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## Relationships of Transition Shock, Resilience, and Professional Quality of Life among Newly Graduated Nurses

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### Abstract:

**Introduction:** The high turnover rate among newly graduated nurses leads to an increased nursing shortage, wastage of nursing education resources, and financial costs for hospitals. Many new nurses choose to leave the nursing profession within their first year of practice, this due to transition shock. **Aim:** Determine the relationships between transition shock, resilience, and professional quality of life among newly graduated nurses. Study design: a descriptive-correlational research design was used. **Setting:** The study was conducted at Assiut University Hospitals, which include Main, Pediatric, Women's Health, Urology and Nephrology, Neurology and Psychiatry, EL-Rajhi-Liver, and Cardiology). **Subject and Method:** A convenient sample of 256 newly graduated nurses in their first year of employment at the mentioned hospitals participated in the study. The data was gathered using self-administered questionnaires, which encompassed personal characteristics, a transition shock scale, a resilience scale, and a professional quality of life scale. **Results:** There were a statistically significant relationship between transition shock, resilience, and professional quality of life. **Conclusion:** There were a positive correlation between resilience and professional quality of life and a negative correlation between transition shock and professional quality of life. **Recommendations:** Newly graduated nurses should adopt self-care practices like spending time with loved ones, engaging in exercise and meditation, taking restful breaks, and prioritizing relaxation. They need to actively seek support and maintain a healthy work/life balance to prevent or recover from the challenges of transitioning into their professional roles. Additionally, nurse managers should offer facilitated debriefing and clinical supervision sessions for all newly graduated nurses.

**Keywords:** *Newly graduated nurses, Transition Shock, Resilience & Professional Quality of Life.*

### Introduction

Newly graduated nurses often encounter the challenge of adapting to a new practice environment, which can lead to significant stress. In the early stages of their careers, they may face difficulties in adhering to medical orders, lacking sufficient capacity, inadequate technical skills, and being overwhelmed by a large number of patients to care for. These issues can contribute to a state of transition shock experienced by many new nurses. (Xu, et al., 2021).

Transition shock is characterized by an emotional burden experienced by newly graduated nurses. This emotional burden encompasses feelings of exhaustion from managing the ups and downs of the new role, fear of being perceived as incompetent, apprehension about providing safe care and avoiding harm to patients, and anxiety about handling their responsibilities effectively. To overcome transition shock, these nurses must navigate through it and strive to become proficient practitioners in clinical practice (Labrague & De Los Santos, 2020).

To effectively manage transition shock and develop into a competent and proficient newly graduated

nurse (NGN), it is crucial to take into consideration various factors. These factors include job satisfaction, self-confidence in one's abilities, addressing skill gaps, managing fear, effective leadership, fostering a sense of belonging, appropriate duration of orientation, addressing dissatisfaction with interpersonal relationships, managing work-related stress, coping with role stress, seeking social support, promoting structural empowerment, balancing work and personal life, and addressing issues related to an unsatisfactory work environment. (Kim & Shin, 2020).

The presence of resilience among newly graduated nurses has the capacity to safeguard their well-being, promote a sustainable workforce, and ensure the delivery of high-quality care (Best, 2019).

Resilience is defined as personalized developmental process that involves utilizing personal protective factors to effectively manage and overcome perceived stress and challenging circumstances. Through the accumulation of achievements and positive experiences, individuals can enhance their coping mechanisms, develop adaptive skills, and improve their overall well-being (Alannah, et. al., 2020).

The presence of resilience skills and the ability of newly graduated nurses to navigate transition shock are crucial for enhancing the professional quality of life for them and effectively managing the challenges of their new profession (Cao, et al., 2021).

Professional quality of life (PQoL) encompasses the range of positive and negative emotions experienced by newly graduated nurses in their new role, along with their ability to fulfill important personal needs through their workplace experiences while achieving organizational objectives (Cavanagh, 2020).

