

New Nursing Graduates' Relationships with Experienced Nurses in Practice: An Integrative
Literature Review

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A project submitted in partial fulfillment of the requirements of the degree of

MASTERS IN NURSING

in the School of Nursing, University of Victoria Faculty of Human and Social development

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Abstract

New nurses entering practice for the first time are faced with adjusting quickly to the requirements of the workplace. Support during this period of adjustment is essential. To obtain support new nurses must form interpersonal relationships with their experienced peers. This integrative literature review follows the guidelines set out by Whittemore and Knafl (2005) and examines how intraprofessional relationships with experienced nurses influence new nursing graduates' transition into practice. A total of 15 research articles focusing on new nursing graduates were chosen for this integrative review. Qualitative studies were evaluated using an adaptation of Ryan, Coughlan, and Cronin's (2007) critique and quantitative studies were critiqued using Coughlan, Cronin, and Ryan's (2007) framework. The findings are presented in three themes: weaving into the fabric, navigating the landscape, and playing the game. Peplau's Theory of Interpersonal Relations was used to inform the discussion. The findings are significant to Advance Practice Nursing (APN) in both academic and clinical settings. Nursing students need assistance to improve their interpersonal skills and increase self-awareness. Nurse educators should use teaching strategies that help nursing students feel empowered. In the clinical setting nurse educators should create strategies which build an esprit-de-corps between nurses, assist with teambuilding, and improve nurse-to-nurse communication. Recommendations for future research include how intraprofessional relationships between new nurses and experienced nurses in community settings influence new nurses transition into practice; how gender influences new nurses and experienced nurses relationships during role transition; and finally how intraprofessional relationships between different category of nurse [RN or RPN] may influence new nurse role transition.

Acknowledgements

I wish to extend my gratitude to a number of people who guided, encouraged, and assisted me during this endeavor. First I wish to thank Elizabeth Banister for her strength, patience, and encouragement during this arduous journey. She never gave up hope that I could accomplish this project. There were many times I felt this project was an insurmountable hurdle and that I was not up to the task. However, Elizabeth encouraged and supported me to continue to the end of the journey and for that she has my eternal gratitude. To my second committee member, Karen MacKinnon, I want to extend my sincere thanks for the input and suggestions you made to improve my project. The educators in the Advance Nursing Practice program at UVIC are exceptional leaders in the field of nursing and I am honored to have them mentor me through my Masters.

I also wish to mention my editor, Caroline Mashinter, who helped me see the progress I had made and provided assistance with my writing. She listened while I talked through ideas and asked pertinent questions to help me clarify my thoughts.

Finally, I want to thank my family. I am grateful for the joy they bring to my life. My husband, sons, and extended family encourage and inspire me every day. To my parents and siblings who live far away, thank you for always encouraging me to advance my education and take on new challenges.

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integrative literature review**

Preface

A few years ago I began teaching a course called Development of Self within the Profession. This course was offered to nursing students nearing the end of their practical nursing program. The course covered concepts such as entry-to-practice expectations and current issues impacting nurses and nursing. During this course nursing students explored “professional role transition” (Duchscher, 2012, p. 21) and discussed the differences between the role of the student nurse and role of the registered [practical] nurse.

As these nursing students graduated and entered nursing practice many kept in contact with me. They were excited to finally achieve their goal of working in healthcare and were looking forward to being ‘real’ nurses (Kelly, 1998). They shared the variety of experiences they encountered as they transitioned into nursing practice which included their relationships with experienced nurses. The type of relationship new nurses experienced varied from one individual to another, with some new nurses forming more positive relationships than others. During my entry into practice, both in Northern Ireland and in Canada, my own relational experiences were varied and dependent on the experienced nurses with whom I was working. I discovered when working with some nurses I built confidence and with others I felt crushed. Twenty years on, I discovered new nurses were sharing relational experiences similar to my own and I was curious to know why some relationships were positive while others were not. This sparked my interest to explore the concept of interpersonal relationships between new graduate nurses and experienced nurses in more depth.

Overview and definitions

Cooper (2010) explains how conceptual definitions can vary and it is essential to provide clear operational definitions for the variables of interest. Therefore the terms relationship, new nursing graduate, and experienced nurse require clear definition and description. The concept of relationships is broad and varied. This is important to state up front as each discipline interprets and understands relationships in its own way and will view relationships through its own theoretical perspective (Kelley et al., 1983). All relationships have underlying motive, intention, and purpose and can be seen in the patterns they produce (Peplau, 1989). Relationships have been defined as the way two or more people are interconnected and the impact they have on the other (Kelley et al., 1983; Levett-Jones, Lathlean, Higgins, & McMillan, 2009; Peplau, 1989). Intraprofessional relationships occur between members of the same profession (Duddle & Broughton, 2007).

My project takes the form of a literature review on the concept of intraprofessional relations between new nurses and experienced nurses in practice. The primary population of interest for this literature review is new nursing graduates and it is from the perspective of new nursing graduates that relationships will be explored. New nursing graduates have successfully completed nursing undergraduate education and have less than three years of work experience in nursing (Cho, Laschinger, & Wong, 2006; Duchscher, 2008). As my literature review examines the intraprofessional relationships between new nurses and experienced nurses, the secondary population of interest is experienced nurses. Experienced nurses have three or more years of experience working in the field of nursing as qualified nurses (Baumberger-Henry, 2012). In this literature review the term nurses includes both registered nurses and registered [licensed] practical nurses.

Statement of Problem

New nursing graduates have been described as a vulnerable population (McIntyre & McDonald, 2010; Rudman & Gustavsson, 2011). A vulnerable population is perceived to be susceptible to harm and requires special care and support (Mosby's dictionary, 2012). New nurses' entering practice face unfamiliar situations, experience high job demands, all while trying to understand their role. Most are unsure what the role entails and experience role conflict, role ambiguity; all of which produce role stress (Chang, Hancock, Johnson, Daly, & Jackson, 2005). Role stress is particularly problematic as it is strongly associated with fatigue and burnout (Riahi, 2011). Emotional and physical fatigue impacts new nurses' ability to thrive and even survive in nursing (Rella, Winwood, & Lushington, 2009; Stamler & Gabriel, 2010). New nurses seek job satisfaction (Lavoie-Tremblay, O'Brien-Pallas, Gélinas, Desforges & Marchionni, 2008). The imbalance between what new nurses want and what they experience can produce dissatisfaction. Dissatisfaction with nursing and burnout are underlying causes for new nurses' decisions on whether (or not) to remain in nursing (Laschinger, Finegan, & Wilk, 2009; Tourangeau & Cranley, 2006).

Retaining new nursing graduates has been identified as priority issue within the Canadian healthcare system (Canadian Federation of Nurses Unions, 2014; MacPhee, 2014). In 2013, over 7000 new nurses were registered with the College of Nurses of Ontario (CNO); with more than 70% of new Registered Nurses (RNs) employed in the acute care sector alongside 27% of newly graduated Registered Practical Nurses (CNO, 2014). Unfortunately, a number of recent studies have found that half of new nurses are considering changing employer or leaving nursing (Lavoie-Tremblay et al., 2008; Rhéaume, Clément, & LeBel, 2011).

Nurses are essential to the well-being of Canadians and have been shown to improve the health outcomes for patients (Canadian Nurses Association, 2009). As patient numbers and level of complexity increase it is important there be enough nurses to safely manage this workload. Inadequate staffing compromises patient safety and increased risk for adverse outcomes and hospital readmissions (McHugh & Ma, 2013). When nurses quit jobs, change organizations, or change profession, many aspects of healthcare are negatively impacted including reduced patient safety and increased organizational costs (Dawson, Stasa, Roche, Homer, & Duffield, 2014). Additionally, high attrition rates have been shown to erode the morale of the remaining nurses and impart a negative image of nursing as a career choice (Baumann, 2010; Dawson, Stasa, Roche, Homer, & Duffield, 2014).

Many factors contribute to the satisfaction and retention of new nurses (Beecroft, Dorey, & Wenten, 2008; Bogossian, Winters-Chang, & Tuckett, 2014). The psychosocial element of the work environment is an important component in employee health (Devonish, 2013). Supportive work environments, which evoke a strong sense of community and espouse civil interpersonal relationships, produce higher job satisfaction (Laschinger, Finegan, & Wilk, 2009). Successful interprofessional and intraprofessional collaboration can enhance nurses' well-being in the work environment (Barrett, Curran, Glynn, & Godwin, 2007; Duddle & Boughton, 2007).

New nursing graduates entering the workforce are exposed to a myriad of different interpersonal [intraprofessional and interprofessional] relationships. Positive work relationships and effective intraprofessional collaboration increase their intention to remain employed (Tourangeau & Cranley, 2006). Alternatively, unsupportive environments and negative relationships are linked with emotional exhaustion, burnout, and nurse turnover (Laschinger, Grau, Finegan, & Wilk, 2010; Cho, Laschinger, & Wong, 2006; Scott, Engelke, & Swanson,

2008). Healthcare organizations are recognizing the need to support and promote behaviours and values which improve the quality of work environments for nurses (Registered Nurses Association of Ontario, 2010). The Canadian Nurses Association (CNA), 2009, states that strategies to maintain and enhance the nursing workforce are healthcare priorities.

New Nurse Graduate Role Transition

There a number of factors at play when new nurses step into the work force for the first time. New nursing graduates enter nursing with optimism and are excited about their choice of career (Duchscher, 2009). As they enter practice they undergo role transition as they move from being nursing students to registered nurses (Bjorkstrom, Athlin, & Johansson, 2008). During this transition, they often discover that the reality of nursing is quite different than they expected. Research into this concept has shown that new nurses entering the nursing workforce for the first time will experience “transition shock” (Duchscher, 2009, p.1104). Transition shock reflects the difference new nurses experience between nursing school and the workplace in their “relationships, roles, responsibilities, knowledge, and performance expectations” (Duchscher, 2009, p.1105).

Adjustment to registered nurse from nursing student is a process which takes time (Duchscher, 2008; Schoessler & Waldo, 2006). New nurses undergoing role transition find it a circuitous process in which they experience many psychological, physical, emotional, intellectual, and personal changes (Duchscher, 2008). During this time of transition, new nurses' face intense personal and professional growth as a result of transformative learning experiences (Mezirow, 2003). Transformative learning is an important aspect of role development as new nurses learn to think and act more independently (College of Nurses of Ontario, 2014). This

process can have profound effect, impacting new nursing graduates' self-concept, career satisfaction, and retention within nursing (Cowin & Hengstberger-Sims, 2006).

Role transition requires that new nurses evolve from task focused activities to being able to manage dynamic nursing situations (Baumberger-Henry, 2012; Duchscher, 2008). New nurses graduate from nursing school with a good foundation in theoretical knowledge however many struggle with managing time, understanding their professional role, and adjusting to new routines (Duchscher, 2008; Schoessler & Waldo, 2006). They lack confidence and experience in clinical judgment and decision-making (Del Bueno, 2005). They are often required to multitask the demands of the physical and psychosocial work environment, identify changing priorities, and rapidly move from one activity to the next (Duchscher, 2008; Chernomas, Care, McKenzie, Guse, & Currie, 2010; Wolff, Pesut, & Regan, 2010). Adjusting to these requirements is very physically and cognitively demanding (Cornell et al., 2010). Most new nurses lack confidence in their ability to handle the complexities of the workplace and can take up to a year to feel comfortable in their new role (Duchscher, 2012).

