

ORIGINAL RESEARCH

New nurses' transition to practice experience after completion of the enhancement training program in the Sultanate of Oman

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ABSTRACT

In 2021, the Directorate General of Nursing Affairs (DGNA) at the Ministry of Health (MOH) in the Sultanate of Oman has established a 12-month training program for new nursing graduates known as the Enhancement Training Program (ETP). The program aims to intensively train novice nurses in seven critical specialties and equip them with the specialty knowledge, skills, and professional competence required to deliver safe and specialized care to critically ill patients. This study aims to determine the levels of confidence, comfort, satisfaction, stress, and experiences of transition-to-practice among nurses who completed the program successfully, and to assess the differences in the levels of confidence, comfort, satisfaction, stress, and experiences of transition-to-practice among the nurses participated in different specialties. The study sample target the first cohort of nurses who participated in the ETP from June 2021 to June 2022 and passed the program successfully (n = 313). Casey-Fink Graduate Nurse Experience Survey was utilized to evaluate the experiences of the participating nurses. Statistical Package for the Social Sciences (SPSS) version 29 software used to analyze the collected data by performing descriptive analysis using means and standard deviations. Inferential analysis (analysis of variance [ANOVA]) was conducted to assess the variance between the groups so as to identify any statistical differences among the means of all the specialty groups. The findings of this study provide evidence supporting the effectiveness of the ETP in boosting the confidence, comfort, and satisfaction of novice nurses.

Key Words: New graduate nurse, Casey-Fink graduate experience survey, Role transition

1. INTRODUCTION

1.1 Background

The transition of Omani nurses from completing their education at nursing schools to starting their jobs in hospitals used to take place immediately after graduation. In 2016, these processes were impacted by the severe economic depression that reduced recruitment opportunities leading to increased unemployment rates, especially among healthcare providers, including nurses. Furthermore, this situation has worsened over the last two years due to the significant disruption

caused by the novel coronavirus disease 2019 (COVID-19) pandemic and the unusually high rate of resignations by senior nurses, especially nurses working in critical care areas. These factors have resulted in a need for more competent nurses with critical experience and sufficient training in various specialty care areas, adversely impacting the quality of healthcare services and patient safety. To address this issue, the Oman Ministry of Health (MOH), as represented by the Directorate General of Nursing Affairs (DGNA), and the Ministry of Labor has established a training program known

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as the Enhancement Training Program (ETP)- a 12-month training in different specialties areas which mainly targets new unemployed nursing graduates. The program aims to train novice nurses in seven critical specialties intensively to equip them with the knowledge, skills, and professional competence required to deliver safe and specialized care to critically ill patients. The seven specialties are the Operating Theater (OT), Neonatal Intensive Care Unit (NICU), Maternal and Child Health (MCH), Oncology, Adult Intensive Care Unit/Coronary Care Unit (ICU/CCU), Renal Medicine Unit (RMU), and Emergency Department (ED). The DGNA has integrated the ETP within its Five-Year Strategic Plan (2021–2025), per the government's strategic direction in employing Omani-national nurses and ensuring the availability of practice-ready nurses in critical or specialty areas. The 12-month ETP was launched in June 2021, with a total of 485 nurses participating in the program in 13 government hospitals across Oman. These 13 hospitals come under the MOH umbrella, meaning they follow a standardized healthcare system utilizing the same standards, regulations, and recruitment processes. The MOH financially supports the participating nurses throughout the program by receiving a monthly salary sufficient to cover their essential expenses.

Under the supervision of highly trained program coordinators, the ETP involves training in both theory and practice to equip the participating nurses with the knowledge, skills, and attitudes necessary to develop their professional competence. A total of 300 out of the 1,000 hours of the program are allocated to nursing theory, which outlines the core knowledge relevant to each of the seven specialties. By contrast, 700 hours of the program are earmarked for practical components of nursing, with the participants being assigned to qualified instructors to help them practice specialized patient care and enhance their nursing skills based on the required standards of the specialty area.