### Significance of the study

The researchers holds the responsibility of providing practical supervision for nursing internship students. During the researchers observation period, it was evident that newly graduated nurses experienced significant fear and exhaustion as they transitioned from theory to practice. So, the researchers recognizes the importance of studying transition shock, resilience, and professional quality of life (PQoL) among newly graduated nurses in the present study. While the researcher reviewed of the literature found that there were four internationally studies published in professional articles and journals, the first one titled by "The relationships of both transition shock, empathy, resilience and coping strategies with professional quality of life in newly graduated nurses" done by Cao, et al., (2021); the second one titled by "Effects of resilience, social support, and work environment on turnover intention in newly graduated nurses: The mediating role of transition shock" done by Gong, et al., (2021); the third one titled by "The implementation of resilience based clinical supervision to support transition to practice in newly qualified healthcare professionals" studied by Gemma, et al., (2020), and lastly the fourth one titled by "Strategies new graduate registered nurses require to care and advocate for themselves" A literature review done by Mellor, et al., (2017); Furthermore, No national studies dealing with transition shock, resilience, and professional quality of life among newly graduated nurses.

### Aims of the study

**General objective:** Determine the relationships between transition shock, resilience, and professional quality of life among newly graduated nurses.

### Specific objectives:

- Determine NGN's transition shock, resilience, and professional quality of life levels.
- Explore the correlation among NGN's transition shock, resilience, and professional quality of life.

### Research hypotheses

Are there a correlation between NGN's transition shock, resilience, and professional quality of life?

### Subject and Method

The study was portrayed according to the four following designs:

- I. Technical design.
- II. Administrative design.
- III. Operational design.
- IV. Statistical design.

### Technical design

#### Study design:

A descriptive correlational design was used.

#### Setting

The research took place at Assiut University Hospitals, comprising seven different hospitals: the Main Hospital (with 1700 beds), Pediatric Hospital (with 400 beds), Women's Health Hospital (with 316 beds), Urology and Nephrology Hospital (with 175 beds), Neurology and Psychiatry Hospital (with 354 beds), EL-Rajhi Liver Hospital (with 200 beds), and Cardiology Hospital (with 240 beds), and newly graduated nurses distributed most commonly in ICU and emergency units at the previous mentioned hospitals.

#### Subject

Convenience sample of 256 newly graduated nurses (NGNs) who were in their first year of employment from November 2021 to October 2022 was selected for the study. The distribution of the sample is presented in the following table:

Hospital	No. of newly Graduated Nurses
Main Hospital	174
Pediatric Hospital	29
Women's Health Hospital	11
Urology and Nephrology Hospital	8
Neurology and Psychiatry Hospital	10
Rajhi- Liver Hospital	12
Cardiology Hospital	12
Total	256

#### Data collection tools:

**Tool I:** Self-administrated Questionnaire sheet that consists of two parts:

**Part (1): Personal characteristics data sheet:** it was designed to gather information about NGN's gender, age, marital status, and the name of the hospital they were employed at.

**Part (2): Transition Shock Scale:** This scale was initially developed by Young et al., (2005) and modified by Qian et al., (2021). It comprised 18 items organized into six subitems: mismatch between theory and practice (3 subitems), overwhelming workload (4 subitems), lack of social support (3 subitems), shrinking relationships with colleagues (2 subitems), confusion in professional nursing values (3 subitems), and work-life

imbalance (3 subitems). Each item was rated on a 5-point Likert scale, ranging from 1 "not true at all" to 5 "true all the time." The score interpretation varied based on the responses to the 18 items and the total score, which had a maximum value of 90. Scores ranging from 90 to 60 indicated higher levels of transition shock, scores from 59 to 30 indicated moderate levels of transition shock, and scores from 29 to 18 indicated low levels of transition shock.

**Tool (II): Resilience Scale:** Originally developed by Connor and Davidson (2009) and later modified by Scali, et al., (2012). It consisted of 25 items that were rated on a five-point Likert scale, ranging from 1 (not true at all) to 5 (true all the time). The score interpretation depended on the responses to the 25 items and the total score, which had a maximum value of 125. Scores ranging from 125 to 83 indicated high resilience, scores from 82 to 41 indicated moderate resilience, and scores from 40 to 25 indicated low resilience.

