

# Progress in Research on Work Adjustment Disorders in New Nurses

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## Abstract

Work adaptation disorder is a common problem among new nurses. New nurses are in the process of changing their roles from nursing students to clinical nurses, facing various frustrations and confusions, and are prone to work adaptation disorder, which can lead to a decline in work quality, mental health problems, work burnout, reduced enthusiasm for work, and tension in the nurse-patient relationship, seriously affecting the professional development of new nurses. This has a serious impact on the career development of new nurses. The aim is to draw the attention of nursing managers and nursing researchers to the work adjustment disorders of new nurses and to provide references for nursing researchers to conduct research on work adjustment disorders of new nurses.

## Keywords

New nurses, work adjustment, work adjustment disorder, nursing, research progress

As a special group in the nursing team, new nurses play an important role in the growth and development of the nursing team. Work adaptation disorder is a state in which employees show high psychological burden, mental tension, lack of concentration, negative attitudes in the face of difficulties, and fatigue and weakness due to unclear goals for the future [1]. In recent years, the problem of disorders to work adaptation among new nurses has become increasingly prominent. Overseas studies have shown that 53.5% of new nurses have difficulties in adjusting to work [2]. Related studies in China have shown that new nurses have high levels of work adjustment disorders, often higher than the national norm [3]. In addition, disorders to work adjustment among nursing staff can lead to a decrease in the quality of nurses' work, psychological problems, burnout and brain drain from the nursing workforce [4]. Currently, some scholars have conducted research on work adjustment disorders for nurses, but less research has been conducted on work adjustment disorders for this particular group of new nurses. Therefore, we reviewed the literature to review the terminology, assessment tools, influencing factors and relevant coping strategies related to work adjustment disorders among new nurses, in order to draw the attention of nursing managers and nursing researchers to work adjustment disorders among new nurses, and to provide references for nursing researchers to conduct research related to work adjustment disorders among new nursing entrants.

## 1. Terminology related to disorders to work adjustment for new nurses

### 1.1 New Nurses

Some domestic researchers have defined new entry nurses as nursing staff within one year of employment [3, 5] Zhang Qiaoling et al. [6] considered newly-entered nurses as nurses who had obtained a nurse practice license and

had been employed for three years. However, the National Health and Family Planning Commission's 2016 Training Syllabus for Newly Entered Nurses (for Trial Implementation) identifies nurses who have been in the profession for less than 2 years as newly entered nurses [7].

## **1.2 Work adaptation**

Dawis and Lofquist [8] proposed the Minnesota Work Adaptation Model, which focuses on both the individual and the job, with work adaptation referring to the process of mutual satisfaction between the individual and the job. Morrison [9] argues that "job adaptation" is the process by which employees understand the role requirements of others, acquire role skills, adapt to the organisational culture and eventually fit into the organisation. In general, job adaptation is the ability of an employee to do his or her job and to integrate into the work environment.

## **1.3 Work adjustment disorder**

There is no unified definition of the concept of work adjustment disorder. In the Chinese nursing field, it is generally accepted that work adjustment disorder is a state in which nurses are physically and mentally exhausted and unable to adapt to their jobs due to the heavy nursing workload, frequent shifts, and the high incidence of violence in the hospital environment [10]. As new entrants to the workplace, new nurses are more sensitive to the heavy clinical nursing workload, frequent shifts and violence in the hospital environment. Thereby, showing an inability to integrate into the new environment.

## **1.4 Transition conflicts for new nurses**

In 1974, Kramer's [11] Reality Shock theory suggested that new nurses are prone to a series of negative feelings, such as stress, loneliness, failure and even disillusionment, at the beginning of their careers due to the gap between their own inadequate conditions and the actual needs caused by environmental changes. Duchscher [12] proposed a theory of transition shock in 2009 based on the theory of reality conflict, combined with previous qualitative research [13], which mainly includes three levels of influencing factors, effect levels and personal feelings. Therefore, transition conflict for new nurses refers to the feelings and experiences of disorientation, confusion, doubt and uncertainty of orientation that occur when an individual transitions from a known role to an unfamiliar role, influenced by the role, relationships, knowledge and responsibilities [12].