This study addresses the current gap in the literature concerning the significance of ETP and its implementation in nursing and other healthcare disciplines. The ETP was conducted for the first time among government healthcare institutions in Oman, and it is crucial to examine the perceptions of the participating nurses to have clear indicators about the efficacy and usefulness of the program in achieving the targeted outcomes. Two main learning methods are applied to continuously train and assess the participating nurses throughout the ETP that included: practice-based learning and portfolio-based learning. In the case of their practice-based learning, the participants experience real-world nursing scenarios and have the opportunity to demonstrate their knowledge and skills to analyze and respond to them under the supervision of their instructors. Regarding their portfolio-based learning,

the participants are held accountable for their learning processes and professional development by documenting and producing case studies, clinical checklists, SWOT (strengths, weaknesses, opportunities, and threats) analyses, and reflections on their accomplishments.

1.2 Literature review

The American Association of Colleges of Nursing in collaboration with the University Health System, has designed standardized Nursing Residency Programs (NRP) in 2002.^[1] This 12-month training was designed as a comprehensive orientation program that aims to prepare novice nurses to enter the workforce, helping them in the transition from academia to new practice settings, and as an innovative strategy of recruitment and retention to address the nursing shortage issue that is expected to increase up to 260,000 by the year 2025 in the United States.^[2] Experienced nurses' retirement and high turnover rates also found to be reasons for increased nursing shortages globally introducing great patient safety risks.^[3]

Research findings by Cochran (2017)^[4] found that the turnover rate among new graduated nurses in the United States is about 35% – 61%, compared to only 13% of season nurse turnover leading to increased healthcare cost and reduced overall quality of care provided to patients. Moreover, novice nurses have been found to have limited ability to manage workload, lack of professional confidence, and challenges in dealing with information overload resulting on dissatisfaction and leaving their jobs. In fact, the COVID-19 pandemic made the situation even worse as nursing shortage rates led to longer emergency room waiting hours and poor patient care.^[5]

Fero et al., (2008)^[6] reported that although new nursing graduates meet the expectations of performing basic nursing tasks of patient care such as vital signs and patient assessment, more efforts are required to train nurses on other skills such as critical thinking, working within teams, conflicts management, and providing constructive feedback. New graduate nurses require more training in prioritizing patient needs, documentation, reporting clinical data, and performing some specialized procedures. In fact, these clinical skills are highly important in caring for acute patients especially when considering the increased numbers of patients and the complexity of current health problems.

To address the above considerations, the NRP was launched initially at six sites in the United States, and within eight years, it was implemented at 60 locations. More interesting, this figure jumped to 200 sites in 2015, reflecting how effective this program is in enhancing nurses' knowledge, skills,

and attitudes.^[7]

Two studies conducted by Al-Dossary et al. (2014)^[8] and Letourneau & Fater (2015)^[9] reported increased levels of job satisfaction and performance among new graduate nurses specifically in-patient assessment skills, communication, and utilization of technology. This increase was also supported in research findings by Cochran (2017)^[4] in conjunction with an increase on knowledge and critical thinking skills after the completion of the 12-month nurse residency program by 12% and 41%, respectively. Based on Rhodes et al. (2013),^[2] the NRP has positively enhanced the new nurses’ clinical competency and communication. New graduate nurses reported feeling a higher confidence in performing procedures with less stress after the completion of the NRP. The findings also showed that the NRP effectively enhanced the new nurses’ practice skills, minimized nursing errors, and improved patient safety which ultimately enhanced nursing practice.

