, such as a 'Direct Care Excellence Program,' to provide consistent support to newly graduated nurses across regions, thereby anticipating and increasing nurse mobility.

→ Support resources: Allocate support resources to assist newly graduated nurses in maintaining their commitment to person-centered care, adapting to the demands of healthcare environments, and promoting their professional growth.

In summary, these policy recommendations are designed to elevate the quality of patient care, strengthen the resilience of the nursing workforce, and ensure a promising future for both the nursing profession and healthcare institutions alike.

Implications for education encompass the valuable insights derived from the findings of this thesis that bear relevance to the field of education, spanning curricula, pedagogical methods, didactic approaches, and other training strategies aimed at direct care. These implications for education primarily focus on refining Bachelor of

Nursing programmes to better prepare students for direct care delivery and aligning theoretical and practical education. In today's rapidly evolving healthcare landscape, nursing programmes can play a crucial role in shaping the commitment of newly graduated nurses to excel in direct care delivery. While many nursing programmes already provide a solid foundation, it is essential to recognise areas that might benefit from further enhancement. For instance, nursing programmes might benefit from integrating the Fundamentals of Care Framework to guide reflective practice within their curricula; an action also supported by previous research (Muntlin et al., 2023; Voldbjerg et al., 2020). Within an educational context, educational institutions might consider implementing knowledge on the three aspects of commitment: excellence, compromised, and fluctuating to strengthen the coherence between theoretical and practical education. In the curriculum, this can be manifested as learning outcomes focused on training students to engage in critical reflection on their professional practice, as well as their roles and responsibilities within the organisational, administrative, and societal aspects of the healthcare system (Ministry of Education & Research, 2022). Moreover, nursing programmes should prioritise the importance of person-centred care, placing a strong emphasis on nurse-patient relationships, care integration, and the context of care and how these aspects can be applied to strengthen critical reflective processes in alignment with the present recommendations from the Danish Commission for Resilience in Healthcare (Kommisionen for Robusthed i Sundhedsvæsnet, 2023).

Education Recommendations:

→ Learning outcomes for critical reflection: Develop explicit learning outcomes aimed at training students to engage in critical reflection concerning their professional practice, including their roles within the healthcare system and direct care delivery.

→ Emphasis on person-centred care: Place a strong emphasis on person-centred care, including nurse-patient relationships, care integration, and contextual awareness, potentially by integrating the Fundamentals of Care Framework, which can also act as a tool to guide reflective practice within curricula.

→ Resilience training integration: Integrate resilience training into the curriculum to equip students with essential tools to cope with emotional challenges, particularly in the context of direct care delivery, while maintaining a commitment to excellence.

In summary, the call for refinements of nursing programmes is not a critique of existing programmes but a proactive step to address different aspects of newly graduated nurses' commitment to direct care delivery. These education recommendations aim to bridge the gap between theory and practice, ensuring that nursing graduates are prepared and work-ready to excel in direct care and meet the highest standards of patient-centred care in evolving healthcare settings.

CHAPTER 7. CONCLUSION

This PhD thesis focused on exploring and describing the direct care delivery experiences of newly graduated nurses in acute care settings. It delved into the factors influencing their care delivery and their commitment to the nursing profession and workplace. The findings from a thematic synthesis summarised and elaborated on previous research on the factors that sustain, facilitate, or hinder direct care delivery among newly graduated nurses. This thesis can inform targeted interventions and support strategies that enhance the overall quality of direct care delivery to the benefit of both the newly graduated nurses themselves and the patients they provide care for.

To support newly graduated nurses in delivering effective, safe, and high-quality direct care, following considerations must be regarded, including:

Commitment to Excellence: Newly graduated nurses were dedicated to delivering high-quality care and expanding their clinical experiences to become the best possible nurses for their patients. This commitment involved bridging the gap between their intentions and actions, translating their professional beliefs and values into tangible care practices that reflected person-centered care. They strove to ensure that their care actions aligned with their ideals, even in the face of challenges posed by the complex care environment. The dedication to achieving a high level of care quality entailed newly graduated nurses engaging in critical reflections of their actions and the fundamental principles guiding those actions. This introspective process encouraged them to confront ethical challenges and different viewpoints in their professional practice. Their commitment went beyond the theoretical understanding of care and actively sought to apply theoretical knowledge in real-world scenarios, adapting to evolving circumstances to ensure the best possible care for patients.

