Title: Exploring Newly Qualified Nurses' experiences of support and Perceptions of Peer Support Online: A Qualitative Study

Abstract

Aims: To explore newly qualified nurses' support needs and their perceptions of online peer support

Background: The experience of being a newly qualified nurse is stressful and isolating. Support from colleagues and peers can enhance perceptions of competence and confidence in newly qualified nurses, improve well-being and aid retention. However, despite initiatives such as preceptorship, support needs may remain unmet in busy clinical environments. Online support has potential to offer a partial solution to professional isolation, but there is a lack of research into how technology can support nurses' emotional and social wellbeing.

Design: A qualitative exploratory study was designed, employing semi-structured focus groups, analysed using thematic analysis. The study is reported in accordance with the COnsolidated criteria for REporting Qualitative research checklist.

Methods: Eight focus groups, supplemented by one individual interview, were conducted with newly qualified nurses between June 2018 and January 2019.

Findings: Two main themes arose. The first was *Drowning, a lot of the time* with two sub-themes: (i) *Feelings and emotions about being a Newly Qualified Nurse: 'Absolutely terrified'* and (ii) *Support within the role: 'Somebody you can count on*'. The second was *Potential advantages and disadvantages of online modality: 'Somebody is going to get in that phone!'* which included three sub-themes (i) *Potential advantages, (ii) Potential disadvantages* and *(iii) Preferences and recommendations*.

Conclusions: This study demonstrates that if barriers can be overcome, then online support has potential to contribute to newly qualified nurses' well-being. Further research is needed to explore technical and ethical issues around online support and evaluate its effectiveness for newly qualified nurses.

Relevance to clinical practice: Online support has the potential to add to existing strategies to support nurses during stressful times. This may be particularly relevant when many staff are working under increased pressure due to the Covid-19 pandemic.

Introduction

The difficulty of retaining nursing staff is a global issue (World Health Organisation [WHO], 2020). The WHO recognises these challenges and has recommended strategies to improve working conditions, to retain and motivate nurses (WHO, 2020). Alongside changes, such as ensuring fair pay and safe staffing levels (WHO, 2020), alternative means of providing emotional support to newly qualified nurses (NQNs) are essential to reduce the impact of workplace stressors and to facilitate NQNs' development into confident practitioners with sustained commitment to the profession. In this first phase of a larger study, exploratory focus groups were used to explore NQNs' perceptions, experiences and feelings about their role and about online peer support for emotional and social well-being, with the aim of informing development of an online peer support intervention.

Background

NQNs may be supported in their roles through a range of transitional support programmes, such as preceptorship, although this provision is not universal (Doughty et al., 2018). Although such programmes result in increased confidence and lower attrition (Doughty et al., 2018), they do not always offer the level of support needed (Hussein et al., 2017) and retention among NQNs remains a problem (Gardiner & Sheen, 2016). Nursing involves multiple challenging experiences (Steege et al., 2017) and the transition to qualified nurse status can be overwhelming (Wildermuth et al., 2020), with metaphors like 'being thrown in the deep end' used to express the experience (Hussein et al., 2017). When support is most needed, colleagues may undermine the confidence of NQNs through rudeness or even bullying (Read & Laschinger, 2013). Consequently, NQNs may be vulnerable to early career burnout and are at particularly high risk of leaving the profession (Gardiner & Sheen, 2016; Maslach & Leiter, 2016; Health Education England, 2014). Inadequate support during transition into their new role also has associated costs to NQNs' mental health and quality of care, and can impact employing organisations in terms of turnover (Webster et al., 2019). Preceptorship programmes address these problems to some extent (Whitehead, 2016). However, as they are not accessible to all, additional interventions

are required to support NQNs for their own wellbeing and because of the implications for quality of care and workforce retention.

