# A qualitative study exploring experiences of online peer support for newly qualified nurses: Study protocol

Abstract

**Aim**: To explore experiences of online peer support for newly qualified nurses accessed via smartphone or PC.

**Design:** Qualitative study using semi-structured interviews and thematic analysis.

**Method:** Phase one involves conducting focus groups with newly qualified nurses in the West Midlands area to refine the online peer support environment. Phase two involves 30-40 new nurses joining an online peer group for 3 months; participants will be able to access a general chat community alongside a more structured discussion board. Phase 3 will collect written interview data from all participants about their experiences of online peer support. Face-to-face interviews with 10-12 participants will also be undertaken. The study will run from May 2018 to October 2019.

**Findings**: Data from focus groups, written and verbal interviews will be analysed using thematic analysis with the aid of NVivo software. Findings will be disseminated to participants and key stakeholders involved in the study and also via publication and networking events.

**Conclusion:** If online peer support is found to be beneficial for new nurses, it may be adopted by local NHS trusts as part of an innovation scheme.

**Impact**: It is important that the psychological wellbeing of nurses is seriously addressed as more nurses are now leaving than joining the profession. An online peer support group could offer a sustainable and accessible means of promoting psychological wellbeing in the nursing workforce and potentially decrease intention to leave the profession.

Health Research Authority ethical approval was given on 2nd May 2018.

**IRAS number: 24105**

## Summary Statement - Why this study or review is needed:

* More nurses are now leaving than joining the profession in the United Kingdom (NHS digital, 2018).
* Newly qualified nurses are particularly vulnerable to feeling isolated, stressed and at subsequent risk of early career burnout and leaving the profession.
* Research involving newly qualified nurses is needed to understand how their social and emotional wellbeing can be improved.

**Keywords:** nursing, nurses, midwives, new staff, peer group, online, smartphone, social and emotional wellbeing, social media, qualitative.

1. **INTRODUCTION**

## 1.1 Background

This protocol sets out how we intend to explore experiences of peer support for newly qualified nurses (NQN) during a transitional stage in their careers. Post-qualification is a particularly vulnerable time for nurses, a time when individuals may feel socially isolated and easily overwhelmed by workplace pressures (Edwards, Hawker, Carrier, & Rees, 2015). This can lead increased stress and intention to leave the profession (Gardiner & Sheen, 2016; Rudman & Gustavsson, 2011; Walker, Costa, Foster, & de Bruin, 2017). More nurses are now exiting than joining the workforce, with 2,112 nurses under the age of 25 leaving during 2016-2017 (NHS digital, 2018). Although such an exodus may have been influenced by the Brexit decision in the UK, figures for previous years also highlight a significant proportion of young leavers; 1,975 for 2015-16 and 2,051 for 2014-15. Nursing retention is a global concern (Kinghorn, Halcomb, Froggatt, & Thomas, 2017) and 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, Laschingler & Read, 2017). Nurses are exposed to numerous daily stressors due to the demands of the profession (Lee, Yen, Fetzer, & Chien, 2015; Steege, Pinekenstein, Arsenault, & Rainbow, 2017) and without adequate social and emotional support staff may develop symptoms of burnout, with younger nurses being particular susceptible to this occupational risk (NHS Health Education England, 2014; Maslach & Leiter, 2016). Burnout can manifest in symptoms of fatigue, impaired cognitive function, depression and anxiety and has also been linked to intention to leave the workplace (Cooper-Thomas et al., 2012; Heinen et al., 2013). It is therefore imperative that strategies to improve the working lives of newly qualified staff become a priority.

There is evidence that peer support and mentorship in nursing has many benefits, resulting in improved staff retention and a higher quality of care (van der Heijden et al., 2010). Smartphone technology is an accessible medium of communication and online support has been used extensively with patients with beneficial effects (Doswell, Braxter, DeVito Dabbs, Nilsen, & Klem, 2013; Ganasegeran, Renganathan, Rashid, & Al-Dubai, 2017; Marin et al., 2016; O’ Connor & Andrews, 2016). To assist in the development of an online peer support intervention, a literature review was conducted to investigate previously published literature on peer support for nurses. Eight electronic databases were searched, comprised of AMED, British Nursing Index, CINAHL, EMBASE, Medline, Science Full Text, PsychINFO & PubMed. The search was restricted to English language peer reviewed papers published between 2000-2018 using search terms and synonyms relating to newly qualified nurses and peer support. Findings of the literature review demonstrated that smartphone messaging was found to improve nursing staff wellbeing in the Philippines by meeting needs for socialising and providing an opportunity for catharsis (Bautista & Lin, 2017). Similarly, social media apps Facebook and WhatsApp have been successfully used as support tools in rural midwifery practice in South Africa where staff reported it was difficult to meet in person (Chipps et al., 2015). However, a scarcity of research into online peer support for nurses was noted, with the majority of studies offering such provision from an educational perspective as opposed to a social and emotional one (Doswell et al., 2013). Additional studies were retrieved on face-to-face peer support and mentoring within nursing, with both being recommended as a means to preventing nurses from quitting the profession (Nkwantabisah, Hackstaff, Paluch, & Zerwekh, 2016). One interesting finding of a study into the use of mentoring for student nurses was that they reported a preference for online mentoring as opposed to face-to-face delivery - an important consideration for improving current practice with younger graduate clinicians (Mollica & Mitchell, 2013). However, mentoring is qualitatively different from the collegial support that is provided by a peer group. Whilst mentoring operates on an inherently hierarchical structure provided by a more experienced other, peer support is by nature more egalitarian. Such egalitarian support was also identified as helpful for nurses during first year student placements (Morley, 2014) and additional papers were retrieved which detailed nurses’ informal use of text messaging as social support (Bautista & Lin, 2017), and the development of a smartphone app aimed at improving social support for both students and mentors on nursing training programs in the UK (Colton & Hunt, 2016).

