

The Effects of Reality Shock on Job Stress and Turnover Intention in Newly Graduated Nurses*

Yeni Mezun Hemşirelerde Gerçeklik Şokunun İş Stresi ve İşten Ayrılma Niyeti Üzerine Etkisi

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Abstract

Aim: This study aims to identify whether reality shock experienced by newly graduated nurses affects job stress, and turnover intention.

Method: A descriptive, multi-center and cross-sectional study. The study was conducted with 238 newly graduated nurses. Data were collected between January 2023 and April 2023 using the Reality Shock, Job Stress and Intention to Turnover Scales.

Results: The reality shock levels of nurses who worked in another institution were lower than those who did not, and nurses who received clinical guidance, in-house orientation and in-unit orientation training were lower than those who did not, and it was statistically significant ($p<0.05$). The turnover intention and job stress scores of nurses who received clinical guidance were lower compared to those who did not receive clinical guidance, and were statistically significant ($p<0.05$). The responsibilities sub-dimension of reality shock scale explained 10.5% of the total variance in intention to turnover ($F=3.347$, $p<0.01$). The relationships and cooperation sub-dimension and the responsibilities sub-dimension of the reality shock scale explain 24.9% of the total variance in job stress. ($F=10.906$, $p<0.01$).

Conclusion: The reality shock experienced by newly graduated nurses in the transition process should be reduced, and strategies should be developed to provide a more effective transition.

Keywords: Job stress, nursing practice, nursing theory, turnover.

Öz

Amaç: Bu çalışma, yeni mezun hemşirelerin yaşadığı gerçeklik şokunun iş stresini ve işten ayrılma niyetini etkileyip etkilemediğini belirlemeyi amaçlamaktadır.

Yöntem: Tanımlayıcı, çok merkezli ve kesitsel bir çalışma. Çalışma, 238 yeni mezun hemşire ile gerçekleştirilmiştir. Veriler Ocak 2023 ile Nisan 2023 tarihleri arasında "Gerçeklik Şoku, İş Stresi ve Ayrılma Niyeti Ölçekleri" kullanılarak toplanmıştır.

Bulgular: Başka bir kurumda çalışmış olan hemşirelerin, çalışmayanlara oranla, klinik rehberlik, kurum içi uyum ve birim içi uyum eğitimi alan hemşirelerin almayanlara oranla gerçeklik şoku düzeyleri daha düşük olup istatistiksel olarak anlamlı bulunmuştur ($p<0,05$). Klinik rehberlik alan hemşirelerin, almayanlara oranla işten ayrılma niyeti ve iş stresi puanı daha düşük olup istatistiksel olarak anlamlı belirlenmiştir ($p<0,05$). Gerçeklik şoku ölçeğinin sorumluluklar alt boyutu, işten ayrılma niyetindeki toplam varyansın %10,5'ini açıklamıştır ($F=3,347$, $p<0,01$). Gerçeklik şoku ölçeğinin ilişkiler ve iş birliği alt boyutu ile sorumluluklar alt boyutu iş stresindeki toplam varyansın %24,9'unu açıklamıştır ($F=10,906$, $p<0,01$).

Sonuç: Yeni mezun hemşirelerin geçiş sürecinde yaşadıkları gerçeklik şoku azaltılmalı, daha etkili bir geçiş sağlayacak stratejiler geliştirilmelidir.

Anahtar Sözcükler: İş stresi, hemşirelik uygulaması, hemşirelik teorisi, işten ayrılma.

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Introduction

In recent years, the shortage of human resources in nursing has become a crucial problem worldwide and in Türkiye. According to the 2017 data released by the World Health Organization (WHO), it is estimated that an additional 9 million nurses and midwives will be needed by 2030 (WHO, 2016). When the impact of global and local disasters in Türkiye is considered, the need for human resources in nursing has undeniably increased.

