

Exploring Thriving in Newly Graduated Nurses: A Qualitative Descriptive Study

By

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Abstract

Background: The nursing shortage continues to negatively affect healthcare organizations and nurses' health and retention. One challenge in nurse retention is the transition period for newly graduated nurses (NGNs) who struggle to adapt and thrive in the workplace. A rich literature focusing on the transition period for NGNs primarily focuses on challenges. However, there is limited literature about positive states such as thriving.

Purpose: The aim of this study was to explore NGNs' perspectives on and experiences with thriving in the workplace.

Research Design and Methods: A qualitative descriptive study design informed by transitions theory was undertaken. Volunteer and snowball sampling were used to recruit 11 participants. Semi-structured virtual interviews were conducted to engage participants in sharing their perspectives on and experiences with thriving. Digitally recorded interviews were transcribed verbatim and analyzed for themes and patterns using thematic analysis.

Findings: Two themes were identified: looking inwards and using your supports. Looking inwards describes participants' personal attitudes and actions which affected their workplace thriving. Using your supports refers to the external factors which participants found either helped or hindered their thriving at work. These external factors included the people surrounding NGNs both at work and in their personal lives.

Conclusion: For NGNs, thriving in the workplace depends on their actions and attitudes, as well as by being surrounded with supportive people both in the workplace and in their personal lives. These findings align with the existing body of literature on nurse thriving and successful NGN transitions. Future practice implications include focusing on creating supportive, safe, and healthy work environments where NGNs feel supported in their learning, validated as they

develop, have opportunities to master their nursing practice, and feel a sense of belonging, as these are all vital for NGN thriving.

Keywords: New graduate nurses, new nurses, novice nurses, thriving, work experience, qualitative description.

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Chapter 1: Background

Canada, along with many other countries around the world, continues to experience a chronic shortage of nurses within our health care system (Ahmed & Bourgeault, 2022). Nurses grapple with many workplace stressors including staff shortages, increasing workloads, violence, and mandatory overtime (Ahmed & Bourgeault, 2022). Many of these stressors were increased or compounded with the recent COVID-19 pandemic (Ahmed & Bourgeault, 2022). Along with nursing shortages, newly graduated nurses (NGNs) struggle to integrate into their workplaces (Duchscher et al., 2021) and change workplaces often or leave the nursing profession altogether (Canadian Federation of Nurses Unions, 2024; Faubert, 2024). Over the past decade, young nurses leaving the profession has worsened in all but three Canadian provinces (Faubert, 2024). In Manitoba, NGNs leaving the nursing profession has increased by 11% since 2013 (Faubert, 2024). Early and mid-career nurses surveyed by the Canadian Federation of Nurses Unions (2024) were found to be more likely to leave their current jobs when compared to their late-career colleagues.

NGNs leaving their workplaces, or the nursing profession, is not entirely new or surprising since historically NGNs experience moral distress and disenchantment with the profession within their first several months of work as they transition from student to new nurse (Duchscher, 2009). However, prior to the current nursing shortage, NGNs could generally count on some amount of mentorship from their more senior nurse colleagues, and generally better staffed workplaces, to help them through this difficult period of transition. Along with staffing shortages, the Canadian Federation of Nurses Unions (2024) found that 56% of nurse respondents reported a decrease in the quality of healthcare provided in their workplace in the past year. To help address the nursing shortage, one important area of focus is nurse retention

(Ahmed & Bourgeault, 2022). While some researchers choose to focus on researching burnout and other negative phenomena with the goal of decreasing their likelihood, the aim of this study is to focus on the positive phenomenon of thriving. By focusing on NGN thriving, we can better understand how NGNs experience and view thriving in their workplaces, while appreciating the various challenges during this transition period. This understanding may provide insights on how to help more NGNs reach a state of thriving, which may impact retention. This chapter will highlight the proposed study's purpose, research questions, definitions, significance, and theoretical framework.

Purpose of the Study

The purpose of this study was to explore NGNs' perspectives on, and experiences with thriving in the workplace. This is a valuable line of inquiry as NGN thriving is a phenomenon for which available literature remains limited. When knowledge about a phenomenon is limited, a qualitative descriptive design is ideal to engage participants in sharing their experiences and perspectives. Since the goal was to thoroughly describe the phenomenon of NGN thriving, the choice of a qualitative descriptive design suited this purpose, since this is primarily what this study design is best used for (Polit & Beck, 2021).

Research Questions

This study's research questions encompass three main questions.

- 1) How do NGNs perceive and experience thriving in the workplace?
- 2) What do NGNs think has contributed to their thriving at work?
- 3) What do NGNs think hinders them to thrive at work?

Definitions

The study's two key concepts are newly graduated nurses (NGNs) and thriving. The concepts are introduced, explicitly defined, and discussed for clarity.

Newly Graduated Nurses

NGNs are defined as new nurses from the time they start working as a nurse until the end of their second year of work. Within the reviewed literature, an explicit definition for NGNs is often absent. There is a lack of consensus whether nurses are considered NGNs within the first year or the first two years of their nursing careers. As an example, Dames (2019a, 2019b, 2019c), Prosen and Ličen (2023), and Smythe and Carter (2022) either explicitly define NGNs as having two years of experience, or study NGNs for the first two years of their careers. Further, as Kramer's (1974) work on reality shock and Duchscher's (2009) furthering of this work with their focus on transition shock explain, the period of NGN shock may last for up to one year. In their longitudinal study, Lin et al. (2020) concluded that it took NGNs at least six months to transition to the workplace. Chachula et al. (2023) concluded that it took NGNs six to eight months to feel a sense of belonging at work and within their team. Others found that NGNs typically felt more confident and had less difficulties at work by the one-year mark (Graf et al., 2021; Tastan et al., 2013). Therefore, recruiting NGNs within their first two years will allow us to explore thriving with NGNs who may have gone through an extended period of shock and who may not have been eligible to contribute to this work, if only NGNs within their first year of work were to be included.

Thriving

Thriving is defined as “the psychological state in which individuals experience both a sense of vitality and a sense of learning at work,” (Spreitzer et al., 2005, p. 538). As a definition

from the field of organizational psychology, this often-cited definition of thriving within a workplace context suits the study's goal well. Vitality is further explained within this definition as the sense of having energy, and the combination of vitality and sense of learning is thought to project an image of an individual moving forward in a positive and purposeful way (Spreitzer et al., 2005).

Significance

There is a large body of literature which focuses on various aspects of the NGN *transition* to the workplace. However, not much focus has been on NGN *thriving* within the workplace. The goal of this study is to explore NGN thriving and gain a greater understanding of what helps and hinders NGN thriving. This would be valuable information and could offer important insights into helping NGNs thrive in Canada, potentially increasing their retention in the health care system. Greater retention of nurses would contribute to improved patient care as “optimal patient care depends on the competence and retention of a robust nursing workforce,” (Reebals et al., 2022, p. 427). This link between nurse retention and optimal patient care is highlighted as well by a study done in Switzerland, which demonstrated that hospital shifts with fewer registered nurses increased the risk of patient mortality (Musy et al., 2021).

Spreitzer et al. (2005) suggest that healthcare organizations may be better able to reduce costs and absenteeism with a greater understanding of their employees' workplace thriving. Also, thriving individuals could potentially help to better the workplace environment through more positive relationships between co-workers, as one of the by-products of individual thriving is greater positive relationships with co-workers (Spreitzer et al., 2005). Positive relationships at work could help to create a culture of support between employees and belonging, creating healthier work environments. A sense of belonging, wherein one feels valued, accepted by, and

in harmony with the group, is foundational for learning and developing competence at work (Levett-Jones & Lathlean, 2009). Healthier work environments are one of the greatest ways to increase not only NGN but all nurse retention (Ahmed & Bourgeault, 2022; Boamah & Laschinger, 2016; Cao et al., 2021; Faubert, 2024; Gellner et al., 2023). As thriving individuals have the potential to improve the work environment, healthy work environments can also promote greater individual thriving (Spreitzer et al., 2005). When organizations value their employees' decisions and autonomy, as well as share information regarding greater organizational vision with them, employees tend to respond with agentic behaviors which promote greater thriving (Spreitzer et al., 2005). Given the potential to create and support healthier work environments and NGN retention, gaining an understanding of NGN thriving is a worthwhile line of inquiry.

Theoretical Framework

Meleis et al.'s (2000) transitions theory guided this study. Transitions theory is a middle-range theory (Meleis et al., 2000) that describes the transition process and includes transition types and patterns, transition experience properties, transition conditions, process and outcome indicators as well as nursing therapeutics. The goal of transitions theory is to better understand the transition process, so that individuals may be well supported and may be as healthy as possible (McEwen & Wills, 2023; Meleis, 2015).