New nurses, transitioning into the workplace, leave the familiarity and security of the clinical mentor. Many are experiencing independence for the first time and tackling the responsibility of autonomous practice (Duchscher, 2008; Newton & McKenna, 2007). To assist them during their role transition new nurses need support and guidance from other nurses (Etheridge, 2007). As a means of obtaining support they often buddy up with more experienced nurses (Duchscher, 2008; Hoffart, Waddell, & Young, 2011). This provides new nurses the opportunity to work closely with another nurse in practice. This association may be formally instigated by the new nurses' employer or informally arranged by new nurse graduates

themselves. The buddy system is intended to help the new nurse build clinical knowledge (Deppoliti, 2008).

New nurses often lack confidence in their practice related decisions (Clark & Holmes, 2007; Kramer et al., 2013) and are afraid of causing harm (Dyess & Sherman, 2009; Evans, Boxer, & Sanber, 2008). They need support from experienced nurses to gain confidence in their ability to provide safe care (White, 2009). Supportive relationships provide new nurses the freedom to use their initiative and try new ways of doing things (Oermann & Garvin, 2002). Guidance and support by experienced colleagues has been shown to increase new nurses' critical thinking and improve patient outcomes (Hoffart, Waddell, & Young, 2011).

Nurse-to-nurse relational connections are an essential aspect of nursing (Canadian Nurses Association, 2010). According to Newman (2002) positive interpersonal relationships are reciprocal in nature where both parties benefit from the experience. However, each new nurse's relational connection will be experienced subjectively and reflect contextual situatedness (Fawcett, 2009). This subjective experience will influence new nurses' self-esteem, self-concept, trust, and sense of belonging (Arnold & Boggs, 2011; Cowin & Hengstberger, 2006; Duchscher, 2009; Kozier et al., 2014).

Research Question

How do intraprofessional relationships with experienced nurses influence new nursing graduates' transition to practice?

Purpose and Objectives

The intention of this literature review is to explore intraprofessional relationships between new nursing graduates and experienced nurses in practice.

- To identify recurrent themes within intraprofessional relationships between new nursing graduates and experienced nurses present in the nursing literature.
- To develop a greater understanding of how new nursing graduates' intraprofessional relationships impact and influence their transition into nursing practice.
- To identify ways in which advanced practice nurses can promote collegial relationships that support new nurses during their transition to nursing practice.

Theoretical Perspective

The theory I have chosen to use as the lens for this literature review is Peplau's Theory of Interpersonal Relations (1952/1992). The theoretical perspective of "symbolic interactionism" (Crotty, 1998, p. 3) is used as a lens in which to examine "social influences on personal development" (Peplau, as cited in Forchuk, 1993, p.4); this theoretical perspective underpins much of Peplau's work. An assumption within this approach is that society is considered to be socially constructed and subjectively interpreted. Individuals impose subjective meaning onto objects, activities, events, and behaviours (Mezirow, 2003). Therefore meaning, language, and thought impact and reflect individuals' sense-of-self and socialization with others. Meaning is how human beings subjectively interpret situations and act towards others based on that meaning. Language enables us to negotiate symbols, such as words and gestures (Mills, 2004), while thought enables us to interpret symbols and meaning and can change our behaviour.

Methodological Approach

It is important to be explicit about the methodology in my project and that the methodology be congruent with the epistemological perspective being used (Crotty, 1998). Theoretical and practical characteristics differentiate literature reviews, even if done using similar original research (Cooper, 2010). The methodological approach I chose for this project is

the integrated literature review (Whittemore & Knafl, 2005). Integrative literature reviews synthesize a wide variety of disparate types of evidence and allow this material to be used in a new way (Torraco, 2005). The purpose of an integrative literature review is to summarize what is known about a certain concept, meld that knowledge, and offer a fresh perspective (Torraco, 2005; Whittemore & Knafl, 2005).

The literature review must be undertaken in an organized and systematic way in order to reduce bias and inaccuracy (Cooper, 2010). I chose to use the specific methodological approach described by Whittemore and Knafl (2005) to enhance the methodological rigor of the integrative literature review (Cooper, 2010; Whittemore & Knafl, 2005). Whittemore and Knafl's (2005) guidelines include the following steps: problem identification, literature search, data evaluation, data analysis, and presentation (See Appendix A).

Problem Identification

Whittemore and Knafl (2005) recommend clearly identifying the problem along with the relevant variables. This focuses the review and sets the parameters. The choice of problem is influenced by curiosity and social conditions (Cooper, 2010). A literature review is a synthesis of research which has already been done therefore the problem should already be something of interest to nursing. The purpose of my integrative literature review is to analyze new nurses' intraprofessional relationships with experienced nurses as these new nurses transition into practice. I want to identify themes within these relational experiences. The lens through which I am viewing the data is Peplau's Theory of Interpersonal Relations (1952/1992).

Search Strategy

Transparency in the literature search and selection of information is important (Cronin, Ryan, & Coughlan, 2008). Keeping the aforementioned in mind, I chose a variety of databases as

well as a number of search engines in order to obtain relevant literature. I selected databases such as the Cumulative Index of Nursing and Allied Health Literature (CINAHL), Academic Search Complete, and Medline (Ovid). I also used search engines such as Google Scholar, Bing, and the *Summon* feature of the University of Victoria library.

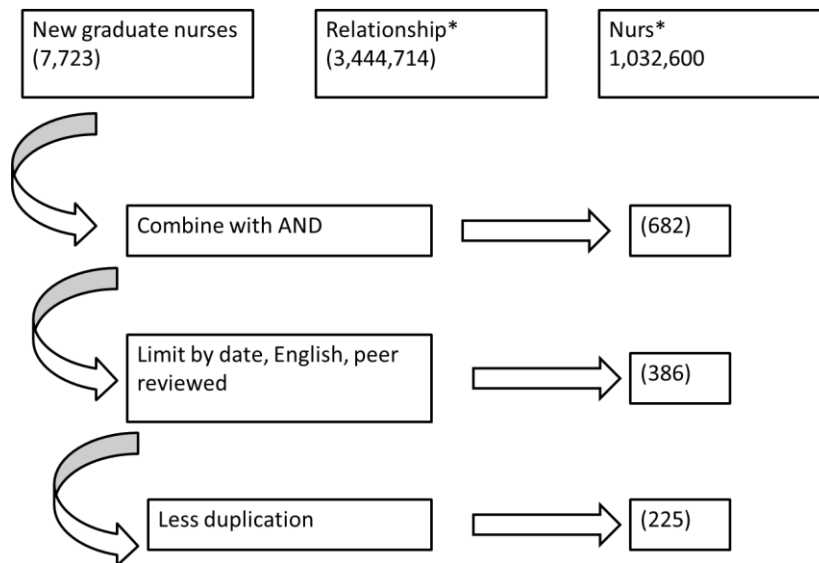
I chose a number of subject headings and keywords to use during my searches. My primary search terms were *new graduate*, *new nurse*, and *novice*. Other search terms used included *nursing* along with *intrapersonal relationships*, *relationships*, *mentoring*, and *role transition*. I used wildcard and truncation symbols such as *int?personal* and *nurs** to avoid eliminating potential articles using comparable terms or alternative spelling. As I obtained and scanned my results I identified other terms used in the literature, such as *socialization* and *collaboration*. I entered these into my search engines to further expand my results.

I applied Boolean operators such as *and* to combine keywords and applied limiters, such as English language, to focus the search. The use of Boolean operators and limiters helped me obtain literature within my chosen parameters: published, peer-reviewed, original research, and within ten years (Cronin, Ryan, & Coughlan, 2008).

I chose scholarly, peer-reviewed journal articles, published in English. I initially focused on articles from the United States of America, Britain, Australia, and Canada. However, to obtain adequate and quality articles I had to expand my search to include studies from countries. One example is a study conducted in Taiwan by Feng and Tsai (2012) published in the *Journal of Clinical Nursing*. I examined the journal in which each research study was published to ensure it applied rigorous procedures to ensure the quality of the article, e.g. blind review, fact checking, and original research. I set the date range from 2005 to present to make the search results both manageable and current; however, I did eventually keep one older article, from

2003. I kept this article as the data was relevant to my literature review. I chose to include only published original research and I excluded secondary research e.g. literature reviews, editorials, and unpublished documents, such as dissertations.

My first search, using CINAHL, on new graduate nurses returned over 7, 000 results. My search on relationship* retrieved over three million. Applying limiters, Boolean operators, and removing duplications significantly reduced the amount yielded to fewer than 250. It was at this point I examined the search results. I read the article summary, title, and subjects (if present). Potential articles were saved into folder to be examined in more depth. I scanned the reference list of each document, using a snowball approach, and articles which appeared potentially relevant were retrieved and saved. An example of one retrieval strategy is presented below:



Inclusion and Exclusion Criteria

To narrow down my variables of interest I focused on my chosen population, phenomenon of interest, and the context and setting [PICO] (Joanna Briggs Institute, 2011; Stern, Jordan, & McArthur, 2014). My primary population of interest is new nursing graduates. To meet the definition of new nursing graduate, individuals needed to have less than three years of

work experience in nursing and have recently transitioned into nursing practice (Duchscher, 2008). New nursing graduates could be registered nurses and registered [licensed] practical nurses. The experienced nurses in practice were also registered nurses and registered practical nurses employed in nursing more than three years.

The phenomenon which I am interested in exploring is the interpersonal relationships which take place between new nurses and experienced nurses in practice. I had to carefully examine what each database defined as interpersonal relationships. For example, Cumulative Index of Nursing and Allied Health Literature (CINAHL), did not use the term interpersonal relationships, but instead uses the term interpersonal relations. The definition of interpersonal relations provided by CINAHL (2015) was “the relationships and interactions between different individuals or groups of individuals” (‘scope note’, 2015). Many of the search results, obtained from different databases, did not explicitly list interpersonal relationships in their subject heading and, of those that did, the majority were not focused on nurse-to-nurse relations. Therefore I had to carefully refine my search strategy to obtain articles which related to my phenomenon of interest.

The goal of my literature review is to gain deeper insight into nurse-to-nurse intrapersonal relationships and how these relationships influence new nurse graduates' transition. Cooper (2010) states research synthesis, such as in a literature review, requires that each study must have “conceptual relevance” (p.116). With this in mind, I excluded research studies which examined horizontal violence between nurses. I deliberately chose to exclude these types of studies as they focused only on one aspect of nurse-to-nurse relationships.

When considering context I looked at geographic region, the healthcare setting, and the type of specialty area where new nurses were employed (Joanna Briggs Institute, 2011).

Initially, I had intended to limit my context to the acute care setting as this is where most new nurses begin their employment (College of Nurses of Ontario, 2014) although I did not limit context to a specific specialty area within the acute care setting, such as an emergency department or obstetrics unit. I had hoped to focus on Canadian research. My preliminary search yielded only three suitable Canadian studies, and I realized I needed to expand my contextual and geographic parameters. In total I obtained 15 suitable studies: three Canadian, five American, four Australian, and one each from Ireland, Taiwan, and Sweden.