**Tool (III): Professional Quality of Life Scale,** which was developed by Zhang and Yang (2015) and later modified by Cao, et al., (2021). It comprised 40 items that were rated on a five-point Likert scale, ranging from 1 (not true at all) to 5 (true all the time). The score interpretation was based on the responses to the 40 items, resulting in a total score of 200. Scores ranging from 200 to 133 indicated a high level of professional quality of life (PQoL), scores from 132 to 67 indicated a moderate PQoL, and scores from 66 to 40 indicated a low level of PQoL.

#### **Administrative design**

The study received official approval from the Dean of the Faculty of Nursing at Assiut University, as well as the Directors and Nursing Directors of Assiut University Hospitals. This approval was obtained to ensure the acquisition of essential data for both the pilot study and the current research.

#### **Ethical considerations**

The research proposal received approval from the Ethical Committee at the Faculty of Nursing, Assiut University, ensuring the safety of the study participants throughout the research process. The study adhered to standard ethical principles followed in clinical research. Participants in the present study provided their written consent, and they were fully informed of their right to decline participation or withdraw from the study at any point without justification. Strict measures were implemented to guarantee confidentiality and anonymity during data collection.

#### **Operational design**

##### **Preparatory phase**

The preparatory phase of the study takes approximately three months, starting from August

and ending in October 2021, during which the research proposal was finalized. Following a thorough review of relevant literature on the study topic, the study tools (Transition Shock Scale, Resilience Scale, and Professional Quality of Life Scale) were translated into Arabic. The face validity of these tools was assessed by five experts from the Nursing Administration Department at the Faculty of Nursing, Assiut University.

#### **A pilot study**

A pilot study involving 25 nurses, who accounted for 10% of the total study participants working at Assiut University hospitals, was conducted following Rufus's, (2017) recommendation. This pilot study aimed to ensure the clarity, accessibility, and comprehensibility of the study tools, as well as to estimate the required time for data collection. The data collected from the pilot study underwent analysis, and no modifications were made to the study tools.

To assess the reliability of the study tools, Cronbach's Alpha coefficient test was employed, resulting in a reliability coefficient of  $\alpha = 0.821$  for the Transition Shock Scale,  $\alpha = 0.799$  for the Resilience Scale, and  $\alpha = 0.812$  for the Professional Quality of Life Scale. These findings indicate a high level of reliability for the study tools.

#### **Work field**

The researchers personally met with each newly graduated nurse included in the study, providing a detailed explanation of the study's objectives and requesting their participation. Upon receiving verbal consent, the study tools were handed over to the participating nurses. They were instructed to complete the self-administered questionnaire, which assessed their transition shock, resilience, and professional quality of life. It took approximately thirty minutes for each participant to complete the questionnaires. The data collection process takes three months, starting from April and concluding in June 2022.

#### **Statistical design**

The process of entering data and performing statistical analysis was conducted utilizing SPSS version 22, a software package designed for social science research. The data were represented using various statistical measures such as numbers, percentages, means, and standard deviations. To compare quantitative variables between different groups, an independent samples t-test was employed. Additionally, Pearson correlation was utilized to assess the correlation between quantitative variables. In order to establish statistical significance, a P-value of less than 0.05 was considered significant.