Newly graduated nurses (NGNs) have been the main resource in overcoming this deficiency. In this sense, it is vital to ensure the adaptation of the new graduate to the institution and functioning (Gaundan and Mohammadnezhad, 2018). In the relevant literature, this period is called the transition process (Duchscher, 2009). Even if the transition process comes after a good education, it is accepted that it is replete with professional adaptation challenges (Ciris Yıldız and Ergün, 2020; Glynn et al., 2022; Labrague et al., 2019). The biggest difficulty experienced by the new graduate in this process was the reality shock caused by the differences in theory and practice (Ciris Yıldız and Ergün, 2020; Gaundan and Mohammadnezhad, 2018; Kramer, 1974).

Studies revealed that age, self-efficacy, employment unit, working environment and days off were associated with reality shock in NGNs (Cao et al., 2021; Kim et al., 2018; Sin et al., 2014). The study by Labrague et al. (2019) asserted that reality shock came into play due to the heavy patient-related workload, the shortage of relevant sufficiency and abilities, and the gap between theory and practice. This situation can affect new graduates both physically and mentally, leading to early exhaustion, causing them to leave the unit where they work, and even prompting them to leave the nursing profession altogether (Ciris Yıldız and Ergün, 2020; Ji and Kim, 2018). For this reason, identifying the reality shock experienced by NGNs in the transition process and the impact of this shock is important in terms of their ability to adapt to their new roles.

The reality shock experienced in the transition from school life to professional life in nursing has attracted the attention of numerous researchers (Ciris Yıldız and Ergün, 2020; Gaundan and Mohammadnezhad, 2018). Studies were generally handled with small sample groups using qualitative research methods (Ciris Yıldız and Ergün, 2020; Gaundan and Mohammadnezhad, 2018; Labrague et al., 2019). However, a limited number of studies were found in the related literature investigating the reality shock level of NGNs in large sample groups and its effects (Cao et al., 2021; Labrague and De los Santos, 2020; Xu et al., 2022).

Method

Aim of the Study: This study aims to identify whether reality shock experienced by NGNs affects job stress and turnover intention. Moreover, it is aimed to determine the individual characteristics and institutional factors that affect the reality shock experienced by NGNs.

Study Design: This descriptive, multi-center, and cross-sectional study was conducted in Istanbul. The selected hospitals are fully equipped hospitals with at least 300 beds, hospitals providing treatment services in all branches.

Study Sample: The population of the study consisted of NGNs serving in three training and research hospitals and a city hospital in Istanbul, Türkiye with a maximum of two years of professional experience. The required sample size was calculated by using G*Power 3.1.9.7. The minimum sample size for multiple linear regression analysis was calculated as 211 ("effect size=0.15", " $\alpha=0.05$ ", " $1-\beta=0.99$ "). To have 211 nurses in the sample, 429 nurses were invited to participate in the study. The number of returned questionnaires was 329, and the participation rate in the intended sample was approximately 76.7%. Ninety-one data forms that were filled out inconsistently or did not meet the new graduate criteria were excluded from the study. The sample consisted of 238 participants who filled out the questionnaire forms completely. The inclusion criteria were: (a) working in the hospitals where the study was conducted, (b) having at least 3 months of professional experience, and (c) having at most 2 years of professional experience.

Data Collection: Data was collected between January 2023 and April 2023. In the research, the Participant Information Form, the Reality Shock Scale, the Job Stress Scale, and the Intention to Turnover Scale were used as data collection tools. All scales contain clear, subjective, and concise statements. For this reason, their use was preferred in the study. The researchers collected the data by periodically visiting the hospitals in question.

Data Collection Tools: *Personal Information Form:* The form was prepared by the researchers in light of the relevant literature. The form included questions on the personal characteristics of the participants such as their age, gender, and education level, as well as questions on their professional characteristics, such as their form of work, income level, the status of having received orientation training, the status of having worked with a preceptor nurse, the status of having worked at a different unit at the same institution, the status of having been subjected to rotation in the first months of professional experience, and the status of having worked at a different institution (Ciris Yıldız and Ergün, 2021; Gaundan and Mohammadnezhad, 2018; Ji and Kim, 2018; Ulupınar and Aydoğan, 2021).

