



ASSESS LEVEL OF TRANSITIONAL SHOCK AMONG NEWLY JOINED STAFF NURSES EMPLOYED IN SELECTED HOSPITALS OF CITY

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ABSTRACT:

Introduction: Transition from being a student to working as a registered nurse is not just a phenomenon that begins with familiarization of the new workplace but it is an experience that influences the professional lives of newly joined nurses. Transition from a student to a fully pledged registered nurse presents with new challenges, stressors, and inconsistencies in professional practise for the new recruit. In order to provide effective nursing care nurses must be able to identify, manage and understand level of transitional shock not only in themselves but also in others. Studies have shown that workload in clinical, inadequate development of procedure skills, lack of organization support have strong relationship with level of transitional shock. The present study was conducted to assess level of transitional shock among newly joined staff nurses employed in selected hospitals of city. **Objectives:** 1. To assess level of transitional shock among newly joined staff nurses employed in selected hospitals of city. 2. To find association between level of transitional shock among newly joined staff nurses employed in selected hospitals of city with their selected demographic variables.

Method: A non experimental descriptive research design was used among 100 newly joined staff nurses. Non probability purposive sampling technique was used to select the samples. **Tool:** A structured 4 point Likert scale was used to assess level of transitional shock. **Results:** The finding of the study revealed that maximum 66% nurses have moderate transitional shock, 23% nurses have mild transitional shock and 11% nurses have severe transitional shock. Items like Development of good management skills (40%), lack of support by nursing administration (39%), conflict with senior (38%), working without breaks (47%), Disagreement concerning the treatment of a patient (38%), Being blamed for anything that goes wrong (38%) was frequently stressful among nurses. The demographic variables area of working, hours of duty per week, Do you do overtime, number of hours overtime duty done in a week and is induction training conducted were found to have significant association with the level of transitional shock. More the overtime, more is the transitional shock among newly joined staff nurses. Majority of the staff nurses for whom induction training was not conducted had moderate transitional shock as compared to those who for whom induction training was conducted.

Keywords: Transitional shock, Newly Joined staff nurses, Reality shock, Information booklet.

I. INTRODUCTION:

The development of medical technology, changes in the population structure, and healthcare policies required healthcare workers to quickly adapt to changes in the medical field and play a professional role. Nursing educational institutions also aim to train professional nurses to solve health problems through theoretical and practical education.

Clinical practice allows students to directly apply the theoretical contents they have learned in school. It is a process in which students can integrate and participate in knowledge and practice. Clinical practice is significant to improving the understanding of the transition to professional nurses. However, many nursing students become nervous because of the unfamiliar hospital environment during clinical practice, feel the difference between the theoretical content learned at school and clinical practice, and experience an immature role performance and lack of confidence due to insufficient knowledge.^[01] In the same context as the transition shock experienced by new nurses, it is necessary to understand the clinical practice of nursing students as a transition process.^[02]

Students of nursing after completing course and getting degree they search various hospitals for work. After getting the job they go through unfamiliar role as register nurse from familiar role of student and hence transition takes place. Transition from being a student to working as a registered nurse is not just a phenomenon that begins with familiarization of the new workplace but it is an experience that influences the professional lives of newly joined nurses.^[03] Newly joined nurses are new graduate nurses or novice nurses who have just began a career in nursing after attaining a nursing qualification. Kramer theorized transition shock as, “the reactions of new workers when they find themselves in a work situation for which they have spent several years preparing, for which they thought they were going to be prepared, and then suddenly find they are not”.^[04]

BACKGROUND OF STUDY:-

Acute healthcare settings in developed countries are rapidly evolving and becoming increasingly complex. For newly graduated registered nurses (NGNs), transitioning from university to practice in acute settings remains challenging, stressful and emotionally exhausting as they strive to deliver safe nursing care amidst heavy workloads, increased accountability and responsibility for their patient care. Concerns about new graduate nurses' ability to cope and deliver safe nursing care have contributed to the development of transitional support Programs alongside various forms of clinical supervision to promote the development of clinical proficiency, support professional development and improve new graduate nurse retention. To fully comprehend the transitional experience of new graduates it is important to understand their clinical environment and workplace conditions.^[05]