As I collected research articles I examined each for the research method used (Mayan, 2009). Most of the articles, meeting my inclusion criteria, took a qualitative approach. I kept studies which used grounded theory (n=3), phenomenology (n=6), and descriptive qualitative (n=4). I kept two articles which used mixed methods (discussed in more detail in my data analysis section). I excluded studies which upon closer reading were not relevant to my project and objectives.

Data Evaluation

The evaluation stage of the literature review requires careful examination of the quality of the data in the resources being used (Cooper, 2010). This requires examining each article for rigour. Rigour in qualitative studies refers to the reliability, credibility, trustworthiness, accuracy of the evidence, along with goodness of fit (Cooper, 2010; Machi & McEvoy, 2012). Rigour in quantitative studies refers to the validity and reliability of the study (LoBiondo-Wood, Haber, Cameron, & Singh, 2009). In the data evaluation stage I needed to critique each article to determine its overall worth (Whittemore & Knafl, 2005).

The first step to this process was choosing an appropriate evaluation tool. There a variety of tools that may be used to critique the quality of a research article (Beck, 2009; LoBiondo-

Wood, Haber, Cameron, & Singh, 2009). I chose to adapt Ryan, Coughlan, and Cronin's (2007) approach for critiquing qualitative research studies (Appendix B). The guidelines set out by Ryan, Coughlan, and Cronin (2007) allowed me to analyze the "elements influencing believability...[and] elements influencing the robustness" of my chosen articles (p.738). It is important to note any scale still leaves room for subjectivity (Cooper, 2010). Therefore, being as clear as possible in how I determined the quality of the data will enhance the auditability of my work.

Beck (2009) states trustworthiness is the important aspect to consider when evaluating qualitative research. Trustworthiness of a qualitative research study should be evident through detailed explanation of the process through which data was obtained and analyzed and evident in the congruence between the data presented and the themes the researchers identify (LoBiondo-Wood, Haber, Cameron, & Singh, 2009). To determine trustworthiness I examined each article to see how clearly the research process, data collection, interpretation, and rights of the participants were described. I further examined each article for credibility, dependability, and goodness of fit (Ryan, Coughlan, & Cronin, 2007). Ryan, Coughlan, & Cronin (2007) recommend examining how the author has justified their choice of methodology, the theoretical framework, sample size and method, data analysis, rigour, and findings. Again these should have a logical internal consistency with the conclusion or implications being congruent with the research question.

According to Coughlan, Cronin, and Ryan (2008) it is important to read over quantitative research for credibility as well as integrity (Appendix C). They suggest that writing style, authors' qualifications, and abstract can inform the reader as to the degree of credibility. To critique the integrity, or robustness, elements such as the logical consistency, external validity,

ethical considerations, methodology, data analysis, and discussion must be objectively evaluated. For example, validity refers to the accuracy an instrument used in the study can measure the data and how confident anyone reading the research can be that the researcher's findings are accurately interpreted (LoBiondo-Wood, Haber, Cameron, & Singh, 2009). Logically, the discussion and conclusion should emerge from the findings of the primary study and reflect the research question. Reliability and validity should be described by the researcher in the discussion or limitations section of the article (LoBiondo-Wood, Haber, & Singh, 2009).

I evaluated each article and determined a score. The maximum score an article could achieve was ten. Some criteria, such as method and theoretical framework, and credibility, auditability, and fittingness, were weighted more heavily than other criteria, such as the literature review. I also examined the applicability of the article to Peplau's Theory of Interpersonal Relations (Fawcett & DeSanto-Madeya, 2013). This did not receive a numeric grade. I took a binary approach to this aspect of the evaluation and either found the information applicable or not applicable to the theory.

Data Analysis

Whittemore and Knafl (2005) say "strategies for data analysis ...are one of the most difficult aspects" in the integrative review process. Therefore the process must be organized and systematic. The first step of data analysis requires cataloging the data and organizing the information (Machi & McEvoy, 2012). I organized the data to enable identification of what information from each study was useful to inform my research question. I created columns with each column listing specific criteria. I created a table which allowed me to organize the information for inter-article comparison on sample characteristics to enhance the methodological rigour of my literature review. I listed the authors, title, journal and the date of publication, as

well as the setting and research method (Garrard, 2007). This table displays my data for display and comparison (Whittemore & Knafl, 2005). I chose to organize my information in a table using the following column headings:

- Author, year, journal
- Location, sample size, participant demographics
- Methodology and theoretical underpinnings
- Findings and discussion
- Score (trustworthiness, credibility, validity)

Another concurrent activity I undertook was to read through the articles a number of times to identify key words and concepts mentioned in the articles. I created a spreadsheet and placed data from each article into it. I placed the author's name on the top of each column and entered the concept underneath. This, along with the data display table, assisted in the identification of themes and patterns. I colour coded certain words or ideas in my spreadsheet. For example, I coloured words and ideas such as 'fitting in', 'feeling accepted', 'feeling welcomed' in blue. Words and themes related to the concept of power, such as 'supremacy', 'powerless', 'subjugated' were coloured in orange. This allowed me to step back from this document and examine how these ideas were evidenced across each article.

During data comparison I looked for relationships and patterns in the data (Whittemore & Knafl, 2005). I clustered ideas, terms and concepts and returned many times to the articles to check the accuracy of my interpretation of these. In my preliminary data comparison I noted themes related to communication, socialization, and power however as I immersed myself in the data these themes evolved and changed. In the end I chose 'weaving into the fabric', 'navigating the landscape', and 'playing the game' as my three main themes.

During the final stage of data analysis, I synthesized the findings and presented this in a narrative format (Whittemore & Knafl, 2005). This required returning frequently to the data and exploring the fit within my themes. I needed to ask myself 'how accurate is my interpretation'? I also needed to critically examine my findings for confirmability (Whittemore & Knafl, 2005).

Data Display¹

Author, Year, Journal	Location Sample Participants	Method & Theoretical Underpinnings	Findings	Score /10
Ferguson, L. M. (2011) Nurse Education in Practice	Canada N = 25 RN	No explicit theoretical framework stated. Method chosen is Grounded Theory (Glaser & Strauss). Method is congruent with underlying philosophy of symbolic interactionism and pragmatism. Why this method was chosen is not clearly stated.	New nurses are socialized into the workplace and profession by experienced nurse colleagues. New nurses recognized the importance of learning in the context of practice. New nurses looked for certain mentor characteristics to facilitate learning. These characteristics were evidenced as positive professional and interpersonal behaviours. Most nurses in the study believed they formed a connection with these mentors and that the relationship was collaborative.	8.5
Fenwick, J., Hammond, A., Raymond, J., Smith, R., Gray, J., Foureur, M., ... Symon, A. (2012) Journal of Clinical Nursing	Australia N = 22 RN	The authors' explain they chose a qualitative descriptive approach due to limited information on this concept. Naturalistic inquiry uses qualitative descriptive methods to provide a basic description of phenomenon of interest.	Four themes presented: 'the Pond', 'the Life-raft', 'Swimming', and 'Sinking'. Within these themes new nurses described the positive and negative relational experiences with experienced nurses in practice. Within the themes new nurses discuss communication, behaviours, and feelings. Positive and negative intraprofessional relationships impacted new nurses' confidence, competence, and anxiety level.	9
Pinchera, B. J. (2012) Nursing2012	U.S.A N = 5 RN	Interpretative hermeneutic approach consistent with the philosophical underpinnings of phenomenology used for this study; author explains that this method allows the researcher to gain insight into the perspective of the participants within the context of the experience.	New nurses experienced fear when faced with new experiences and this fear was intensified when they believed they lacked collegial support. Communication difficulties with experienced nurses compounded negative feelings. New nurses quickly identified those nurses they believed to be helpful, safe, and supportive. New nurses who felt they were being negatively	7

¹ The articles, used to inform this integrated literature review, are marked with an asterisk on the reference page.

			scrutinized or felt a lack of support demonstrated avoidance. Supportive colleagues improved feelings of self-worth in new nurses.	
Mooney, M. (2007)	Ireland N = 12 RN	The author choose grounded theory; applying an inductive approach to allow issues to emerge. This was appropriate for the aim of the study and congruent with philosophical underpinnings (symbolic interactionism and pragmatism).	New nurses in the study felt vulnerable and powerless. They described wanting to fit in and felt an expectation from experienced peers that they try to fit in. They often believed they were resented by experienced nurses and this made their life difficult. They felt they were often unfairly blamed and distrusted compared with more experienced peers. They believed no one listened to them which made them feel powerless and defeated. They often felt fear. The deviant case in this study describes a different experience stating that she felt happy because the experienced nurses looked after her.	9.5
International Journal of Nursing Practice				
Feng, R-F., & Tsai, Y-F. (2012)	Taiwan N = 7 RN	Qualitative descriptive design chosen. Consistent with aim of study; appropriate to describing phenomenon in the naturalistic paradigm. Authors explain this method would provide a rich description of the phenomenon.	Upon first entering practice new nursing graduates felt helpless and stated their need for support. They described a lack of support by experienced peers. The new nurses perceived their lack of experience and knowledge as a weakness. They felt being part of the team was very important to them and they worried about making colleagues unhappy. They expressed a need for acceptance and felt it was painful to be new. They felt that some nurses were difficult to get along with, unpleasant, and unhelpful.	9.5
Journal of Clinical Nursing				
Pellico, L. H., Brewer, C. S., & Kovner, C. T. (2009)	U.S.A. N = 3266 N = 612 95% RN 5% LPN	This study is part of a larger mixed methods study –the qualitative findings are analyzed and presented in this study. Thematic analysis used – philosophical background is constructivist and analysis process provides description and interpretation. Reason for this approach not stated.	The new nursing graduates in this study described feeling manipulated and mistreated. They all felt they experienced painful criticism and described verbal and non-verbal abuse. Asking for help did not necessarily work. They felt their experienced peers lacked compassion. Collaborative relationships were described as beneficial.	9
Nursing Outlook				
Saghafi, F., Hardy, J., & Hillege, S. (2012)	Australia N = 10 RN	The author's use Husserl's phenomenological approach to explore the subjective lived experience of new nurses; bracketing was used to remove author bias and experience. Method is consistent with	New graduates in the study experienced positive and negative communication. Participants felt astounded by different attitudes and personalities. In situations where communication was challenging the new nursing graduate avoided that	10
Contemporary				