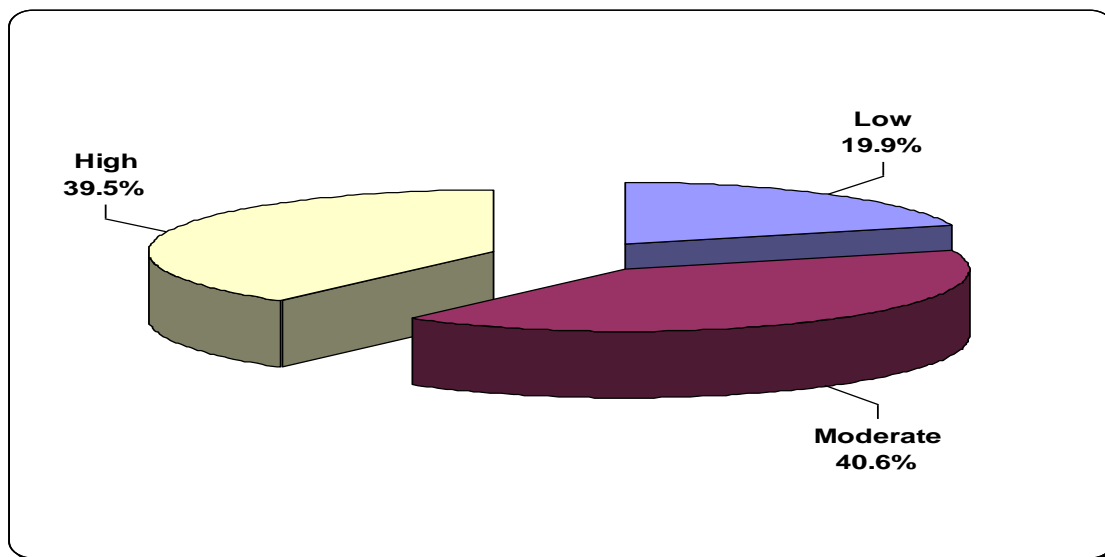
Results

**Table (1): Personal characteristics data of newly graduated nurses working at Assiut University Hospitals (n=256).**

Personal data	No.	%
<b>Hospitals:</b>		
Main hospital (medical-surgical)	<b>174</b>	<b>68.0%</b>
Pediatrics	29	11.3%
Cardiology	12	4.7%
Liver	12	4.7%
Woman health	11	4.3%
Neurology	10	3.9%
Urology	8	3.1%
<b>Age: (years)</b>		
20 - < 24	120	46.9%
24 – 26	<b>136</b>	<b>53.1%</b>
<b>Mean ± SD (Range)</b>	23.62 ± 1.22 (20.0-26.0)	
<b>Sex:</b>		
Male	91	35.5%
Female	<b>165</b>	<b>64.5%</b>
<b>Marital status:</b>		
Single	<b>190</b>	<b>74.2%</b>
Married	66	25.8%

**Table (2): Mean scores of Transition shock dimensions as reported by newly graduated nurses working at Assiut University Hospitals (n=256).**

Transition shock dimensions	Mean ± SD	Range
Conflict between theory and practice	8.75 ± 2.80	3.0-15.0
Overwhelming workload	<b>12.00 ± 3.48</b>	4.0-20.0
Loss of social support	9.50 ± 2.99	3.0-15.0
Shrinking relationship with co-workers	5.20 ± 2.50	2.0-10.0
Confusion in professional nursing values	9.49 ± 3.51	3.0-15.0
Incongruity in work and personal life	10.55 ± 2.77	3.0-15.0
Total Transition shock dimensions	<b>55.50 ± 12.95</b>	23.0-87.0