In Oman, the challenges faced by the MOH have been exacerbated in the past two years as a direct consequence of the significant disruption caused by the COVID-19 pandemic. Notably, there has been a remarkable increase in the resignation rates of senior nurses, particularly those working in critical care settings, either due to retirement or a desire to explore alternative career opportunities. These factors have resulted in a need for more proficient nurses in critical care and various specialized areas, negatively impacting the quality of healthcare services and patient safety. Consequently, the ETP was devised to bridge the gap between the readiness

of new nurse graduates to work in specialized areas and the healthcare system’s professional requirements. The Sultanate of Oman boasts a total of 11 nursing colleges, comprising nine government institutions and two private establishments. Government nursing colleges exclusively offer a comprehensive five-year program leading to a bachelor’s degree. Conversely, private nursing colleges provide students with the option of pursuing either bachelor’s or diploma degrees. Annually, the majority of graduates (90%) attain a bachelor’s degree, while a smaller proportion (10%) earn a diploma degree (MOH Annual Report, 2021).^[10]

1.3 Theoretical framework

Patricia Benner’s (1984)^[11] Stages of Clinical Competence from “Novice to Expert” framework is one of the most widely used theoretical frameworks when discussing the development of nurses’ knowledge, skills, and nursing competence. The framework indicates that nurses acquire patient-care competencies through performance, education, and experience in a progressive process involving five main stages: novice (beginner), advanced beginner, competent, proficient, and expert. Based on this framework, the nurses participating in this ETP fall within the first (or novice) stage, as they have no experience and “are taught general rules to help perform tasks.”^[11] Therefore, Benner’s framework was utilized to study the impact of the implemented ETP on the the levels of the participating nurses’ confidence, comfort, satisfaction, stress, and experiences of transition-to-practice (see Figure 1).

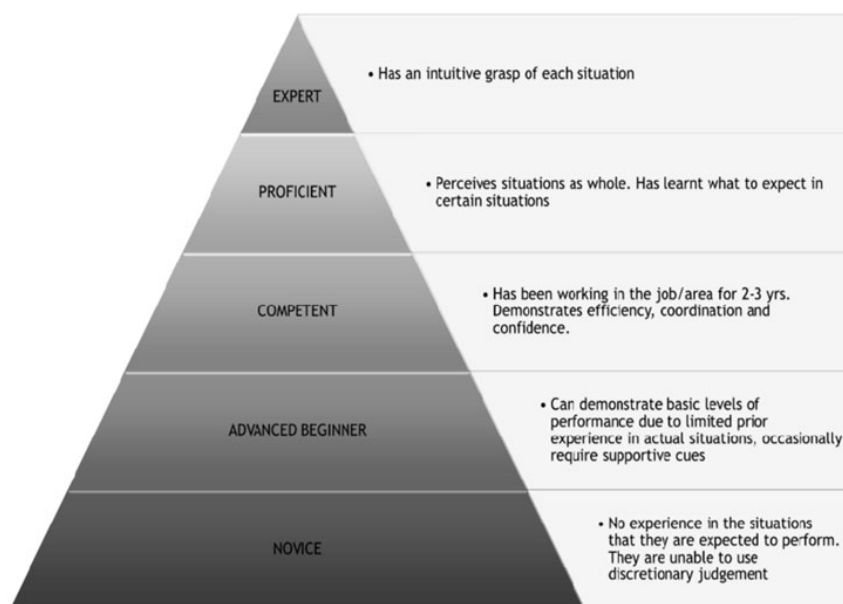


Figure 1. Benner’s novice to expert model of skill acquisition

Benner’s Novice to expert model of skill Acquisition a theoretical framework that describes how individuals develop and acquire expertise in a specific domain, particularly in the context of nursing practice

1.4 Research aim

This study aims to determine the levels of confidence, comfort, satisfaction, stress, and experiences of transition-to-practice of the first cohort of nurses enrolled in six specialties in the ETP from June, 2021, to June, 2022, at 13-hospitals in Oman. To achieve the above-mentioned research aim, the study focusses on the following two objectives:

- 1) Determine the levels of confidence, comfort, satisfaction, stress, and experiences of transition-to-practice among nurses who completed the program successfully.
- 2) Assess the differences in the levels of comfort, support, and satisfaction among the nurses participated in different specialties in the ETP.