This study was conducted prior to the Covid-19 pandemic, which is experienced by nurses as extremely stressful and anxiety–provoking (Shaukat et al., 2020). There has rarely been a greater emphasis on the importance of emotional and social support for self and colleagues (Lai et al., 2020, Cartright & Thompson, 2020). Support from colleagues can mitigate workplace anxiety (Croke, 2020), improve quality of care and result in improved job satisfaction for nurses (van der Heijden et al., 2009). The nature of support varies according to who provides it. Whilst mentoring support from senior staff is valued (Maryniak et al., 2017), more egalitarian relationships between junior colleagues can foster support in a qualitatively different manner due to the shared nature of their experiences (Green et al., 2014). However, no formal mechanisms of peer support have been identified in the literature (Webster et al., 2019, Mansour and Mattukoyya, 2019)

Nurses are familiar with online learning (Morley, 2014) and younger nurses may prefer it (Mollica & Mitchell, 2013). However, a scoping review (Webster et al., 2019) found no evidence that online support for nurses had been provided or evaluated, despite its widespread use in nurse education and with patient groups. A scoping review concluded that technology-facilitated support for nurses may help to promote their emotional and social well-being, but further evidence is required (Webster et al., 2019). Accessible smartphone technology and associated applications ('apps'), such as WhatsApp and Facebook are used informally by patients (Ganasegeran et al., 2017) and within friendship and professional groups (Morley, 2014), allowing timely exchange of information and mutual emotional support. Webster et al. (2019) found two studies indicating benefits: smartphone messaging improved well-being by offering social connection and emotional release for nurses in the Philippines (Bautista & Lin, 2017), whilst social media apps enabled support for rural midwives in South Africa (Chipps et al., 2015). During the Covid-19 pandemic, health care professionals have increasingly worked through Microsoft Teams as a form of communication and for informal support. Exploration of grey literature found peer support helped social workers cope with stress at work and improved retention (Meier, 2000). This study

aimed to explore nurses' support needs and perceptions of online peer support, to address a gap in the literature and inform design of an online peer support intervention.

Method

The study aimed to explore NQNs' perceptions of online peer support. An interpretive phenomenological approach was adopted as we were aiming to understand the lived experience of newly qualified nurses (Coule, 2013; Lincoln & Guba, 2011). In line with this epistemology, we used an exploratory qualitative methodology. The researchers adopted an open stance and aimed to be sensitive to the significance of the phenomena. We employed focus groups to gather data, using phenomenological principles by putting aside our own assumptions, questioning pre-understandings and adopting a reflective attitude (Sundler et al., 2018). A strength of this method of data collection is that it promotes interaction with others, which can be empowering and lead to richer accounts (Coule, 2013). Inductive thematic analysis was used to analyse the data (Braun & Clarke, 2014).

Participant selection and sample

We used convenience sampling (Etikan et al., 2016). Participants needed to be NQNs working in NHS Trusts, who were not more than 18 months post-qualification. They were recruited from one large acute NHS Trust and one large mental health NHS Trust in a large conurbation, via contact with facilitators of preceptorship programmes offered by their employers. A participant information sheet was emailed to the facilitators, who forwarded it to preceptees in advance of their next preceptorship meeting. Participants were then approached face-to-face on the day of their meeting and given a paper version of the participant information sheet prior to a break. Those who chose to take part returned after the break to join a focus group. The preceptorship meetings and, therefore, also the focus groups were conducted at the participants' workplace

Approximately half of those approached and all who consented took part in the study. The sample consisted of 25 registered mental health nurses (RMN) and 18 registered general nurses (RGN). Thirty-nine (91%) were female and participants were diverse in age and ethnicity.

Data collection

Eight focus groups were conducted between June 2018 and January 2019, each lasting about 45 minutes. In addition, one participant was interviewed on a one-to-one basis as she could not join the focus groups but was very keen to take part. Participants were assigned to a focus group based on their professional registration (adult or mental health nursing) and Trust preceptorship allocation. There were between two and eight participants per group. The focus groups were facilitated by a nurse researcher and a research assistant with a psychology degree. Both were female, with training in qualitative methodology at Masters level. They had no relationship with participants prior to the study. Participants were aware that the study was funded by the Burdett Trust for nursing, with the aim of improving retention. The interviewers explained that a previous study on nurses' well-being had raised their interest in workforce issues.

To foster trust and maintain a high level of confidentiality, minimal demographic information (gender, length of qualification, professional registration) was obtained at the start of the focus groups. A semi-structured focus group guide with prompts, was then used to initiate discussion (Table 1). The guide was based on findings from a literature review (Webster et al., 2019). Key topics included experiences, perceptions and preferences relating to online support. The focus groups and the single interview were audio-recorded, transcribed verbatim and anonymised. After reflection on the transcripts of the two initial focus groups, some questions were modified by two members of the research team, so that the guide aligned better with the research aims. Further focus groups were conducted until data saturation was achieved. Due to time constraints transcripts were not returned to the participants. Field notes were recorded following each focus group.

