A Qualitative Study Exploring the Support Needs of Newly Qualified Nurses and their Experiences of an Online Peer Support Intervention

Abstract

Background:

In the transitional period following registration, newly qualified nurses may feel socially isolated and easily overwhelmed by increases in accountability, workplace pressures and the psychological demands of the role. Such experiences place them at risk of burnout and leaving the profession.

Aims:

To explore newly qualified nurses' support needs and their experiences of an online peer support intervention.

Method:

Eighteen newly qualified nurses participated in online peer support groups. After 3 months participants took part in interviews exploring their support needs and experiences of the groups. Eight one-to one interviews were conducted between October 2019 and January 2020. Qualitative thematic analysis was used.

Findings:

Two themes identified were; "The Support needs of newly qualified nurses" with two subthemes, "The role of the newly qualified nurse" and "Unmet support needs"; "The online experience" with three subthemes, "Barriers to participation", "Anticipated benefits" and "Unmet expectations".

Conclusion:

Our findings suggested that there is insufficient support for newly qualified nurses. The newly qualified nurses wanted to use online support to help manage their stress. However, the organisation of online peer support needs careful consideration to ensure participation can be beneficial.

Impact Statement:

Online support requires careful design and clear support from employing organisations to promote improved transition experiences. Further research should focus on evaluating adjusted online support interventions.

Key words: newly qualified nurses, online support, peer support, transition, retention, stress

Background

Nurse retention is a worldwide concern (Collard et al., 2020). In the transitional period following registration, newly qualified nurses (NQNs) may feel socially isolated and easily overwhelmed by increases in accountability, workplace pressures and the psychological demands of the role (Flinkman et al., 2017;Smythe & Carter, 2022; Edwards et al., 2015). NQNs report that they do not feel adequately prepared or equipped with the necessary knowledge and skills for the role (Smythe & Carter, 2022). and may face unrealistic expectations from senior staff (Woo & Newman, 2020).These factors combined mean that NQNs are at high risk of developing emotional exhaustion and burnout; manifesting in depressive symptoms, increased cynicism and intention to leave the profession (Gardiner & Sheen, 2016). More nurses are now exiting than

joining the workforce, (NHS digital, 2018) with NQNs leaving the profession at a higher rate than any other year of experience or time of life transition (Collard et al., 2020). Turnover is costly from personal, organisational and financial perspectives, with staff shortages contributing to poor continuity of care due to reliance on agency workers (Fallatah et al., 2017).

Peer support is widely used as an intervention to improve health and well-being. Outcomes include hope, empowerment and enhancing or restoring self-esteem through caring and encouragement; informational support which provides advice, or suggestions to resolve problems. Peer support creates a sense of belonging and group cohesion, leading to improved job satisfaction (Webster et al., 2019) can facilitate person-centred outcomes, such as social inclusion and empowerment (Puschner et al., 2019) and has been shown to reduce isolation, as well as help NQNs adjust to their new role and "formulate actions to put into practice" (Whitehead & Holmes, 2011 p17).

Most support post registration is provided on a formal basis, with organisations primarily offering induction and preceptorship schemes (Collard et al., 2020). However, peer support may be more effective than facilitator-led interventions and peer support in combination with organisational support is potentially more effective than single support strategies such as preceptorship (Whitehead et al., 2013).

Whitehead et al. (2013) suggested that a culture of support was more important than relationships with individuals (such as preceptors) which may break down due to staff shortages, personality issues or sickness. Poor staffing levels mean that it can be difficult for nurses to stay hydrated, eat, or use the toilet while on-shift (Royal College

of Nursing 2017), let alone find time to support each other at work. In this context, online support was seen as a possible solution offering an accessible and sustainable means of mutual support in practice.

Background Research has suggested that online communication via smartphone messaging may improve nurses' wellbeing by meeting needs for "information exchange, socialisation and catharsis" (Bautista & Lin, 2017), Smartphone based social media applications such as Facebook and WhatsApp have been highlighted as educational and social support tools in communities where it is hard to meet face to face for peer support (Chipps et al., 2015). However, there is a dearth of research investigating the use of online support for nurses (Webster et al., 2019) so the potential benefits are unknown. That which does exist has been developed for educational interventions as opposed to emotional and social support (Doswell et al., 2013). Research conducted to inform design of the intervention indicated that newly qualified nurses felt they could benefit from online peer support (Jenkins et al 2021).