Judy Duchscher elaborated on the concept of new graduate nurse shock by describing the transition process as a nonlinear “Process of Becoming” a nurse. This process has three stages: doing, being, and knowing. Graduate nurses' transition begins with the “doing” stage and orientation to the role. In this stage, graduate nurses can experience a wide range of emotions, including an initial elation over passing the licensure exam and acquiring a staff position, as well as an unexpected grief due to losses associated with changes, such as loss of contact with school friends, as well as familiar routines, and faculty support. Discovering the new practice environment as well as nursing culture to be different from what was experienced at school results in “transition shock,” prompting graduate nurses to learn new skills and engage in behavior adaptation by “acting like a nurse,” focusing upon nursing skill acquisition, such as successful task performance and time management. The key to the development of a new employee is the relationship, skill, and support provided by the preceptor. Having a recognized preceptorship programme in place would foster a supportive work environment for newly graduated nurse which influence their satisfaction, retention and improve patient care.^[06]

New graduate nurses continue to enter a work environment characterized by nursing staff shortages, increasing patient acuity and at times limited access to clinical support. Although a positive workplace environment facilitates more effective transition of graduate nurses and significantly influences their job satisfaction, negative experiences have been found to result in feelings of heightened work stress for up to one year after graduation, with contributory factors including poor work environments, poor clinical supervisors and poor nurse-doctor relations. Not only do these early experiences impact on new graduate nurses' levels of satisfaction but they can influence long term career intentions of concern is that current research on the experiences of first year nurses still reflects the findings of the research on their counterparts a decade earlier; that is, they still struggle to meet expectations placed on them, face difficulties to manage unreasonable workloads, high levels of stress, burnout and feeling at times unsafe.^[07]

II. MATERIALS AND METHOD:

A non experimental descriptive research design was used among 100 newly joined staff nurses. Non probability purposive sampling technique was used to select the samples.

Inclusion criteria--

- Nurses who are willing to participate in the study.
- Nurses who have joined as fresher.
- Nurses who are employed in selected hospitals.
- Nurses who have completed BSc Nursing, GNM.

Exclusion criteria-

- Nurses who are having experience more than 6 month.
- Nurses who are on leave.

Tool: A structured 4 point Likert scale was used to assess level of transitional shock The following sections consist of:

Part I Consent form Part II

Section A: Structured questionnaire to assess Demographic variable.

It contains age, gender, level of nursing education, Language, shift hours, area of working, induction training program, shift of duty, Institution of training, overtime duty done.

Section B: Structured 4 point Likert scale to assess level of transitional shock.

A structured 4 point Likert scale was designed by researcher to assess level of transition shock among newly joined staff nurses. It consists of 50 items in 9 sub-scales. Total score for the scale was 200. The sub-scales included Role preparation, Role competence, Death and dying, Inadequate emotional preparation, Organization and support, Workload, Uncertainty concerning treatment, Patients and their families.

Scoring of transitional shock scale

It is four point Likert scale of 4= Always stressful, 3=Frequently stressful, 2=Sometimes stressful, 1=Never stressful.

Categorizing Transition shock score:

1. Mild = 50-100
2. Moderate = 101-150. Severe= 151-200.

A formal permission was obtained from concerned authority. Subjects were selected from the specific hospitals of city using non-probability purposive sampling technique. The investigator introduced himself and informed the samples about the nature of the study in detail so as to ensure better co-operation during the data collection. Objectives of study were discussed and the confidentiality of the data was assessed. Followed by taking consent and collection of demographic data, study was conducted on samples. In present study 100 newly joined staff nurses employed in selected hospitals of city meeting the inclusion criteria for the study were selected

III. RESULT:**Table 4.1 : Frequency percentage distribution of samples (staff nurses) according to demographic data of nurses. (n=100)**