Analysis

Inductive thematic analysis, supported by NVivo version 12 (QSR International, 2018), was used to analyse the data. This followed Braun & Clarke's (2006) six stages of becoming familiar with the data, generating initial codes, searching for themes,

reviewing themes, defining themes and writing up. Transcripts were initially coded independently by three members of the study team followed by discussions with an additional two members of the study team to gain consensus on the emergent themes. To ensure trustworthiness and reflexivity, the research team shared analysis of the data in regular meetings. The team included members from a range of professional backgrounds, all with experience in qualitative analysis. To enhance credibility, particular attention was paid to negative cases during the analysis (Bitsch, 2005) and the COREQ (COnsolidated Criteria for REporting Qualitative research) checklist (Tong et al., 2007) was used in reporting the study to demonstrate rigour, credibility and transparency. (Please see Supplementary file 1).

Ethical considerations

The written information sheet included the reasons for conducting the research and details on confidentiality and privacy. It informed potential participants that participation was voluntary and they were free to withdraw from the study at any time, without providing any explanation. Written informed consent was obtained from all participants. Ethical approval was received from the UK Health Research Authority on the 2nd May 2018. IRAS Project ID 241205.

Findings

Themes

Two main themes arose from analysis of the data. *Drowning, a lot of the time*, which had two sub-themes, and *The potential advantages and disadvantages of online modality: 'Somebody is going to get in that phone!'* which had three subthemes.

<u>*Drowning, a lot of the time…*</u>

This theme captured NQNs' experiences in their role and included two subthemes: *Feelings and emotions about being an NQN 'absolutely terrified',* and *Support within the role*. This theme captures the feelings that indicated significantly more support was needed and that existing preceptorship programmes were not meeting all the needs of the nurses.

Feelings and emotions about being a NQN ‘Absolutely terrified’

The role of NQNs was discussed in seven of the eight focus groups. Content illustrated anxiety relating to the role of NQN. One nurse described feeling as if she was *‘drowning, a lot of the time*’ (P1, FG2). Another *‘felt absolutely terrified’* (P2, FG3). In the example below, the quote reflects a sense of reality dawning:

> ‘*[I thought she was] like a drama queen, it can’t be that bad. But when you qualify you realise, yeah, it’s quite bad* (P1, FG9).”

Some nurses described feeling as if they were play-acting, *‘playing at being a nurse’* (P2, FG7), and found it hard to accept that they had achieved the new status of NQN, as here: ‘*There’s still that, “Oh God I really am, I have really done this now, I am what I am.” ‘* (P1, FG2).

For many of the nurses, anxiety appeared to reduce over time, as they became familiar with the role:

> *It’s a bit of an evolution how you’re feeling. At the beginning there is that anxiety. You are a bit out your depth, you realise the weight of the role. But every day you go to work and every day you learn something else. All the time you just build up, basically to the point when you’re not having to turn to colleagues much for answers. You know what steps to take yourself.* (P5, FG2).

However, this was not the case for everyone. One nurse explained how it was *‘easier’* as an NQN than as a more experienced nurse because the “]’*weight of expectation grows as you become more experienced.’* (P3, FG2)

Over time it seems that generally the nurses adjusted as they became familiar with the demands of the role.

Support within the role: ‘Somebody that you can count on’

This theme reflects the strategies and experiences of the NQNs as they attempted to navigate support for the early stages of their careers.

They described trying to identify *'who was the right person to ask on the ward'* and navigate *'the different personalities'* (P1, FG3). Where available, support from colleagues helped to relieve their anxieties:

> *So very, very knowledgeable staff members, [are] taking us, as newly qualifieds, beneath their wing, which is really nice because, when it's getting hard, you always have somebody that you can count on, you know, "Did I do this okay, did I do this right?", or they will give you feedback before you're even asking them, which is really nice and comforting.* (P1, Solo Interview).

However, some participants described feeling challenged and unsupported by their team: '*It's like she was just waiting for me to make a mistake and just give it to me, so I would go home really frustrated and even to a point of not wanting to go back to work.'* (P2, FG7) This lack of support meant that some of the NQNs felt it was difficult to ask for help as this risked leaving them feeling exposed to the expectation that *'they needed to know everything now'* (P2, FG5).