Aims

This study aimed to explore newly qualified nurses' support needs and their experiences of an online peer support intervention.

Method

The study was conducted in the United Kingdom, participants had been qualified for less than 18 months. One-to-one semi-structured interviews were conducted to explore NQNs' experiences of taking part in the online peer support intervention, and data were analysed using thematic analysis (Braun & Clarke, 2006). This qualitative approach was

appropriate as we were aiming to attend to, listen to and understand the NQNs' lived experiences (Coule, 2013).

Online Peer Support intervention

The online peer support intervention was designed using the findings from a scoping review (Webster et al. 2019) and focus interviews groups with NQNs (Jenkins et al. 2021). NQNs were recruited for the online peer support groups from three NHS Trusts, via preceptorship training days. (Two acute trusts and one mental health, in-patient and community settings).

19 NQNs took part in one of two online peer support groups for three months. Each group was made up of 8-12 NQNs. The majority of support group participants were female and aged between 23 and 55 and had been qualified for between 6 and eighteen months. Most were still in their first jobs although three had changed jobs and one was considering doing so.

The groups ran via the platform 'Basecamp'. A significant amount of time was spent investigating possible online platforms. Basecamp appeared to be the most appropriate platform available, as it was secure, used in Higher Education Institutions and had a group chat function. However, the programme did not allow the authors to access the 'backend' data, such as dates and times of participants' visits to the site, or their times and number of postings. An integrative model combining person-centred (Morgan and Yoder, 2012) and solution focused theory (Peterson 2008) guided facilitation of the groups. The intervention was delivered online as staffing levels and workloads have been identified as significant barriers to the implementation of support interventions (Sun et al, 2019).

Participants were aware that the purpose of the groups was mutual support and that they would be asked to report back on their experiences later. The online peer support groups were only open to the research participants and research team. The NQN's employing trusts gave permission for Basecamp to be accessed via their intranet services and the site was accessible via mobile phone and home computer. The researchers introduced themselves and occasionally posted to the groups, encouraging participation, but only responding to a conversation if a nurse's post indicated they were in distress, with no support forthcoming from their peers.

Sample

A purposive sample of eight (seven female, one male) NQNs was recruited to participate in the interviews. All the NQNs who took part in the online peer support groups, whether actively or not, were invited by email to be interviewed. 11 either declined or did not reply.

Ethical considerations

Ethical approval was obtained from the Health Research Authority (HRA) on the 2nd May 2018. IRAS Project ID 241205. Participants were given an information sheet clarifying the purpose of the research, before giving informed written consent. They were aware that participation was voluntary and that they could withdraw from the study at any time. The participant information sheet also provided details of support freely accessible within the workplace.

Data collection

Brief demographic information had been collected at point of enrolment. The interviews were conducted between October 2019 and January 2020. The interviews took place in a private room at the participants' place of work and lasted approximately one hour. All

were conducted by the Chief Investigator (CI), (a female nurse researcher educated to Masters level) and no one else was present. The CI had a prior relationship with participants as she facilitated focus groups in the earlier research that informed the intervention (Jenkins et al 2021), recruited them for the intervention and facilitated the online groups. Participants were therefore aware of the CI's interest in how they experienced the online peer support groups. The interviews were structured according to an interview guide (Table 1), audio-recorded and transcribed verbatim, with participants' identities anonymised. Notes were also made after the interviews. Although not all participants who participated in the intervention agreed to be interviewed, of those that did there was a mix of those who said they had posted in the online groups and those who said they had not. This may have led to bias, but there was an overlap in the participants' accounts of their experiences and data saturation was achieved. Transcripts were not returned to participants for comments or correction, nor were repeat interviews conducted, due to time constraints.

Analysis

Coding was undertaken manually. To ensure rigour, two researchers coded each transcript independently, then met online to discuss and agree final codes and themes. Theming was conducted following the six steps outlined by Braun & Clarke (2006). Initial theming was conducted by two nurse researchers. Subsequently the reviewing of themes and naming of themes and sub-themes was conducted together with the remaining team members. Repeat interviews were not carried out.