Reality Shock Scale (RSS): This scale was developed by Ciris Yıldız and Ergün (2021) to identify the reality shock experienced by NGNs. It has 47 items and four sub-dimension ("Relationships and Cooperation", "Professional Knowledge", "Responsibilities", and "Performance"). For the RSS designed as a five-point Likert-type scale ("Never=1", "Rarely=2", "Sometimes=3", "Often=4", "Always=5"), "Cronbach's alpha coefficient" as the measure of internal consistency was found as 0.95. The RSS contains no negatively-scored item, and a high total score obtained from the RSS indicates that the respondent has high-level reality shock (Ciris Yıldız & Ergün, 2021). The scale content validity index was 0.97. The internal consistency coefficient for the whole scale and its sub-dimensions was 0.73 and above (Ciris Yıldız and Ergün, 2021). In this study, the internal consistency coefficient was calculated as 0.96 for the RSS. The internal consistency coefficients for the scale dimensions were in the range of 0.85-0.95.

Job Stress Scale (Swedish Demand Control Support Questionnaire (DCSQ): DCSQ was developed by Karasek et al. (1998) and adapted into Turkish by Demiral et al. (2007). The scale has 3 dimensions: "workload (5 items)", "work control (6 items)", and "social support (6 items)". The item used in the measurement of job control consists of 4 sub-headings of skill use and 2 of those for freedom of decision. The response options for the workload, skill use, and decision freedom dimensions consist of "often", "sometimes", "rarely", and "never". For social support, there are the options of "strongly agree", "partially agree", "partially disagree", and "strongly disagree". In the evaluation of scale scores, the item scores of each dimension (1-4) are summed to obtain the total score and median value. Using the median as the cut-off point, individuals scoring above the median are defined as having high levels of job stress, and other participants are described as having low levels of job stress. The total job control score is obtained by adding the scores obtained in the contexts of skill use and freedom of decision. Job stress is assessed by the ratio of workload to work control. In this study, "Explanatory Factor Analysis" was applied to explore the factor structure of the scale on the sample. In the factor analysis, two items belonging to the workload sub-dimension (Items 4 and 5) and one item related to the social support sub-dimension (Item 1) were removed from the scale because they were distributed under different factors and their factor load values were low. It was determined that the distributions of the remaining items were similar to the original structure of the scale, the factor loading values were above 0.40 and explained 53.99% of the total variance. While Demiral et al. (2007) reported the internal consistency coefficients of the workload, work control, and social support dimension as respectively 0.68, 0.52, and 0.77, these coefficients were consecutively 0.73, 0.60, and 0.84 in our study.

Intention to Turnover Scale (ITS): The ITS that was developed by Cammann et al. (1979) to identify the nurses' intentions to turnover the job was a sub-scale of the Michigan Organizational Assessment Questionnaire. The ITS has no negatively-worded item. Gül et al. (2008) performed the validity and reliability study for the ITS in Turkish. A high score obtained by a respondent from the ITS shows that the respondent has a strong intention to turnover the job (Gül et al., 2008). While the internal consistency coefficients reported by Gül et al. (2008) was 0.72, the coefficient found in our study was 0.83.

Ethical Considerations: The study was carried out in conformity with the principles of the Declaration of Helsinki. Before the research was launched, the ethical endorsement was obtained from the Ethics Committee of one of the universities (Date: 22.09.2022 No: 2022/15). In order to conduct the research in hospitals, official permission was obtained from the provincial health directorate to which the hospitals are affiliated. NGNs were informed about the research and their voluntary consent was obtained. Permission to use each measurement tool used in the study was obtained via email.

Statistical Analyses: In the evaluation of research findings, the statistical package, SPSS 26.0 (Statistical Package for the Social Sciences version 26.0, IBM SPSS; Armonk, NY, USA) was used. In the analysis of the data, sample size and suitability tests, factor analyzes, and internal consistency analysis were conducted to test the validity and reliability of the DCSQ. Internal consistency analysis was used to test the reliability of the RSS and ITS. The participants' personal and professional characteristics were descriptively analyzed. Skewness and kurtosis values were used to determine whether the variables were normally distributed. In the analysis of the data, t test was used in pairwise comparisons that met the normality assumption, Mann Whitney U test was used in those in pairwise comparisons that did not meet the normality assumption, the Pearson correlation was used the relation between reality shock and job stress and turnover, and "multiple linear regression analysis" was used to test the models established in the research. The correlation coefficient, "0.00-0.10=negligible correlation", "0.10-0.39=weak correlation", "0.40-0.69=moderate correlation", "0.70-0.89=strong correlation" and "0.90-1.00= very strong correlation" (Schober et al., 2018). The results were evaluated at a 5% and at a 1% significance level.