Transitions theory is well suited as the chosen theoretical framework due to its presentation of transitions as complex processes with non-linear steps, the theory's generality, and its non-prescriptive timeframe. Transitions theory has already been successfully used as a theoretical framework in studies exploring NGNs (Wildermuth et al., 2020) and Meleis (2015) used the example of NGNs starting work as an example of a transition in one of her writings.

Transitions theory has also been used when studying new nursing students (Hughes et al., 2020), as well as new nurse managers (Pilat & Merriam, 2019). It is advantageous that transitions theory is broadly adaptable to various contexts. The only variables necessary for use of the theory is an individual and some sort of change which acts as the catalyst for the transition process. Meleis (2015) acknowledged transitions theory's broad application and encouraged the theory's use in various contexts and with a variety of populations.

The focus of the theory is on transition, which is defined by Meleis (2010) as “a passage from one fairly stable state to another fairly stable state, and it is a process triggered by a change,” (p. 11). This definition highlights transition theory's suitability for exploring NGN thriving, as NGNs are going through a transition period by virtue of shifting from being a student to becoming a practicing professional. Transitions theory includes four components: nature of transitions, transition conditions, patterns of response, and interventions (Meleis, 2015; Meleis et al., 2000).

Nature of Transitions

Meleis et al. (2000) break down the nature of transitions into three different transition descriptors. These descriptors are the transition types, the transition patterns, and the transition properties.

Types

Transitions theory describes four different types of transitions: developmental, health and illness, situational, and organizational transitions (Meleis et al., 2000). The transition of the NGN to the workplace would be classified as a situational transition, as it classifies a change in the environment as a situational change, such as shifting from being a nursing student in an educational environment to a working nurse in the healthcare system (Meleis, 2015).

An example of a developmental transition would be individuals becoming parents for the first time, individuals going through menopause, and the transition of aging (Meleis, 2010). A health and illness transition would include HIV infections, advanced cancer diagnosis, and weaning from mechanical ventilation (Meleis, 2010). Examples of organizational transitions involve changes to nurses' work environments including new leadership, new staffing patterns, and the introduction of new technology in the workplace (Meleis, 2010, 2015).

Patterns

Transitions are complex and at any given moment individuals may be going through multiple transitions at a time (Schumacher & Meleis, 1994). With this in mind, transitions theory describes multiple possible patterns of transitions including single, multiple, sequential, simultaneous, related, and unrelated transitions (Meleis et al., 2000). For example, an NGN could be experiencing the situational transition of becoming a practicing nurse as well as the situational transition of moving to a new city. This would mean that this NGN was experiencing simultaneous and related transitions as these transitions are happening at the same time and these transitions influence each other.

Properties

The essential properties of transitions include individual awareness of the transition, engagement, change and difference, time span, and critical points (Meleis et al., 2000). Meleis (2015) revised the theory and added another property, that of disconnectedness. Disconnectedness was added as it was noted that due to the change event in the individual's life, a sense of security is taken away and individuals feel disconnected from their previous state of being (Meleis, 2015). As well, the properties of change and difference, and engagement were combined and simply re-named process (Meleis, 2015). Therefore, the updated list of transition

properties include time span, process, disconnectedness, awareness, and critical points (Meleis, 2015). An example of a potential transition critical point would be an NGN either passing or failing their NCLEX, as this would strongly affect their ongoing transition in either a positive or negative way.

Transition Conditions

Transition conditions are the facilitators and inhibitors that affect the transition process and outcomes. These include personal, community and societal conditions (Meleis et al., 2000). Personal conditions include meanings, cultural beliefs and attitudes, socioeconomic status, and preparation and knowledge (Meleis et al., 2000). It is important to note that Meleis (2015) eventually added a fourth transition condition, global conditions. These include policies and mandates that are created by various organizations that may have an effect on a specific transition (Meleis, 2015). A provided example of this was how global policies and resources affected the transition experience of individuals newly diagnosed with HIV (Meleis, 2015). An example of a socioeconomic status condition would be an NGN who graduates with large student loan debt and must therefore immediately work full-time hours instead of having the option to ease themselves into the role of practicing nurse by starting work with a lower EFT. An example of a community condition would be the presence or absence of a strong network of family and friends surrounding the NGN.

Patterns of Response

Patterns of response are divided into two sections, transition process indicators and transition outcome indicators (Meleis et al., 2000).

Process Indicators

Process indicators include engaging, locating and being situated, seeking and receiving support, and acquiring confidence (Meleis, 2015). For NGNs, a process indicator could be seeking and receiving support from their co-workers and their leadership team. Locating and being situated could potentially involve NGNs feeling a sense of belonging in their work environment as well as a sense of safety.

Outcome Indicators

Meleis (2015) notes that unlike the noticeable catalyst of change that begins a transition, the end point is much more fluid and varies based on the individual transition. Transition outcome indicators include mastery, fluid and integrative identities, resourcefulness, healthy interaction, and perceived well-being (Meleis, 2015). An example of mastery could be NGNs who demonstrate proficiency and competence as practicing nurses. Healthy interactions could be NGNs who are able to advocate for themselves and their patients with their charge nurse in a calm and professional manner.

Interventions

Transitions theory includes a section on interventions which nurses may use to promote healthier behaviors in individuals (Meleis, 2015). These interventions include clarifying roles, competencies, and meanings, identifying milestones, mobilizing support, and debriefing (Meleis, 2015). This intervention component was previously named nursing therapeutics (Meleis et al., 2000).

Summary of Theoretical Framework

Transitions theory provides a meaningful theoretical framework to guide this study. Transitions theory acknowledges the non-linear and non-prescriptive way that individuals

experience transitions in their lives. Transitions theory also offers valuable methods to understand transitions, assess for progress, and potentially intervene to improve individuals' health. These features, along with transitions theory's previous success as a theoretical framework in similar populations and contexts demonstrate transitions theory's appropriateness as the chosen theoretical framework.

Chapter Summary

Given its potential impact on improving NGN retention and the overall quality of patient care, NGN thriving is a decidedly worthwhile area of study. When considering the relatively limited amount of available literature studying this phenomenon, the aim of this study was to add a vital and different perspective to the existing literature on the workplace experiences of NGNs. In this chapter we reviewed the study's purpose, research questions, definitions, significance, and theoretical framework. Within the next chapter, a review of the literature will be presented to better situate this study, provide valuable background, and further support the rationale for this study.

Chapter 2: Review of the Literature

A literature review allows researchers to examine and assess what is already known about a phenomenon prior to data collection (Polit & Beck, 2021). A well-executed literature review is an important step to ensure well designed and thoughtful research projects. This chapter will firstly review the applied search strategy, offer some background surrounding the nursing shortage and nurse retention, positive organizational scholarship and thriving, and NGN transitions before reviewing what is known about NGN and nurse thriving, and summarizing the findings.

Search Strategy

The search strategy for this literature review on NGN thriving was devised with the help of the Health Sciences librarian at the University of Manitoba. Chosen keywords included “new nurses”, “new graduate nurses”, “novice nurses”, “newly qualified nurses”, “newly graduated nurses”, “newly qualified registered nurses”, “young nurses”, “new registered nurses”, “early career nurses”, and “nurse trainee”. Subject headings were also used including “novice nurses”, “new graduate nurses”, and “new graduates”. These search terms were then combined with “thriv*”, “flourish”, “succeed”, “grow”, “prosper”, and “blossom”. This search was done in three separate databases: CINAHL, Scopus, and PubMed. Article abstracts were reviewed for pertinence as many articles focusing on NGNs tend to use phrases such as “to thrive and not just survive” or “failure to thrive” or just the words thrive or thriving in the abstract without studying thriving as a concept. As there was limited literature that explored thriving in NGNs, no year limits were placed on the search. Given the limited amount of applicable research found using this search strategy, cited reference searches were also completed. Cited reference searches were done using Dames' (2019a, 2019b, 2019c) work as well as Spreitzer et al.'s (2005) work as this is

the source of this study's chosen definition of thriving. Finally, given the small amount of research focused on NGN thriving, the search was expanded to include articles that focused on nurse thriving, using the search terms "nurs*" combined with "thriv*". Reference lists from NGN and nurse thriving articles were then hand searched for other relevant cited works as well as frequently cited works on thriving in the field of organizational psychology. This was done as the field of organizational psychology has academically established the concept of thriving at work and a thorough understanding of these seminal works is important for a complete understanding of the phenomenon (Moloney et al., 2020).

Ultimately, five articles were found which specifically addressed NGN thriving (Dames, 2019a, 2019b, 2019c; Högstädt et al., 2024; Satchell & Jacobs, 2024a). Another five were found specifically studying nurse thriving (Engström et al., 2025; Jackson, 2022; Moloney et al., 2020, 2024; Zhai et al., 2023). Often cited studies focusing on employee thriving from the field of organizational psychology were included to add to the understanding of thriving (Abid & Contreras, 2022; Goh et al., 2022; Kleine et al., 2019; Porath et al., 2012; Spreitzer et al., 2005; Walumbwa et al., 2018). Lastly, purposively selected literature from the extensive literature on NGN transitions was included to provide further perspective on thriving as an NGN. This additional knowledge allows us to better understand NGNs and to understand the various nuances that may affect their ability to thrive.