Rigour

The team followed COREQ (COnsolidated Criteria for REporting Qualitative research (Tong et al., 2007)). The team were all female and comprised of two experienced nurse

researchers with masters level education, a newly qualified nurse, a psychologist and two research assistants with a psychology background. The nurses would have had experience of being a NQN which may have led to bias. All the research team are committed to promoting nurse well-being which may have had an impact on their understanding of the data.

Findings

Key findings firstly confirmed the immense pressures experienced by NQNs. Secondly, that despite these pressures and the opportunity to use each other as support, the nurses did not feel safe to do so. This was mainly due to concerns about confidentiality, potentially breaking the code of conduct and self-exposure in an unfamiliar online environment.

Two main themes were derived from the data; "The Support needs of newly qualified nurses" with two subthemes, "The role of the newly qualified nurse" and "Unmet support needs" and "The online experience" with three subthemes, "Barriers to participation", "Anticipated benefits" and "Unmet expectations".

The support needs of NQNs

This theme reflects the transition from nursing student to NQN and includes two sub-themes "The role of the NQN" and "Unmet support needs". The themes reflect the intensely stressful nature of this time in a nurse's career and the associated emotional vulnerability that nurses experience.

The role of NQN

Initially the nurses appeared to struggle with the role, with the sense of responsibility and accountability being a major stress for many. They recalled feeling unprepared and described anticipatory anxiety even prior to qualification:

> "From uni they tell you there is going to be so much responsibility, you're going to hold the keys, they really put the fear into you. And that did kind of play on my mind" (P1).

When the time came, these fears were confirmed. The role was not always what they had expected as "it was all about the paper work". Time pressures and staffing levels meant the NQNs were unable to meet their own expectations for the best patient care. The transition period was seen by some as time for growth, but work pressures appeared to impact on the development of competence and the acquisition of knowledge and skills, impacting negatively on confidence:

> "I was just thrown in the deep end. And there were a few incidences when I was left in charge very soon or I was with agency nurses…and this really knocked my confidence. So my experience of a NQN wasn't that great" (P2).

The disconnect between their wishes to develop competence and the actual experiences relayed above appeared to lead to signs of burnout, emotional exhaustion and disempowerment.

> "You want to care for people but I find myself becoming bitter and hard, not caring. You say 'yes, yes' and you are doing that, instead of being empathetic. I feel like everything just gets dumped on the nurses, all the responsibility, all the guidelines, doing everything like according to the policies. And management does this until something happens and then we get the blame" (P3).

Unmet support needs

The need for support was a recurring theme. The NQNs appeared to expect support from senior staff, along with recognition and understanding that they were new to the role. However this was not always available, with some more experienced nurses

lacking empathy and appearing averse to teaching or supporting their less experienced colleagues.

Our findings also demonstrated that the NQNs felt insecure and subsequently compared themselves to other NQNs:

> "You know sometimes you look around and think they are doing loads better than me" (P4).

Work patterns and cultures appeared undermining. Shift patterns and long hours exacerbated feelings of isolation as 'you never can gel with your team'. Some NQNs reported feeling isolated and excluded; in cliquey environments they struggled to find their place within the team.

There was a strong picture of immense emotional stress with a clear impact on the NQNs' mental health. However, as a result of being "thrown in at the deep end" two of the nurses progressed to more senior positions.

Summary

The NQNs found the transition to role of NQN extremely stressful and challenging. Workplace pressures contributed to the NQNs' anxieties and delayed professional development, while also acting as a barrier to the emotional support they required.

The online experience

This theme reflects participants' experiences of online peer support. The support groups were internet-accessible 24 hours a day every day from any device, although there were some problems due to employers' firewalls. However, while some factors were technical, inter-personal aspects were more significant.. This theme is sub-divided into sub-themes: 'barriers to participation, 'anticipated benefits' and 'unmet expectations'.

Barriers to participation

Participants were unfamiliar with Basecamp, but most reported ease of access. One participant felt that her age had been a partial barrier to accessing the technology:

> 'I just got… one of these little phones quite late so I'm not, when it comes to all this stuff I'm not like a 20 year old doing it all the time. So it was new… but I didn't have problems with posting' P5).

Technical hitches originated within employing organisations. Despite the site having been identified as secure and agreement reached with Trusts, their IT systems still blocked access:

> 'You would get an email to say someone had left a message and then I would usually go on and check it, but then it was blocked. So then I stopped trying because I was like 'oh should I be on here?' (P6).