## **2. Assessment tools**

### **2.1 Disorders to Work Adjustment Scale**

The Work Adjustment Disorder Scale, currently applied in relevant studies in China, was developed by Tyollaska and reflects a range of individual perceptions and interests about reality and their own motivation. The scale has 37 entries and researchers in China have confirmed that the Chinese version of the scale has a Cronbach's alpha coefficient of 0.77 and its reliability is good [14].

### **2.2 New Nurse Transition Impact Evaluation Scale**

The Transition Impact Scale for Newly Joined Nurses developed by Xue Yuru *et al.* [15] based on the conceptual framework of the transition impact theory proposed by Duchscherer [12] has been recognized by foreign experts, and the scale is widely used in China to study the transition conflict of newly joined nurses, and it contains four dimensions namely psychological aspects, socio-cultural and developmental aspects, knowledge and skills aspects and physical aspects, as well as 27 entries. The overall Cronbach's alpha coefficient for this scale was 0.918 on a likert scale of 5. The reliability and validity of the scale were tested to be good.

### **2.3 Work Adaptation Scale**

The Job Adaptation Scale serves to measure the degree of job adaptation of new nurses. The scale was mainly adapted and revised by Mou Lei [16] from the AsMbrd, Morrison scale, in which Mou Lei referred to the adaptation questionnaire designed by scholar Tan Yali [17]. This questionnaire is in line with the cultural background of China, and the scale has 16 entries divided into 4 dimensions: task mastery, role clarity, interpersonal relationships, and cultural adaptation. The questionnaire is scored on a likert 5-point scale, with higher scores in each dimension indicating higher levels of job adaptation.

### 3. Influencing factors

#### 3.1 Personal factors

##### 3.1.1 Gender

Wang Lu [18] conducted interviews with new male nurses and found that new male nurses were unable to adapt to nursing work quickly due to the unfamiliar working environment, changing interpersonal relationships and the predominantly female nature of nursing work. In contrast, the findings in Sun Xinfeng's [19] study showed that gender had no effect on nurses' work adaptation. The reason for the different results may be related to the fact that in recent years, as people's living standards improve, their education level increases, and the trend of ageing in China becomes increasingly significant, resulting in an increasing demand for nursing staff, an increase in the number of men working in nursing, and an increase in the recognition of male nurses.

##### 3.1.2 Age

Some studies have shown that the older new nurses are, the less they adapt to their jobs, which may be related to the higher educational qualifications of older new nurses, their high expectations of themselves, and the greater family and life stresses that such nursing staff experience [19]. It has also been shown that new young nurses experience burnout in their first year on the job due to low productivity, stressful learning and poor sleep quality [20].

##### 3.1.3 Academic qualifications

The results of a study by Chai Yuxi [21] *et al.* showed that new nurses with a master's degree had significantly higher scores on work adjustment barriers than our normative model. For nurses with higher degrees, they have higher requirements for their career development and planning and expect to have greater achievements in nursing, which makes it more psychologically stressful for nurses with higher degrees and more difficult for them to adapt to the work environment.

##### 3.1.4 Personal character

Everyone's personality is unique and personality determines a person's attitude towards life and work. By comparing nursing staff with different personalities, Shao Xiaozhen [10] *et al.* found that different personality nurses have an impact on work adaptation disorders. This study showed that nurses with stable and extroverted personalities were more likely to adapt to their work, and nurses with unstable and introverted personalities were prone to difficulties in work adaptation. This shows that nursing managers need to focus on the assessment of individual personality traits when recruiting new nurses, and arrange suitable units according to their personality traits to reduce disorders to work adaptation for new nurses and promote the development of the nursing team.