2. METHOD

2.1 Study design

This is a descriptive, non-experiment (observational), cross-sectional study. Based on Polit and beck (2018)^[12] this design is mainly aim “to observe, describe, and document aspects of a situation” which best align with the aim of this study; the researchers will describe and observe the level of confidence, comfort, satisfaction, stress, and experiences of transition-to-practice.

2.2 Study setting

This study was conducted at 13-hospitals where the six specialties of the program present: Royal Hospital, Khoula Hospital, Al-Nahdha Hospital, Boshier Renal Dialysis Unit, Khasab Hospital, Sohar Hospital, Rustaq Hospital, Ibra Hospital, Sur Hospital, Al-Buraimi Hospital, Ibri Hospital, Nizwa Hospital, Sultan Qaboos Hospital- Salalah. All the 13 hospitals come under the umbrella of the MOH and follow a standardized healthcare system and the same standards and regulations in the recruitment process. Royal Hospital, Khoula Hospital, and Al-Nahdha Hospital located in Muscat (the Capital of Oman) and provide tertiary healthcare services. The other ten hospitals find across the county in different Governorates and provide secondary healthcare services to the community. The trainees are distributed among the hospitals based on their geographic location.

2.3 Study population

The potential population of the study comprised the first cohort of nurses who participated in the ETP (N = 485) including OT (n = 53), NICU (n = 65), MCH (n = 95), AICU/CCU (n = 93), RDS (n = 71), and ED (n = 108). However, the total number of the sample size of this study is (n = 313) participants in only six specialities. Oncology program nurses (n = 7) were excluded from this study due to the limited number of trainees in this area, which is significantly lower than the

numbers of the other specialties. Thus, might result in significant analysis variation. The age of the population range between 23 and 25 years. Despite graduating between 2016 and 2019, these nurses have not had the opportunity to work at government or private hospitals due to a combination of limited job vacancies and the prevailing economic crisis that has adversely affected the country, reducing the recruiting budget allocated by the Ministry of Health and other private health agencies. These nurses have been allocated to 13 hospitals throughout the country, taking into consideration their geographic locations. Trainees were assigned at the nearest hospital to their home location as following; Royal Hospital, Khoula Hospital, Al-Nahdha Hospital, Boshier Renal Dialysis Unit, Khasab Hospital, Sohar Hospital, Rustaq Hospital, Ibra Hospital, Sur Hospital, Al-Buraimi Hospital, Ibri Hospital, Nizwa Hospital, and Sultan Qaboos Hospital. The inclusion criteria: (a) Omani-national nurses, and (b) successfully participated in and completed the ETP from June 2021–June 2022.

2.4 Sampling

Non-probability sampling technique (convenience sampling) was utilized by using a convenience sampling. This sampling method used to recruit the participants who meet the inclusion criteria among those who successfully completed the ETP. The convenience sampling is widely used to access the most conveniently available people as participants.^[12] All the Omani-national nurses who successfully participated in the ETP from June 2021–June 2022 and completed the program successfully from six specialties.

2.4.1 Sample size

Sample size estimation (power analysis) was calculated by using G*power version 3.1.9 software. With a significance criterion of; alpha ($\alpha = .05$), power (0.80), and effect size (0.5), the minimum sample size needed with this effect size is (n = 216) for (inferential analysis of variance [ANOVA]).

2.4.2 Data collection

The Casey-Fink Graduate Nurse Experience Survey,^[13] a self-report questionnaire, used to evaluate the experiences of the participating nurses. This instrument is widely used as a tool for measuring the effectiveness of nursing residency programs; a training programs designed to train novice nurses during their first year of professional practice. The tool contains items that measure novice nurses' confidence, comfort, stress, satisfaction, and transition experiences during the first 12-month of their professional practice. The tool comprises five sections; demographic data, skills/procedure performance, comfort/confidence, job satisfaction, and the experiences of transition- to practice.