Background

General employee well-being is an important factor for overall organizational well-being and is linked to both employee turnover and general employee performance (Page & Vella-Brodrick, 2009). Employee turnover is an important area for organizations to investigate, due to its significant cost to organizations (Page & Vella-Brodrick, 2009). Employee thriving has been

found to increase employee health as well as the overall performance of an organization (Kleine et al., 2019; Moloney et al., 2024; Porath et al., 2012; Walumbwa et al., 2018). Nurse thriving increases the likelihood of nurse retention, something which is vital for the long-term health of healthcare organizations (Walumbwa et al., 2018). Nurse thriving is not only beneficial for nurses and health care organizations; it is also beneficial for patients as they are more likely to receive greater quality care from thriving nurses (Zhai et al., 2023).

Although nurse thriving is emerging as a more recent research topic, the majority of literature focusing on workplace thriving is published within the business field (Abid & Contreras, 2022). In nursing, burnout remains the dominant concept regarding well-being in the workplace (Jackson, 2022). For NGNs, there has been an abundance of literature focusing on their transitions and challenges, and less so on positive states such as thriving. Further background will be reviewed by briefly discussing the nursing shortage prior to examining positive organizational scholarship and thriving, and NGN transitions.

The Nursing Shortage and Retention

In Canada, 94% of nurses show signs of burnout and over half of the current nursing workforce desires to change jobs in the next year (Ahmed & Bourgeault, 2022). Nurses feel discouraged and frustrated, as they cannot provide the quality of care they think their patients deserve (Ahmed & Bourgeault, 2022; Chan et al., 2013; Steege & Rainbow, 2017). These current working conditions can be attributed to various factors including staff shortages, workplace violence, unhealthy and toxic work environments, increased mandatory overtime, excessive workloads, and lack of supportive leadership (Ahmed & Bourgeault, 2022; Boamah, 2022). These various factors predate the pandemic and have unfortunately, and unsurprisingly, worsened since the COVID-19 pandemic (Ahmed & Bourgeault, 2022). A nursing shortage was

already being predicted prior to the pandemic, given an aging general population which requires more complex care, an aging nurse population, demanding physical and emotional work, as well as ongoing continued education and professional requirements (Labrague et al., 2020; Marcé et al., 2019).

According to Statistics Canada (2023), within the first quarter of 2023, registered nurse and registered psychiatric nurse job vacancies increased by 24% compared with the first quarter of 2022. Within Canada's labour market, nursing has seen the greatest numerical increase in vacancies, and approximately 30% of nurses report working overtime (Statistics Canada, 2023). In 2021, about one third of Canadian nurses surveyed indicated that they were planning to stay in their current job for less than three years (Statistics Canada, 2023). Nurses cited job stress, concerns about well-being, and lack of job satisfaction as the main reasons for planning to leave their current work (Statistics Canada, 2023). Furthermore, in 2024, nursing students surveyed were found to already be worried about burnout and excessive workloads (Canadian Federation of Nurses Unions & Canadian Nursing Students' Association, 2024).

Considering the current nursing shortage, along with the organizational costs of orientating and training NGNs, it is important to have a specific focus on NGN retention. Even though the nursing shortage is felt by all nurses, a focus on NGNs is worthwhile, given their role in shaping the future of the nursing profession (Duchscher & Corneau, 2023b). Moreover, given the burden of the pandemic and its role in increasing senior nurse attrition through early retirements, the need for more NGNs is immediate (Duchscher & Corneau, 2023a). NGNs already face an uphill battle due to staff shortages, mandatory overtime, excessive workloads, and unsupportive work environments (Ahmed & Bourgeault, 2022; Boamah, 2022). Given the nursing shortage, NGNs may have less tolerance for staying in difficult and demanding work

environments, as they are aware of an abundance of choice for jobs within the nursing profession (Brewer et al., 2012; Drennan & Ross, 2019). As previously noted, in Canada the number of young nurses leaving the profession has worsened in all but three Canadian provinces (Faubert, 2024). This statistic does not account for the many NGNs who will leave their current workplace for other work within the field of nursing, only those who leave the profession entirely. Frequent workplace changes, even within the field of nursing contribute to increased organizational costs (Gellner et al., 2023). It is important to note that, “the cycle of stress, dissatisfaction, and turnover affects both new graduates and more experienced nurses who find themselves in a continual cycle of orienting and turnover. This cycle contributes to experienced nurses' stress and burnout, exacerbating the broader problem” (Gellner et al., 2023, p. 350).

Positive Organizational Scholarship and Thriving

This study's chosen definition of thriving comes from Spreitzer et al.'s (2005) work in which they created a model exploring thriving at work, the “Socially Embedded Model of Thriving at Work.” Thriving is defined as “the psychological state in which individuals experience both a sense of vitality and a sense of learning at work” (Spreitzer et al., 2005, p. 538). Abid and Contreras (2022) mapped the concept of thriving at work and found that this definition is the most frequently used in the literature and that Spreitzer is the most referenced and influential author within this field of study. After Porath et al. (2012) published their work on the creation of the thriving at work scale (of which Spreitzer is a co-author), there was a sharp increase in published works focusing on workplace thriving using quantitative research methods, further increasing the interest in workplace thriving research (Goh et al., 2022).

Spreitzer et al.'s (2005) work falls within the domain of positive organizational scholarship, a field of study which focuses on positive outcomes within organizations which

shape both individual and organizational flourishing (Cameron et al., 2003; Warren et al., 2017). Positive organizational scholarship falls under the umbrella of organizational sciences and was inspired by the positive psychology movement (Warren et al., 2017). Positive organizational scholarship “examines positive phenomena within organizations as well as positive organizational contexts themselves” (Cameron et al., 2003, p. 5). The domain of positive organizational scholarship does not represent any one specific theory but focuses simply on positive workplace dynamics (Cameron et al., 2003). Positive organizational scholarship is seen to add to the field of organizational science by helping to assess organizations more holistically (Caza & Caza, 2008). Organizational science tends to be based on a deficit model, where more often researchers focus on negative phenomena and outcomes, with the goal of lessening suffering (Caza & Caza, 2008). Positive organizational scholarship helps to expand the ideas of favorable organizational outcomes, allowing researchers to gain a greater and more holistic understanding of organizational contexts and phenomena (Caza & Caza, 2008). Positive organizational scholarship provides a reminder that both the lessening of negative outcomes and the increasing of positive outcomes is important (Caza & Caza, 2008). It is similar within the health sciences, where there is often a focus on decreasing illness. However, being healthy does not simply mean to lack illness, it is something with greater nuance (Caza & Caza, 2008). Jackson's (2022) qualitative interview study with critical care and emergency room nurses highlighted this lack of knowledge regarding positive states well, as nurses could not identify themselves as thriving, they simply referred to themselves as “not burnt out.” Thriving in the workplace is not simply the opposite of feeling burnt-out, thriving means feeling energized and continuing to learn in positive and valuable ways (Spreitzer et al., 2005).

Newly Graduated Nurses' Transitions

In Canada, the preparation of NGNs for the workplace has gone through large scale changes. The reality of baccalaureate preparation for nurses' entry into practice, instead of hospital-based education, did not fully become a reality until 2007 (Pijl-Zieber et al., 2014). Effects of these changes can still be felt in the workplace when senior nurses lament that NGNs are not ready for the realities of the workplace in the same way they were when they themselves graduated. Indeed, seminal work studying NGNs during this period of transition lead to the creation of the term "reality shock" by Kramer (1974). Duchscher (2009) then further elaborated on Kramer's work by focusing on transition shock, which they describe as the most stressful stage of the transition from the academic environment to the intimidating environment of the nursing workplace. Of course, this transition has been negatively affected by the nursing shortage and the recent COVID-19 pandemic, making this already turbulent time of transition for NGNs even more challenging and complex. Edwards-Maddox (2023) found that feelings of burnout were the highest between the first two years of nursing practice and that NGNs are entering the workforce with less mentorship, less clinical practice experience, and higher patient acuity.

When examining the literature on NGNs' experiences transitioning to the workplace, there is often mention of the importance of both the work environment, and their co-workers' support to help NGNs transition to the workplace in healthy ways. Bae (2023) completed a systematic review of the literature looking at the factors which predict actual turnover of NGNs in hospitals. Support from co-workers was significant in predicting if NGNs would leave their current positions (Bae, 2023). Baharum et al. (2023) conducted a scoping review looking at the factors which affect NGNs' adaptation to their work environments and found that the main

factors affecting adaptation were primarily social. NGNs felt that they could survive in their challenging work environments so long as they had the support of their co-workers (Baharum et al., 2023). Chachula et al. (2023) conducted a constructivist grounded theory study in Canada and found that positive mentorship was imperative in helping to ease NGNs' transition experiences. Feeg et al. (2022) conducted a secondary analysis on an NGN survey conducted in the United States between six- and twelve-months post-grad. They found that participants who reported having a mentor at work were less stressed and more confident (Feeg et al., 2022). Cao et al. (2021) found that healthy work environments predicted NGNs' transition shock which in turn was a significant predictor for turnover intention. The healthier the work environment, the more supported NGNs felt in their transitions to the workplace (Gellner et al., 2023).