Sr. No.	Demographic data	Frequency(f)	Percentage(%)
Age (years...)			
1)	21-22	20	20
2)	23-24	56	56
3)	25-26	22	22
4)	27-28	2	2
Gender			
1)	Female	67	67
2)	Male	33	33
3)	Transgender	0	0
Level of Nursing Education			
1.	Basic BSC	60	60
1.	GNM	40	40
Marital status			
1.	Single	82	82
2.	Married	18	18
Institute of training			
1.	Private	89	89
2.	Government	11	11
Area of working			
1.	General Medical and Surgical ward	29	29
2.	Critical Care Unit	28	28
3.	Casualty	21	21
4.	Operation Theatre	18	18
5.	Others	4	4
Duty hours per week			
1.	Less than 36 hours	9	9
2.	37- 48 hours	46	46
3.	49- 56 hours	33	33
4.	More than 56 hours	12	12
Type of shift duty			
1.	Shift duties	79	79
2.	General shift	21	21
Overtime duty			
1.	Yes	76	76
2.	No	24	24
Number of hours duty per week			
1.	6-12hours	28	37

2.	12-18 hours	44	58
3.	More than 18 hours	4	5
Induction training conducted by hospital			
1.	Yes	89	89
2.	No	11	11
Duration of induction training program			
1.	Less than 1 week	13	15
2.	1-2 weeks	41	46
3.	2-3 week	29	33
4.	More than 4 weeks	6	7
Effectiveness of induction to overcome transition			
1.	Yes	72	81
2.	No	17	19

shock.

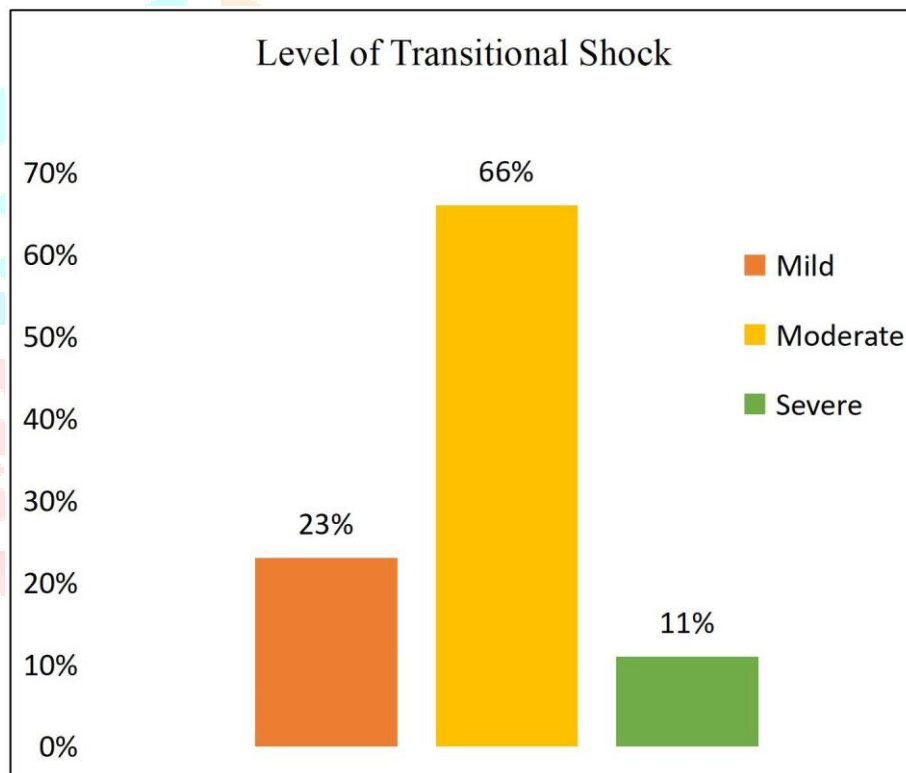


Figure 4.14 : Bar diagram showing distribution of nurses according to level of transitional

Percentage wise distribution of nurses according to level of transitional shock among newly graduated staff nurses illustrates that maximum 66% nurses have moderate transitional shock, 23% nurses have mild transitional shock and 11% nurses have severe transitional shock.

percentage distribution of responses of nurses for the items or statements of Likert scale depicts that from component role competence statement, development of good management skills 40 samples found to frequently stressful, from component organizational support item lack of support by nursing administration 39 samples found frequently stressful and 38 of the respondents found, conflict with senior was frequently stressful. From component workload, working without breaks was frequently stressful among 47 samples.