Section I was created in a drop-down list format, prompting respondents to choose their top three skills or procedures that they find uncomfortable to perform independently. Section II consists of 24 items intended to measure respondents' levels of comfort, confidence, and stress use a four-point Likert scale ranging from "Strongly Disagree" (indicating a high level of disagreement) to "Strongly Agree" (indicating a high level of agreement)—the middle points of the scale (Disagree and Agree) represent moderate levels of agreement or disagreement. Section III assesses respondents' levels of satisfaction with the relevant training program in nine key areas, including salary, vacation time, benefits package, working hours, weekends off per month, amount of responsibility, opportunities for career advancement, amount of encouragement and feedback, and opportunity for choosing shift worked. A five-point likert scale ranges from "Very Dissatisfied" (indicating a high level of dissatisfaction) to "Very Satisfied" (indicating high level of satisfaction" and the middle points of the scale (Neither Satisfied nor dissatisfied) capture respondents' responses who feel ambivalent or uncertain about job satisfaction. Finally, section IV consists of four multiple-choice questions that enable participants to select one or multiple options that apply to them. These questions aim to evaluate the respondents' experiences during the transition-to-practice period.

The Cronbach's alpha coefficient for the whole instrument is 0.89, which indicates a very good level of reliability based on Lee Cronbach's theory.^[14] The same tool was also implemented in various studies across the Gulf countries, such as the Kingdom of Saudi Arabia and the United Arab Emirates, and since there is a uniformity in demographic characteristics between Oman and the Gulf Countries, as well as similarities in the nursing education and healthcare system, the same instrument has been used for this study. The questionnaire is publicly available for free via the UCHealth website. Prior to the administration, content validity tested by experts in the field to ensure that the questions were relevant, clear, and comprehensive. Additionally, a pilot study was also conducted on 22 trainees at two institutions; Nizwa Hospital and Rustaq Hospital for validation of the questionnaire. These two institutions were chosen randomly to test and refine the data collection instruments. Some minor issues were identified that included unclear terms in the demographic section, for example, Maternal and Child Health speciality (MCH) was known as Delivery Suite (DS) in some institution. The results and comments were utilized to make the necessary amendments before utilizing the tool in the main study. Pilot study scores were added to the main study. An ethical approval obtained from the Health Studies and Research Approval Committee (HSRAC) at the MOH prior to the start of the

study.

2.5 Statistical analysis

Statistical Package for the Social Sciences (SPSS) software version 29.0.0.0 was used to perform descriptive and inferential statistical analyses by performing descriptive analysis using means and standard deviations. An inferential analysis (analysis of variance [ANOVA]) was conducted to assess the variance between the groups so as to identify any statistical differences among the means of all the specialty groups.

3. RESULTS

A total of 313 nurses actively participated in the study, yielding a response rate of 65%. The total number of males was ($n = 46$) and females were ($n = 267$) aged between 23 and 25 years old, which can be attributed to the limited employment opportunities immediately after graduation. The majority of the participants had a bachelor's degree ($n = 295$), whereas the remainder had a diploma ($n = 18$), and all the participants had graduated between 2016 and 2019 with no previous working experience. The participants were recruited from 13 hospitals and worked in different units, namely the NICU ($n = 44$), ICU ($n = 54$), OT ($n = 30$), ER ($n = 68$), CCU ($n = 21$), MCH ($n = 49$), and RDU ($n = 35$). Almost 86% of the participants' shifts rotated from day to afternoon to night, whereas only two percent had a straight morning. The majority of the participants ($f = 175$, 55.9%) had two to four preceptors during their 12-month training period, whereas the remainder ($f = 112$, 35%) had only one preceptor. The participants' demographic characteristics are presented in Table 1.

A descriptive analysis was performed on the basis of the mean, frequency, and percentile of the gathered data. Statistical significance testing was not performed in this study, as its primary focus was identifying baseline parameters related to the tested variables. Thus, additional research needs to be conducted to explore the statistical significance of the main findings obtained from this study.

In the first section the results revealed that performing end-of-life care was the most listed procedure (15.7%), followed by code blue or emergency response (13.7%) and tracheostomy care (11.2%). On the other hand, Doctor of Medicine (MD) communication, patient/family communication, and Intravenous (IV) starts were the lowestet procedure reported by the respondents.