NGNs also highlighted that they felt their education played a part in their workplace transitions. Much of the literature highlights that although NGNs felt prepared theoretically, they were still unaware of many of the realities of the workplace when starting out. Pijl-Zieber et al. (2015) performed a gap analysis looking at the desired and the observed nursing competencies of nursing students. They found that nursing students felt unprepared by their education for their upcoming work in the field as NGNs (Pijl-Zieber et al., 2015). Baharum et al. (2023) noted that NGN participants thought they had difficulty integrating their theoretical nursing knowledge with their clinical practice as nurses. Feng and Tsai (2012) found that NGN participants felt frustrated when starting work, feeling that the role they had idolized as nursing students was not the reality of the nursing role in the workplace. Similarly, Gautam et al. (2023) completed a qualitative descriptive study in Nepal with NGNs and found that NGN participants thought they were unprepared to work. NGN participants in Graf et al.'s (2021) study expressed feeling unprepared for work after graduation. Participants in Prosen and Ličen's (2023) study expressed

that even in their clinical experiences prior to graduating, they were not aware of all the tasks that nurses must complete.

A large portion of the literature focusing on NGNs' transition experiences focuses on various transition programs and their potential to help NGNs. However, Aldosari et al. (2021) conducted a scoping review and noted that the evidence for the use of nurse transition programs was inconsistent and weak. There is no consensus surrounding which factors transition programs require to be most effective for NGNs. In fact, the format, length, and content of transition programs is seldomly discussed in detail. However, it seems that any well-organized program focused specifically on NGN transition will have positive impacts on NGNs no matter the format, length or content (Edwards et al., 2015).

All the reviewed literature which looked at NGNs' transition experiences noted that this transition period remains difficult and full of challenges. This reality warrants ongoing efforts to better improve NGN transitions as healthy NGN transitions have been associated with both greater job satisfaction and increased retention (Prosen & Ličen, 2023; Tastan et al., 2013). The focus should be on helping NGNs build positive coping strategies and encourage healthy coping behaviors as this was associated with better and less stressful transition processes (Baharum et al., 2023; Feng & Tsai, 2012; Tastan et al., 2013). Given this challenging period of transition, a focus on NGN thriving could offer important insights to better help NGNs complete this transition in a healthy way.

Newly Graduated Nurses' Thriving

Thriving behaviors are both enabled by the individual's workplace environment and their own personal resources (Spreitzer et al., 2005). What is known regarding NGN thriving is presented by discussing intrinsic and extrinsic factors which have been found to affect nurse thriving in the workplace. Intrinsic factors contain three sub-categories: life experience, ongoing learning, and self-care. Extrinsic factors contain three sub-categories: relationships, leadership, and work environment. Further research regarding NGN transitions will be integrated to support understanding of the NGN population.

Intrinsic Factors

Personal attributes influence workplace thriving for both nurses and employees in general. These intrinsic factors are further categorized as: life experience, ongoing learning, and self-care.

Life Experience

Previous life experiences influenced individual thriving in multitudes of ways. These included individuals' ages, previous work experiences, education, and access to positive states.

Dames (2019a) used a "basic qualitative research approach" to recruit and interview 8 Canadian novice nurses 3 times each to gain an understanding of how life experiences may help or hinder their workplace thriving. Of note, Dames (2019a, 2019b, 2019c) is the only author in this literature review to not use Spreitzer's definition of thriving. In Dames' (2019a, 2019b, 2019c) work, thriving and self-actualizing are used interchangeably. They use these terms to illustrate "one's ability to authentically connect and be guided by meaning and purpose in their work" (Dames, 2019c, p. 567). Regarding life experiences, Dames's (2019a) older NGN participants tended to be better able to thrive, and those who felt they were able to thrive in their

personal lives outside of work were better able to engage in behaviors which would promote their thriving in the work environment. Based on the same data, Dames' (2019c) provided further analysis focused specifically on how workplace contexts can help or hinder NGN thriving. NGN participants were noted to be better able to thrive if they gained self-esteem and confidence from other roles in their personal lives (Dames, 2019c).

Högstedt et al. (2024) used a longitudinal descriptive correlational design with a mixed-methods convergent approach to study thriving and stress in both domestically and internationally educated nurses in Sweden. Data were collected at the time of graduation or completion of a bridging program and again at three- and twelve-months post obtaining their Swedish nursing license (Högstedt et al., 2024). The number of months working as a nurse in Sweden was found to be statistically significant for increasing thriving at work (Högstedt et al., 2024). As well, those who had been domestically educated were found to have higher levels of thriving compared with their internationally educated counterparts at the one-year mark post obtaining their Swedish nursing licence (Högstedt et al., 2024). Previous education also played a part in Dames' (2019b) study which focused on how the undergraduate experience potentially affected NGN thriving. This was part of the same basic qualitative research approach where Canadian NGNs were interviewed three separate times (Dames, 2019b). Dames (2019b) found that the undergraduate experience had lasting effects on NGN thriving. NGN participants described being advised to do their senior practicums on general medicine and surgery units (Dames, 2019b). For some, this advice was helpful, but for others, it failed to take into account their personalities and their personal preferences (Dames, 2019b). Due to the perceived pressure of following faculty members' advice, some NGNs had more difficulty thriving as their work environments were not aligned to their strengths and personal preferences (Dames, 2019b).

Satchell and Jacobs (2024a) conducted a qualitative descriptive study with NGNs in New Zealand looking at which factors affected their thriving in the workplace. Finding positive meaning in their work caring for others was found to help NGNs thrive and was a protective factor for career retention (Satchell & Jacobs, 2024a). However, the NGNs in Satchell and Jacobs' (2024a) study described that low pay decreased their feelings of positive meaning within their work and therefore decreased their ability to thrive. The nurses in Jackson's (2022) study were found to be better able to thrive if they had a positive outlook on their work. Jackson (2022) used a qualitative interview study to explore critical care and emergency room nurses' experiences with thriving in the workplace. These nurses found that their knowledge and expertise, built over the years from their experience working in their departments also helped them to better thrive in the workplace (Jackson, 2022). Walumbwa et al. (2018) conducted a multilevel investigation examining the contextual and individual factors which facilitate thriving in public servant employees in Indonesia. Positive core self-evaluations, meaning positive individual self-assessments were found to increase individual thriving (Walumbwa et al., 2018).

Another positive state which affected NGN thriving was congruence (Dames, 2019a). Congruence is described as a match between an individual's real and ideal self (Dames, 2019a). Dames (2019a) found that the more NGNs felt congruence between their real selves and their ideal selves, the more they were able to thrive and navigate stressful workplace environments or scenarios. Lack of NGN congruence was found to hinder workplace thriving (Dames, 2019a). The types of shifts, scheduling, and care settings also played a role in helping or hindering thriving (Dames, 2019a). NGNs who classified themselves as being introverted found that twelve-hour shifts filled with social interactions were very draining (Dames, 2019a). However,

NGNs who were able to advocate for their breaks and take them away from their high stimulus workplaces were better able to mitigate this factor (Dames, 2019a).

In reviewing the NGN transitions literature, similar themes were also noted regarding the importance of individual's life experiences. Cao et al. (2021) conducted a cross-sectional survey study in China looking at turnover intentions of NGNs. They found that NGNs reported less transition shock if they had greater support from their families, friends, and colleagues (Cao et al., 2021). Koskinen et al. (2023) completed a cross-sectional study in Europe looking at what factors within nursing education are associated with NGNs' work satisfaction. They found that the older NGNs tended to be better satisfied with their work as nurses than their younger NGN peers (Koskinen et al., 2023). Edwards-Maddox (2023) completed a scoping review looking at the prevalence of impostor phenomenon and burnout in NGNs. They found that rates of burnout among NGNs were increased if they had certain risk factors, one of which was younger age (Edwards-Maddox, 2023).

Regarding the effects of undergraduate education, Duchscher (2009) and Duchscher et al. (2021) similarly found that NGNs were frustrated with not being able to practice in the workplace using their taught principles of proper nursing care during their entry-level program. In Baharum et al.'s (2023) scoping review, NGNs felt that their nursing education did not adequately prepare them for work. Sterner et al. (2023) used a cross-sectional survey study design to look at Swedish NGNs' perceptions of their transitions as well as their expectations of their mandatory transition programs. They found that only 55% of NGN participants felt that their education had prepared them for the practical aspects of nursing (Sterner et al., 2023).