With the evidence base being so limited, a search of grey literature was undertaken to review online support provided in the disciplines of teaching, midwifery, counselling and social work. This involved searching additional sources including Google Scholar, unpublished reports and dissertation abstracts. In doing so, a recent five year peer support strategy into improving the retention of social workers was discovered (Betts, 2016) although no research has been published on this project as of yet. Additionally, a paper on a stress management support group for social workers was found (Meier, 2000), but this was an older study which used an outmoded Listserv mailing list format. Participants in this study reported benefits to online group support with most individuals commenting that it helped them cope with workplace stressors. The findings of the literature review identified that peer support is beneficial for the emotional and social wellbeing of nurses but that more research needs to be undertaken in this area, particularly into online support. The present study aims to contribute further to the evidence base by exploring experiences of online peer groups for newly qualified nurses.

## 1.2 Theoretical Framework

The findings of the literature review were supported by Chipps et al. (2015) who similarly acknowledged a lack of research into the use of technology to support nursing staff, and that which does exist has limited theoretical foundation. For the present study, the theory of organisational socialisation (Van Maanen & Schein, 1979) will be used as a framework for the model of peer support. This theory has been used previously in nursing research, with two studies highlighting the role of effective socialisation of newcomer staff in reducing intention to quit, staff turnover, stress and burnout (Cooper-Thomas, Anderson, & Cash, 2012; Taormina & Law, 2000). Other outcomes related to positive organisational socialisation include more efficient role learning, job involvement, workgroup commitment, task mastery and increased job satisfaction (Cohen & Veled-Hecht, 2010; Cooper-Thomas et al., 2012).

The theory of organisational socialisation assumes that employees undergoing a workforce transition are in an anxiety provoking situation which may result in loneliness, isolation and work-related stress. This process is observable in the transition from student to newly qualified nurse. Organisational socialisation is the means by which new members of a group can effectively adjust to their new environments. Collective socialisation explains some of the group processes that occur when new staff members are socialised into a workforce or college group. This is a positive process which involves newcomers engaging with each other in shared experience, such as that provided by a peer support group. The theory further elucidates that although organisational systems can perpetuate problematic ways of working, these may be transformed slowly as new employees bring with them potential for workplace change. The study will also utilise a formal socialisation process in that it will be externally initiated, introduced and mediated within the context of a professional NHS workforce. As the peer support study is time bound and constrained to a 3 month period, the socialisation process will be a fixed one; this will be communicated to the participants via information sheets during the consent process.

### Person-centred theory

The peer support groups will be delivered from an integrative model combining person-centred and solution focused theory. It has been argued that the construct of ‘person-centred’ is poorly conceptualised and suffers from a lack of standard definition (Morgan & Yoder, 2012). For the purposes of this study, we use the definition provided by Sharma, Bamford, & Dodman (2015) who undertook an overview of 46 reviews of person-centred care. They highlight six core concepts associated with being person centred; communication, getting to know the person, empowering the person, establishing a therapeutic relationship, shared power and responsibility and trust and respect. The intention of the peer support group is to provide a space where nurses can collaborate with one another in order to reflect on their work, gain psychological support, share power and responsibility and feel empowered. It is anticipated that promoting communication between nurses in a peer group founded on values of trust and respect may foster mutually supportive, therapeutic interpersonal relationships.