The facilitators' input resulted in mixed feelings. Ground rules were experienced as helpful. The participants' awareness of the professional regulations for the use of social media may have overridden the protection intended by establishing ground rules. The NMC (Nursing and Midwifery Council) code of conduct appeared to inhibit use of the site, resulting in concerns about potential breach of confidentiality and general professionalism. The participants also held back for a range of reasons which appeared to relate to their perceptions of other group members, whom they did not know. This resulted in hesitancy with some participants admitting being unwilling to be the first to post:

> 'I remember thinking I would wait and see what sort of things other people would post first before I joined. But then I never ended up making any posts anyway' (P7).

Interacting with strangers using unfamiliar technology proved more difficult than expected. The barriers resulted in a low number of posts, and the low levels of interaction further discouraged participants from posting.

Anticipated benefits

All the participants had looked forward to taking part in the online groups. Their motivations were to help others and to receive help themselves. There was some variation in the types of interaction they expected to become involved in, with some anticipating 'letting off steam', or getting advice or information. However, some participants were already facing serious challenges in the role. They were aware that others could be feeling similar anxieties and hoped to gain support and be supportive:

> 'For me it was very stressful at the start. So I thought that would be interesting as there would be other people on there going through the same sort of thing as me and I would be able to say 'oh me too. How do you cope with that?' (P5).

One NQN was happy to help others feel better by sharing her own difficulties:

> 'I'm quite open anyway. I'm a confessor really. I always put it out there and you know if it helps someone else or helps me then it's not really a waste of my time, it's a positive thing really' (P4).

The participants anticipated benefits from connecting with others facing the same difficulties as themselves. They thought that casual chat, sympathy and fellow-feeling would be supportive and perhaps reduce the stress inherent in their situation.

Unmet expectations

Unfortunately, the small number of posts and lack of responses left most of the NQNs feeling let down:

> ‘Probably every day I was hoping for something. It was disheartening really ……. and I needed help (loud voice) I was like ‘Help me someone -help a sister out’’ (P4).

The lack of validation of the feelings of those who expressed vulnerabilities appeared to further undermine them.

In summary, even though the NQNs felt optimistic about the online support group and intended to be supportive and receive support, the sense of not knowing who the other group members were and the minimal engagement appeared to lead to loss of confidence in the resource. The findings in this theme indicate that online peer support in its current form did not offer support to NQNs.

Discussion

The transition from student to qualified nurse was experienced as overwhelmingly stressful, leading to feelings of vulnerability. Individuals may become socially isolated in such complex, fast-paced, pressured work environments (Edwards et al. 2015). Our findings confirm extensive evidence suggesting the post-registration period is particularly challenging for nurses (Higgins et al., 2010; Innes & Calleja, 2018). The support needs of NQN role have been extensively reported in the literature, (Collard et al., 2020). Our participants confirmed that needs outweigh current support arrangements and newly qualified nurses often struggle to develop their professional confidence and to feel settled within their role and team.

Our findings suggested that NQNs wanted to use online support to help manage their stress, yet did not do so. A scoping review (Webster et al., 2019) identified no evidence around nurses’ engagement with formal online support prior to this study, so our participants were pioneers. While nurses use unofficial independent sources of online support such as Facebook and WhatsApp groups (Happell et al. 2013), discouraging and

punitive messages both from within the profession (Green, 2017) and outside the profession, make nurses wary of online support. Mainstream media reports on nurses' Facebook use tend to focus on pitfalls, for example in revealing unprofessional behaviour (Laing, 2017) or criminality (Kennedy, 2020). Unfamiliarity and this broader context may have contributed to the guarded nature of the NQNs' engagement with basecamp.

The employers' cautious approach to workplace internet use was responsible for blocking access to the Basecamp site, despite the relevant approvals being in place. This had an impact on the nurses' perceptions of Basecamp, leading them to question its security and acceptability.

The nurses appeared to feel anxious about posting, leading them to police their own online behaviour. The researchers had reassured participants about confidentiality and anonymity within the groups, but paradoxically this too may have highlighted concerns, as it meant participants felt they were projecting their voices into a void, unaware of who else might be there and without the usual non-verbal clues about how their message was received. The participants were aware that as moderators, the researchers would promote and support use of the site, however, they also knew the researchers were duty-bound to intervene if potential harm was identified (NMC, 2019). This meant there was underlying awareness of the consequences of inadvertent disclosure.