Nurse		naturalistic paradigm.	person in future. New nurses desired support and constructive feedback from more experienced nurses. Key themes included supportive interactions, feedback, trust, and respect.	
Malouf, N., & West, S. (2011) Nurse Education Today	Australia N = 9 RN	Grounded theory (Glaser and Strauss) was used for data collection, analysis and interpretation; concurrent data collection, analysis, and interpretation. Author does not explain why this method was taken; method is appropriate for qualitative research in the naturalist paradigm when the goal is comprehensive explanation.	New nurses desired not to be perceived by experience peers as stupid or worthless. Feelings of shame emerged when they believed other nurses thought them stupid or lacking. When new nurses felt they had established strong bonds they felt more comfortable. New nurses believed that it was important to figure out different relationships and to find out who was helpful and nice. When they met someone they 'clashed' with they subsequently avoided that person. This could become a pattern of behaviour.	7
Andersson, P. L., & Edberg, A-K. (2010) The Journal of Continuing Education in Nursing	Sweden N = 8 RN	Under data collection and analysis, qualitative content analysis used; under discussion, authors' state the study was undertaken to describe, gain knowledge of, and understand. These statements are congruent with studies conducted within the naturalistic paradigm which is congruent with the purpose of the study and the phenomenon of interest. After analysis the researchers' state their findings reflect Benner's theory (novice to expert) and Duchscher's theory (Doing, Being, and Knowing).	New nurses want approval, to be accepted, and to feel that they belong. They felt anxious about how they would be perceived by more experienced nurses. When they felt they were being listened to they felt more self-confident. Often they believed they were being judged. They felt fear when they thought they might say or do something wrong. Some patterns of behaviour they exhibited were to hide their feelings of insecurity or pretend. They were very focused on their own behaviour.	8.5
Laschinger, H. K. S., Finegan, J., & Wilk, P. (2009) Nursing Economics	Canada N = 247 65% RN 35% LPN	Quantitative study; descriptive correlational. Research question hypothesized new graduates who are supported will rate coworker civility higher along with feelings of empowerment, in turn lowering emotional exhaustion. A number of data collection instrumentation methods were used; Cronbach alpha applied to ascertain internal consistency (reliability when subparts are present).	Respect and civil behaviours improved the perception of a quality work environment. Limited information about the nature of the relationships.	9
Kelly, J., & Ahern, K.	Australia	The authors' use Husserl's philosophical approach to	The authors' state belonging and professional socialization can impact	9.5

(2008) Journal of Clinical Nursing	N = 13 RN	guide the study which is appropriate for exploring the subjective lived experience. The authors use bracketing or the "Epoche process" to remove researcher bias from the study. Method is consistent with phenomenology.	new graduate satisfaction and retention. When new nurses first entered practice they came to know the experienced nurses, and as a result of positive interactions trust was built. New nurses interpreted experienced nurses' interpersonal communication techniques in order to understand whether messages were positive and negative. New nurses experienced power dynamics which both positively and negatively affected their confidence and level of anxiety.	
Zinsmeister, L. B., & Schafer, D. (2009) Journal for Nurses in Staff Development	U.S.A. N = 9 Unknown if RN or LPN	The authors' chose qualitative inquiry using a phenomenological approach. The authors explain this method was chosen to as it focuses on the structure and essence of new graduates' transition experience and allows researchers to learn how the new nurses interpreted their world.	Five themes emerged during this study. Within these themes new nurses expressed positive and negative feelings based on their experiences and perception of these experiences. The relationships they experienced with more seasoned nurses helped them build confidence, knowledge, and understand their role. The new nurses felt cared for when their interpersonal exchanges with experienced peers were positive. Interpersonal relationships influenced new nurses' professional socialization into nursing.	9.5
Rhéaume, A., Clément, L., LeBel, N., & Robichaud, K. (2011) Nursing Leadership	Canada N = 23 RN	The theoretical framework chosen was Symbolic Interactionism. This was chosen to gain understanding of the participants' points of view and how these developed. Symbolic interactionism focuses on meaning, language, and thought. In the data collection and analysis sections a qualitative interviewing technique was used.	Five themes emerged. In the beginning new nurses felt overwhelmed and anxious, incompetent, inadequate. Induction into organizational culture included learning roles, rules, and forming relationships. Workplace relationships and support helped new nurses when they experienced difficulty situations. Participants struggled to relearn how to work with others. They experienced fear and anxiety and questioned their competence. Those who experienced positive interpersonal relationships with experienced peers felt more supported than those who did not.	9.5
Schumacher, D. L. (2007) Journal for Nurses in Staff Development	U.S.A. N = 10 RN	The author chose a qualitative inquiry based on phenomenology. This research method is appropriate to explore and gain understanding of the lived experience of the participants in the study. Unusually, the researchers used	Ten themes emerged; six themes reflected caring interactions and four themes reflected non-caring interactions. New nurses who experienced positive interactions felt cared for, safe, welcomed, and included. Those who felt they experienced negative interactions	9.5

		both journaling and interviews to inform the study.	felt excluded, belittled, anxious, and untrustworthy. New nurses who felt they received good feedback grew in confidence and ability; those who received minimal or harsh feedback and experienced limited autonomy or minimal support felt abandoned, discouraged, and frustrated.	
Delaney, C. (2003)	U.S.A. N = 10	The author used Husserl's phenomenological method to explore and describe new nurses' experiences. Bracketing was used to remove researcher bias from the study.	New nursing graduates wanted to fit in. Feeling accepted made them feel comfortable. Their perceptions of experienced nurses reception of them positively and negatively their transition. New nurses were appreciative of nurses who showed caring, professional expertise. Being welcomed and supported increased their self-confidence and independence.	8.5
Journal of Nursing Education	RN			

Chapter Two

Findings

The concept of intraprofessional relationships in nursing is multifaceted. The findings I present reflect new nursing graduates' experiences as they enter practice. The majority of articles used in this literature review are qualitative. Qualitative research reflects the situated context of new nurses "real life" experiences (Munhall, 2007, p.5). As I immersed myself in the data, three main themes emerged. The emergence of these themes was mediated by the theoretical lens I chose; that of Peplau's Theory of Interpersonal Relations (Fawcett & DeSanto-Madeya, 2013; Forchuk, 1993; Peplau, 1989). The first theme, weaving into the fabric, reflects the orientation phase of Peplau's theory. The second theme, navigating the landscape, ties into the working phase of Peplau's theory. The final theme reflected Peplau's ideas about interpersonal patterns and the importance of identifying problematic patterns. When I examined and analyzed the information from my chosen articles, power dynamics were evident. This informed my third theme, playing the game.

Weaving into the fabric

The integration of new graduate nurses into the nursing community is like carefully aligning new threads into an elaborate piece of fabric that is painstakingly being woven. To fit in, new nurses need to become intricate additions to the weave (Feng & Tsai, 2012; Malouf & West, 2011). Weaving into the nursing community involves new nurses forming effective interpersonal relationships with experienced nurses in practice. Although new nurses gain foundational nursing knowledge in their pre-graduate curricula, they do not see themselves as "real" nurses as they embark upon their nursing careers.

According to Feng and Tsai (2012), fitting in involves transitioning from the position of being an “outsider” to being an “insider” (p. 2069), as being an outsider induces distinct feelings of discomfort for new nurses (Feng & Tsai, 2012; Kelly & Ahern, 2008; Zinsmeister & Schafer, 2009). New nurses who feel like outsiders see themselves as being separate from experienced nurses as they label themselves as “rookies” (Andersson & Edberg, 2010, p. 189) and refer to themselves as being “fish out of water” (Schumacher, 2007, p. 189). In order to gain acceptance as real nurses, new nurses attempt to appear more competent and self-confident than they feel (Andersson & Edberg, 2010; Fenwick et al., 2012; Saghafi, Hardy, & Hillege, 2012). They are concerned because they believe that their lack of knowledge and experience will result in being ostracized by their experienced peers, thus reducing the possibility of them becoming an insider (Andersson & Edberg, 2010; Malouf & West, 2011).

The strategy of hiding their lack of confidence may provide new nurses with a short-term coping mechanism, but this practice is ineffective over the long-term (Saghafi, Hardy, & Hillege, 2012). Experienced nurses often perceive over-confidence negatively and it can create interpersonal barriers instead of facilitating effective bridge building between the two groups of nurses. The new nurses' inability to share their fears about their abilities amplifies their feelings of inadequacy (Andersson & Edberg, 2010).

Keeping up the façade of confidence is exhausting and slows the new nurses' transition into their nursing careers (Andersson & Edberg, 2010). It also hinders the process of forming meaningful bonds, thus reducing access to emotional and psychological support needed during this stressful time of transition (Fenwick et al., 2012). Appearing overly confident could reduce the degree of acceptance new nurses experience from their peers (Malouf & West, 2011; Schumacher, 2007). New nurses need to feel accepted; acceptance proves to them they have

made it and they have achieved their goal of being perceived as real nurses (Delaney, 2003; Malouf & West, 2011). With acceptance comes a sense of belonging and respect from experienced peers (Andersson & Edberg, 2010; Feng & Tsai, 2012; Malouf & West, 2011; Mooney, 2007).

A major cornerstone of acceptance and of becoming a vital part of the nursing fabric is the development of trust. Trust is integral to forming collegial relationships with experienced peers and flourishes when the interpersonal environment feels safe (Fenwick et al., 2012; Mooney 2007). New nurses look for signs of trustworthiness during their interactions with experienced peers. Trust is fostered when they receive empathy and compassion from experienced peers (Fenwick et al., 2012). They are more comfortable asking for help when those they approach care about their well-being (Fenwick et al., 2012; Malouf & West, 2011; Mooney, 2007), when they assess their needs, and when they are invested in their learning (Schumacher, 2007; Zinsmeister & Schafer, 2009). New nurses are more forthcoming about revealing knowledge deficits when they are encouraged to ask questions and when they receive supportive, non-judgmental responses (Fenwick et al., 2012; Ferguson, 2011). The following excerpt from Schumacher (2007) illustrates one new nurse's positive relational experience:

I often felt overwhelmed by all I had to learn, but knowing that I had become part of the team, and that I had other nurses to call upon and to ask questions of, helped me to realize that I was not on my own nor was I alone. (Schumacher, 2007, p. 189)

New nurses feel welcomed when they experience positive collegial interactions (Mooney, 2007). Caring relationships develop when new nurses find experienced nurses to be friendly and approachable. Approachability is evident through positive interpersonal gestures, such as active listening and smiling, conveying to new nurses that experienced nurses are happy to see them

(Ferguson, 2011). Welcoming interactions are nurturing and calming and tend to reduce the new nurses' feelings of anxiety (Schumacher, 2007; Zinsmeister & Schafer, 2009).

New nurses who feel welcomed perceive experienced nurses as supportive and kind (Rhéaume, Clément, LeBel, & Robichaud, 2011), however, not all new nurses experience this welcome. Some instinctively feel they are unwanted (Schumacher, 2007), as they perceive cues from negative interpersonal communication and from unwelcoming behaviours (Delaney, 2003). Subtle unwelcoming messages are conveyed through gestures, such as not smiling and avoiding eye contact (Schumacher, 2007). More explicit rejection is evident in non-verbal cues, such as avoidance, lack of support, and by not sharing pertinent information (Fenwick et al., 2012; Kelly & Ahern, 2008). New nurses interpret experienced nurses' avoidance and silence as an indication of how unwanted and unwelcome they are. The following excerpt from Kelly and Ahern (2008) illustrates this sense of rejection:

I felt like an alien, I'd walk onto the ward and nobody would speak to me, nobody would acknowledge me at all, not even to say hello. Then I noticed that it was the same for all [new] graduates (Kelly & Ahern, 2008, p. 913).