Results

Table 1. Sociodemographic data of participants (n:238)

Parameters		Mean (SD)	Min.-Max.
Age		24.81 (1.97)	21-34
Professional experience duration, month		14.72 (7.71)	3-24
Parameters		n (%)	
Gender	Male	60 (25.2)	
	Female	178 (74.8)	
Marital status	Married	34 (14.3)	
	Single	204 (85.7)	
Staff status	Probationary employee	176 (73.9)	
	Staffed employee	62 (26.1)	
Department	Internal Medicine Service	52 (21.8)	
	Surgery Service	45 (18.9)	
	Intensive Care Service	52 (21.8)	
	Emergency Service	59 (24.8)	
	Others	30 (12.7)	
Work Shift	Morning Shift	209 (87.8)	
	Shift (Morning-Evening)	29 (12.2)	
Income perception	Bad	88 (37.0)	
	Middle	141 (59.2)	
	Good	9 (3.8)	
Reason for choosing the profession	Family referral	36 (15.1)	
	His will, his beloved	63 (26.5)	
	HEFE score	18 (7.6)	
	Sense of helping people	19 (8.0)	
	Anxiety about finding a job	57 (23.9)	
	Possibility of appointment	38 (16.0)	
	Being open to development	7 (2.9)	
Working in another unit in this hospital (months)	Yes	86 (36.1)	
	No	152 (63.9)	

HEFE= Higher Education Foundations Examination; SD: Standard deviation

Two hundred thirty-eight NGNs (178 female, mean age: 24.81(SD=1.97) years, mean professional experience duration: 14.72 (SD=7.71) month) volunteered to participate in the study. The sociodemographic data of participants are shown in Table 1. The mean of scores obtained by the participants on the RSS, ITS, and JSS are shown in Table 2.

The JSS, ITS, and RSS score averages for the institutional opportunities offered to the nurses are presented in Table 3. Accordingly, the reality shock levels of nurses who have worked in another institution are statistically lower than those who have not, and of nurses who have received clinical guidance, in-house orientation and in-unit orientation training compared to those who have not ($p<0.05$). Additionally, the participants who had received clinical guide nursing had significantly lower levels of intention to turnover than those who had not ($p<0.05$). Furthermore, the job stress levels of the participants who had received clinical guide nursing were significantly lower than those who had not ($p<0.05$) (Table 3).

Table 2. Total scores of Job Stress Intention Turnover, and Reality Shock Scales and sub-dimensions (n:238)

Parameters	Mean (SD)	Median (Min.-Max.)
Reality shock scale total	2.61 (0.79)	2.59 (1-4.57)
Relationships and cooperation sub-dimension	2.61 (0.92)	2.62 (1-4.92)
Professional knowledge sub-dimension	2.25 (0.82)	2.25 (1-4.25)
Responsibilities sub-dimension	3.02 (1.09)	3 (1-5)
Performance sub-dimension	2.90 (1.07)	3 (1-5)
Intention to turnover scale total	2.54 (1.04)	2.33 (1-5)
Job stress scale total	0.60 (0.10)	0.60 (0.29-0.92)
Workload sub-dimension	10.81 (1.38)	11 (4-12)
Skill sub-dimension	12.60 (1.94)	13 (7-16)
Decision freedom sub-dimension	5.66 (1.63)	6 (2-9)
Work control sub-dimension	18.27 (2.65)	18 (11-24)
Social support sub-dimension	15.43 (3.19)	15 (5-20)
Satisfaction with the unit (VAS)	5.63 (2.43)	6 (1-10)
Institutional satisfaction (VAS)	4.37 (2.31)	5 (0-10)

VAS=Visual Analog Scale, SD: Standard deviation

Table 3. Institutional factors that facilitate the transition from nursing student to registered nurse (n:238)