**Figure (1): Transition shock levels among newly graduated nurses working at Assiut University Hospitals (n=256).**

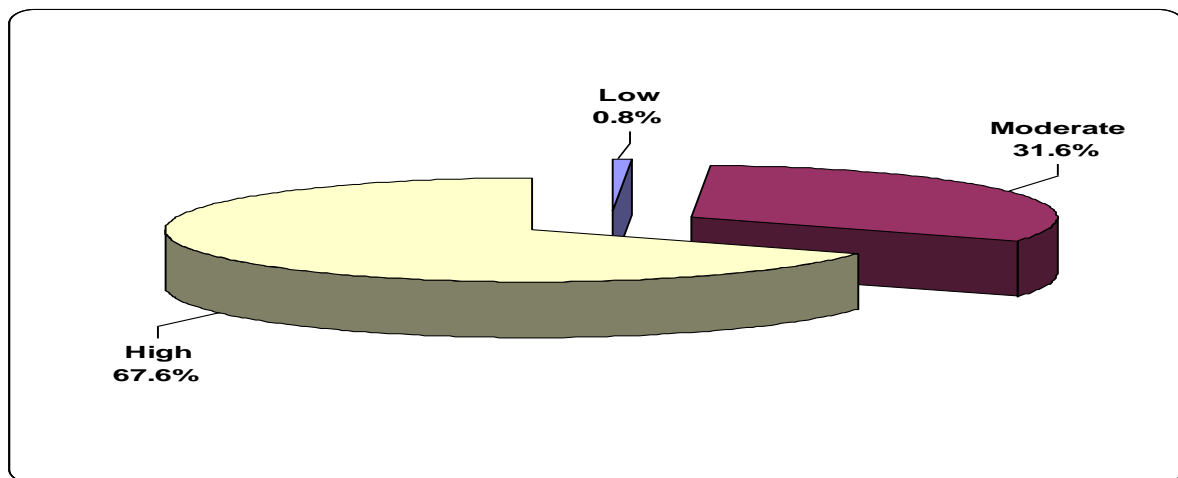


Figure (2): Resilience levels among newly graduated nurses working at Assiut University Hospitals (n=256).

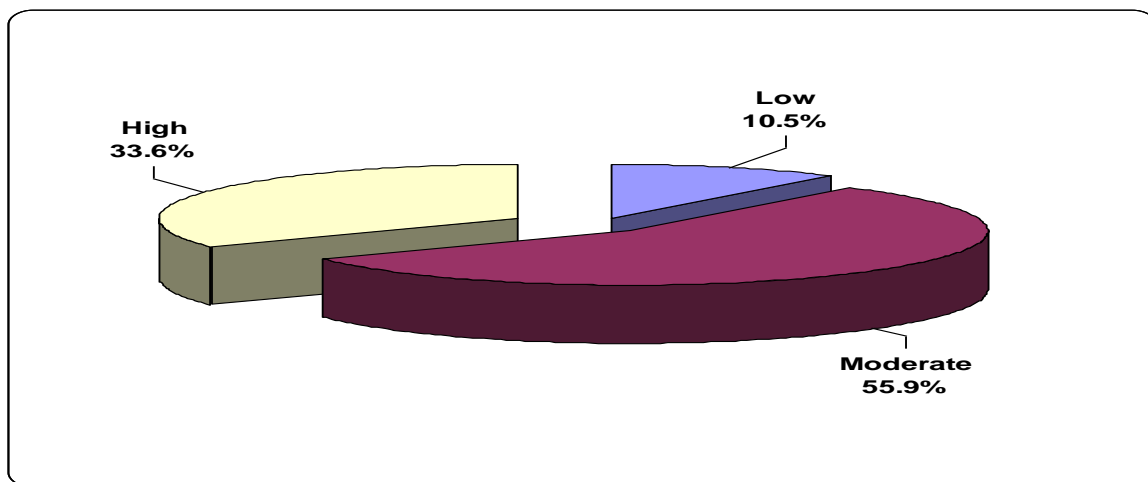


Figure (3): Professional quality of life levels among newly graduated nurses working at Assiut University Hospitals (n=256).

Table ( 3): Relationship between transition shock, resilience, and professional quality of life scores according to personal data for newly graduated nurses working at Assiut University Hospitals (n=256).

Personal data	Transition shock	Resilience	Professional quality of life
	Mean ± SD	Mean ± SD	Mean ± SD
<b>Hospitals:</b>			
Main university hospital	55.70 ± 12.12	89.80 ± 18.56	119.23 ± 25.20
Other university hospitals	55.06 ± 14.64	88.88 ± 16.84	125.82 ± 25.98
<b>P-value</b>	0.713	0.702	0.054
<b>Age: (years)</b>			
20 - < 24	55.06 ± 13.00	90.59 ± 17.02	<b>125.06 ± 23.09</b>
24 – 26	55.88 ± 12.95	88.55 ± 18.83	118.06 ± 27.28
<b>P-value</b>	0.612	0.367	<b>0.029*</b>
<b>Sex:</b>			
Male	52.41 ± 12.34	87.24 ± 17.26	123.63 ± 23.37
Female	57.20 ± 13.00	90.76 ± 18.32	120.08 ± 26.72
<b>P-value</b>	<b>0.004*</b>	0.135	0.289
<b>Marital status:</b>			
Single	55.40 ± 12.81	90.61 ± 16.98	121.51 ± 24.18
Married	55.77 ± 13.45	86.33 ± 20.46	120.86 ± 29.48
<b>P-value</b>	0.841	0.096	0.861