Compromised Commitment: Direct care provision by newly graduated nurses was characterised by compromised commitment, resulting from multifaceted factors leading to instances of incomplete or delayed care. These factors encompassed intrapersonal, interpersonal, and organisational aspects, such as emotional distress, interactions with colleagues and patients, workload pressures, and resource limitations. The compromised commitment reflected the tension between the desire to provide person-centered care and the challenges posed by various constraints, often beyond the control of nurses. Newly graduated nurses struggled to accommodate patients' physical, psychosocial, and relational needs due to limited time, bedside interruptions, and organisational constraints. These challenges stemmed from the broader healthcare system and its demands, which sometimes required newly graduated nurses to prioritise certain tasks over others, resulting in delayed care actions or care left undone.

Fluctuating Commitment: Hospitals, both at unit and organisational levels, fell short in supporting newly graduated nurses' desire for diverse clinical experiences and in upholding the commitments made by the hospital during the onboarding process. A fluctuating commitment reflected uncertainty, variability, or inconsistency in the dedication shown by newly graduated nurses. This suggested that their commitment was not fixed or steady; rather, it fluctuated based on different factors and circumstances. The newly graduated nurses depended on networks of support and actively sought options to enhance their professional competencies to excel in their nursing roles and become capable and high-skilled providers of direct patient care.

This thesis found a significant alignment between newly graduated nurses' commitment to direct care delivery and the principles of the Fundamentals of Care (FoC) Framework. This alignment was particularly evident within the context of fostering a resilient and dedicated nursing workforce deeply committed to delivering excellence in person-centered care. These findings offered valuable insights into how the aspects of commitment (excellence, compromised, and fluctuating) closely corresponded with the dimensions of the FoC Framework. In fact, newly graduated nurses had fundamental needs themselves, aligning with the dimensions of the FoC Framework. This insight highlighted that the scope of the FoC Framework extended beyond the care delivered solely to patients, emphasising the importance of recognising and addressing the holistic needs of newly graduated nurses as they embarked on their journey to provide high-quality, patient-centered care.

This thesis called for educational and hospital institutions to navigate the complexity of preparing, recruiting, onboarding, and retaining newly graduated nurses. Understanding the interplay between their commitment to excellence, compromised commitment, and fluctuating commitment as direct care providers was essential. It also underlined the need to include the perspectives of newly graduated nurses themselves on delivering safe, effective, high-quality direct care in discussions about retention, resilience, and support in overcoming transition challenges in educational and clinical practices. Ultimately, this research contributed to the ongoing improvement of nursing education and practice, enhancing the care provided by newly graduated nurses to benefit both them and the patients they served.

7.1 Future research

In the context of future research opportunities, healthcare and educational institutions can play a pivotal role in preventing compromised care by prioritising a person-centred approach, cultivating supportive care environments, and proactively addressing contextual constraints. Future research holds promise in exploring institutional and educational strategies that bolster direct care delivery by newly graduated nurses.

One area for further investigation revolves around interventions designed to sustain the commitment of newly graduated nurses to direct care. Despite the apparent paradox of investing in onboarding for nurses who might eventually leave, the potential benefits warrant exploration. This onboarding might involve mentorship programs, continuous education initiatives, or institutional adjustments aimed at bolstering newly graduated nurses' commitment. Could the widespread implementation of comprehensive onboarding practices, coupled with guaranteed support, enhance the recruitment and retention of newly graduated nurses, enabling them to work seamlessly across various units, hospital departments, or even different healthcare facilities? Ultimately, could this lead to improved patient care?