The time needed for confidence to develop was not always recognised by experienced staff and this placed extra pressure on NQNs to perform perfectly:

> *I don't mind being the leader, but people will actually put me in that situation of, 'You're the qualified, you should know this.' And I'm like, 'Well, I literally qualified 3 weeks ago!' So that kind of makes you nervous because I always have to be perfect. I'm always [thinking] 'I'm not allowed to make mistakes', so that's what makes it hard*. (P1, FG3).

This was exacerbated by pressures on the ward, which limited opportunities to seek support and develop skills:

> *It's having a high workload really and not being able to do everything, and then having to get other nurses to do things that you're not competent at yet …. and worrying you're not going to get everything done* (P3, FG9).

As they became more experienced, respondents spoke about how they were able to help other NQNs who joined the team. This helped some to recognise their own newly acquired confidence:

> *When I first started, I was the only newly qualified nurse, but now some other fresh from uni newly qualifieds have come up, and it's nice to see how I've progressed in myself as well and what I've learnt. But because I do completely get where they're coming from. It's nice to be able to support them and [say] 'No, it's okay, no one expects you to know everything, we all completely understand.'* (P5, FG6).

With experience, support and time, the NQNs progressed from feeling anxious and incapable to being confident and able to both recognise their own progress and support that of others.

The potential advantages and disadvantages of online modality for peer support: 'Somebody is going to get in that phone!'

This second theme reflected the nurses' perceptions of online peer support and included three subthemes: *Potential advantages*, *Potential disadvantages and barriers* and *Preferences and recommendations*.

Potential advantages

Participants in most focus groups spoke of potential advantages of being able to access an online support forum, related to benefits of connecting with other NQNs and 24-hour accessibility. The most fundamental perceived advantages were linked with the fact that the proposed on-line peer support forum would include others like themselves, who were also newly qualified. In several focus groups, the nurses mentioned that they would be able to ask for support from peers for issues that they might have felt foolish to raise with more experienced nurses. The context of relating to peers meant they would feel more able to express uncertainties or worries without being judged as incapable or over-anxious: '*I don't think you're so scared to ask questions when it's with your friends because you're all at the same point in time and stuff. It's not like anyone would think, "Oh, why did you ask that?"'* (P2, FG3).

Participants spoke of feeling greatly reassured by the feedback received in past experiences of this sort of forum. It indicated that the worries they had were recognised by others and this helped them feel that they were part of a supportive group:

> *It's great if, you know, you think, 'Ooh, I don't know about this', and you put it up, or 'This happened today' or 'I'm feeling really- crap…does anyone else feel like that?' And then you get all this support back.* (P2, FG5)

Additionally, individuals, who belonged to a forum but who did not actively participate, described gaining social and emotional support by observing other nurses interacting and discovering they were not alone:

> *Even if you don't post something yourself you can see what other people post. 'Oh, actually I'm in the same boat as them' and what people say about their experience, I can relate it back to myself because I'm in the same situation, and reading the comments and that and they're like, 'Oh now I know what to do'.* (P1, FG5).

Another potential advantage related to the accessibility of social media. NQNs in a number of focus groups felt this was a natural way for their generation to communicate. Forums were seen as giving access to a wider support network than would have been possible without them. One participant spoke about staff turnover on wards, which, when combined with frequent use of agency staff, meant that it was hard to develop consistent supportive relationships with their immediate ward-based team. In this context, an on-line forum could be a substitute. Another nurse was aware that, if she took work issues home with her, friends and family were burdened by listening to her but she felt nurses in a forum would be more understanding and sympathetic, so she would be able to offload to them:

> *I just think it's good to talk about it because sometimes you just feel so alone. You've had a really horrible shift and it's just been crap and you just want to talk about it, and sometimes I go home and I talk to my husband my mum and sometimes, you can tell they are bored.* (P2, FG9).

24-hour access to online support across settings was seen as beneficial, with this being placed in the context of limited supervision time. Furthermore, an online forum could be accessed with ease, when nurses had time and means to do so.

Potential disadvantages and barriers

All the focus groups highlighted concerns or limitations regarding the provision of online support for NQNs. These tended to overshadow perceived advantages. Significant disadvantages were associated with the potential for misunderstanding and misinterpretation in social media posts on platforms such as Facebook, Instagram, and Snapchat. Concerns were also voiced about the psychological impact of negative online interaction, and about professional boundaries being breached, especially in relation to confidentiality. Some barriers related to technicalities of accessing on-line support and finding time to use it. It was also felt that it could be hard to maintain motivation to use an on-line forum, especially if it became a forum for complaint and negativity with one person saying: '*It might just be a bundle of negatives rather than positives.'* (P3, FG8).