Factors	n (%)	Reality shock		Intention to turnover		Job stress		
		Mean (SD)		Mean (SD)		Mean (SD)		
Working at another institution (months)	Yes	86 (36.1)	2.54 (0.71)	t= -2.237	2.58 (1.13)	z= -0.215	0.60 (0.10)	z= -0.488
	No	152 (63.9)	2.69 (0.83)	p=0.026*	2.51 (0.99)	p= 0.830	0.59 (0.11)	p=0.626
In-house Orientation (day)	Yes	123 (51.5)	2.46 (0.72)	t= -2.889	2.58 (1.04)	z= -0.563	0.58 (0.09)	z= -1.871
	No	115 (48.5)	2.76 (0.84)	p=0.004**	2.49 (1.05)	p= 0.574	0.61 (0.11)	p=0.061
In-unit Orientation (week)	Yes	152 (63.9)	2.49 (0.73)	t= -3.140	2.63 (1.10)	z= -1.506	0.59 (0.09)	z= -1.003
	No	86 (36.1)	2.82 (0.86)	p=0.002**	2.37 (0.91)	p= 0.132	0.61 (0.12)	p=0.316
Clinical Guide Nurse (Mentor) (week)	Yes	124 (52.1)	2.43 (0.70)	t= -3.685	2.40 (0.99)	z= -2.089	0.58 (0.09)	z= -2.537
	No	114 (47.9)	2.80 (0.84)	p<0.001**	2.60 (1.09)	p= 0.043*	0.62 (0.11)	p=0.011*
Rotation (week)	Yes	52 (21.9)	2.57 (0.67)	z= -0.013	2.55 (0.96)	z= -0.349	0.59 (0.10)	z= -0.303
	No	186 (78.1)	2.62 (0.83)	p= 0.990	2.53 (1.07)	p= 0.727	0.60 (0.11)	p=0.762

Data are expressed as number (percentage of the total number; SD: Standard deviation,

*p<0.05; **p<0.01

The relationship between RSS, ITS, and JSS is presented in Table 4. Accordingly, a weak positive linear relationship was determined between RSS and JSS (p<0.001). There was a weak negative correlation between RSS and the job control sub-dimension of JSS, while there was a moderate negative correlation between RSS and the social support sub-dimension of JSS. There was a weak positive correlation between RSS and the workload sub-dimension of JSS (p<0.05). ITS total scores of the participants had significant, weak, and positive correlations with the responsibilities sub-dimension of RSS (p<0.05).

Three models were constructed to determine the factors predicting job stress, intention to turnover, and reality shock. Model 1 revealed that the responsibilities sub-dimension explained 10.5% of the total variance in intention to turnover (F=3.347, p<0.01). Accordingly, a one-unit increase in the responsibility variable would correspond to a 0.343-unit increase in the intention to turnover one's job. Model 2 showed that the relationships and cooperation sub-dimension and the responsibilities sub-dimension explained 24.9% of the total variance in job stress (F=10.906, p<0.01). Accordingly, one-unit increases in the variables of relationships and cooperation and responsibilities would correspond to 0.042- and 0.033-unit increases in job stress. According to Model 3, social support, job control, workload, and professional experience explained 41.0% of the total variance in the reality shock (F=32.267, p<0.01). Accordingly, one-unit increases in social support, job control, and professional experience duration would correspond to 0.127-, 0.065-, and 0.010-unit reductions in the reality shock, respectively, whereas a one-unit increase in workload would lead to a 0.098-unit increase.

Table 4. Correlation analysis (n:238)