Not knowing what a patient or a patients family ought to be told about the patient's condition and its treatment was frequently stressful among 42 samples, A physician ordering what appears to be inappropriate treatment for a patient was found frequently stressful among 39 samples, Disagreement concerning the treatment of a patient was frequently stressful among 38 from the component uncertainty concerning treatment. From component patient and their families item Being blamed for anything that goes wrong found frequently

stressful among 38 samples.

Table 4.4 : Fisher's exact test for the association between level of transitional shock among newly joined staff nurses employed in selected hospitals of city with their selected demographic variables with level of transitional shock

N=100

Demographic variable		Level of Transitional shock			p-value
		Mild	Moderate	Severe	
Age	23-24 years	11	39	6	0.271
	25-26 years	4	1	1	
Age	27-28 years	17	19	04	0.271
	29-32 years	2	2	0	
Gender	Male	9	22	2	0.496
	Female	14	44	9	
Level of nursing Education	GNM	13	22	5	0.136
	B.Sc. Nursing	10	44	6	
Marital status	Single	17	55	10	0.520
	Married	6	11	1	
Institute of training	Government	1	9	1	0.632
	Private	22	57	10	
Area of working	Critical Care Unit	12	15	1	0.012
	Casualty	2	13	6	
	General surgical ward	6	20	3	
	Operation theatre	1	16	1	
	Any other	2	2	0	
Hours of duty per week	Less than 36 hours	4	5	0	0.007
	37- 48 hours	4	35	7	
	49- 56 hours	8	22	3	
	More than 56 hours	7	4	1	
Type of shift duty	General shift	4	16	1	0.609
	Shift duties	19	50	10	
Do you do overtime?	Yes	12	55	9	0.014

	No	11	11	2	
Number of hours overtime duty done in a week	6-12 hours	10	17	1	0.001
	12-18 hours	1	36	7	
	More than 18 hours	1	2	1	
Is induction training conducted	Yes	17	62	10	0.030
	No	6	4	1	
Duration of induction	Less than 1 week	5	7	1	0.349
	1-2 weeks	7	30	4	
	2-3 weeks	3	21	5	
	More than 4 weeks	2	4	0	
Effective to overcome transition	Yes	14	51	7	0.632
	No	3	11	3	

We applied Fisher's exact test for the association between level of transitional shock among newly joined staff nurses employed in selected hospitals of city with their selected demographic variables with level of transitional shock. Since p-values corresponding to area of working, hours of duty per week, Do you do overtime, number of hours overtime duty done in a week and Is induction training conducted are small (less than 0.05), the demographic variables area of working, hours of duty per week, Do you do overtime, number of hours overtime duty done in a week and Is induction training conducted were found to have significant association with the level of transitional shock among newly joined staff nurses employed in selected hospitals. Majority of staff nurses working in Casualty, General medical surgical ward and Operation theatre had moderate transitional shock as compared to those working in Critical care unit and other area. Majority of them working for 37- 48 hours and 49- 56 hours per week had moderate transitional shock as compared to those working for more than 56 hours and less than 36 hours per week. Majority of the staff nurses doing overtime had moderate transitional shock as compared to those not doing overtime. More the overtime, more is the transitional shock among newly joined staff nurses. Majority of the staff nurses for whom induction training was conducted had moderate transitional shock as compared to those who for whom induction training was not conducted.

IV. DISCUSSION:

Section I :Findings related to demographic profile of newly joined staff nurses.

- In present study demographic profile of newly joined staff nurses consist of Age, Gender, Level of nursing education, Area of working, Shift of duty, Institution of training, Overtime duty, Induction training and Period of induction training was examined. Total 100 newly joined staff nurses were participated in this study.
- As participants were newly joined staff nurses. The age ranged from 21-28 years out of which majority 56 samples were in age group 23-24 years, 20% samples were in age group 21-22 years, 22% samples were in age group 25-26 years and only 2% samples were in age group 27-28 years. The study conducted by Hanan A et al. (2021) assessed transitional shock of multi-nationality newly graduated nurses depicted that mostly nurses were in age group of 21-34 years.
- The gender wise distribution of nurses illustrates that majority 67% nurses were females whereas 33%

nurses were males. The study conducted by Hanan A et al. (2021) assessed transitional shock of multi-nationality newly graduated nurses depicted maximum 66% nurses were female and 34% nurses were male.