The most significant drawbacks seemed to relate to anxieties around sharing information. A number of focus group participants discussed reservations about expressing personal worries with people they did not know, and some thought face-to-face contact would be preferable:

> *I don't know how comfortable I would feel talking to someone who I didn't know, or I didn't know what they looked like or anything like that. I think when you talk about things that you've gone through at work that have upset you or quite emotional things, I think it's better to do face-to-face rather than online because then you can get some support, I think, more genuinely than you would perhaps over an online social network.* (P1, FG8).

Despite the online forums allowing for anonymity, there were many concerns expressed around the potential for being misunderstood.

> *And in your mind, when you are typing it, it's professional, it's fine, there's nothing to it, 'I only meant this'. What you think the meaning is completely different from what [someone reading it might think] because they're looking at it from a different angle.* (P4, FG5)

Communicating online was viewed as something that would inhibit expression, resulting in superficial discussion. Another participant went on to talk about how careful he/she is when posting on-line:

> *I'm very mindful when I do post something, I'm making sure that I'm politically correct in what I'm saying. I try and make sure what I say is taken in the context of how I'm saying it. I mean sometimes, if I post something, I'll type it out then I'll read it again, and then I might delete a bit.* (P2, FG5).

There was also a fear that posts might break confidentiality, whether these were about a clinical situation involving a patient, or how to resolve an issue connected with another member of staff. Some respondents worried this could result in perceptions that a person had acted unprofessionally, with a fear of losing their professional registration: '*In a group chat saying, "I had this patient today, they died, they had this wrong with them", and then you lose your phone. That's patient identifiable information.'* (P2, FG8).

It was also feared that voiced concerns might not lead to a sympathetic response and that unconstructive discussions might get out of control:

> *That fear of the unknown. You don't know what response you're going to get from everybody else and it's kind of about judgement. Are they going to completely disagree and completely have a go at me or are they going to be supportive?* (P3, FG4).

Preferences and recommendations

In light of the perceived advantages and disadvantages, participants were asked for their preferences around a proposed system of online support. A number of suggestions were made, with differences of opinion apparent around the best way to

proceed. In terms of size of peer group membership, opinions were mixed with some suggesting about ten participants would be an appropriate size, because small groups may be easier to contribute to: '*I think when there's a bigger group, people sort of go off topic and start talking about all sorts of things. It's probably harder to talk in the group than a smaller group.'* (P5, FG4).

However, it seemed that some were in favour of forums being larger than this, so that it would be more likely someone would relate to the issues raised by individuals:

> *I think if it was open up to more people. If it's just someone you know they might not be going through the same things but if there's loads of people there's someone else who might have been in the same situation and can help you.* (P5, FG8).

There was a diverse range of views regarding anonymity. Some felt they wanted to be completely anonymous, as here, where the participant was speaking of the associated embarrassment of asking for help: "'*I probably wouldn't want to know the people. I think sometimes I would want somebody like a complete outsider that I don't know at all to help a little bit.'* (P5, FG9).

Others proposed a face-to-face meeting of participants would be a helpful way of engendering trust at the start: '*So the groups to meet at least so that you can know who you are talking to.'* (P2, FG7).

Participants were asked if it would be helpful for a forum moderator to introduce topics that might be relevant and again, there were mixed views. Some were in favour, as here: '*I feel like you need you guys to be sparking topics anyway because people will get notifications then it will spark more interest, people will be thinking more*.' (P5, FG6), whereas others felt this would impede the flow of exchange: '*Might make it seem a bit forced, like more you're forcing conversations than just letting them happen.' (*P7, FG8).

This theme was characterised by opposing and mixed reports. While online support was recognised as having potential for becoming a useful intervention, the nurses

could also foresee pitfalls and were wary of further stress that might arise due to this format.