Ongoing Learning

Given thriving is defined as an individual state that combines ongoing learning and vitality, it makes sense that some of the literature surrounding thriving mentioned ongoing learning as an important factor for workplace thriving. Satchell and Jacobs' (2024a) NGN participants found that their thriving increased when given opportunities to continue to learn and grow in the workplace. NGNs' learning was mostly informal and taught by their colleagues in the workplace using hands-on approaches (Satchell & Jacobs, 2024a). Participants stated they were planning on leaving current work positions if they felt they had stopped learning at work (Satchell & Jacobs, 2024a). Participants in Högstedt et al.'s (2024) study in Sweden also noted that having opportunities to continue to learn and apply their nursing competencies better increased their thriving.

Moloney et al. (2024) conducted a mixed-methods sequential explanatory research study with primary care nurses with the aim of creating recommendations for managers to better support their thriving. Interestingly, increased learning in this group actually increased burnout (Moloney et al., 2024). However, primary care nurses mentioned that they wished for more professional development opportunities (Moloney et al., 2024). This contradiction was partially explained by the fact that the studied primary care nurses' learning at work was in the absence of vitality (Moloney et al., 2024). These primary care nurses faced barriers to attend professional development sessions due to lack of staffing and lack of accessible funds, increasing their stress related to pursuing ongoing learning and professional development opportunities (Moloney et al., 2024). Zhai et al. (2023) completed a cross-sectional research design in China with frontline nurses looking at how various factors affected their thriving. They similarly noted levels of exhaustion in nurses when they were learning without the presence of vitality (Zhai et al., 2023).

Self-Care

Self-care and self-compassion behaviors were found to help NGNs thrive in the workplace. NGNs who practiced self-compassion and engaged in self-care behaviors were more likely to thrive in Dames' (2019c) study. NGNs who were self-compassionate could better see the big picture when mistakes happened or when there were particularly tough situations at work (Dames, 2019c). Instead of falling into patterns of negative self-talk or self-destructive thoughts, they could accept that many factors play into difficult situations, including the work environment, the workload, their colleagues etc. and therefore did not place blame solely on themselves (Dames, 2019c).

NGNs who suffered from lack of sleep and who had work schedules which did not allow sufficient time to recoup struggled to thrive (Dames, 2019c). Work schedules which promoted rest and gave NGNs opportunities to recuperate helped them to better thrive at work (Dames, 2019c). In Dames' (2019b) study focusing on the undergraduate factors which affect thriving, NGNs felt that although the importance of self-care was often discussed in their undergraduate education, it often felt like their respective programs did not allow for or model adequate self-care. NGNs described having to learn how to be able to administer low-priority medications late, in order to prioritize their breaks as a form of self-care in the workplace (Dames, 2019b). However, this would have been frowned upon and not have been taught in their clinical practice courses as nursing students (Dames, 2019b).

NGNs in Satchell and Jacobs' (2024a) study highlighted the negative impacts of working shifts and particularly the toll it took on them physically. This affected their ability to practice adequate self-care and also negatively affected their personal lives (Satchell & Jacobs, 2024a).

Regarding the NGN transitions literature, barriers which prevented proper self-care had a negative effect on NGN retention. Bae (2023) conducted a systematic review of the literature looking at factors which predict actual turnover of NGNs in hospitals. They found that sleep disturbances strongly affected NGN turnover (Bae, 2023). Tastan et al. (2013) completed a descriptive, cross-sectional study of NGNs in Turkey looking at the factors which affect NGNs transitions and found that longer work hours affected NGNs' intentions to quit.

Extrinsic Factors

Extrinsic factors which affected NGN, nurse, and general employee thriving included their workplace relationships, leadership, and work environment. Kleine et al. (2019) completed a meta-analysis of thriving in the workplace and noted the importance of all three. Positive relationships with co-workers, supervisors, and organizations in general all increased individual thriving in the workplace (Kleine et al., 2019).

Relationships

NGNs have been found to be better able to thrive and adapt to their workplaces by either having a mentor or by feeling supported by their co-workers. One of the key factors for creating individual and organizational thriving is positive and quality relationships between employees (Warren et al., 2017).

NGNs who felt they had a mentor at work who supported them and advocated for them were better able to thrive (Dames, 2019c). When NGNs felt that they belonged to a team and felt supported by their nurse colleagues, they were in turn able to ask questions or ask for help when needed, making their workday less stressful (Dames, 2019c). Conversely, co-worker hostility was noted to be a hindering factor for NGN thriving, especially as they felt they lacked authority in the workplace (Dames, 2019c). Satchell and Jacobs (2024a) found that NGNs in New Zealand

reported higher levels of thriving when they had positive relationships with their co-workers. Positive relationships with co-workers which focused on cooperation and support, and reduced criticism helped NGNs thrive in Sweden (Högstedt et al., 2024). For critical care and emergency room nurses, collegial relationships were imperative for workplace thriving (Jackson, 2022). Positive relationships with co-workers offered nurses a feeling of safety and offered them more opportunities to continue learning, both contributing to greater thriving (Jackson, 2022). Moloney et al. (2020) completed an integrative literature review examining which organizational factors have been noted to help hospital nurses thrive. Positive relationships with co-workers were found to support nurse thriving throughout the literature (Moloney et al., 2020).

The NGN transition literature also highlights the importance of healthy workplace relationships. Bae (2023) found that NGNs who felt supported by their co-workers was a significant factor in predicting NGN turnover in hospitals. Within the Canadian Federation of Nurses Unions and Canadian Nursing Students' Association' (2024) survey, most nursing students indicated they would like a mentor to assist them in transitioning to the profession. NGNs relied on the support and mentorship of more senior nurse co-workers to perform their work well (Canadian Federation of Nurses Unions, 2022). Praise and positive feedback from co-workers was found to benefit NGNs to better adapt to their work environments (Baharum et al., 2023; Chachula et al., 2023; Ellerton & Gregor, 2003). Boamah and Laschinger (2016) found that praise and a sense of community at work decreased the chances of NGNs developing burnout. NGNs who reported having a mentor at work were less stressed and felt more confident (Feeg et al., 2022). NGNs expressed that professional socialization with their peers was important to them and that they generally had the expectation of feeling a sense of belonging in their workplaces (Tastan et al., 2013).

Leadership

Various factors related to leadership in the workplace were found to affect individuals' thriving. The participants in Högstedt et al.'s (2024) study found that positive feedback and perceived trust from their managers as well as their colleagues helped to increase their thriving at work. Moloney et al.'s (2024) primary care nurses found that empowering leadership increased their workplace thriving. They identified nine key areas for management to focus on in order to increase their thriving (Moloney et al., 2024). These key areas included “communication, effective management, professional development, scope of practice, autonomy, effective orientation, reward and work-life balance,” (Moloney et al., 2024, p. 3821). Moloney et al.'s (2020) literature review highlighted that supportive management and empowering leadership helped to increase hospital nurses' thriving. Supportive management was also highlighted as a key component supporting thriving in critical care and emergency room nurses (Jackson, 2022). Engström et al. (2025) conducted a cross-sectional study with Swedish telephone nurses looking at thriving as a potential mediator between structural empowerment and various other outcomes. Empowering conditions, which included managerial support and transparency helped to support nurses' thriving (Engström et al., 2025). In Walumbwa et al.'s (2018) study looking at public servants' thriving, servant leaders who had a strong focus on the development of their employees fostered their employees' workplace thriving.

The NGN transitions literature also highlighted the importance of leadership. Managers were found to be able to aid NGNs by decreasing their stress and aiding their transitions through providing feedback, advice, and support (Lin et al., 2020; Sterner et al., 2023).

Work Environment

Various facets of the work environment were found to either help or hinder individuals' workplace thriving. NGNs in Högstedt et al.'s (2024) study described that positive workplaces where they felt included and supported, had adequate resources, and could continue to learn, improved their ability to thrive in the workplace. Primary care nurses in Moloney et al.'s (2024) study described being better able to thrive when working in supportive organizations. Perceived organizational support was found to increase primary care nurses' vitality at work, therefore enhancing their workplace thriving (Moloney et al., 2024). For hospital nurses, healthy workplaces with a culture of comradery and trust were highlighted as important to their thriving in Moloney et al.'s (2020) integrative review. Zhai et al.'s (2023) study found that positive workplace cultures influenced nurses' thriving at work positively by way of enhancing their work engagement. For critical care and emergency room nurses, units where they felt they were valued, trusted, and where information was shared regarding the workplace in general helped them to thrive (Jackson, 2022). In Walumbwa et al.'s (2018) study with public servants, workplaces that had some thriving individuals could further affect the unit to create more thriving individuals and therefore create a thriving work environment. Thriving work environments were found to better employees' health and performance (Walumbwa et al., 2018).