**Table (4): Correlations between transition shock, resilience, and professional quality of life as reported by newly graduated nurses working at Assiut University Hospitals (n=256).**

		Transition shock	Resilience	Professional quality of life
Transition shock				
Resilience	r-value	0.005		
	P-value	0.938		
Professional quality of life	r-value	<b>-0.306</b>	<b>0.341</b>	
	P-value	<b>0.000*</b>	<b>0.000*</b>	

**Table (1):** Illustrates the personal characteristics of newly graduated nurses. It was noted that about two-thirds of NGN are female (**64.5%**), with the majority of them working at the main hospital (**68.0%**), and more than half of them aged from 24 to 26 years old (**53.1%**).

**Table (2):** Presents the average scores of the transition shock dimensions as reported by recently graduated nurses. Notably, the dimension with the highest mean score among the transition shock dimensions is associated with an overwhelming workload (**12.00 ± 3.48**), contributing to the overall mean score of the transition shock dimensions (**55.50 ± 12.95**).

**Figure (1):** Reveals transition shock levels among newly graduated nurses. It was noted that more than one-thirds of studied newly graduated nurses suffer from moderate & high transition shock level (**40.6% & 39.5%**), while only (**19.9%**) of them suffer from low transition shock level during the first year of their employment.

**Figure (2):** Demonstrates resilience levels among newly graduated nurses. It was noted that more than two-thirds of NGNs (**67.6%**) have a high resilience level, while less than one-third of them (**31.6%**) have a moderate resilience level, and less than one percent of them (**0.8%**) have a low resilience level.

**Figure (3):** Depicts professional quality of life levels among newly graduated nurses. It was noted that more than half of the studied NGNs (**55.9%**) have a moderate level of PQoL, more than one third of them (**33.6%**) have a high level of PQoL, and only **10.5%** of them have a low level of PQoL.

**Table (3):** Depicts the correlation between transition shock, resilience, and professional quality of life (PQoL) scores based on personal data. Notably, among the different age groups, the highest mean PQoL score is observed for newly graduated nurses (NGN) aged between 20 and less than 24 years old (**125.06 ± 23.09**). This finding is statistically significant, as indicated by a p-value of **0.029\***, suggesting a notable association between PQoL and age. Furthermore, there are statistically significant differences between transition shock and

sex, with a p-value of **0.004\***, highlighting a significant relationship between these variables.

**Table (4):** Reveals correlations between transition shock, resilience, and professional quality of life as reported by newly graduated nurses. It was noted that there is a negative correlation with statistical significance between transition shock and PQoL (**0.000\***) and a positive correlation with statistical significance between resilience and PQoL (**0.000\***).

### Discussion

According to the findings of the present study, the dimension of transition shock that received the highest mean score was overwhelming workload. This could be attributed to newly graduated nurses (NGNs) transitioning from a familiar university school environment to an unfamiliar practice setting with unexpected workload.

These results align with the findings of **Blomberg et al., (2017)**, who similarly reported that both NGNs working in hospitals and those working in non-hospital settings expressed concerns about excessive caseload, lack of cooperation from colleagues, and time pressure due to high workload.

As revealed from the current study, more than one third of studied newly graduated nurses suffer from moderate & high transition shock level during first year of their employment. This might be attributed to the newly graduated nurses' gap between theory and practice, high patient workload, complicated interpersonal relationships, and lack of their competence and skills during first year of practice.

These findings were consistent with **Labrague & De Los Santos (2020)** who found that the greatest of NGNs suffer from transition-related shock in the first year of job and this transition perceived due to the mis-match between actual and expected work environment.

Based on the findings of the study, it was observed that more than two-thirds of newly graduated nurses (NGNs) exhibited a high level of resilience. This could be attributed to several factors. Firstly, the NGNs had received training during their years of study in the faculty and had also completed a

one-year internship at Assiut University Hospitals. These experiences likely helped them become familiar with the hospital environment and establish positive relationships with various individuals. Consequently, they developed strong resilience and coping skills to effectively handle the challenges of entering a new practice setting and managing a heavy patient workload during their initial year of employment.