Additionally, research could delve into the consequences of compromised commitment on both patient outcomes and nurses' well-being. Understanding how instances of delayed or missed direct care actions impact patients and newly graduated nurses' job satisfaction can shed light on areas for improvement in healthcare settings. Furthermore, examining the influence of institutional policies, workload expectations, and resource allocation on commitment levels is crucial. Are there policy changes that could help mitigate fluctuating commitment?

Incorporating multiple perspectives is vital. While this thesis provides valuable insights from newly graduated nurses themselves, future research should also consider the viewpoints of nurse colleagues and managers who support them. This holistic approach can yield deeper insights into the challenges faced by newly graduated nurses and potential solutions to enhance retention, resilience, and transition support.

Moreover, exploring the success of nursing educational curricula in adequately preparing newly graduated nurses for the challenges they encounter when delivering direct patient care in real-world healthcare settings is vital. This research can investigate necessary curriculum changes to better align with clinical practice demands, considering context, healthcare systems, and evolving healthcare needs. For instance, studying the influence of person-centred care principles using the Fundamentals of Care Framework in nursing education on nurse students' direct care delivery and understanding common dilemmas they face in direct care encounters can provide valuable insights.

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APPENDICES

Appendix A. Interview guide for Study II

Velkommen,

Tak fordi du vil komme og tak fordi jeg måtte følge dig på afsnittet.

Som supplement til mine observationer vil jeg gerne tale med dig om særligt to ting – nemlig dine oplevelser af

(1) at udføre sygepleje for og med patienter

(2) faktorer, der enten støtter eller forhindrer dig i at udføre sygepleje for og med patienter.

Det kommer til at foregå sådan, at jeg stiller dig et spørgsmål, som jeg gerne vil have dit perspektiv på. Spørgsmålene er formuleret på baggrund af de mønstre, som jeg har set, går på tværs af afsnittene.

Jeg kommer til at sætte nogle af de observationer i spil, som jeg gjorde mig i de vagter, hvor vi fulgtes ad, men vil også rigtig gerne høre om andre eksempler.

Interviewet vil vare ca. 45 minutter. Som jeg skrev i invitationen til interviewet – vil jeg optage vores samtale.

Inden vi går i gang, er det vigtigt for mig at sige, at jeg ikke er interesseret i et 'rigtig' svar, men netop at få nuanceret, hvordan du oplever at udføre sygepleje, når du er sammen med patienterne, og hvilke faktorer du har erfaret, får betydning for dette. Der er ikke tale om en vurdering eller et forhør. De spørgsmål, som jeg stiller, hænger sammen med, at jeg er nysgerrig på dit perspektiv.

Nu har jeg set, hvordan det udspiller sig i virkeligheden – men i en forsimplet form, da jeg ikke haft indblik i dine tanker og overvejelser og det er det, jeg håber på, at du nu vil dele med mig

Introspørgsmål	Det første spørgsmål kommer til at handle om, hvordan du generelt oplever den sygepleje, der udføres på afsnittet.
	Hvis du skal beskrive sygeplejen på dit afsnit, hvilke ord vil du så bruge? Hvordan harmonerer det med den sygepleje, som du gerne selv vil stå for?
Hovedspørgsmål	De næste spørgsmål kommer til at handle om dine oplevelser af at udføre sygepleje for og med patienter og faktorer, der enten støtter eller forhindrer dig i at udføre sygepleje, når du er sammen med patienten
	Hvordan oplever du det at udføre sygepleje for den enkelte patient? Kan du give eksempler? Hvad er forskellen på at….
	Hvad har/får betydning for din muligheder for at udføre sygepleje til den enkelte patient? Kan du give eksempler? Hvad er forskellen på at….
	Hvad støtter dig i at udføre sygepleje? Kan du give eksempler?
	Er der noget, der *ikke* virker støttende i at udføre sygepleje? Hvis ja, kan du give eksempler? Hvad er forskellen på at…
	Oplever du, at du kulturen på afsnittet påvirker den sygepleje, du udfører den enkelte patient? Kan du give eksempler på, hvordan det kommer til udtryk? Hvad gør du selv i sådan(ne) situation(er)? Hvad er forskellen på at….
	Hvad er det vigtigste for dig, når du møder ind og inden du går hjem fra en vagt? Hvordan kommer dette til udtryk? Hvad er forskellen på at…
	Oplever du nogle gange situationer eller dage, hvor du bliver følelsesmæssigt påvirket? Hvis ja, hvordan håndterer du så det? Kan du give eksempler?
	Vil du slutte med at fortælle kort, hvorfor du valgte at søge arbejde på afsnittet?
Afsluttende spørgsmål	Inden vi runder af, vil jeg spørge dig
	Er noget som jeg ikke har fået spurgt ind til som du vurderer, er væsentligt for mig at vide i forhold til dine oplevelser af (1) at udføre sygepleje (2) faktorer, der påvirker den udførte sygepleje