NGNs in Satchell and Jacobs' (2024a) study found that work environments with unmanageable workloads hindered their ability to thrive. In fact, negative work environments were found to be the greatest factor which hindered NGN thriving in their study (Satchell & Jacobs, 2024a). Redeployment, unmanageable workloads, and co-worker hostility were found to be the biggest factors which hindered NGNs' ability to thrive in Dames' (2019a) study. These extrinsic factors were found to affect NGNs to varying degrees based on their own intrinsic

strengths (Dames, 2019a). NGNs with greater social supports, positive childhood upbringings, and self-esteem from other roles in their lives could better weather the storm of hindering extrinsic factors (Dames, 2019a). Critical care and emergency room nurses noted that increased workloads and short staffing negatively affected their ability to thrive in the workplace (Jackson, 2022). They also found that ethical dilemmas and emotionally charged situations in the workplace further negatively affected their ability to thrive (Jackson, 2022).

Participants in Dames' (2019c) study thought they were not able to stand up for themselves due to the hierarchical structures of their workplaces. Work hierarchy structures could have the effect of preventing NGNs from advocating for themselves and could also lead to horizontal violence from their more senior colleagues (Dames, 2019c). This horizontal violence, along with highly reported physical violence from patients and visitors all contributed to NGNs feeling unsafe and hindering their ability to thrive (Dames, 2019c). As well, almost all NGN participants in Dames' (2019c) study were given full workloads immediately, which hindered their ability to thrive.

Thriving tends to happen more to individuals in workplaces where they feel heard, respected, understand their role within their organization, as well as possess a sense of autonomy (Spreitzer et al., 2005). Therefore, it is not surprising that co-worker hostility, unmanageable workloads, redeployment, and short staffing would decrease thriving. Thriving occurs more often when individuals feel connected to their co-workers and have a sense of their role within their organizations (Spreitzer et al., 2005). As well, “not meeting task requirements can lead to a sense of failure and feelings of helplessness, both of which can deplete one’s energy” (Spreitzer et al., 2005, p. 541). As thriving requires both vitality and a sense of learning, factors which deplete energy would therefore decrease the likelihood of thriving (Spreitzer et al., 2005). Not being able

to meet task requirements would be a frequent experience for those with unmanageable workloads.

The reviewed NGN transitions literature also highlighted the importance of healthy work environments. Cao et al. (2021) found that the absence of healthy work environments, including lack of supportive co-workers, predicted NGNs' transition shock which in turn was a significant predictor for turnover intention. Lin et al. (2020) conducted a longitudinal study in Taiwan looking at NGNs' stress and anxieties during a two-year residency program. Nurses' work-related stress was found to be affected by their workplace relationships, their hours and their workplaces' staffing (Lin et al., 2020). The importance of belonging to facilitate learning was also expressed by nursing students in relation to their clinical practice experiences (Levett-Jones & Lathlean, 2009).

Discussion

Generalizations regarding NGN thriving are difficult to make given the limited amount of literature focusing on the phenomenon. This underscores the appropriateness of conducting a qualitative descriptive study, as this research design is meant to help understand poorly understood phenomena (H. Kim et al., 2017; Willis et al., 2016). The reviewed literature exploring nurse and NGN workplace thriving featured five articles (Dames, 2019a, 2019b, 2019c; Jackson, 2022; Satchell & Jacobs, 2024a). Of these five article, three used the same data (Dames, 2019a, 2019b, 2019c). The remainder of the reviewed studies were either mixed methods or quantitative studies. This emphasizes the gap in understanding the experiences of NGN thriving using qualitative research methods.

Throughout the literature review, there was noted alignment between the NGN transitions and NGN thriving literature. This was notable when observing the factors which supported NGN

thriving and transitions theory's transition conditions. Transition conditions include personal, community, societal, and global conditions (Meleis, 2015; Meleis et al., 2000). There is alignment between these transition conditions and the intrinsic and extrinsic factors which affected NGNs throughout the literature. There was also alignment between the research on NGN and nurse thriving, and the workplace thriving literature from the field of organizational psychology. Abid and Contreras (2022) mapped the concept of thriving at work through the psychology and business literature and similarly noted that life experiences, ongoing learning through available resources, workplace relationships, leadership (specifically servant and transformational leadership), and positive work environments were all noted to be established antecedents of workplace thriving.

The literature review also highlighted the potential positive effects of thriving in the workplace on retention. There was considerable alignment between the factors which supported thriving and the factors which affected NGN turnover. This makes sense as individuals experiencing thriving are more likely to stay in their current jobs and are also more likely to continue to perpetuate behaviors and conditions that support their thriving (Goh et al., 2022).

Chapter Summary

This literature review provided a greater understanding of NGN thriving to support the proposed study. The review also validated the use of transitions theory as the proposed theoretical framework. A review of literature that included the nursing shortage, the domain of positive organizational scholarship and thriving, and NGN transitions provided context for an investigation about NGN thriving. Given the current nursing shortage, a focus on NGN retention by way of better understanding NGN thriving is decidedly worthwhile. The study's focus on

NGN thriving may provide insight into NGNs in Manitoba and could potentially contribute to improving NGN retention, one of the pillars to address in view of the nursing shortage.

Chapter 3: Methodology

This chapter will present the study's methodology. The study's research design, methods, means of establishing trustworthiness, ethical considerations, and dissemination plan will be described.

Research Design

A qualitative descriptive design was used for its suitability to describe and better understand the lived experiences of a poorly understood phenomenon (H. Kim et al., 2017; Willis et al., 2016). Since NGN thriving has been studied minimally, a qualitative descriptive design was well-suited to examine this phenomenon. This study used qualitative interviews to elicit narrative data about participants' experiences and perspectives. Data were then analyzed for patterns and themes to provide a description of the phenomenon (Willis et al., 2016). A qualitative descriptive design allowed for and encouraged use of participants' own language when discussing findings (H. Kim et al., 2017; Sandelowski, 2000).

Methods

Research methods are the specific strategies that align with the research design to achieve the purpose of the study. This section includes the sampling plan and sample, the recruitment strategies, the setting, the data collection methods, data treatment, and the approach to data analysis.

Sampling Plan and Sample

Ethical approval was granted by the University of Manitoba Research Ethics Board. Volunteer and snowball sampling were used to gain study participants once ethics approval was granted. Participants were recruited through purposive sampling to recruit participants who had

rich knowledge of the chosen phenomenon, a tenet of qualitative research studies (Polit & Beck, 2021).

Inclusion criteria for potential participants were as follows:

1. Currently registered as a Registered Nurse (RN) or a Registered Psychiatric Nurse (RPN).
2. Two years or less of experience working as a nurse in Manitoba.
3. During these 2 years of work has worked a 0.5 full-time equivalent (FTE) or greater.
4. Has experiences or views on thriving as an NGN.
5. Speaks and understands English.
6. Has access to a device to complete online interviews.

Inclusion criteria included RNs and RPNs and not LPNs (Licensed Practical Nurses) as most of the current NGN transitions and NGN thriving literature only includes RNs. As RNs and RPNs both require baccalaureate degrees, RPNs were also included in this study.

Recruitment

Recruitment of study participants was done using social media and the Manitoba Nurses' Union (MNU) newsletter. A digital poster was made and shared by the primary investigator on both Instagram and Facebook (see Appendix A). The MNU bi-weekly newsletter included an announcement stating that research study participants were needed and elaborated: "Are you an RN or RPN with 2 years or less experience? A nurse researcher from the University of Manitoba wants to hear about your experiences and perspectives on thriving in the workplace. Participants will take part in a one-on-one recorded interview. A small honorarium is provided. Click the button below to contact Nicole Prenovault to learn more".

Potential study participants were sent a letter of invitation (see Appendix B) to provide more information about the study when they emailed the primary investigator to express interest in participating or when they scanned the QR code on the recruitment poster. Between 8 to 12 participants was estimated to be enough to reach data saturation. Reviewed qualitative interview studies, which explored either NGN thriving or NGN transitions, had between 7 and 13 participants (Chachula et al., 2023; Dames, 2019a, 2019b, 2019c; Ellerton & Gregor, 2003; Feng & Tsai, 2012; Gautam et al., 2023; Satchell & Jacobs, 2024a). Therefore, estimating between 8 to 12 participants to reach data saturation was a reasonable starting point. In the end, 11 participants were included in the study. The deciding factor for sample size was data saturation, or the point at which new information was no longer discovered (Polit & Beck, 2021). This is an important part of qualitative descriptive studies as rich description is sought until similar themes are discovered and no new themes are found (Willis et al., 2016).