Forming relationships with experienced nurses is not necessarily an easy process (Andersson & Edberg, 2010; Kelly & Ahern, 2008; Pinchera, 2012; Zinsmeister & Schafer, 2009) and becoming part of the nursing weave requires new nurses to share their concerns and their needs. Those who feel comfortable with experienced nurses are able to discuss patient problems and ask for guidance (Schumacher, 2007); however, such opening up increases the new nurses' sense of vulnerability and places them at risk for negative emotional and psychological consequences. Some new nurses feel belittled, humiliated and demoralized when they ask for help (Fenwick et al., 2012; Kelly & Ahern, 2008). Demeaning comments, such as "you don't

know that?" (Kelly & Ahern, 2008, p. 913), are interpreted by new nurses, as disdain for their lack of knowledge and experience. These feelings can lead to a lack of trust within the interpersonal relationship, resulting in a reduction of the new nurses' access to support and leading to increased feelings of isolation. This sense of isolation contributes to emotional distress and to doubts about their choice of career (Pellico, Brewer, & Kovner, 2009; Rhéaume, Clément, LeBel, & Robichaud, 2011). Malouf and West (2011) present one new nurse's experience of fear and self-doubt upon entering nursing for the first time:

I was always so scared. How will I manage? And I was always thinking "How come these nurses know everything?" Because when I started I didn't know anything and I was feeling like I am the stupid one. I am so stupid and people must be thinking "She's so dumb". (Malouf & West, 2011, p. 490)

Forming positive interpersonal relationships with experienced nurses is essential to the successful integration of new nurses into the workplace. The quality, richness, and texture of the fabric of nursing are highly dependent upon the established artisans (the experienced nurses) ability to develop the crucial caring relationships with new nurses. New nurses need to feel accepted, trusted, competent and self-confident in order to strengthen the weave of the fabric (Ferguson, 2011; Malouf & West, 2011; Pinchera, 2012). Failure to successfully weave into the fabric creates, for new nurses, distress and doubt about their abilities, and consequently can lead them to suffer from burnout and to consider leaving the nursing profession (Fenwick et al., 2012; Laschinger, Finegan, & Wilk, 2009).

Navigating the landscape

New nurses moving into their professional career embark upon a journey like no other they have taken before and they must carefully navigate the new landscape. They have received

general road maps from their nursing curricula, but they must learn to identify landmarks and signposts as they traverse their new nursing terrain. Fundamental to all of this way-finding is communication between new nurses and the experienced nurses who are a part of their journey (Arnold & Boggs, 2011).

New nurses search for signs from experienced nurses that indicate they are welcome and they try to identify which experienced nurses appear most interested in helping them succeed (Ferguson, 2011; Schumacher, 2007). They use cues as a barometer to gauge and navigate their intraprofessional relationships (Ferguson, 2011; Pinchera, 2012). They receive messages about their abilities, their role, and their value through feedback from experienced nurses (Feng & Tsai, 2012; Fenwick et al., 2012).

To successfully navigate the landscape of nursing practice, new nurses need specific information about how they are performing in their role. Appropriate feedback, from experienced peers helps new nurses to find their way, to see their progression (Schumacher, 2007); this is crucial for the development of caring intraprofessional relationships. New nurses find feedback is relevant when their learning needs are understood and when information is individualized (Zinsmeister & Schafer, 2009). Within compassionate relationships, constructive advice is non-punitive and conveys accurate information about the new nurses' areas for improvement (Fenwick et al., 2012; Schumacher, 2007; Zinsmeister & Schafer, 2009). New nurses appreciate messages that are non-threatening, focused, concise, objective and assist with problem-solving (Fenwick et al., 2012; Saghafi, Hardy, & Hillege, 2012; Schumacher, 2007). Constructive feedback is essential to their learning as seen in the following example from Saghafi, Hardy, and Hillege (2012):

I do strive [*sic*] on feedback, I find that really important just so I can take it on and improve my skills. Sometimes I will ask people and go 'am I doing the right thing' and different stuff, because I like to get feedback off people about doing stuff (Saghafi, Hardy, & Hillege, 2012, p. 25).

In addition to critical feedback, new nurses also need encouragement and reassurance from experienced peers (Schumacher, 2007; Zinsmeister & Schafer, 2009). Many new nurses have limited insight into their progress until they are told precisely what they are doing well (Schumacher, 2007). Encouraging comments inform new nurses of their progress and can boost their self-esteem (Schumacher, 2007). Feeling secure in their skills and in their ability to make judgments is essential to building their confidence (Andersson & Edberg, 2010; Feng & Tsai, 2012) and they thrive when they believe experienced nurses have faith in them. Sensing they have earned the experienced nurses' trust makes them feel like they are an important part of the nursing team (Schumacher, 2007). Positive reinforcement is emotionally rewarding and strengthens their feelings of success (Pinchera, 2012; Saghafi, Hardy, & Hillege, 2012). New nurses, who receive guidance and support, navigate the landscape more confidently, as illustrated in the following excerpt:

"I was able to be independent and realized that I did know what I was doing and that I could be a competent nurse...I was not always sure of this" (Schumacher, 2007, p. 189).

Unfortunately, not every new nurse perceives experienced nurses as being helpful as they navigate the landscape of nursing. They feel discouraged when the advice they receive is vague or contradictory and it does not provide specific indicators about how to improve their nursing practice (Schumacher, 2007). They interpret proxemic over presence by experienced nurses as a negative experience which occurs when new nurses believe they are constantly being watched,

they are not given tasks to complete, or they are not allowed to take care of patients, all of which makes them feel untrustworthy (Schumacher, 2007). While new nurses desire some degree of guidance and support, an inability to practice skills and to partake in activities, compromises their ability to learn and it undermines their confidence (Feng & Tsai, 2012; Fenwick et al., 2012).

Feedback, consisting of harshly critical comments, reduces the new nurses' sense of self-efficacy and undermines their self-esteem (Schumacher, 2007). Their confidence diminishes when they perceive experienced nurses to be hypervigilant and when they receive only negative criticism (Saghafi, Hardy, & Hillege, 2012; Schumacher, 2007). They interpret these various forms of negative feedback as an indication of how unprepared they are to take on the role of the nurse (Kelly & Ahern, 2008; Fenwick et al., 2012).

Some new nurses, are left to fend for themselves, and are unable to obtain any feedback at all (Rhéaume et al., 2011; Schumacher, 2007). In situations where new nurses experience under presence from experienced peers, especially when facing situations beyond their experience, they feel like they have been left to flounder alone (Kelly & Ahern, 2008). With nobody to talk, or to seek advice from, new nurses undertake a trial-and-error approach to their learning (Schumacher, 2007); sometimes with devastating emotional and psychological results. Minimal feedback and lack of support increases the new nurses' feelings of helplessness (Feng & Tsai, 2012). The feeling of helplessness can lead to the fear of making mistakes that, in turn, erodes their self-confidence with the resulting emotional toll negatively impacting their learning (Fenwick et al., 2012). Fear of harming patients or guilt about making mistakes delays or destroys some of the new nurses' beliefs that they could ever become accepted as nurses

(Fenwick et al., 2012). The following example from Schumacher's (2007) article demonstrates one nurse's painful experience:

My preceptor was never around and I ended up making a serious medication error. I felt horrible having to call the event line to report them [sic]. . .I had only been here a few weeks! My confidence in myself plummeted ... I felt utterly abandoned and I feared coming back to work the next day. I had heard that orientation was not complete until you cried like a baby. . . I guess my orientation is now complete because I cried all the way home (Schumacher, 2007, p. 190).

Another key to successful navigation and confidence building for new nurses is the availability of supportive autonomy (Schumacher, 2007). Supportive autonomy is the perfect balance of support and independence out of which, the new nurse gains experience and confidence. Appropriate presence, observation, and feedback, combined with independence, provide new nurses with the freedom to learn. Within positive relationships new nurses can comfortably ask for more responsibility when they feel capable or alternatively, they can step back and observe when they are feeling less confident. Zinsmeister and Schafer (2009) clearly illustrate the importance of developing self-confidence in the following example:

I would think (what stands out) is just how much more comfortable I feel from when I first started.... I don't feel as nervous every day, or when I walk into a room and the patient is having chest pain or is having shortness of breath, I don't get that complete panic feeling like I did. I think, OK, I can do this. Before, I would feel like I had to get help right away. So I feel much more comfortable with my decision and judgments.

(p.31)

While navigating the landscape, new nurses can come across small in-groups of nurses (Kelly & Ahern, 2008). These in-groups or cliques are like fortified villages and experienced nurses within these groups exhibit their own expectations and ways of being. In order to get along with experienced nurses in these cliques, new nurses need to carefully read and follow each group's communication cues. Many rules are implicit and new nurses are exposed to a variety of different expectations (Malouf & West, 2011). Interpreting each clique's expectations is challenging and failure to read cues could result in negative consequences, such as demeaning verbal put-downs or other punishments (Feng & Tsai, 2012; Fenwick, 2012; Pinchera, 2012). Missing cues is painful and unpleasant and exposure to cliques exacerbates the new nurses' feeling of being outsiders (Kelly & Ahern, 2008).

Within cliques the prevailing culture is to induct new nurses into nursing through a philosophy of survival of the fittest (Fenwick et al., 2012; Kelly & Ahern, 2008; Pellico, Brewer, & Kovner, 2009). New nurses come to understand they are to be silent, subservient, and compliant in order to not offend members of the clique (Pellico, Brewer, & Kovner, 2009). They come to realize they should expect and accept incivility within certain nurse-to-nurse relationships (Mooney, 2007). These interpersonal experiences are supposed to harden new nurses to the reality of the workplace and to nursing in general (Fenwick et al., 2012). Unfortunately, this type of socialization exacerbates feelings of loneliness, isolation, and exclusion and adds to the new nurses' sense of being unwanted strangers in the new landscape of nursing in which they find themselves (Andersson & Edberg, 2010; Feng & Tsai, 2012; Fenwick et al., 2012; Pinchera, 2012). New nurses, who feel unwelcome, are more likely to experience emotional exhaustion and are more likely to consider leaving the profession (Kelly & Ahern,

2008; Laschinger, Finegan, & Wilk, 2009; Pellico, Brewer, & Kovner, 2009). Pellico, Brewer, & Kovner (2009) describe the impact of negative relationships in one nurse's experience:

There are nurses who can be in all candor labeled 'mean' as opposed to 'friendly' and 'backstabbing' as opposed to 'supportive'. Unfortunately at the end of a shift, it is this group (mean, unsupportive) who has the ability to alter one's perception of job satisfaction. (p.199)

Caring interpersonal relationships with experienced peers improve the new nurses' sense of value. Those who feel included and supported form "deeper human-to-human connections" (Schumacher, 2007, p. 190). Feeling supported helps new nurses evolve into their ideal nursing role (Fenwick et al., 2012; Rhéaume, Clément, LeBel, & Robichaud, 2011). The sense of security, afforded by caring relationships with experienced peers, enhances the new nurses' sense of self-worth while simultaneously reducing feelings of anxiety and stress (Fenwick et al., 2012; Ferguson, 2011; Schumacher, 2007). Furthermore, forming positive relationships with experienced nurses gives new nurses protection from other nurses who might be less supportive or compassionate (Ferguson, 2011; Zinsmeister & Schafer, 2009). New nurses appreciate experienced nurses watching out for them. Schumacher (2007) provides an example of the type of positive support new nurses need:

One of the new charge nurses asked the preceptor if I could sit in on a one to one for an hour or so. The preceptor spoke up immediately and informed the charge nurse that it would not be a good learning experience to put me in that type of situation. I was impressed that the preceptor stood up for me and I felt important, supported, and wanted. (Schumacher, 2007, p. 188)

Navigating their way through the landscape of nursing practice can be tumultuous and unnerving for new nurses. At the same time, they can also have a very rewarding and gratifying experience. Successful navigation is brought about when experienced nurses supportively exchange knowledge, suggest helpful feedback, and when they provide reassurance (Ferguson, 2011; Schumacher, 2007; Zinsmeister & Schafer, 2009). Observing positive role models provides new nurses the opportunity to witness expert practice (Ferguson, 2011). Furthermore, being appropriately observed provides new nurses the opportunity for meaningful feedback (Schumacher, 2007); this can facilitate new nurses' evolution from providing task focused nursing care to providing more holistic nursing practice (Ferguson, 2011).