- Distribution of nurses according to their level of nursing education depicted that majority 60% samples were completed B.Sc Nursing whereas 40% samples completed GNM. The study conducted by Hanan A et al. (2021) assessed transitional shock of multi-nationality newly graduated nurses depicted 77% nurses have completed diploma of nursing, 23% nurses was bachelor of nursing.
- Marriage status wise distribution of nurses illustrated that Maximum 82% samples were single whereas 18% samples were married. The study conducted by Hanan A et al. (2021) assessed transitional shock of multi-nationality newly graduated nurses depicted 77% nurses were single and 20% nurses were married whereas 3% nurses were divorced.
- Distribution of nurses according to institute of training illustrate that 89% samples have completed their training from private institute and 11% samples have completed their training from government institute.
- Distribution of nurses according to area of working rendered that maximum 29% nurses were working in general medical surgical ward, 28% nurses were working in critical care unit, 21% nurses were working in casualty, 18% nurses were working in operation theatre and 4% nurses were working in other departments.
- Distribution of nurses according to duty hours per week illustrated that 6% nurses were doing less than 36 hours duty per week, 46% nurses were doing 37-48 hours of duty per week, 33% were doing 49-56 hours of duty per week and 12% nurses were doing more than 56% hours duty per week. The highest percentage is of nurses were doing 37-48 hours of duty per week.
- Distribution of nurses according to type of shift duty depicted that maximum 79% samples were doing shift duties and 21% samples were doing general shift duty.
- Distribution of nurses according to overtime duty illustrated that maximum 76% nurses were doing the overtime duty whereas 24% nurses were not doing the overtime duty.
- Distribution of nurses according to hours of overtime duty per week illustrated that 37% nurses were doing 6-12 hours overtime duty per week, 58% nurses were doing 12-18 hours overtime duty in a week and 5% nurses were doing more than 18 hours overtime duty in a week. The highest nurses were doing 12-18 hours overtime duty.
- Distribution of nurses according to hours of overtime duty per week illustrated that maximum 89% samples says that induction training was conducted whereas 11% samples says induction training was not conducted by hospitals.
- Distribution of nurses according to duration of induction training describes that 15% sample have attended less than 1 week of induction training, 46% sample have attended 1-2 weeks of induction training, 33% sample have attended 2-3 weeks of induction training, 7% sample have attended more than 4 week of induction training.
- Distribution of nurses according to effectiveness of induction depicted that that 81% nurses were feeling that induction program was effective to overcome transition shock where as 19% nurses felt that induction program was not effective to overcome transitional shock.

Section-II: Findings related to Level of transitional shock among newly joined staff nurses.

- The findings related to level of transitional shock among newly graduated staff nurses illustrates that maximum 66% nurses have moderate transitional shock, 23% nurses have mild transitional shock and 11% nurses have severe transitional shock.
- The study conducted by Lolita SM et al. (2014) assessed transitional shock among newly qualified nurses depicts that 5% of newly qualified staff nurses didn't experience transitional shock, 93% experienced mild transitional shock, 2% had moderate shock and none of them had severe transitional shock.
- Findings related to responses of nurses for the items or statements of Likert scale depicted that from component role competence statement development of good management skills 40% samples found to frequently stressful, from component organizational support item lack of support by nursing administration 39% samples found frequently stressful and 38% samples found conflict with senior frequently stressful. From component workload item have to work without breaks was frequently stressful among 47% samples. Not knowing what a patient or a patients family ought to be told about the patient's condition and its treatment was frequently stressful among 42% samples, A physician ordering what appears to be inappropriate treatment for a patient was found frequently stressful among 39% samples, Disagreement concerning the treatment of a patient was frequently stressful among 38% from the component uncertainty concerning treatment. From component patient and their families item Being blamed for anything that goes wrong found frequently stressful among 38% samples.
- The study conducted by Soon OK & Kim J (2021) assessed association of work environment and

resilience with transition shock in newly licensed nurses depicted that nurse staffing and resource adequacy and collegial nurse physician relationship were associated with transition shock.

Section III: Findings related to association between demographic variables and level of transitional shock among newly joined staff nurses.