Setting

Once participants were identified to participate in the study, the option of meeting over Zoom or in-person was offered. All participants chose to have their interviews conducted over University-licensed Zoom. Offering participants the option to either choose an in-person or Zoom interview allowed this study to be accessible to NGNs outside of Winnipeg and allowed participants to feel more freedom surrounding their participation in the study. Zoom is a videoconferencing service which has the ability to securely record sessions, making it an ideal choice for secure data management (Archibald et al., 2019). Zoom is convenient, simple, and has been found to be a valid tool for conducting qualitative interviews (Archibald et al., 2019). When considering our participant population, it was noted that most likely all participants would already be familiar with Zoom as it would have been used during the pandemic in their

undergraduate nursing degree. Regardless, if participants would have liked to use Zoom but were not familiar with the technology, Zoom has been found to be generally user-friendly, making it an appropriate choice for a virtual interview option (Archibald et al., 2019). The primary investigator ensured that they had practiced and felt comfortable using the University-licensed Zoom software prior to beginning participant interviews.

Data Collection

Interviews were conducted one-on-one with participants using a semi-structured interview guide (see Appendix C). Semi-structured interviews were well-suited for this study, as they allow participants to speak openly and candidly, while still ensuring that all necessary topics are reviewed (Polit & Beck, 2021). Participants were asked about their views surrounding thriving in the workplace, their energy and engagement in the workplace, their views on learning in the workplace, and their thoughts on the capability of intrinsic and extrinsic factors to affect their ability to thrive in the workplace. Some of the semi-structured interview questions were adapted from Satchell and Jacobs' (2024b) semi-structured interview guide. Semi-structured interviews were scheduled with participants once they had been confirmed to be eligible for the study per the eligibility criteria, and once they had completed their consent form (see Appendix D).

Demographic data was collected at the start of the interviews to assist in data analysis and to help situate participants' experiences (see Appendix E for the demographic questionnaire). Participants were asked about their age, their gender identity, their area of work, how many months or years they had been working as a nurse, in which Canadian province or country they completed their nursing education, and any previous work experiences within healthcare.

At the start of each interview, brief social conversation was initiated to establish rapport between the primary investigator and the participant. Participants were reminded that the interview would be recorded using the University-licensed Zoom software and using a separate audio recording device (as a form of backup). Care was taken to ensure interviews were conducted within a timely manner, aiming for 60 minutes and no longer than 90 minutes. Ultimately, interviews ranged from 48 minutes to 71 minutes in length.

Field notes were taken by the primary investigator during and after participant interviews. Field notes contained the primary investigator's thoughts and reflections during participant interviews as a way to begin to understand the research data (Polit & Beck, 2021).

Role of the Researcher

An excellent qualitative researcher must be reflexive by nature (Polit & Beck, 2021). As Patnaik (2013) stated, "reflexivity acknowledges the role of the researcher as a participant in the process of knowledge construction and not merely an outsider-observer of a phenomenon" (p. 5). A reflexive researcher understands their personal history, values and potential biases so that they may be able to consistently focus on the research data and the research participants (Patnaik, 2013). The primary investigator ensured they were non-judgemental and intently listening during participant interviews so that they could better place participants at ease and ensure high quality data collection.

A reflexive journal, or reflexive diary, was kept throughout this study by the primary investigator, as this is a well-established strategy for ensuring ongoing reflexivity throughout a research project (Patnaik, 2013; Polit & Beck, 2021). Ensuring ongoing reflexivity at every stage of a research project contributes greatly to ensuring a trustworthy study (Patnaik, 2013). Journaling took place at various times during the research process. However, entries were

specifically planned for and completed after each significant activity including before and after participant interviews, during data analysis and after thesis chair or committee meetings (Amankwaa, 2016). As one of many steps to ensure ongoing reflexivity, the primary investigator created a positionality statement to situate themselves prior to commencing data collection.

Positionality Statement. It is important as researchers to be reflexive about our own specific viewpoints and life experiences when looking at our research (Charmaz, 2004). My interest in NGNs and their mental health began when I was myself an NGN. I struggled very much with my transition to the workplace and felt my education had let me down in some way. I felt shame and embarrassment because I felt that I was not able to measure up as a new nurse as I was supposed to. My work environments felt distant, like I did not belong and could not cut it as a nurse in my workplace. I know that many other NGNs struggled as I did. Conversely, I know that many other NGNs did not struggle in this same way. This NGN experience is now behind me, as I have worked as a registered nurse since 2017. I previously worked in acute care for 6 years before moving into my current work in primary care. I identify as a heterosexual Caucasian woman and am aware of the many privileges I have received throughout my life because of this. I acknowledge that my previous experiences as an NGN can be seen as both positive and negative. My previous experiences in the workplace have led me to this area of study and have made me passionate about NGNs. However, I will ensure I remain mindful of these experiences during this research project, as my focus needs to remain on participants' experiences and not my own.

Data Treatment

All interviews were transcribed verbatim using a third-party transcription service, Transcript Heroes. Ensuring transcription accuracy is an important step in ensuring quality data

treatment and analysis (Braun & Clarke, 2006; Polit & Beck, 2021). Therefore, transcripts were reviewed by the primary investigator after being received from the third-party transcription service to ensure accuracy and for further removal of any identifying data prior to commencing data analysis. All data was securely stored and accessible only by the primary investigator and thesis chair. Participants were asked prior to beginning recording to refrain from using identifiers such as their name, co-workers' names or workplace names. However, if any of these were mentioned, they were redacted from the interview transcripts by the primary investigator. As well, an oath of confidentiality was completed by the third-party transcriptionist as per the University of Manitoba's guidelines (University of Manitoba, 2024) (see Appendix F).

Data Analysis

Thematic analysis of the interview data was conducted so that rich and detailed descriptions of NGN thriving could be achieved (Braun & Clarke, 2006). According to Braun and Clarke (2006), "thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data," (p. 79). Thematic analysis allows for flexibility when analyzing data, as there is no specific theoretical or epistemological underpinnings which set a prescribed procedure for data analysis (Braun & Clarke, 2006). Also, thematic analysis is suitable for use by novice researchers as it is a straightforward data analysis method (Braun & Clarke, 2006). The primary investigator is a novice researcher; therefore, use of thematic analysis was appropriate.

Transcripts were first read through in their entirety several times before beginning coding. Field notes were also reviewed to add to data analysis as appropriate. Significant or noteworthy key words, passages, or concepts were highlighted initially (Polit & Beck, 2021). Preliminary codes were then created and compared throughout the data set for similarities and differences (Polit & Beck, 2021). Eventually, with ongoing reading of interview transcripts and

revisions to codes, categories were created, and patterns and themes were discovered. The primary investigator and thesis chair ensured there was agreement regarding emerging analysis for four of the twelve transcribed interviews. After this step, interviews and coding were shared at random between the primary investigator and the thesis chair to ensure trustworthiness. Once coding had been completed, themes were created and reviewed between the primary investigator and the thesis chair. Using research participants' own language where possible when describing themes and categories enhanced the trustworthiness of the findings to illuminate NGN thriving.

Means of Establishing Trustworthiness

A study's trustworthiness ultimately ensures a study's quality (Amankwaa, 2016). Trustworthiness is defined as "the degree of confidence qualitative researchers have in their data and analyses [...]" (Polit & Beck, 2021, p. 806). Lincoln and Guba (1985) developed four criteria for enhancing qualitative studies' trustworthiness: credibility, dependability, confirmability and transferability. They later added a fifth criteria, that of authenticity (Guba & Lincoln, 1994). These criteria for ensuring qualitative research quality and trustworthiness are one of the most often cited by qualitative researchers (Polit & Beck, 2021).

Credibility

According to Polit and Beck (2021), "credibility refers to confidence in the truth of the data and interpretations of them" (p. 569). To enhance the study's credibility, a thorough audit trail was kept including field notes, reflexive journals, raw data, and data coding. An audit trail is a collection of research documents and materials which would guide an individual not associated with the research in assessing a study's trustworthiness. Frequent debriefing between the primary investigator and the thesis chair also added to this study's credibility. Investigator triangulation was achieved by ensuring both the primary investigator and the thesis chair agreed with data

analysis decisions (Polit & Beck, 2021). The chosen research method, qualitative description, added to the study's credibility as well because it suited the study's goals and was used in a way that was typical for this methodology.

Dependability

Dependability in qualitative research means that other researchers should be able to replicate results when using similar participants in a similar context (Polit & Beck, 2021). Using more than one researcher to look at the data and confirm valid themes is an important part of qualitative description and contributed to the study's dependability (Willis et al., 2016). A thorough audit trail including field notes, journals, raw data, and data analysis documents also contributed to the study's dependability.

Confirmability

Confirmability in qualitative research means that other researchers should be able to come to the same conclusion about the collected data (Polit & Beck, 2021). The study should represent the voices of the participants, not the researcher (Polit & Beck, 2021). Maintaining a reflective journal helped the primary researcher with self-awareness and ensured analysis reflected participants' perspectives and experiences. Confirmability was enhanced by ensuring that the primary investigator clarified meanings with participants during semi-structured interviews when statements were potentially unclear. Confirmability was also enhanced by having the thesis chair assess the primary investigator's data coding and emerging data analysis to ensure any interpretation was reflected in the data.