Playing the game

During new nurses' transition into practice they become aware of the influence of power within their interpersonal relationships with more experienced peers. They discover that power is mediated by culture and is evidenced through actions and behaviours. Intraprofessional socialization means learning how to navigate these hierarchal relationships (Kelly & Ahern, 2008); the process used to navigate is described as "learning how to play the game" (Mooney, 2007, p. 79). Playing the game is a serious endeavor and reflects the challenge of new nurses vying for a position of respect (Feng & Tsai, 2012; Malouf & West, 2011).

Playing the game means learning about the characteristics of the players of the game. New nurses quickly realize there are "right" and "wrong" nurses they can approach (or not) for help in developing their practice (Kelly & Ahern, 2008; Pinchera, 2012; Schumacher, 2007). In positive nurse-to-nurse interpersonal relationships, new nurses are treated as equals. They do not feel embarrassed to ask questions and they are not made to feel ashamed about their inexperience (Schumacher, 2007; Zinsmeister & Schafer, 2009). They are encouraged to use their initiative

and to be assertive (Fenwick et al., 2012). They grow in confidence when they are treated as equals rather than being seen as trainees (Ferguson, 2011; Schumacher, 2007; Zinsmeister & Schafer, 2009). Within egalitarian relationships, new nurses are treated as professionals, all the while being supported so they can gain confidence in their role. The following excerpt from Schumacher (2007) highlights one nurse's experience:

We had a very critical patient who had been flown in via helicopter from a terrible car accident...my preceptor and I took this patient assignment and the first night I basically observed and helped out with simple tasks. The next night I was gaining more confidence in caring for this critical patient and my preceptor backed off and gave me more and more autonomy while checking on me and assessing my nursing abilities. By the third and fourth day I cared for the patient on my own with my preceptor as a resource should I need her. (Schumacher, 2007, p. 189)

Not all new nurses experience egalitarian relationships. Approaching the "wrong" nurse can result in feeling humiliated and intimidated (Fenwick et al., 2012; Kelly & Ahern, 2008). Power can be conveyed through verbal and non-verbal communication, with the new nurses' lack of power being reinforced through disparaging behaviours. New nurses who experience these behaviours receive excessive criticism and put downs (Pellico, Brewer, & Kovner, 2009). In these situations, new nurses feel unfairly treated and this can erode their self-esteem (Kelly & Ahern, 2008; Mooney, 2007; Pellico, Brewer, & Kovner, 2009).

Power plays are evident when new nurses interact with experienced peers who treat them as being less important, and Fenwick et al., (2012), refer to this as the implementation of the "pecking order" (p. 2058). Pecking order is a colloquial term indicating the domination of one group by another. New nurses find that pecking order behaviours are used to control and to

subjugate them. These behaviours reinforce new nurses' low-ranking status and increase their sense of inferiority (Mooney, 2007). As a result of this "hostile learning environment", new nurses often feel demeaned and stigmatized (Fenwick et al., 2012, p. 2060). Negative interactions diminish new nurses' self-worth and create feelings of belittlement, eroding their self-confidence, while simultaneously increasing their anxiety (Fenwick et al., 2012; Kelly & Ahern, 2008; Pellico, Brewer, & Kovner, 2009).

New nurses are extremely upset that other nurses would act this way towards them (Fenwick et al., 2012; Kelly & Ahern, 2008) and they believe themselves to be no better than "pond scum" in the eyes of experienced nurses (Fenwick et al., 2012, p. 2058). Others feel so insignificant they believe they have no more value than "a tiny speck of dust" (Mooney, 2007, p. 78). The negative behaviours of the experienced nurses reinforce the new nurses' sense of powerlessness and they believe the goal of these actions is to ensure they understand their place within the social hierarchy (Fenwick et al., 2012).

The established culture shapes the rules of the game and "eating their young" is a term commonly used to describe the negative aspect of nurse socialization, involving ritualistic hazing practices of indoctrination (Kelly & Ahern, 2008, p. 913). To avoid becoming a target, new nurses modify their behaviours. New nurses who readily conform to the established culture are rewarded by the reduction in negative interactions with more experienced nurses (Fenwick et al., 2012). New nurses who fail to adapt quickly risk demeaning interpersonal exchanges, such as being reprimanded or ridiculed in front of others (Feng & Tsai, 2012). One new nurse describes the use of non-verbal language from experienced peers as a means to convey lack of respect:

"If you asked a question ... [they]...rolled their eyes" (Fenwick et al., 2012, p. 2059).

Another new nurse spoke about how language was used to belittle her:

“I ask a question because I am not entirely sure about something and they say ‘don’t you know that?!’ It’s so humiliating” (Kelly & Ahern, 2008, p. 913).

When new nurses attempt to raise concerns or discuss problems, they are often ignored (Kelly & Ahern, 2008). The impact of these disempowering relationships is that new nurses believe they have no voice (Mooney, 2007). They assume no one will listen to them or hear them and they believe no one will defend them, revealing the degree of vulnerability they truly feel. Feeling powerless reduces the likelihood new nurses will speak out when necessary. Being unable to advocate either for themselves or for their patients causes them to feel guilty and incompetent (Fenwick et al., 2012).

I feel like I can’t speak up that much because I am only newly qualified. I don’t have the same voice as if I was 10 or 20 years qualified. I don’t think they would listen to anything I had to say. (Mooney, 2007, p. 78)

When new nurses experience power differentials they have to choose whether to challenge the status quo or to conform. Most are completely overwhelmed by the intraprofessional power dynamics (Feng & Tsai, 2012; Kelly & Ahern, 2008); as a way to cope with the pressure and fear they feel, many conform as quickly as possible to the expectations of their colleagues. Only those few new nurses, who have a higher than average sense of self-confidence, are able to assert themselves (Kelly & Ahern, 2008; Pellico, Brewer, & Kovner, 2009). Conforming to their inferior role means tolerating the lack of respect they receive from other nurses (Saghari, Hardy, Hillege, 2012). This conformity, although it allows new nurses to fit in, increases their sense of helplessness and ineffectuality. The new nurses’ sense of helplessness causes them deep anxiety and leaves them emotionally and physically exhausted (Fenwick et al., 2012; Pellico, Brewer, & Kovner, 2009).

Playing the game requires learning and following the rules set out by the nursing culture in that setting. Nursing cultures in which power is shared facilitate new nurses' transition into practice setting. New nurses look for experienced nurses who will support them in their decision-making and who will help them understand what it means to be a nurse. When new nurses are welcomed as equals by experienced peers, their confidence, self-efficacy and feelings of self-worth increase exponentially and ultimately, supportive relationships increase the new nurses' satisfaction with their choice of career (Rhéaume, Clément, LeBel, & Robichaud, 2011).

In conclusion, new nurses' feelings of belonging, self-esteem, and success are influenced by their intraprofessional relationships with experienced peers in practice. Positive relationships build new nurses' self-confidence and self-efficacy. Negative interpersonal experiences undermine new nurses' beliefs in their ability to become real nurses.

Chapter Three

Discussion

My goal in the writing of this project was to understand what new nurses' relationships with experienced nurses look like and how they influence new nurses as they transition into the workplace. Through my research and analysis three themes emerged: weaving into the fabric, navigating the landscape, and playing the game. I found intraprofessional relationships to be essential foundations upon which new nurses build their transitional experience. Effective relationships between new nurses entering practice and experienced nurses already in the workplace set the tone for what is to come in nursing practice.

The process of forming relationships involves new nurses relationally engaging with experienced nurses in practice. During the discussion of my first theme, weaving into the fabric, I uncovered influences on and outcomes of the relational process, such as self-worth and self-doubt that are intrinsic concepts, strongly influenced by extrinsic factors, such as acceptance and respect from experienced nurses. Healthy relationships are essential for new nurses' sense of wellbeing and for improving their self-concept, while nurturing their self-confidence (Ferguson, 2011; Malouf & West, 2011; Pinchera, 2012). New nurses need to develop healthy self-concept as this enhances the quality of patient care as well as encourages teamwork (Arthur and Randle, 2007).

Positive social support in professional relationships makes new nurses feel cared about and valued (Umberson & Montez, 2010). New nurses are fearful of being ostracized and of being judged negatively for their inexperience (Malouf & West, 2011; O'Shea & Kelly, 2007) and may hide their fears from their experienced peers (Andersson & Edberg, 2010; Baumberger-Henry, 2012). Being able to communicate their needs is important to the new nurses' growth and

development and those who receive support from experienced peers in practice have less difficulty transitioning into nursing (Rhéaume, Clément, LeBel, & Robichaud, 2011). Therefore, communication is an essential component of the nurse-to-nurse relationship.

My second theme, navigating the landscape, ties in aspects of interpersonal communication along with the influence of in-groups on new nurses' relationships with their experienced peers. Navigating the landscape shows how feedback, presence, and cliques [in-groups] impact new nurses' intraprofessional relationships and influence their transition into practice. New nurses need supportive, constructive feedback to assess their progress and to build confidence (Saghafi, Hardy, & Hillege, 2012; Schumacher, 2007). They need to have appropriate presence from experienced nurses in order to observe professional practice skills and to feel safe implementing patient care (Deppoliti, 2008; Schumacher, 2007; Rhéaume et al., 2011).

New nurses grow from observing others in the role of the nurse (Chernomas, Care, McKenzie, Guse, & Currie, 2010); observing good role models allows new nurses to see the characteristics and competencies expected of nurses in practice. Through engaging with experienced nurses in practice, new nurses learn not only how to perform nursing skills but also how to interact with others. Positive relationships teach new nurses about professional, caring, and ethical nursing (Fenwick et al., 2012; Schumacher, 2007); positive relationships can motivate and inspire them (Davis, 2013).