### 1.2.2 Solution focused theory

Solution focused theory is a goal oriented model that seeks to concentrate on what works, resources, collaboration, simplicity and progress (De Shazer & Berg, 1997). It emphasises humanistic values, a hopeful perspective on the future, collaboration and empowerment (Franklin, 2015), and therefore integrates successfully with a person-centred model. Previous research has suggested that problem solving based peer support groups may be beneficial in reducing stress and burnout in healthcare professionals (Peterson, Bergström, Samuelsson, Åsberg, & Nygren, 2008). Additionally, several studies have highlighted how person-centred and solution focused theories can be integrated effectively in clinical research (Walsh et al., 2017) and therapy (Cepeda & Davenport, 2006; Fitzgerald & Leudar, 2010). By integrating these two models, it is anticipated that the peer support group will provide a space where nurses will feel psychologically supported, valued, and be encouraged to think about practical ways of negotiating problems in the workplace in collaboration with their peers.

1. THE STUDY / REVIEW

## 2.1 Aims

This study aims to explore experiences of an online peer support group for newly qualified nurses. The objectives are:

* To develop an online peer support intervention for newly qualified nursing staff that can be accessed via smartphone
* To run the online peer group for 30-40 new nurses
* To interview new nurses about their experiences of the online peer support group

## 2.2 Methodology

### 2.2.1 Study Design

A qualitative design will be utilised to obtain both written and verbal interview data from participants about their experiences of the online peer support group.

### Phase one: Focus groups and consultation

The first phase of the study will consist of exploratory focus groups and consultations held with NQN and key stakeholders. Recruitment for the focus groups will take place between May-July 2018 and conducted from June-October 2018. The groups will be facilitated by a research nurse, nurse lecturer and a research assistant, recorded on an encrypted portable recording device and subsequently transcribed. It is anticipated that there will be 4 focus groups each comprised of around 6-8 participants, all of whom will be no more than 18 months post-graduation. The purpose of these groups will be to ask new nurses to share their knowledge and experiences in order to contribute to and further refine the peer support group design.

### Phase two: Peer support groups

Peer support groups will run for 3 months in 5 rolling enrolment groups of 6-8 NQN from November 2018 until March 2019. The online peer support will be delivered via the social collaboration application Basecamp. This format was decided upon after consultation with a university-based smartphone app researcher/lecturer and NHS Trust Chief Clinical Information Officer who identified it as a secure means of communication for healthcare professionals. It will be accessible via smartphone, iPhone and PC/Mac. Peer groups will be accessed via a secure login, only available to individuals who have been invited to join via NHS email address. On logging in, participants will be presented with links to a group discussion forum, general chat area and direct messaging function to contact the research team. There is an expectation that participants will engage with their peer support group 3-4 times a week. The groups will run in adherence to the ethical code of the Nursing and Midwifery Council (NMC, 2015) and will be moderated by the research team at least twice a week. Moderators may instigate discussions if conversation falls quiet, but it is anticipated the groups will be primarily a space for peer-to-peer communication, with moderators being present only to ensure participant safety.

### Phase three: Semi-structured interviews

After 3 months, all participants will be invited to feedback their experiences of using online peer support via written interviews that will be returnable via email. Additionally, semi-structured verbal interviews will be carried out with 10-12 participants; 2 from each peer support group. These will be recorded on a portable recording device and subsequently transcribed by the research team. Qualitative data from both written and verbal interviews will be analysed with the aid of NVivo software using a thematic analysis approach or related framework approach dependent on the volume of data. This methodology will identify common themes and patterns in participant experiences of online peer support.

### **2.2.2 Selection of hospitals**

The study will recruit participants from NHS trusts based in the West Midlands area of the UK.

### 2.2.3 Selection of participants

Participants will be identified by the research team from NHS trusts. Preceptorship training days will be attended by the research team in order to disseminate information about the project at both study sites. All newly qualified nurses (no more than 18 months post-qualification) will be invited to participate. Participants will be free to choose whether they would like to take part in the Phase 1 focus groups or the Phase 2 peer groups and qualitative interviews. Printed posters and online advertising will be used to invite participation alongside launch events where participants will have an opportunity to find out more about the study. The events will be held at convenient times and locations for all staff and will be developed in collaboration with key stakeholders and steering group members. Individuals who are interested in taking part will be given the contact details of the research team and emailed a participant information sheet (PIS). A link to a digital consent form will be then forwarded alongside further instructions on how to take part in the selected phase of the study.

### Inclusion criteria

Participants will be newly qualified nursing staff from NHS trusts in the West Midlands. They must have completed their clinical training but be no more than 18 months post-qualification.

### Exclusion criteria

This is a study confined to the West Midlands area of the United Kingdom and is limited to nursing staff working at the nominated study sites. Nurses from other regions are excluded from the study.

### 2.2.4 Data collection

Consent forms will be administered via online survey software and in person. IP addresses of respondents will not be stored in order to uphold anonymity. Focus groups will be recorded on a portable recording device and transcribed verbatim by two members of the research team. Interviews and focus groups will use semi-structured guides and be recorded on a portable device. Attention will be paid to interview technique and clarifying questions will be used where meaning may be obscure or open to interpretation.