Appendix B. Ethical approval from Data Protection Agency

REGION NORDJYLLAND
– i gode hænder

Aalborg Universitetshospital, Sdr. Skovvej 15, 9000 Aalborg
Maiken Holm Kaldal
Forskningsenheden for Klinisk Sygepleje

Forskning, Uddannelse
og Innovation
Forskningsdata og Statistik
Sdr. Skovvej 15
9000 Aalborg

Forskningsdatakonsulenterne
forskningsanmeldelse@rn.dk

8. marts 2022

Registrering af projekt i Region Nordjylland

Hermed bekræftes registreringen af følgende projekt: "*At yde sygepleje – en fokuseret etnografisk undersø-gelse af kontekstuelle faktorer, der influerer den nyuddannede sygeplejerskes ydede sygepleje*".

Registreringen medfører, at projektet nu indgår i regionens samlede fortegnelse over igangværende projek-ter i henhold til databeskyttelsesforordningens artikel 30.

Projektet har ID-nummer: F2022-035. ID-nummeret skal oplyses ved alle fremtidige henvendelser vedrø-rende projektet.

Dataansvarlig er Region Nordjylland med Maiken Holm Kaldal, som projektansvarlig.

Registreringen er sket med de oplysninger, der er angivet i den fremsendte registreringsanmodning inkl. de ændringer, der er aftalt pr. mail (bilag 1).

Hvis du har spørgsmål eller kommentarer til det fremsendte, er du meget velkommen til at kontakte os.

Med venlig hilsen
Anne-Kathrine Rosenkrans Sørensen
Forskningsdatakonsulent
Tlf.: 97666276
Mail: forskningsanmeldelse@rn.dk

Appendix C. Form of consent

Informeret samtykke til deltagelse i sygeplejefagligt forskningsprojekt

Forskningsprojektets titel:

'At yde sygepleje - en fokuseret etnografisk undersøgelse af faktorer, der influerer den nyuddannede sygeplejerskes ydede sygepleje.'

Erklæring fra informanten:

Jeg har fået skriftlig og mundtlig information og jeg ved nok om projektets formål, metode, fordel og ulemper til at sige ja til at deltage.

Jeg ved, at det er frivilligt at deltage og at jeg altid kan trække mit samtykke tilbage uden at det har konsekvenser for min stilling som sygeplejerske. Jeg giver samtykke til at deltage i forskningsprojektet og har fået en kopi af dette samtykkeark samt en kopi af den skriftlige information om projektet til eget forbrug.

Informantens navn: xxx xxx

Dato:_____ Underskrift:_____

Ønsker du at blive informeret om forskningsprojektets resultat? (sæt kryds udfor ja eller nej)

Ja: _____ Nej:_____

Erklæring fra den der afgiver information:

Jeg erklærer, at informanten har modtaget mundtlig og skriftlig information om studiet. Efter min overbevisning er der givet tilstrækkelig information til, at der kan træffes beslutning om deltagelse i forskningsprojektet.

Dato: 19-04-2022