In the second section of the instrument, the participants were asked to use the participants reported feeling supported by their preceptors ($M = 3.13$, $SD = 0.685$), and other nurses in their unit ($M = 3.07$, $SD = 0.724$). The lowest support

reported by the participant is from the hospital management (M = 2.94, SD = 0.663).

Table 1. Participants demographic data (n = 313)

Baseline Characteristics	Frequency	Percentile
	f	%
Gender		
Male	46	14.7
Female	267	85.3
Specialty		
NICU	44	14.1
AICU/CCU	75	24
OT	30	9.6
ER	68	21.7
MCH	49	15.7
RDU	35	11.2
College of Nursing		
Sultan Qaboos University	19	6.1
Nizwa University	46	14.7
Al Buraimi University	62	19.8
Oman College of Health Science	179	57.2
Abroad	7	2.2
Qualification		
BSN	295	94.2
Diploma	18	5.8
Training Health Institution		
Royal Hospital	52	16.6
Khoula Hospital	19	6.1
Nahdha Hospital	12	3.8
Bosher RDU	7	2.2
Rustaq Hospital	21	6.7
Sohar Hospital	67	21.4
Nizwa Hospital	35	11.2
Buraimi Hospital	10	3.2
Ibri Hospital	25	8
Sur Hospital	25	8
Ibra Hospital	10	3.2
Khasab Hospital	4	1.3
Sultan Qaboos Hospital- Salalah	26	8.3

The respondents' experience of feeling supported in their new role showed in (see Table 2), their confidence in patient safety (see Table 3), and their confidence in communication (see Table 4).

The analysis of the results concerning participants' professional confidence in providing patient care showed they agree on being able to complete patient care assignments on time (M = 3.11, SD = 0.593). By contrast, the participants disagreed with the statements that they experienced difficulty prioritizing and organizing patient needs (M = 2.23, SD = 0.686). The mean and standard deviation for each of the five items are presented in Table 3.

The participants' confidence with regard to communication was measured using the six items listed in Table 4. The overall results concerning their communication revealed that the participants felt confident in communicating with patients, and patients' families (M = 3.19, SD = 0.655) comparing to nurses and nursing assistant (M = 2.8, SD = 0.678). The mean and standard deviation for each of the six items are presented in Table 4.

The analysis of the data regarding item 24 ("I'm experiencing stress in my personal life") demonstrated that the majority of participants either agreed (57.2%) or strongly agreed (48%) with the relevant item. Relatedly, the participants' responses to item 25, which included a list of stressors as shown in Table 5.

Overall, the mean of the participants' satisfaction with different aspects of their job ranged from neither satisfied nor dissatisfied to moderately satisfied as shown in Table 6. However, participants expressed moderate dissatisfaction with the number of weekends off per month (M = 2.41, SD = 1.314) and vacation time (M = 2.5, SD = 1.304).

Table 2. Support

Item		Mean	Standard Deviation
		M	SD
CF19	My preceptor is helping me to develop confidence in my practice.	3.13	0.685
CF9	I feel supported by the nurse on my unit	3.07	0.661
CF6	I feel my preceptor provides encouragement and feedback about my work	3.13	0.724
CF7	I feel staff is available to me during new situations and procedures	3.07	0.668
CF18	There are positive role models for me to observe on my unit.	3.05	0.535
CF10	I have opportunities to practice skills and procedures more often than once.	3.11	0.666
CF4	I feel at ease asking for help from other RNs on the unit.	3.06	0.768
CF13	I feel the expectations of me in this job are realistic.	3.02	0.572
CF23	I feel my manager provides encouragement and feedback about my work.	2.94	0.663

Table 3. Confidence in Providing Patient Safety

Item		Mean	Standard Deviation
		M	SD
CF16	I am having difficulty organizing patient care needs.	2.23	0.686
CF5	I am having difficulty prioritizing patient needs.	2.27	0.654
CF8	I feel overwhelmed by my patient care responsibilities and workload.	2.8	0.666
CF12	I am able to complete my patient care assignment on time.	3.11	0.592
CF17	I feel I may harm a patient due to my lack of knowledge and experience	2.32	0.733