##### 3.1.5 Transition conflicts for new nurses

The higher the level of transition shock, the more difficult it is to adapt to the job, which may be related to new nurses' discomfort with unfamiliar environments, challenging interpersonal relationships, complex patient conditions, fear of job errors, and the inability to adapt the knowledge and skills acquired in school to clinical work [22-23]. Duchscher JEB [12] also showed that new nurses experience stress, frustration, doubt, and self-denial during the transition process, which can hinder new nurses from adapting to a new work environment.

##### 3.1.6 Sense of self-efficacy

Self-efficacy is an important element of American sociologist Albert Bandura's social cognitive theory [24], and self-efficacy is a core concept in self-efficacy theory [25]. Self-efficacy refers to an individual's confidence in succeeding through his or her own efforts when faced with new things and situations [19], and nurses' self-efficacy scores at the beginning of their careers are lower than the norm [26]. Low self-efficacy can lead nurses to respond with a negative attitude when faced with difficulties and challenges at work [19].

#### 3.2 Organisational factors

##### 3.2.1 Frequency of night shifts

Some studies have shown that the number of night shifts per month can have an impact on the degree of job adaptation of new nurses. In hospitals where nursing staff are the main members of the night shift, night shifts can make nurses feel tired and weak, with increased psychological stress and reduced sleep quality. The new nurses are not only stressed in physical terms, but also related to their lack of ability to handle critical patients and feel

isolated and helpless due to the small number of night shifts, the intensity of their work, and their heavy tasks [19].

### **3.2.2 Wage performance**

The wage performance of new nurses is exceptional because new nurses have to attend two years of standardised training without being assigned to a specific department and are not paid departmental bonuses, which can affect the nurses' sense of belonging and professional identity. For nurses new to the profession there may be an impact on adaptation to nursing due to the long duration of standardised training and the low level of pay [27].

### **3.2.3 Nature of the department**

Critical care units are mainly operating theatres, emergency departments, surgical departments, and various types of intensive care units [28]. For the relatively inexperienced junior nurses in the face of complicated work, especially critical patients, more likely to have overwhelmed performance, will make the level of nurses' work disorders aggravated [4]. In addition, the nature of paediatrics work and the nursing object have special characteristics [29]. When new nurses enter paediatrics work, firstly, they will have anxiety and confusion because of the special nature of the department, secondly, due to the lack of attention to paediatrics during school and internship, nurses have incomplete knowledge of paediatric nursing and rusty nursing operation skills related to paediatrics, and finally, due to the high expectations of paediatric families on nurses' nursing. Finally, due to the high expectations of paediatric families for nursing care, communication barriers are likely to arise between nurses and families. All of the above factors can cause nurses to become stressed and prone to work adaptation barriers [30]. The degree of work adaptation barriers for nurses varies from department to department, depending on their work content, service users and departmental environment.

### **3.2.4 Hospital atmosphere**

When a new nurse transforms from a student to a practicing nurse, not only does she have to change from the campus environment with the relationship between students and teachers to the hospital environment with the complex nurse-patient relationship, medical and nursing relationship, but also the new nurse will face the dilemma of high psychological pressure, lack of knowledge and unskilled operation skills, and if she does not feel the humanistic care from the hospital, it will inevitably affect her adaptation to the work [3]. Foreign scholars argue that new nurses face unknown and unexplained situations they have never seen in school, that the way skills are formed on the job is ambiguous, and that a stressful work environment can cause anxiety among new nurses, while better teamwork and communication among colleagues brings a positive work environment that is more conducive to new nurses' adaptation to their jobs [31-32].

## **4. Coping strategies**

### **4.1 Psychological support**

Nursing is a high-risk and high-intensity job, which can make new nurses feel scared and overwhelmed. As nursing managers, they should pay attention to the mental health of new nurses, strengthen communication, understand the thoughts of new nurses, and reduce their psychological pressure [23]. Foreign scholars believe that managers and colleagues should be sympathetic and supportive of new nurses, thus making them feel comfortable and welcome in their new work environment and increasing the psychological security of new nurses [33]. In conclusion, nursing managers and colleagues play a crucial role in increasing the psychological security of new nurses.