Alternatively, new nurses who come up against cliques of experienced nurses have difficulty forming good relationships (Kelly & Ahern, 2008). Negative intraprofessional interactions impact the ability of new nurses and experienced nurses' to work together and do not promote healthy work environments (Lavoie-Tremblay et al., 2008). Negative relationships

impact teamwork, increase workload, and set the stage for physical, psychological, and emotional exhaustion (Lavoie-Tremblay et al., 2008; Moore, Leahy, Sublett, Lanig, 2013).

Emotional exhaustion is strongly associated with new nurse graduate dissatisfaction and burnout (Laschinger, Finegan, & Wilk, 2009; Lee & Akhtar, 2011). These are compounded when new nurses are exposed to negative power differentials in their relationships.

My final and third theme, playing the game, illustrates the presence and influence of power within new nurse graduates' relationships with their experienced peers. The misuse of power within nurse-to-nurse relationships diminishes new nurses' sense of autonomy and their ability to advocate for themselves or for others (Mooney, 2007). Most new nurses conform as they lack the assertive skills and self-confidence to challenge negative cultures (Feng & Tsai, 2012; Mooney, 2007). This capitulation continues negative practices such as the hierarchical traditions of "eating the young" (Kelly & Ahern, 2009, p. 913) and ultimately, as new nurses evolve into experienced nurses and are themselves exposed to new graduates, they may impose the conditioned expectations onto them (Duddle & Boughton, 2007; Kelly & Ahern, 2009; Mooney, 2007).

People are social beings and need emotionally and psychologically sustaining relationships (Levett-Jones, Lathlean, Maguire, and McMillan, 2007; Umberson & Montez, 2010). According to Walker et al., (2014), socialization into nursing requires good role models and appropriate support, critical thinking and confidence, and a sense of belonging. New nurses who form healthy relationships with experienced nurses have better emotional, psychological, and physical health than those who do not (Rhéaume, Clément, LeBel, & Robichaud, 2011; Romyn et al., 2009; Schumacher, 2007; Zinsmeister & Schafer, 2009). Thus, previous research was supported by my findings.

Effective relationships are important for the development of resilience (Duddle & Boughton, 2007). Resilience is an essential attribute for nurses in the 21st century in order to survive the emotional and physical aspects of nursing work (Hart, Brannan, & Chesnay, 2014; Jackson, Firtko, & Edenborough, 2007). Feeling supported mitigates the demands of the workplace (Pellico, Brewer, & Kovner, 2009) and increases new nurses' ability to cope which, in turn, increases resilience (Laschinger, Finegan, & Wilk, 2009; Riahi, 2011).

New nurses need to create positive interpersonal relationships with experienced peers in practice. Successful relationships are fostered by collegiality and are founded on effective communication, self-awareness and the ability to resolve conflict. Intraprofessional relationships require nurses to be self-aware and new nurses need to adapt to challenges within the workplace much more quickly than ever before. In order to do so, it is imperative new nurses form supportive relationships with experienced nurses quickly and efficiently. Nurse-to-nurse relationships are particularly important given the current issues with nurse attrition and productivity (Duddle & Boughton, 2007). Therefore, finding ways to improve the quality of these relationships is an important consideration for Advance Practice Nursing.

Implications for Advance Practice Nursing (APN)

Advance practice nursing (APN) encompasses a range of roles and environments for nurses who have expanded education and knowledge; advance nursing practice is what nurses do in these roles (Bryant-Lukosius, DiCenso, Browne, & Pinelli, 2004). Risjord (2010) argues nurses need to examine the practical issues and concerns impacting nurses and nursing and generating nursing knowledge is critical for the advancement of the science of nursing (Arsianian-Engoren, Hicks, Whall, & Algase, 2009). The goal of advance practice nursing (APN) is to enhance practice, increase knowledge, and to enrich the profession of nursing

(Canadian Nurses Association, 2008). I wanted to understand how new nurses' relationships with experienced peers influence their transition into practice. Identifying relational factors, which facilitate or impede this transition, allows me to reflect on how effective relational factors may be identified and improved upon in practice. As I synthesized my findings I realized opportunities for my role as a nurse educator, in the academic and clinical setting for preparing graduate nurses for their first workplace encounters with experienced nurses. It is within each of these settings that I will describe the implications of my project.

Academic Setting

Professional role socialization begins in nursing school. Nursing students build knowledge, skill, and competency in a variety of areas related to health care. The College of Nurses of Ontario (CNO) outlines seven requisite skills and abilities nurses must achieve prior to entering practice (College of Nurses of Ontario, 2014). The two most relevant to my project are "interpersonal [and] behavioural requirements" (College of Nurses of Ontario, 2012, p. 2). New nurses entering practice are required to interact appropriately using "verbal and non-verbal behaviours" and they must be able to demonstrate "respect, integrity, and confidence" (College of Nurses of Ontario, 2014, p. 13). New nurses need to create good relationships with others, respond appropriately to interpersonal conflict, manage their own behaviour, and must be able to work effectively in a team (CNO, 2012).

If new nurses are supposed to be competent in these skills laid out by the CNO, then we must ask why they struggle when they enter the workplace. There are a myriad of reasons for this struggle, many of which, are beyond the scope of this project (Romyn et al., 2009), however I believe there are some aspects that can be explored and enhanced further within undergraduate education. Nurses receive theory on conflict management, therapeutic communication, and

ethical standards of practice in all nursing programs in Canada. Although nursing students are knowledgeable about theory, they may need more practice with self-awareness and with the effective use of interpersonal skills.

There are a variety of strategies that can be used to enhance the interpersonal skills of the undergraduates. Nurse educators can develop simulated role-playing situations new nurses might face in practice, such as involving them in scenarios that require them to interact with unfamiliar, experienced team members. Nurse educators might create problem-based learning (PBL) situations wherein students are required to communicate effectively with other nurses when conflict is present (Seren & Ustun, 2008). Context-based practice situations can also help improve nursing students' confidence, assertiveness, and critical thinking (Spiers et al., 2010). Learning how to ask for assistance and how to address inappropriate communication requires practice in the use of assertive communication. Cognitive rehearsal is one mechanism that nursing students can practice to give voice to inappropriate interpersonal interactions (Griffin, 2004; Griffin & Clark, 2014).

Self-awareness involves the "intrapersonal process of self-discovery" (Eckroth-Bucher, 2010, p.301) and nursing students need to learn how to improve their skill in self-reflection. Self-reflection provides insight into personal characteristics including personal needs, feelings, and interactions with others (Eckroth-Bucher, 2010). Reflecting upon personal behaviour can occur in the form of cognitive restructuring, which could, for example, involve learning about how to avoid taking a negative response made by another team member personally. Duddle and Boughton (2007) state "an important characteristic of resilience is personal insight" (p. 34). Self-awareness increases nursing students' ability to identify intrapersonal facilitators and barriers when creating and sustaining effective relationships.

Nurse educators must also reflect on the environment they create within the classroom. Faculty can perpetuate power differentials, resulting in nursing students' increased wariness about asking questions in class for fear of reprisal or for fear of looking foolish. Students may feel they lack power and they may be accustomed to being passive in the teaching-learning relationship (Pratt & Paterson, 2007). It is important that nurse educators' effectively role model behaviours such as, respect, equality, and authentic listening. A fundamental role that nurse educators must also play is to address issues concerning poor communication and professional behaviour with students clearly, effectively, and appropriately (Wilson, 2012).

Clinical Setting

My role as nurse educator in the clinical setting is to facilitate the integration of the new graduate nurse into the workplace. From my project findings there are a number of areas the nurse educator can address. Creating an esprit-de-corps increases a sense of collegiality (Moore, Leahy, Sublett, Lanig, 2013). One way to do this is through the creation of a Community of Practice (CoP) (Wenger, 2015). This form of social network supports all nurses and promotes dialogue, stimulates learning, and supports collaborative processes through the exchange of information and resources (Wenger, 2015). The role of the clinical nurse educator can be to promote the concept of a CoP by taking the lead in organizing regular get-togethers, such as a lunch and learning sessions. Having a safe environment wherein nurses can ask questions and share information enhances interpersonal communication and improves the understanding of best practices. A CoP promotes equality between nurses and provides new nurses with a sense of inclusion (Thrysoe, Hounsgaard, Dohn, & Wagner, 2012).

Advanced practice nurses can also deliver intraprofessional teambuilding sessions to allow new nurses and experienced nurses to see each individual's strengths and qualities

(Tourangeau & Cranley, 2006). An example of one such session is a 'getting-to-know-you' activity; another can be a role-play wherein participants exchange roles; and another could be a highly complex situation requiring team coordination and cooperation. Teambuilding, which includes opportunities to welcome new members, enhances the ability of individuals to work together effectively and affords them an opportunity to understand team dynamics. Well-constructed activities can provide an interactive medium founded on respect, caring, and empowerment. Team building should also include strategies to identify and manage conflict. For example, although experienced nurses have been in practice for a while, they may feel challenged when faced with the demands placed on them by new nursing graduates. They may need help with communicating their needs and concerns, and they may require assistance in learning how to respond to the new nurses' questions. It is important new nurses, along with experienced nurses, recognize disagreements are simply misunderstandings caused by a breakdown in communication. Skill development in assertive, respectful, non-judgmental communication can help nurses share their feelings in more appropriate ways, while permitting each of the different group members to be heard.

Finally, experienced nurses need to understand the demands and challenges of role transition for new nurses. Although every nurse has undergone role transition, only some may be able to understand how to support new nurses as they enter into the practice setting. The role of the clinical educator can include dissemination of clear, helpful strategies to facilitate this process. This could include a guideline on collegiality and ethical nursing practice expectations. In fact, an agreed upon code of collegiality can be developed by the nursing team as part of the teambuilding activities.

Significance of Peplau's theory

Theory of Interpersonal Relations is used to guide nurse-patient relationships (Senn, 2013) however Peplau's theory can be applied in a broader context (Fawcett & DeSanto-Madeya, 2013). I chose Peplau's Theory of Interpersonal Relations to inform my analysis and my discussion. Peplau believed people are relational beings and that self-realization is a relational process (Fawcett & DeSanto-Madeya, 2013).

New nurses form relationships with experienced nurses in practice to fulfil new nurses' psychosocial needs. These relationships are developed with intention, expectations, and purpose (Peplau, 1992). Relationships in nursing nourish wellbeing, are embedded within the social fabric of nursing life, and can even be argued to be part of the ontology of nursing (Reed, 2009). Peplau (1989) states the interpersonal relationship is a dynamic process and the quality of the relationship can be influenced by intrapersonal and interpersonal factors.

At the beginning of the relationship, in what Peplau describes as the orientation phase, new nurses and experienced nurses are in the role of stranger. New nurses, and experienced nurses, enter the relationship with preconceptions about themselves and one another (Peplau, 1997). Intrinsic preconceptions, such as new nurses' assumption that their lack of knowledge is a weakness, can influence the quality of the interpersonal relationship (Forchuk, 1993). Trust is essential to the relational process (Forchuk, 1993; Peplau, 1997) and reflects new nurses' needs and vulnerability (Arnold & Boggs, 2011). Trust only grows in safe psychosocial environments (Peplau, 1989) and new nurses, who feel comfortable trusting their experienced peers, are more likely to share concerns and ask for help (Schumacher, 2007).