Discussion

It has been widely recognised that working as an NQN can be stressful and overwhelming. NQNs are exposed to high levels of responsibility, heavy workloads, and both time and staff shortages (Edwards et al., 2015; Mabala et al., 2019). The qualified status appeared to lead to the NQNs feeling they were imposters, acting the role of nurse. This is a common theme in the wider literature (Masso et al., 2019). A large study conducted by Christensen et al. (2016) with nurses from Australia, New Zealand and the UK identified a direct correlation between the severity of imposter syndrome and feeling unprepared. Our findings confirmed those of these recent studies, indicating that nurses struggle during the transition period.

Our findings revealed that as participants became more familiar with the role, their confidence grew and anxiety lessened. Kramer (1974) first coined the term 'reality shock' to describe how a professional may feel when unprepared for a new role. Three stages of reality shock have been proposed: 'Doing', 'Being' and 'Knowing'. The final stage of 'Knowing' is synonymous with 'being able to answer questions instead of always asking them and finding the time and energy to assist others with workloads, instead of being consumed solely with one's own signs of progress (Duchscher & Windey, 2018; p.231). This is congruent with our findings that once they became more experienced and grew in confidence, the NQNs were able to support newer colleagues. Peers also appeared to feel more able to express uncertainties or worries to other NQNs, without fear of being judged as incapable or over-anxious. Thereby supporting research which shows support can be especially beneficial where hierarchical differences are less apparent (Göktepe et al., 2020).

Some NQNs in the focus groups spoke of facing unrealistic expectations from more senior nurses, alongside a lack of support and guidance. There was limited recognition of the NQNs' novice status. In a recent literature review, Masso et al. (2019) commented that nurses are the only health professionals expected to be the 'finished product' after completion of their initial training. One consequence of unrealistic expectations was that the NQNs felt under pressure to appear professionally

confident, even though at times they felt very unsure of themselves, as also found by Bjerknes and Bjørk (2012).

The NQNs described how they navigated their new role, working out which of their colleagues was likely to be the most helpful. In a qualitative study exploring the experience of NQNs, Kelly and Ahern (2009) found that final year students held very positive perceptions about their future role as registered nurses and what this would involve. However, after qualification, the students encountered a nursing culture in which closed groups or cliques excluded them. This was echoed in our findings. The NQNs were unprepared for the limited assistance with unfamiliar tasks they received from other registered nurses. In a literature review of NQNs' experience in the UK, Higgins et al. (2010) found that transition into the role was often difficult due to lack of support and preceptorship. NQNs may experience significant workplace stress and even bullying. This has led to the unfortunate turn of phrase 'nurses eat their young' becoming commonplace (Gillespie et al., 2017) referring to the frequent bullying within NHS organisations. However, after overcoming initial challenges, many nurses reported successfully transitioning to the role of NQN. Previous work has identified several individual characteristics essential to a successful transitional period for NQNs. These include increased resilience, competency, problem-solving and decision-making skills (Baumann et al., 2018). Our findings suggest the environment is also hugely influential. Where settings are busy and/or existing staff are not understanding, transition becomes particularly difficult. In this context, NQNs were willing to consider potential benefits of an online support environment. They were familiar with online communication through social media and learning platforms and comfortable with their use for information sharing and mutual support. However, it would be wrong to assume that all nurses are comfortable using technology, as even some from the 'digital native' generation (Koivunen & Saranto, 2018) expressed reservations about accessing resources or communicating in an online environment.

The benefits of peer support groups in general, including having things in common with group members, receiving support and feeling empowered (Delisle et al., 2017) were anticipated by the NQNs. To some extent, they identified that such benefits might compensate for gaps in existing organisational support to facilitate their transition into practice. The convenience of accessing online support at any time, from almost

anywhere was noted, and indeed has been put forward as an advantage by health service providers (Panigrahi et al., 2018). However, significant barriers were identified that could undermine these gains. Aside from the pragmatic issues of the strict firewalls in practice environments, the NQNs related anxieties around how they would access forums given the time pressures at work, as also noted by Casey et al. (2018). Similarly, our participants were reluctant to contribute to an online forum in their own time. While intended to offer a new mode of support, it is possible that online provision becomes an inadvertent extension of nurses' working hours. The NQNs were concerned about having adequate time to take part, and some of their responses reflected an underlying belief that if they joined our study online group, they would be supporting the researchers, rather than receiving support themselves. Insecurities can be barriers to asking for help. In light of the recent 'clap for heroes' campaign (a UK initiative in which families clapped on their doorsteps every Thursday evening to express thanks and support for NHS workers during the first wave of the pandemic; Clap for Carers, 2020), admitting to feelings of vulnerability may conflict with the mainstream message of heroism and so feel unacceptable (Cox, 2020).