	1	2	3	4	5	6	7	8	9	10	11
1-Relationships and cooperation sub-dimension	r 1										
	p										
2-Professional knowledge sub-dimension	r 0.616	1									
	p <0.001**										
3-Responsibilities sub-dimension	r 0.552	0.600	1								
	p <0.001**	p <0.001**									
4-Performance sub-dimension	r 0.529	0.588	0.666	1							
	p <0.001**	p <0.001**	p <0.001**								
5-Reality Shock Scale total	r 0.926	0.817	0.764	0.718	1						
	p <0.001**	p <0.001**	p <0.001**	p <0.001**							
6-Intention to turnover scale total	r 0.066	0.022	0.242	0.093	0.105	1					
	p 0.311	p 0.738	p <0.001**	p 0.153	p 0.107						
7- Workload sub-dimension	r 0.231	0.075	0.304	0.199	0.241	0.08	1				
	p <0.001**	p 0.247	p <0.001**	p 0.002**	p <0.001**	p 0.218					
8-Skill sub-dimension	r -0.175	-0.08	-0.075	-0.052	-0.145	-0.047	0.335	1			
	p 0.007**	p 0.219	p 0.252	p 0.428	p 0.025*	p 0.474	p <0.001**				
9-Decision freedom sub-dimension	r -0.264	-0.203	-0.218	-0.076	-0.262	-0.078	-0.016	0.089	1		
	p <0.001**	p 0.002**	p 0.001**	p 0.241	p <0.001**	p 0.233	p 0.81	p 0.169			
10-Work control sub-dimension	r -0.291	-0.184	-0.189	-0.085	-0.268	-0.082	0.236	0.789	0.683	1	
	p <0.001**	p 0.004**	p 0.003**	p 0.192	p <0.001**	p 0.207	p <0.001**	p <0.001**	p <0.001**		
11- Social support sub-dimension	r -0.618	-0.377	-0.416	-0.377	-0.592	-0.129	-0.251	0.09	0.202	0.191	1
	p <0.001**	p <0.001**	p <0.001**	p <0.001**	p <0.001**	p 0.047*	p <0.001**	p 0.166	p 0.002**	p 0.003**	
12-Job Stress Scale Total	r 0.411	0.201	0.370	0.204	0.396	0.117	0.540	-0.416	-0.598	-0.674	-0.324
	p <0.001**	p 0.002**	p <0.001**	p 0.002**	p <0.001**	p 0.072	p <0.001**	p <0.001**	p <0.001**	p <0.001**	p <0.001**

r: Pearson correlation; *p<0.05; **p<0.01

Table 5. Multiple regression analysis of variables that effect on the turnover intention, job stress and reality shock (n:238)

	Model 1 (Intention to turnover) Unstandardized B	Model 2 (Job stress) Unstandardized B	Model 3 (Reality shock) Unstandardized B
Relationships and cooperation sub-dimension	-0.120	0.042*	-
Professional knowledge sub-dimension	-0.165	-0.020	-
Responsibilities sub-dimension	0.343*	0.033*	-
Performance sub-dimension	-0.059	-0.014	-
Job Stress scale	0.207	-	-
Social support sub-dimension	-0.035	-0.002	-0.127*
Work control sub-dimension	-	-	-0.065*
Workload sub-dimension	-	-	0.098*
Age	0.060	-0.002	0.025
Professional experience duration	0.001	0.001	-0.010*
R	0.324	0.499	0.640
R ²	0.105	0.249	0.410
Adjusted R ²	0.073	0.226	0.397
F	3.347	10.906	32.267
p	0.001*	<0.001*	<0.001*
Durbin-Watson	2.111	2.148	1.975

Tolerance value >0.1; VIF<10; *p<0.01

As a result of the study, it was found that the reality shock experienced by the NGNs affected their turnover intention, albeit on a low level, while it also increased their job stress significantly (Table 5). Similarly, previous studies have reported that the reality shock experienced by NGNs during the transition period may lead to stress and depression (Labrague et al., 2019; Nour and Williams, 2019), and increased turnover intention (Tsang et al., 2016; Zhang et al., 2016). It has been determined that this situation is closely related to the problems of competence and trust experienced by NGNs during the transition period (Woo and Newman, 2020). On the other hand, Cao et al. (2021) found that resilience, social support and nursing practice environment reduced transition shock in NGNs and that transition shock had a significant effect on turnover. Huston et al. (2018) suggested the implementation of strategies that include education, practice, and collaboration to address the gap between theory and practice.

Discussion

This study identified whether the reality shock experienced by NGNs affected their levels of job stress and turnover intention. The results of this study are important in that they show the reality shock experienced by nurses working at training and research hospitals and city hospitals and the effects of this reality shock. Moreover, the study was important in terms of identifying the individual characteristics and institutional possibilities that affect reality shock and reality shock experienced by NGNs.