### 2.2.5 Data management and analysis

The focus groups conducted during Phase 1 will be analysed and coded by the research team with the aid of NVivo software. Each recording will be transcribed verbatim and analysed using template analysis (Brooks, McCluskey, Turley & King, 2015). Two different researchers will code the transcripts, with any disagreements being discussed with a third member of the research team to reach consensus. Caution will be exercised in terms of making interpretations. All data will be stored on password protected computers and only accessible by the research team. Paper data and all identifiable personal information will be destroyed at the end of the study. No one outside the study team will have access to the anonymised data unless they are from a research governance authority. The data will be archived and stored for 10 years.

## **2.3 Ethical Considerations**

### 2.3.1 Approvals

Before either site can enrol participants, the Chief Investigator will ensure that appropriate ethical approvals are in place via the Health Research Authority (HRA) and local NHS R&D approval. For any amendment to the study, the Chief Investigator, in agreement with the NHS trusts, will submit information to the HRA in order for them to give approval for the amendment. It has been ascertained that this study will not require NHS Research Ethics Committee (REC) approval due to participants being NHS staff members rather than service users/patients.

### 2.3.2 Consent

Written informed consent will be obtained from all participants. Informed consent will involve a discussion between the potential participant and a member of the research team. This discussion will explain the nature of the study including aims, objectives and possible risks associated with participation. During the consent process, there will be opportunity to ask questions about the study. Potential participants will also be given a participation information sheet (PIS) in written or electronic form. This study will not involve patients and will recruit from a staff group practicing as registered nurses; therefore it is assumed that there will be no issues around assessment of capacity. All participants must be capable of giving consent for themselves and understand the nature and purpose of the research, including the benefits and potential risks involved. Potential participants will be informed that there is no requirement to take part and that they are free to choose whether they participate or not. Participants will be free to withdraw from the study at any time without giving any reason.

### 2.3.3 Risk assessment

Potential risks that have been identified are risk of psychological harm by interacting with others on an online forum. Material may be discussed which could be upsetting and participants may become more aware of their own negative feelings as a result of discussing them. However, this risk is not expected to be any greater than participants would be exposed to in daily life and has been assessed as being at a tolerable level after introducing measures to reduce it. These measures include regular moderation of the online forum; ensuring participants have contact details for the research team and a direct messaging function to contact research staff within the online portal itself. The peer support groups may also make participants more aware of their own positive feelings and enable them to develop resilience at a challenging point in their career.

The NMC code will be adhered to as an ethical framework as for the conduct of participants online. The code presents the professional standards that nurses and midwives must uphold in order to register to practise in the UK. Onus will be on participants to abide by this code. If information is disclosed about poor practice, safeguarding patients or vulnerable adults and children, steps will be taken to address these concerns following NHS policy and procedures. Safeguarding measures will be put in place if a participant discloses they are feeling suicidal or at risk of harming themselves or others at any point during the study. This process may involve sharing of information with external agencies to mitigate harm to the participant. Such limitations to confidentiality will be discussed with participants prior to the consent process.

## 2.4 Validity and transferability

External validity is assumed to be satisfactory as nurses will not placed in an artificial environment to complete the project and will interact with smartphone technology in a manner similar to that in their everyday lives. Therefore, findings may be expected to be transferable to the rest of the UK. Caution is recommended for transferring findings to areas outside of this as the NHS is specific to the UK and comes with its own particular set of organisational characteristics. It is important to bear in mind this is a study involving new nurses working in the areas of general nursing and mental health. Findings may not be transferable to more experienced nurses or to those working in different specialisms.

3. DISCUSSION

### 3.1 Strengths

There is a lack of research into the use of technology to emotionally and socially support nurses. It is expected that this study will contribute to furthering knowledge in this area and provide recommendations for future research based on data from the qualitative interviews. As this is a charity funded project involving peer support, it is hoped that NQN will perceive the study as an independent means of supporting one another whilst still abiding by their professional code of conduct. The ability to contact experienced nurses in the research team via the online forum may scaffold learning in addition to ensuring participants feel safe in the online environment. It is anticipated that the online intervention will be an accessible means of gaining practical and emotional support from colleagues where the ability to communicate with peers is often limited.

### 3.2 Limitations

There are limitations to the qualitative aspect of the study design. In contrast, a quantitative study could investigate relationships between use of the online peer support group, emotional wellbeing and intention to leave the nursing profession. However, due to anticipated difficulties with recruitment and constraints to funding and time, a quantitative design will not be possible for this study.

4. CONCLUSION

The study aims to explore experience of online peer support for newly qualified nurses in the NHS during a time of professional transition. On evaluation, if it is found to be an accessible and helpful means of providing support, it may be adopted as an innovation scheme in the NHS trusts involved in the study.

## Conflict of interest

No conflict of interest has been declared by the authors.

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