

# **The actual situation and change over time of the uneasiness faced by new nurses in a basic hospital treating neuromuscular disorders**

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## **Abstract**

We examined contents and the change of uneasiness of new nurses who worked in a ward for patients with intractable neuromuscular disorders. For 17 new nurses, investigation of the consciousness was carried out three months and nine months after they began the job. The investigation covered the following six items. 1) Disproportion between the quality and the quantity of duties, 2) Human relations, 3) The inadequacy of knowledge of technology, 4) An evaluation of a thing of others, 5) The change in life pattern, 6) Reality shock. The answers to each item were noted and analyzed. From 18 nurses, 17 answers were obtained. Three months after beginning employment, most of the question items indicated strong uneasiness. The uneasiness about the following three items still persisted nine months after beginning employment; Knowledge and technical immaturity, being in charge of patients with serious illness, and an evaluation when we failed. However, uneasiness significantly decreased for many other items. About the item to stay of the uneasiness, it was thought that measures such as reinforcement of individual guidance or the preceptorship system were necessary.

**Keywords:** new nurses, uneasiness, new face education, inventory survey

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## **Introduction**

In Tokushima National Hospital, the new nurses go through a period of preceptorship for three months after starting employment. Also, they learn techniques and observe senior nurses' behavior. The nurse supervisor gives support so that they become accustomed to the workplace environment. We find a job, and night-work begins from two months later. It is thought that the feelings of the new nurses show a change then. There have been many studies on the uneasiness and problems of new nurses. However, no study on new nurses who work at hospitals dealing with neuromuscular disorders, such as those treated at our hospital, have been found.

Mizuta et al. have reported as follows. At the point of finding employment three months of the new nurses, the difficulties with human relations in the workplace are at their strongest. This is the factor that most contributes to reality shock. We investigated the actual situation in regard to the change in uneasiness of the new nurses three months (June) and nine months (December) after they started employment.

## **Subjects and Methods**

The study period was from June 1, 2009 to December 25, 2009. Eighteen nurses that the subjects was adopted newly in April, 2009. As for the investigation, each subject completed a questionnaire. The

investigation used the methods of Nakao et al. with minor modifications [2]. The investigation covered the following six items. 1) Disproportion between the quality and the quantity of duties, 2) Human relations, 3) The inadequacy of the knowledge of technology, 4) An evaluation of a thing of others, 5) The change in life pattern, 6) Reality shock. Participants could answer each question using a 5-point scale from 5 (yes) to 1 (no). The mean mark displayed with one column of integer. The score prescribed this. The official approval used Wilcoxon signed-ranks test.

This study received the approval of the Tokushima National Hospital Ethical Review Board. The purpose of the study was explained to the study patients, and we obtained their consent. Participation in the study was optional, and it was explained that the patients would suffer no disadvantage by declining to participate. The identities of participants were kept anonymous. That a question paper is not shown is explained in a sentence other than the researcher.

## Results

The questionnaire was distributed to 18 nurses who found a job in April, 2009. The number of accepted questionnaires was 17 (94% of those distributed), and the number of the effective answers 17 (100%). The subjects were four men and female - 13 people. The average age was 24.2 years old. They were assigned to: intractable disease wards (7 nurses), a muscular dystrophy ward (8 nurses), others (2 nurses). The results are shown in Table 1.

Regarding the disproportion between the quality and the quantity of duties, two items, uneasiness about taking charge of patients with serious illnesses, and fret and the uneasiness showed maximum scores of 5 in June. All the other items scored 4. The items with a score of 4 in June had significantly reduced that score by December. Two items with a score of 5 did not significantly reduce that score in December.

Regarding human relations, the uneasiness to a drag was the strongest. There was moderate or severe anxiety complex regarding the other items, but we were significantly relieved in December.

Regarding knowledge and technical immaturity, there was a moderate or severe anxiety complex for all items. Uneasiness about failing, and feeling that there was no time to spare did not significantly decrease in December. The other items significantly decreased in December.

Regarding evaluation by another person, the following two items resisted in June. "Self-expression is not possible", and "Duties cannot be conducted until it is ordered". But, all items were significantly improved by December.

Regarding the change in the life pattern, this was strongest in June when night duty was hard, but it was significantly better in December. On the other hand, the score was 2 in June for the following two items: "I cannot come back from work on schedule" and "Even though night duty is over, I cannot sleep easily". These did not change in December either. All the other items were reduced in December.

Regarding the reality shock, "Difference between training and the workplace" was the strongest with a score of 5, and was not significantly improved in December. As for the following two items, there was no significant improvement in December: "The difference with the having learned at school existing place" and "Patient-centered nursing was not experienced".

## Discussion

There is a preceptorship system in Tokushima National Hospital. The new nurses receive training and guidance after finding employment, usually for three months.