- The findings related to association between level of transitional shock with their selected demographic variables depicts that area of working, hours of duty per week, Do you do overtime, number of hours overtime duty done in a week and Is induction training conducted were found to have significant association with the level of transitional shock among newly joined staff nurses.
- Majority of staff nurses working in Casualty, General medical surgical ward and Operation theatre had moderate transitional shock as compared to those working in Critical care unit and other area.
- Majority of them working more than 37 hours per week had moderate transitional shock as compared to those working for less than 36 hours per week.
- Majority of the staff nurses doing overtime had moderate transitional shock as compared to those not doing overtime.
- More the overtime, more is the transitional shock among newly joined staff nurses.
- Majority of the staff nurses for whom induction training was not conducted had moderate transitional shock as compared to those for whom induction training was conducted.
- In the study conducted by Zhang wenxia et al.(2022) to analyse junior nurses transition shock and associated factors shows frequent night shifts, income and higher education backgrounds have higher level of transition shock.

V. CONCLUSION:

The main aim of the study was to assess level of transitional shock among newly joined staff nurses employed in selected hospitals of city in a view to formulate information booklet. The objective of the study was to assess level of transitional shock among newly joined staff nurses employed in selected hospitals of city.

- The study findings reveled that majority 66 nurses have moderate transitional shock, 23 nurses have mild transitional shock and 11 nurses have severe transitional shock.
- The demographic variables such as area of working, duty hours per week, overtime duty, overtime duty hours in a week and induction training were found to have significant association with the level of transitional shock.
- Majority of staff nurses working in Casualty, General medical surgical ward and Operation theatre had moderate transitional shock as compared to those working in Critical care unit and other area.
- Nurses working more than 37 hours per week had moderate transitional shock.
- Majority of the staff nurses doing overtime had transitional shock as compared to those not doing overtime.
- More the overtime, more is the transitional shock among newly joined staff nurses.

VI. REFERENCES :

1. Ko YJ, Kim SY. Transition Shock Experience of Nursing Students in Clinical Practice: A Phenomenological Approach. InHealthcare 2022 Mar 25 (Vol. 10, No. 4, p. 613). MDPI. Available from : <https://www.mdpi.com/2227-9032/10/4/613/htm>
2. Günay U, Kılınc G. The transfer of theoretical knowledge to clinical practice by nursing students and the difficulties they experience: A qualitative study. Nurse education today. 2018 Jun 1;65:81-6. Available from : https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=The+transfer+of+theoretical+knowledge+to+clinical+practice+by+nursing+students+and+the+difficulties+they+experience%3A+A+qualitative+study&btnG=
3. Woo MW, Newman SA. The experience of transition from nursing students to newly graduated registered nurses in Singapore. International journal of nursing sciences. 2020 Jan 10;7(1):81-90. Available from : <https://www.sciencedirect.com/science/article/pii/S2352013219304144#sec1>
4. Doddy O, Tuohy D, Deasy C. Final year student nurses' perceptions of role transition. British Journal of Nursing.2012 Jun 12;21(11):684-8. <https://www.slideshare.net/SanaSultan5/role-transition-reality-shock>
5. Hussein R, Everett B, Ramjan LM, Hu W, Salamonson Y. New graduate nurses' experiences in a clinical specialty: A follow up study of newcomer perceptions of transitional support. BMC nursing. 2017 Dec;16(1):1-9. Available from :

<https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-017-0236-0>

6. Duchscher JB. A process of becoming: The stages of new nursing graduate professional role transition. The Journal of Continuing Education in Nursing. 2008;39(10):441-50. Available from : https://www.researchgate.net/publication/23458094_A_Process_of_Becoming_The_Stages_of_New_Nursing_Graduate_Professional_Role_Transition
7. Talya N. Bauer, et.al, Newcomer adjustment during organizational socialization: :A Meta-Analytic Review of Antecedents, Outcomes, and Methods. Journal of Applied Psychology Vol. 92, (2007),page no. 707–721. Available from : https://pdxscholar.library.pdx.edu/cgi/viewcontent.cgi?article=1026&context=busadmin_fac
8. Kramer, M. Reality shock: Why nurses leave nursing, Louis, MO: C. V. Mosby, (1974), page no 228-232. Available from : https://www.researchgate.net/publication/326164243_Stages_of_Transition_and_Transition_Shock