These findings are consistent with the research conducted by **Irwin & Janz (2020)**, who similarly discovered that the majority of newly graduated nurses enrolled in a resilience program exhibited high resilience skills during their first year of employment, as evidenced by pre- and post-assessments.

Based on the findings of the current study, it was observed that more than half of the surveyed newly graduated nurses (NGNs) exhibited a moderate level of Professional Quality of Life (PQoL). This could be attributed to the fact that these recently graduated nurses were able to fulfill significant personal requirements while simultaneously achieving organizational objectives, benefiting from their workplace experiences and internship year.

These findings align with the research conducted by **Eka & Tahulending (2018)** in Indonesia, where they found that over half of the NGNs experienced moderate levels of work satisfaction and PQoL.

In contrast to the findings of **Gemeay et al., (2016)**, the results of the current study was not consistent. **Gemeay et al.**, reported that more than half of the newly graduated nurses (NGNs) experienced burnout and secondary traumatic stress, possibly due to a lack of knowledge and skills to cope with challenging situations in a demanding and stressful work environment. Additionally, they found that the NGNs had negative experiences related to their Professional Quality of Life (PQoL).

The study findings indicated that the highest mean score in terms of Professional Quality of Life (PQoL) was observed among newly graduated nurses (NGNs) aged 20 to <24 years old, and this difference was statistically significant ( $p=0.029^*$ ). Additionally, significant differences were found between transition shock and empathy with respect to gender ( $p=0.004^*$  and  $p=0.000^*$ ) respectively. These results can be attributed to the fact that younger NGNs, who are typically single and not burdened with extensive family responsibilities, tend to have moderate levels of PQoL.

These findings contradict the research conducted by **Wang et al., (2020)**, who found that older nurses, with their extensive clinical experience and a sense of competence developed over years of work,

exhibited higher levels of PQoL and compassion fulfillment, leading to reduced burnout.

Ongoing on the study findings revealed that there is a negative correlation with statistical significance between transition shock and PQoL ( $0.000^*$ ), and positive correlation with statistical significance between resilience and PQoL ( $0.000^*$ ). This might be attributed to higher levels of transition shock experienced by NGNs may lead to lower levels of PQoL due to the challenges arising from the discrepancy between their familiar nursing school environment and the unfamiliar practical settings, as well as the heavy workload imposed by patient care.

These findings align with a previous study conducted by **Cao, et al., (2021)** which demonstrate significant negative associations between transition shock and passive coping strategies with PQoL. Furthermore, the study revealed that resilience and adaptive coping strategies were significantly and positively linked to PQoL, while resilience was significantly and negatively associated with burnout.

### Conclusions

Overall, there were a statistically significant relationship ( $0.000^*$ ) between transition shock, resilience, and professional quality of life (PQoL). Specifically, there is a positive correlation between resilience and PQoL, indicating that higher levels of resilience are associated with better PQoL. Conversely, there is a negative correlation between transition shock and PQoL, suggesting that higher levels of transition shock are linked to lower levels of PQoL.

### Recommendations

1. All NGN should get guided debriefing clinical supervision sessions from nurse managers; these sessions give them a place to express their views about the working environment.
2. Health care organizations should provide preceptorships and residency programmes, to facilitate the transition from newly graduated to professional nurse.
3. Nurses who just graduated from nursing school need to acquire some new self-care techniques, including spending time with friends and family, practicing meditation, resting, and relaxing. Actively looking for assistance and keeping a healthy work-life balance in order to recover or prevent transition shock.
4. Provide psychological, social, and family counseling to NGN who are highly stressed, this counseling supplies them with the abilities to

build resilience and coping mechanisms for personal and professional problems.

5. Train a NGN to face and clarify the causes of problems and how to deal with them by using problem-solving strategies.

#### Acknowledgements

The author extends heartfelt gratitude and well wishes to all NGNs who actively participated in their research, as well as to the wonderful individuals who have positively contributed to the author's life.

#### Conflict of interest

The authors affirm that they have no conflicts of interest to disclose.

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