While feeling able to share feelings with colleagues can build confidence, it can be hard to find time in stressful environments (Stokes-Parish et al., 2020; Edwards et al. 2015), hard to build relationships in changing staff teams (Higgins et al., 2010) and hard to know who to feel safe with (Ten Houve et al., 2018). Sometimes experienced staff show annoyance with inexperienced colleagues' requests for guidance (Hussein et al., 2017) as was also expressed by NQNs in this study. Admitting to anxieties may reduce the likelihood of feared consequences, as colleagues with more experience may offer guidance. However, due to the unpredictable reactions of senior colleagues, many NQNs were hesitant to admit to these more senior staff that they needed help. Although on-line support could offer a more acceptable channel to disclose uncertainties to peers, our findings suggested it may not be any easier to admit feelings of being unsettled and insecure in the new workplace online, and such feelings may even be magnified. It is therefore important to highlight that provision of online support for NQNs does not offer a straightforward solution.

Meikle (2016) notes that for all the benefits, social media may act as a form of surveillance, in which the user loses control over how their information is shared.

NQNs voiced their concerns that a digital record of communication would be kept, they worried who might access a post and that simple expressions could be misinterpreted. Some anticipated that this might threaten their nursing registration. The Nursing and Midwifery Council (NMC, 2019) provides extensive guidance about online behaviour, some of which is a response to the unedited nature of normal conversations between friends, both on and offline. As noted by some participants, their familiarity with NMC guidance and heightened awareness of the risks of spontaneous conversations would inevitably lead to self-censorship, thus limiting the potential benefits usually associated with sharing feelings in a group. NQNs highlighted both the pressures of their role and that adequate supervisory arrangements were not always in place. There was no obvious difference between RGNs and RMNs in this respect. Offering alternative support via an online forum may imply that accessing emotional support is an individual nurse's own responsibility, especially when it is legitimately transferred outside working hours. As with online learning, this may transfer work from the paid to unpaid workspace and shift responsibility from employer to employee. Such processes simultaneously fail to challenge and potentially obscure inadequate provision in the workplace. However, as part of the response to the Covid situation, many NHS organisations have recognised the importance of emotional support for staff and provided increased access to counselling services (British Psychological Society, 2020).

To summarise, the difficulties of transition to NQN status and associated feelings leave nurses requiring extensive support. Online mechanisms may contribute to this support, but significant barriers mean that further research is required to investigate whether such provision is effective.

Limitations

Participants were recruited from two NHS Trusts in the same location which may impact on the transferability of the study findings. All researchers and the majority of participants were female, although this is representative of the nursing profession (Skills for Care, 2017). One focus group became a single interview because only one participant was able to attend. The team included an NQN on the steering group as a representative of the researched group. To promote validity and rigour, transcripts were analysed and discussed by a varied team of researchers and differences in

interpretation were debated to enhance reflexivity and expose assumptions. Repeat interviews were not conducted due to time constraints. We were unable to draw conclusions about views of different age groups due to the lack of demographic data collected.

Conclusions

There is a lack of research into how technology can support the emotional and social wellbeing of nurses. This study demonstrates that if potential barriers such as concerns about confidentiality and accessibility can be overcome, online peer support may have potential to provide help for NQNs at a time when they feel anxious and overwhelmed. Such support would require careful design to address identified concerns whilst increasing usability and benefit.

Relevance to clinical practice: It has been identified that NQNs need additional support during transition from student to NQN. Our study suggests that support from peers could result in improved transitions. Our findings may be relevant to the wider workforce, especially at times of heightened workplace pressures when staff may not have time for mutual support and so feel isolated. Online peer support may offer a sustainable, easily accessible intervention complementary to preceptorship programmes, to promote staff well-being and contribute towards staff retention.

What does this paper contribute to the wider global clinical community?

- Formal support mechanisms such as preceptorship have benefits, but do not address all the needs of NQNs
- Appropriate support is essential to improve the well-being and retention of NQNs,
- Online support can supplement existing support strategies for nurses
- Concerns about confidentiality and protecting their professional registration are barriers which may limit NQNs' use of online support
- Online peer support may be particularly relevant when many staff are isolated and working under increased pressure due to the global Covid-19 pandemic

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