In navigating the landscape, which reflects the working phase of Peplau's theory, new nurses gain insight into what they need to learn, as well as their own strengths and abilities

through supportive, constructive feedback (Forchuk, 1993). The relationship progresses through mutual interdependence and new nurses learn to trust their abilities (Fawcett & DeSanto-Madeya, 2013). During this phase the interpersonal relationship between new nurses and experienced nurses creates the space in which new nurses feel safe learning and building self-confidence (Arnold, 2007; Fawcett & DeSanto-Madeya, 2013). "People define other persons directly and unwittingly by their verbal and non-verbal behaviour" (Peplau, 1997, p.166) and new nurses look for cues of welcome and being wanted. Those new nurses less comfortable with their identity and more dependent on the extrinsic approval of others are more vulnerable to being negatively influenced during their interactions with experienced nurses (Peplau, 1997); this was particularly evident when new nurses were exposed to cliques.

Experienced nurses have more knowledge, skill, and experience than new nurses and this can present as power over (Ceci, 2006). Peplau (1997) identified that within relationships such as these, inequities exist and cautioned nurses to be aware of the influence and use of power. My last theme, playing the game, illustrates that new nurses who enter into relationships with experienced peers as equals feel encouraged and empowered (Fenwick et al., 2012; Ferguson, 2011; Zinsmeister & Schafer, 2009). On the other hand, new nurses who are required to conform to the dominant culture feel disempowered (Fenwick et al., 2012; Kelly & Ahern, 2008). Negative power relationships diminish new nurses' autonomy and sense of self-efficacy. For example, negative interactions which enforce new nurses' inferior status produce feelings of belittlement and erode self-confidence (Mooney, 2007).

Peplau (1997) argues that the need for connectedness is part of our being. Successful new nurse transition result from positive interpersonal relationships and are evidenced through nurses' ability to become self-reliant (Peplau, 1992). New nurses become more resourceful,

competent, and confident through positive relationships with experienced nurses. However, Peplau (1997) goes on to state that not all relationships are benign and that learning raises awareness and enhances knowledge.

Limitations

There are limitations to any project and this paper's discussion is no exception. The limitations to this project include gaps in the literature, human limitations, and focus of the project.

During the process of conducting my literature searches I found it difficult to locate articles focused strictly on intraprofessional relationships between new nurses and experienced nurses in practice. Much of the literature addresses interpersonal relationships as a sub-theme and focused on mentoring, preceptoring, and orientation. Thus, finding appropriate articles for my project was challenging. While I feel fairly confident completing database searches and using search engines, I would not consider myself to be proficient in data mining. This is a skill I am still honing and there may be avenues that I did not explore.

The studies I found focused on registered nurses' (RN) transitioning within the acute care setting. I did not examine other categories of nurses in Canada, such as the registered practical nurse (RPN) or the licensed practical nurse (LPN). The studies all took place in the acute care setting and the population was primarily female. There were only four studies that included male nurses' opinions and of those, the influence of gender on the relational process was only minimally discussed in one article (Kelly & Ahern, 2008). The concept of generational influences on intraprofessional relationships was not identified in any of my studies and only two of my articles were from Canadian sources.

Recommendations for Future Research

As my project concludes, I see three areas for future research about the concept of intraprofessional relationships. First, there was limited information about how new nurses transition into other types of institutional settings or into community settings. Community based settings, including long-term care are areas of projected growth within the next few years and the requirement for nurses will increase (Home and Community Care, 2015; Service Canada, 2013). It would be prudent to explore how new nurses and experienced nurses in these settings form intraprofessional relationships, especially considering, in both community and in long-term care facilities, there may only be one registered staff member per unit or per case load. This is quite different from the acute care setting, therefore creating and sustaining relationships would likely look different.

Only one of the articles I reviewed touched on gender differences in new nurse experiences (Kelly & Ahern, 2008). The sole male in one study experienced different relational experiences than other nurses in the same study. Literature has been published discussing gender differences in communication and conflict resolution style (Valentine, 1995) however there has been limited research into the relational experiences of new male nurses entering practice. Research into how gender influences new nurses' relational transition experiences would be another useful avenue to explore.

Thirdly, I believe future research into intraprofessional relationships between new nurses and experienced nurses in Canada, is critical. The Canadian health care system, while similar to others in the world such as Australia or the United States of America (USA), does have some important differences. For example, Ontario has both Registered Nurses (RN) and Registered

Practical Nurses (RPN)² and there is a distinct dichotomy within the way these two groups of nurses perceive each other. Newly graduating RPNs are moving into areas and roles traditionally held by RNs and I believe it is important to explore how the relationship between these two groups influences new RPNs transition into practice.

Conclusion

The importance of the influence of intraprofessional relationships on new nurses cannot be underestimated. In the demanding and difficult healthcare system of the 21 century, new nurses need to exhibit resilience under pressure. New nurses build resilience when they feel supported by co-workers, when they understand how to create and sustain effective relationships, and when they have strong self-awareness. Collegial relationships, founded on ethical, moral and professional values, nurture new nurses and to help them successfully transition into practice.

² In Ontario practical nurses, legally entitled to practice nursing by the College of Nurses of Ontario, are referred to as Registered Practical Nurses (RPN). In other provinces, such as British Columbia and Manitoba, they are referred to as Licensed Practical Nurses (LPN).

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Appendix A

Steps to an integrative literature review (Whittemore & Knafl, 2005).

Stage of review	Steps and decisions
Problem identification	<ul style="list-style-type: none">• Identify clear research purpose• Identification of problem• Variables of interest• Types of studies and literature to include
Literature search	<ul style="list-style-type: none">• Comprehensive search (> two strategies)• Search terms• Databases• Search strategies• Inclusion and exclusion criteria
Data evaluation	<ul style="list-style-type: none">• Evaluate quality of each source• Inclusion or exclusion considerations based on quality
Data analysis	<ul style="list-style-type: none">• Data reduction – types of studies, extracting and coding data• Data display – assemble around specific variables• Data comparison – clustering, discerning patterns• Conclusion drawing and verification – confirmation of findings
Presentation	<ul style="list-style-type: none">• Synthesis of information presented in table and/or narrative format• Implications stated

Whittemore, R., & Knafl, K. (2005). The integrative review: updated methodology. *Journal of Advanced Nursing*, 52(5), 546-553.

Appendix B
Qualitative Research Critiquing Framework

Plausibility	Questions	Comments	Score
Author / Format / Title / Abstract / Journal	Do the researchers' academic and professional qualifications indicate knowledge in this particular field? Is the article fluently written? Is the information presented in an organized way? Does the article avoid jargon / colloquialisms? Is the title unambiguous? Does the abstract offer a clear overview of the study, including a description of the problem, sample, methodology, findings, and recommendations?		/1
Robustness			
Phenomenon of interest / Purpose / Significance / Literature review	Is the phenomenon to be studied clearly identified? Is the research question(s) consistent with the phenomenon of interest? Is the purpose of the study and/or the research question clearly stated? Has a literature review been completed or a background to the study been described? Does the literature review / background description meet the philosophical underpinnings of the study?		/1
Philosophical position / Theoretical framework / Method	Has a theoretical framework been stated? Is the framework clearly and adequately described? Is the framework appropriate? Has the method been clearly stated? Is the method chosen consistent with philosophical underpinnings? Does the author explain why this approach was chosen?		/2
Sampling Plan / Legal and ethical considerations	Is the sampling method and sample size identified? Is the sampling method appropriate? Were the participants suitable for informing the research? Were the participants fully informed and consented? Were the participants guaranteed confidentiality? Were the participants provided autonomy? Was ethical approval granted?		/1
Data collection and analysis	Were the data collection strategies described? Were the strategies to analyze the data described? Did the researcher follow the steps of the data analysis method described? Data saturation reached?		/1
Credibility, auditability, & fittingness (rigour)	Did the researcher discuss how rigour was assured? Were credibility, dependability, transferability, and goodness of fit discussed? Were all materials alluded to in the study accurately referenced?		/2
Relevance			
Findings / Discussion	Are the finding presented appropriately? Has the report been situated within the context of what is already known? Has the original purpose of the study been adequately addressed?		/2
Conclusions / Recommendations	Are the importance and implications of the findings identified? Any recommendations on how research findings can be developed?		
Applicability			/10
Peplau's Interpersonal Theory	Peplau described four stages in the interpersonal process. She identified phenomena in the interpersonal process including interpersonal relations, communication, and pattern integrations. Patterns may reveal underlying themes, processes, and barriers. Application of Peplau's theory allows for deeper analysis and meaning within the context of interpersonal relations.		YES / NO

Adapted from Ryan, F., Coughlan, M., & Cronin, P. (2007). Step-by-step guide to critiquing research. Part 2: qualitative research. *British Journal of Nursing*, 16(12), 738-744.

Appendix C
Quantitative Research Critiquing Framework

Plausibility	Questions	Comments	Score
Author / Format / Title / Abstract / Journal	Do the researchers' academic and professional qualifications indicate knowledge in this particular field? Is the information presented in an organized way? Is the title unambiguous? Does the abstract offer a clear overview of the study, including a description of the problem, sample, methodology, findings, and recommendations?		/1
Robustness			
Purpose / Research problem / Literature review	Is the purpose of the study and/or the research question clearly stated? Has a literature review been completed or a background to the study been described? Is the literature review from mainly empirical/original sources? Have the aims and objectives been clearly stated? Has a research question or hypothesis been identified?		/1
Theoretical framework / Method	Has a theoretical framework been stated? Is the framework clearly and adequately described? Is the framework appropriate? Has the method been clearly stated? Does the author explain why this approach was chosen? Have the terms used in the study been clearly defined? Is the research design clearly identified?		/2
Sampling Plan / Legal and ethical considerations	Has the target population been clearly identified? How were the sample selected? Was it a probability or non-probability sample? Is it of adequate size? Are the inclusion/exclusion criteria clearly identified? Were ethical considerations adequately described e.g. informed consent, confidentiality?		/1
Data collection and analysis	Were the data collection strategies described? What type of data and statistical analysis was undertaken? Was it appropriate? How many of the sample participated? Significance of the findings?		/1
Reliability, validity	Were all materials alluded to in the study accurately referenced? Has the data gathering instrument been described? Is the instrument appropriate? Were reliability and validity testing undertaken and the results discussed? Were limitations discussed?		/2
Relevance			
Findings / Discussion	Are the finding presented appropriately? Has the report been situated within the context of what is already known? Has the original purpose of the study been adequately addressed?		/2
Conclusions / Recommendations	Are the importance and implications of the findings identified? Any recommendations on how research findings can be developed?		
Applicability			/10
Peplau's Interpersonal Theory	Peplau described four stages in the interpersonal process. She identified phenomena in the interpersonal process including interpersonal relations, communication, and pattern integrations. Patterns may reveal underlying themes, processes, and barriers. Application of Peplau's theory allows for deeper analysis and meaning within the context of interpersonal relations.		YES / NO

Adapted from Coughlan, M., Cronin, P., & Ryan, F., (2007). Step-by-step guide to critiquing research. Part 1: quantitative research. *British Journal of Nursing*, 16(11), 658-663.