Pezaro (2016) discussed development of a similar online support resource for midwives. Crucially, participants identified the necessity of 'amnesty' meaning that any indications of poor practice would not be taken further, allowing concern-free contributions. This is a consideration for future online support interventions, as our participants were keen to interact online. This conflict between wanting to post in the groups, wishing that others would do so, then feeling let down by the lack of

interaction, indicates that online peer support has potential to support NQNs, given the right conditions. Since the Covid-19 pandemic, greater reliance on and familiarity with online communication for educational, professional and personal interactions has accelerated its use (Byrnes, 2021) and so online peer support may become more acceptable for future cohorts.

Haines et al., (2019) found building social cohesion, using skilled facilitators, engaging participants with the group and defining operational processes were enabling factors. Their post-ICU participants expressed concerns about what they would talk about, but then found the groups 'take care of themselves', perhaps reflecting adept facilitation. Benson et al., (2020) used a facilitator who was also an oncology family carer group member. Even though the group appeared to be beneficial, in common with our study, most posts were facilitator-made. The evaluation also indicated that participants wished for face-to-face support in addition to the online group.

Although we cannot equate life-threatening illness with living through the experience of being a NQN, the participants did convey a sense of navigating an emotionally difficult process and there are factors which the groups seem to have in common, such as heightened stress, isolation and anxiety. Our participants gave similar reasons for wanting to engage in the support groups as Benson et al's (2020), for example emotional, informational, companionship ('we're all in this together') and validating support.

Despite these highly motivating considerations, the NQNs rarely, if ever, posted in the groups. However, they must have been visiting the groups in order to identify that other people did not contribute. Silent members of online groups, known as 'lurkers', comprise the vast majority of members of online groups (Sun et al., 2014). This may mean a larger number of members are required to generate sufficient numbers of active

participants. Sun et al., (2014) identified the characteristics of online groups that facilitate active membership as usability, social norms, reciprocity, and high reputation. As a new initiative, the online groups in our study lacked social norms and reputation, exacerbated as participants were not familiar with Basecamp. Usability issues were a factor; while reciprocity was never achieved perhaps because the social norm that developed was of non-posting.

While it would not be sensible to promote membership of online support groups if NQNs did not want this support, our findings indicate its absence was disappointing for them. The majority of our participants indicated that it was other NQNs, not them, who had neglected the groups and that they regretted the lack of interaction. Interpretation of findings from studies exploring service-user online groups, plus the dynamics of online group membership, appear to indicate that it might be realistic to expect that barriers to use of online support could be overcome by combining some face-to-face interaction and support with effective online facilitation, which could develop social norms (with ground rules including 'amnesty'), promote reciprocity and with time, reputation.

Limitations

The study is limited due to the small number of participants, the majority of whom were female. They were recruited from the same geographical area. We collected some demographic information (age, gender, professional registration and length of time qualified), but did not ask for ethnic group or sexual orientation. Member checking was not completed due to time limitations. The CI's relationship with participants may have influenced their accounts. The online peer support intervention was only available for a limited time, due to financial restraints. A longer period may have resulted in greater interaction. The site was not bespoke, a platform designed specifically for the purpose of the study may have increased confidence in the resource. Usability of the Basecamp

platform was not explored in depth in advance of the study due to costs and time constraints. The issue with employer firewalls and participants' interpretations of the significance of this may have affected their interaction with the resource.

Conclusion

At a risky time in their professional lives, NQNs may be undermined rather than supported. The context is very stressful; in recommending more effective support, we need to acknowledge that the stressful workplace environment should be addressed as a priority. The COVID-19 pandemic has recently meant that smartphone use has become an alternative to face to face communication, with nurses becoming more technologically active than ever before (Wilson, 2020), therefore online support could be even more relevant. To be beneficial, online peer support needs to be sited on a secure, accessible platform, independent from, but accessible to the organisation and promoted by key individuals such as preceptorship leads, clinical educators or staff in leadership positions, to ensure NQNs feel confident in accessing the resource. The many barriers to online peer support are not reasons to dismiss this intervention, but instead more research is needed to evaluate an adjusted version to offer a sustainable additional source of support for NQNs.

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