### **4.2 Creating a harmonious working atmosphere**

Newly recruited nurses change from being a school student to a nursing worker, and in many cases they are not clear about the meaning and value of their work, so it is difficult for them to truly integrate into the hospital culture and atmosphere. Hospitals and managers should pay attention to their emotional changes, communicate appropriately, help newly recruited nurses identify with the meaning and value of nursing work as soon as possible, and permeate the hospital culture in their daily lives, and try to make the newly recruited nurses' professional values are in line with the hospital's values [19]. Giving new nurses humanistic care can promote new nurses to adapt to hospital work as soon as possible. Hospital managers should actively create a relaxed and happy working atmosphere for new nurses, establish a respectful and trusting relationship with nurses, and create a working environment full of humanistic care for new nurses [3].

### 4.3 Improve communication skills

Newly graduated nurses feel unprepared for the socialisation process and are unable to communicate effectively with clinical nurses and doctors, which can lead to difficulties in adapting to work [34]. One study showed that 98.22% of new nurses had moderate to severe social anxiety [35]. Due to their lack of knowledge and skills as well as poor communication skills, new nurses often suffer from lack of understanding and respect from their families, which can easily lead to nurse-patient conflicts; therefore, hospital managers should actively organise team activities to enhance communication between new nurses and their colleagues, and for nurse-patient conflicts, nursing managers should fully understand what is going on and adopt a reasonable approach to solve the problem [36].

### 4.4 Focus on training

A focus on comprehensive and systematic training for new nurses will enable new nurses to become competent as soon as possible. Nursing managers should develop targeted training methods according to the level, ability and willingness of new nurses, and focus on diversity; they can set up scenario-based training methods for nurses, which can develop new nurses' listening skills and improve new nurses' communication skills [37]. Foreign scholars believe that the substitute teacher plays an important role in the training of new nurses. The substitute teacher should adapt the teaching content or methods according to the preferred learning style of new nurses and provide guidance in different ways; regularly assess the learning needs of new nurses and design learning plans to meet the needs according to individual circumstances, help new nurses achieve their learning goals and give frequent positive feedback; in addition, substitute teachers will guide new nurses through the hospital environment, work routines and resources. Be proactive in supporting new nurses, making them feel welcome and meeting or keeping in close contact with new nurses to understand their learning progress and difficulties [34].

### 4.5 Scientific and rational scheduling

It can be challenging for new nurses to take on additional patient tasks and increased workloads [38]. Therefore, when scheduling new nurses, managers should fully understand the new nurse's abilities and the condition of the patients on the ward, increase the workload gradually, and arrange night shifts with a clinically experienced nurse to help new nurses adapt to the shift system [39].

### 4.6 Improving the payroll system

Salary is the reward that workers get by giving their time, energy and skills, etc. It mainly includes two aspects, economic salary and spiritual salary. Economic salary mainly refers to the salary and benefits that employees get through their hard work, while spiritual salary mainly refers to the recognition and praise of employees' work by their leaders [40]. Although the salary level of nursing staff is unified by the hospital, and the salary level of new nurses is relatively low, new nurses are relatively demanding at the level of spiritual needs, therefore, nursing managers should praise and commend nursing staff who work hard and perform well, and give appropriate material rewards [5].

## 5. Summary

Work adjustment disorders are a common problem for new nurses at home and abroad, and there is less research on work adjustment barriers in this particular group of new nurses in China. Work adjustment disorder affects the physical and mental health and professional value of new nurses, and in serious cases, they may leave the nursing profession, resulting in a loss of nursing talent. In the future, nursing managers and nursing researchers need to take this issue seriously and actively adopt scientific and effective interventions to reduce work adjustment barriers for new nurses. In this way, new nurses can identify with the value of nursing, strengthen their belief in nursing and promote the development of the nursing team.

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