Table 4. Communication

Item		Mean	Standard Deviation
		M	SD
CF1	I feel confident communicating with physicians	3.11	0.7
CF3	I feel comfortable delegating tasks to the nursing assistant	2.87	0.678
CF15	I feel comfortable making suggestions for changes to the nursing plan of care	2.96	0.603
CF14	I feel prepared to complete my job responsibilities	3.14	0.568
CF11	I feel comfortable communicating with patients and their families	3.19	0.655
CF 2	I am comfortable knowing what to do for a dying patient	2.77	0.744

Table 5. Causes of Stress

Item	Frequency	Percentile
	f	%
Other Causes	94.3	30
Living Situation	79	25.2
Child Care	56	17.9
Job Performance	51	16.3
Personal Relationships	49	15.7
Finances	45	14.4

Table 6. Satisfaction

Item	Mean	Standard Deviation
	M	SD
Salary	3.2	1.394
Benefits Package	3.17	1.177
working hours	2.85	1.296
Amount of Responsibility	3.44	1.134
Opportunity for Career Advancement	3.42	1.047
Amount of Encouragement and Feedback	3.45	1.094

In terms of their transition-to-practice experience, 39% of the participants reported experiencing more difficulty with the workload (f = 122), whereas 34% desired improvements to their work environment to help them feel more supported and integrated into the unit (f = 105). With regard to the most satisfying aspect of their work, 35.1% of the participants identified peer support (f = 110) as the most satisfying aspect

of the work environment, whereas 42.8% selected nursing work as the least satisfying aspect.

a one-way analysis of variance (ANOVA) test was conducted to assess the differences in the levels of comfort, support, and satisfaction among the nurses participated in different specialties in the ETP. Prior to conducting the ANOVA, the gathered data concerning the six specialty groups were assessed for statistical assumptions. Here, the dependent variable was found to be normally distributed (skewness and kurtosis between +1 and -1, non-significant Shapiro-Wilk test, and Q-Q plots matching ideal quantiles line). Levene’s test for the equity of the variance was not significant ($p > .05$) and the assumption of the homogeneity of the variance was met. The results of the one-way ANOVA revealed no statistically significant differences between the groups in terms of the participants’ level of professional comfort (F [6,304] = 1.013, $p = .426$), support (F [6,304] = 0.492, $p = .862$), and satisfaction (F [6,304] = 1.209, $p = .293$).

4. DISCUSSION

The ETP was developed to address the shortage of skilled nurses in critical fields caused by the high number of senior nurses resigning due to the COVID-19 pandemic. The training program encompasses theoretical and practical aspects, allocating specific hours to enhance the trainees’ knowledge and skills. The findings of this study provide evidence supporting the effectiveness of the ETP in boosting the confidence, comfort, and satisfaction of novice nurses. The primary objective of the ETP was to enhance the clinical

competencies of novice nurses in specialized areas. Novice nurses who completed the program reported feeling uneasy about performing specific procedures, particularly those related to end-of-life care (15.7%), code blue or emergency response (13.7%), and tracheostomy care (11.2%). Although these three competencies may not be explicitly listed as mandatory skills in the ETP curricula for various nursing specialties, they are covered and taught during the lectures. These findings align with previous research by Fink et al. (2008).^[5] Casey et al. (2004)^[11] also support these results, demonstrating that nurses typically experience a lack of skill, confidence, and comfort when performing specific procedures during the first year of their nursing career, such as handling epidural catheters. However, upon completing the ETP, the novice nurses reported increased confidence in organizing patients' care needs, prioritizing tasks based on patient's requirements, and ensuring the timely completion of patient care assignments.