In this study, it was found that the NGNs had medium levels (Mean=2.61, SD=0.79) of reality shock (Table 2). The results were consistent with the results of other studies conducted before (Labrague and De Los Santos, 2020; Lee and Yeo, 2017). The study found that the level of reality shock was higher among nurses who did not receive orientation training in the unit, in the institution, or orientation training than among those who did (Table 3). A study conducted in Türkiye in the pre-pandemic period revealed that 91.4% of NGNs attended institutional orientation programs, while 66.4% attended orientation programs organized in their units. 81.1% of the NGNs who participated in unit-based orientation programs stated that the training they received facilitated their adaptation to their unit (Ulupınar and Aydoğan, 2021). In addition, many studies have reported that poorly structured support programs and guidance trainings cause high transition difficulties in new graduates (Calleja et al., 2019; Fowler et al., 2018). Likewise, the employee retention rates at hospitals that implemented these programs reached over 70% for NGNs (Asber, 2019). In addition, in the study, it was found that social support and job control reduced the reality shock experienced by the new graduate; it was determined that the workload increased the reality shock (Table 5). Similarly, Cao et al. (2021), in their study, determined that social support from family, friends, and superiors reduced the shock experienced during the transition process. For this reason, there is a need to review social support structures and to increase social support structures to reduce the shock and effects experienced by new graduates during the transition process.

In this study, it was found that the participants experienced medium-level (Mean=0.60, SD=0.10) job stress (Table 2). In the literature, it was stated that NGNs experienced high levels of stress due to working conditions and workload in the COVID-19 pandemic period (Kovancı and Özbas, 2022). In previous studies, the challenges encountered by nurses in the transition period have been associated with a variety of negative emotional states such as stress, depression, anxiety, and low self-esteem (Labrague et al., 2019; Nour and Williams, 2019). The difficulties to be encountered in this process can be overcome with a well-integrated, realistic undergraduate education, structured orientation training that takes into account individual needs after graduation, and a gradual increase in workload and responsibilities.

In previous studies, it was identified that NGNs had turnover rates ranging between 8%-69% in the first year of their careers and between 26.2%-57% in the second year of their careers (Zhang et al., 2016; Zhang et al., 2019). In the current study, the average score of NGNs' intention to turnover scale was found to be 2.54 (SD=1.04) (Table 2). This is a crucial finding for the nursing crisis that is occurring on a global scale. Because the nurses participating in the research work in public hospitals and intend to turnover their job. In this study, the reality shock experienced by the new graduate regarding responsibilities was determined as an important predictor of the intention to turnover the job (Table 5). Therefore, it is useful to draw attention to this shock experienced during the transition process. In the studies carried out, it has been revealed that the intention to turnover the job will decrease by increasing resilience, positive working environment (Cao et al., 2021) and social support (Ishihara et al., 2014) in NGNs.

Limitations: This study was carried out with a sample from training and research hospitals and city hospitals. Education and research hospitals and city hospitals undertake the major burden of health services in Türkiye. The results of the study are valuable in this sense. However, the results cannot be generalized to the private hospital sample.

In this study, numerous factors likely to affect reality shock, job stress, and turnover intention in nurses were analyzed. However, factors related to individual circumstances, such as whether the NGNs themselves chose the service unit to work for and whether they were eager to do their jobs, were not addressed in this study, so this situation can be considered another limitation of this study.

Conclusion

NGNs are an important resource in overcoming the current nurse workforce crisis. For this reason, managers need to address the challenges they face during the transition process in order to attract new graduates to their institutions and increase their loyalty. The biggest challenge experienced during the transition period was reality shock, which was found to cause high job stress and turnover. In addition, reality shock was found to be associated with clinical guidance, orientation, workload, job control, and perceived social support.

In line with this, nurse administrators should periodically evaluate the development processes of nurses who have recently started their careers and receive feedback from them. Executive nurses should take individual characteristics and present institutional opportunities into account when planning the transition of the newly graduated nurse. The variables of clinical guidance, orientation, workload, work control, and perceived social support should be considered when organizing the transition process. Creating a standardized and stable work environment that is conducive to promoting learning and professional development will increase the new graduate's confidence, competence, and commitment to both the institution and the profession, while reducing the stress they will experience.

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