We investigated the anxiety complex from various aspects three months after employment began, which was the time when the internship was completed. The second investigation was six months later. In addition, we checked whether uneasiness changed over six months. Uneasiness was strong in most items three months after beginning employment. The cause was considered to be the following. When the student nurses are undergoing training, they cannot gain experience of expensive invasive procedures. When the nurses find a job, they will take charge of several patients at the same time. The nurses are unsure how

**Table 1.** Uneasiness of new nurses 3 months (Jun.), and 9 months (Dec.) after they began work.

	Jun.	Dec.	<i>p</i>
I do not understand what I have been told	4	2	0.001
Uneasiness about injections and drawing blood	5	4	0.014
I do not understand correspondence when the state of patients changes suddenly	5	4	0.007
Usage of medical equipment is not understood	4	2	0.003
Uneasiness about measures	5	4	0.016
<b>Evaluation by another person</b>			
Uneasiness about one's evaluation	4	4	0.107
I cannot do self-expression	5	3	0.002
Uneasiness about how I compare with other new nurses	4	3	0.003
I cannot do enough everyday duties	3	3	0.003
Uneasiness that is troubled by work	4	4	0.007
I cannot convey my thoughts well	4	3	0.002
I cannot answer questions	3	3	0.003
I cannot conduct duties until I am ordered	5	2	0.001
Uneasiness about being inferior to other new nurses	4	4	0.007
<b>Change of life pattern</b>			
I find the work hard physically	4	3	0.046
When duty continues, I find it hard	4	3	0.084
When I take night duty, it is hard	5	3	0.001
Will fall at the home	4	2	0.006
I have no my feeling to spare	2	2	0.019
I find it hard to go to work	3	2	0.012
Work cannot be finished on schedule	2	2	0.317
I feel depression on the day before work	3	3	0.071
I am worried about taking a nap before late night duty	4	3	0.007
I am worried about night duty	4	3	0.020
Even when night duty is over, I cannot sleep easily	2	2	0.084
<b>Reality shock</b>			
Difference between training and the workplace	5	3	0.084
Difference between the ideal and reality	3	3	0.009
Difference between the textbook and reality	3	3	0.317
Difference between the reality of patients with intractable diseases and my imagination	3	3	0.071
I have not experienced patient-oriented nursing	4	3	0.726
<b>The disproportion between the quality and the quantity of duties</b>			
Being very busily occupied	4	3	0.005
Priority and points cannot be obtained	4	3	0.000
Uneasiness of being in charge of patients with serious diseases	5	5	0.131
I do not have time to hear a suit enough	4	3	0.018
Fret and uneasiness	5	4	0.001
I cannot act based on priority	4	2	0.003
I cannot understand the methods of observing patients with serious diseases	4	3	0.004
<b>Human relations</b>			
The human relations with the patients and the family	3	3	0.017
The human relations with nurses	4	2	0.002
The human relations with physicians and other staff	4	3	0.009
Methods of communication	4	2	0.001
I cannot understand the psychological condition of the patients	4	2	0.004
The relationship of mutual trust with patients	4	2	0.006
Complaints from the patients	4	3	0.015
Hesitation to other nurses	4	3	0.015
Uneasiness about drugs	5	4	0.008
I cannot become familiar with the ward	3	2	0.028
I do not have the courage to have other nurses teach	3	3	0.028
I do not understand the method of reporting	4	2	0.001
I do not understand the method of reporting to a physician	4	3	0.021
<b>Knowledge and technical immaturity</b>			
Immaturity of knowledge	5	5	0.007
Technical immaturity	5	4	0.005
Uneasiness about failure	5	5	0.180
There is no spare time	5	4	0.206
I do not know who to ask for advice	5	4	0.206
I do not understand the respirator alarm measures	4	2	0.002
I cannot grasp procedures or the manual	4	2	0.001
I do not understand about a medicine	4	3	0.001
I cannot grasp a condition	4	3	0.001

to treat patients with serious neuromuscular disorders. Hori et al. stated that "the reality shock during the first three months is at the highest level". Our results showed that reality shock was strong three months after finding employment. However, on the other hand, it seems that good correspondence was done for the change of the life pattern. Nine months after finding employment, uneasiness decreased in many items. The causes include the improvement of the preceptorship system and the support from psychiatric and technical aspects from the senior nurses in the workplace. On the other hand, the anxiety complex about knowledge and technical immaturity was strong. The uneasiness about injections, measures and the correspondence to the patients whom a state changed into suddenly persisted.

The results of our study showed that the items about which the new nurses were uneasy gradually declined in number after beginning the job. Furthermore, contents of the vague uneasiness changed more concretely. From these results, it was suggested that a change in the guidance given to new nurses is important in order to reduce uneasiness. Inpatient diseases vary in every hospital, thus the causes of unease of new nurses will also vary according to the hospital. Therefore, establishment of original hospital preceptorship systems is required for the effective upgrading of the nurses' skills so they can offer safe and reliable nursing.

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