The findings of this study demonstrated that the participants expressed satisfaction regarding their salary, working hours, level of responsibility, opportunities for career advancement, and the amount of encouragement and feedback they received. However, participants expressed dissatisfaction with the number of vacations and weekends allocated per month, which aligns with the complaints raised by participants during the official field visits to the hospitals, as reported to the DGNA. The potential causes of dissatisfaction could also be attributed to being inexperienced in the profession and the nature of the work, which may have resulted in their dissatisfaction with the day off. Several studies have found that nurses' job satisfaction improves after they complete a 12-month training program.^[4-8]

The stress causes reported in this study do not pertain to work-related factors. Instead, they are primarily associated with other causes, such as social or cultural factors. These causes of stress were categorized from the highest level to the lowest level as following; other causes, living situation, childcare, job performance, personal relationships, and finances. These causes may persist among this sample due to the challenges individuals in this age group face. Most particularly experiences of work-life imbalance, which may arise among new nurses in this training program from factors like starting a family or relocating to different areas due to family commitments. According to data from the National Center for Statistics and Information (NCSI, 2021),^[15] approximately 56.4 percent of the Omani population aged 15 years and above is married. Consequently, it is expected that fully adjusting and settling into their work environment becomes challenging for individuals during the initial year of practice.

This study revealed that they new nurses experience a sense of being overwhelmed by the increased workload, which encompassed responsibilities to organize and prioritize patient care. In addition, these novice nurses have additional demands to foster their transition from their student role to the registered nurse role, including fulfilling training requirements such as written assignments, case studies, and clinical practice assessments. This concern was specifically brought up to the DGNA during field visits by trainers from various institutions.

A total of 35.1% of the novice nurses participating in this study expressed that peer support was the most fulfilling aspect of their work. The participants also emphasized that enhancing the work environment would contribute to a greater sense of support and learning integration. The program coordinators consistently highlighted this sentiment throughout the program, as evidenced by the trainees' creation of various communication channels to provide mutual support.

In contrast, work environment was found to be the least satisfying aspect for the novice nurses' transition experience, which is aligned with the findings of Kowalski and Chad (2010).^[16] This dissatisfaction may stem from factors like the allocation of vacation days, the number of weekends off per month, staffing levels, and workload. Several institutional strategies can be implemented to enhance the work environment and provide ongoing support for newly graduated nurses.^[1] These strategies include incorporating off-shift educators, establishing a dedicated mentor program, and facilitating residency programs. The crucial objective is to offer additional support to new nurses, enabling them to feel secure in seeking guidance, asking questions, and practicing safely.

The study did not identify any significant statistical differences in terms of professional comfort, support, stress, and satisfaction levels among the six nursing specialties. This outcome could be attributed to the standardized nature of the training program, which ensured consistent learning requirements and applied similar methods across the board. Additionally, the similarities in the learning environments across hospitals may suggest the feasibility of implementing the same program in other specialties, such as primary health care and mental health.

Strengths and limitations of the study

The present study has notable strengths, including a large sample size that exceeded the estimated sample size ($n = 313$). The study also collected extensive demographic data, encompassing nursing school, qualifications, and gender, reflecting the diverse origins of participants from various

geographical locations and healthcare institutions across the country. Additionally, the participants represented different critical specialties, enhancing the study's breadth. However, it is important to note that this study solely focused on the first cohort of nurses who completed the ETP. Consequently, the generalizability of the findings beyond this specific study population may be limited, highlighting the necessity for further research involving the subsequent four cohorts. Another limitation of this study is the reliance on a self-report questionnaire, which introduces potential bias. Furthermore, some novice nurses from the initial ETP cohort were employed in institutions outside the Ministry of Health (MOH) purview, posing challenges in obtaining their responses.

5. CONCLUSION

The results of this study will benefit decision-makers at the DGNA and MOH who are seeking to improve the quality of the program delivery and enhance the performance outcomes of future ETP participants. Nursing administrators

within hospitals can also refer to the results of this study to help identify aspects that could improve novice nurses' confidence, satisfaction, and support levels, as well as to identify ways to improve participants' experience during the ETP.

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CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

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