Transferability

Transferability means that readers of a study's findings should be able to discern if the findings are relevant to other research settings or groups (Polit & Beck, 2021). Descriptions of

the phenomenon should be detailed to ensure transferability has been achieved (Polit & Beck, 2021). The study contained appropriate thick descriptions of the phenomenon when reporting findings, so that readers will be able to determine if the findings are applicable to other contexts. This therefore enhanced the study's transferability.

Authenticity

Authenticity in qualitative research means that the full range of the studied participants' life experiences has been represented in a study's findings (Polit & Beck, 2021). If a qualitative study is truly authentic, readers will find themselves compelled by the participants' experiences and will feel drawn into their lived experiences (Polit & Beck, 2021). Like the strategy for increasing transferability, thick descriptions of the phenomenon, along with the use of participants' own language when discussing the findings, increased the study's authenticity. Use of participant quotes throughout data analysis and recording of findings also increased authenticity.

Ethical Considerations

A well-constructed study requires thorough ethical considerations, as a study's ethics speak to its overall integrity (Connelly, 2016). To put it simply, researchers must "maximize benefits and minimize harms" (Polit & Beck, 2021, p. 133). When a study involves asking participants personal questions, and revisiting potentially difficult situations, the simple premise of minimizing harm becomes less straightforward (Polit & Beck, 2021). To aid in protecting research participants, a risk/benefit assessment of a proposed study can be a useful tool for ensuring the potential benefits outweigh the potential risks for participants (Polit & Beck, 2021). This risk/benefit assessment should be communicated to research participants as part of their written informed consent (Polit & Beck, 2021).

To ensure an accurate risk/assessment evaluation, a third party should be involved in assessing research plans (Polit & Beck, 2021). This is why research institutions have a Research Ethics Board, so that research participants are protected (Polit & Beck, 2021). Prior to commencing participant recruitment and after this thesis proposal was approved, approval from the University of Manitoba's Research Ethics Board was sought and granted (see Appendix G).

Potential Benefits

The main potential benefit for study participants was the opportunity to share their experiences with the primary investigator, a non-judgemental individual who was not involved in their workplace. Being given the space and time to thoroughly discuss potentially difficult situations could potentially help participants gain some perspective and clarity. It could also help to demonstrate to themselves how much progress they have accrued since graduating from their nursing program. Although not a direct benefit, another potential benefit for participating would be that participants' interview findings could potentially help future NGNs to better thrive in their workplaces. Participants were also offered an honorarium in the form of a \$50 Starbucks gift card as a way of thanking them for their time. According to Polit and Beck (2021), an honorarium between \$25 and \$75 is common and can help in recruiting participants, especially when their participation requires a fair amount of their time. Participants were also offered a summary of the study's findings if they indicated they wished to receive them on their informed consent form.

Potential Risks

The main potential risk for participants was the risk of psychological harm. Participating in this study could include revisiting difficult workplace situations, something which could be uncomfortable and overwhelming to discuss. To help mitigate this risk, the primary investigator

offered participants a list of mental health resources and NGN specific resources that were available to access if they so chose (see Appendix H). The primary investigator also reminded participants that they could choose to not answer any questions for any reason. They could do so without any repercussions and without need for justification. Another potential risk for participants was that the interviews ranged anywhere from 60 to 90 minutes and that this was time away from their regular activities. If a participant chose to have an in-person interview, costs including money for gas or for a ride could be incurred. However, even with these noted risks, this study was classified as being of minimal risk to participants, as the risks involved in participating in this study were no more than the risks involved in daily life (Polit & Beck, 2021).

Other Considerations

A written informed consent included the purpose of the study and an overview of what was entailed as part of participation (see Appendix D). Procedures for maintaining confidentiality of data and who had access, the right to withdraw at any time, and contact information for the UM Office of Human Research Ethics was also included. This information outlined for participants their rights and what was asked of them so that they could make an informed decision about participation, including their rights during the data collection process.

Dissemination of Findings

To communicate this study's findings, the primary researcher will take the lead on submitting this study to a peer-reviewed journal once it is completed and a successful thesis defense has been accomplished. As well, given this study's social media recruitment strategy, a poster for social media will be created to disseminate a summary of the study's findings. This strategy is ideal, as it will be an accessible way for NGNs to access the results. Any participants who requested a copy of this study's findings will be sent one via email. The primary investigator will also seek out opportunities to present this study's findings at appropriate conferences.

Chapter Summary

This chapter described the study's design, methods, means of establishing trustworthiness, ethical considerations, and plans for disseminating findings meaningfully. To ensure the purpose of the study was achieved, much care was taken to implement the study as planned.

Chapter 4: Study Findings

This chapter will present this study's findings. Two themes were identified to address the study's research questions. The study's research questions were: "How do NGNs perceive and experience thriving in the workplace? What do NGNs think has contributed to their thriving at work? And what do NGNs think hinders them to thrive at work?" The study's participant demographic characteristics will be shared and then the themes discovered through data analysis will be described, including the themes' related categories and sub-categories.

Description of the Study Participants

Eleven participants met this study's inclusion criteria. A twelfth potential participant revealed they had been working for over 2 years shortly after they began their interview. Although the primary investigator decided to complete the interview, upon further reflection this participant's data was not included in the analysis since they did not meet all inclusion criteria. Further, data saturation was reached with the eleven participants. The average length of the participants' semi-structured interviews was 61 minutes.

Although this study's inclusion criteria included both RNs and RPNs, all eleven participants were RNs. Ten participants were between the ages of 25 and 28 years old. One participant was 38 years old. Two participants were male, nine were female. One participant identified as First Nation, four participants identified as Black, four participants identified as White or Caucasian, one participant identified as Northern European, and one participant identified as Indo-Canadian. The average amount of time working as a nurse was 15 months, with the shortest amount being 4 months, and the longest being 2 years. Four participants worked in pediatrics, one in mental health, one in cardiac medicine, one in emergency, one in gynecology, one in critical care, one in long term care, and one participant stated simply that

they worked in “clinical care” and declined to elaborate further. The average full-time equivalent (FTE) across the group was 0.9 with a range of 0.6 to 1.0 FTE. Ten participants completed their nursing education in Manitoba, one participant completed their education in Ontario. Five of the participants had never worked in healthcare prior to starting work as a nurse. The other six had worked in healthcare either as unit assistants, undergraduate nurse employees (UNEs), direct support workers, or health care aides. Table 1 summarizes the above participant characteristics.

Table 1

Description of Study Participants

Participant Characteristics	Number
Registered nurses	11 participants
Average age	27,6 years old
Gender	9 female 2 male
Self-identified culture, race or ethnicity	1 first nation 4 black 4 white or Caucasian 1 northern European 1 Indo-Canadian
Average amount of time working as a nurse	15 months
Area of nursing	4 pediatrics 1 mental health 1 cardiac medicine 1 emergency 1 gynecology 1 critical care 1 long term care 1 clinical care

Average full-time equivalent (FTE)	0.9 FTE
Province where nursing education was completed	10 Manitoba 1 Ontario
Previous work in healthcare	6 yes 5 no

Newly Graduated Nurses' Perspectives on Thriving in the Workplace

The findings from this study have been organized into themes, categories, and sub-categories. Themes and their categories are a way to synthesize participants' perspectives and experiences, including what they thought hindered or helped their thriving. Analysis of the 11 semi-structured interviews revealed two themes: looking inwards and using your supports. These two themes and their accompanying categories and sub-categories address the study's research questions. Table 2 provides a detailed summary of the findings' themes, categories, and sub-categories.

Table 2*Summary of Findings*

Themes	Categories and sub-categories
Looking inwards	Personal progress Learning Mastering Having patience Positive emotions Belonging Passion Validation “Find what fits you” Critical points
Using your supports	Supports in the workplace Leaders Co-workers Patients Supports outside of work Outside interests Personal rituals Receiving support

Theme 1: Looking Inwards

This theme focuses on the internal stimuli and individual experiences the study participants described which either helped or hindered their workplace thriving or were indicative of their thriving. The theme focuses on the reflections which participants offered when describing what it felt like to thrive or not thrive at work, and what they saw in others when they thrived. “Looking inwards” was chosen as the name for this theme as it demonstrates

participants' reflections and their commitment to both the betterment of themselves and of their work. The theme also describes what participants felt was within their own control for affecting their workplace thriving, without focusing on others in the workplace. Looking inwards is further divided into four categories: personal progress, positive emotions, "find what fits you", and critical points. These categories and their accompanying sub-categories describe in detail what participants saw, felt, and experienced while thriving or on their way to thriving in the workplace.

Personal Progress

This category focuses on three experiences which participants found helped their workplace thriving or demonstrated to them that they were indeed thriving. These experiences were learning, mastering, and having patience. The demonstration of personal progress, through learning at work, mastering their work, and being patient with themselves, helped participants gain confidence as new nurses in their respective workplaces. As well, participants highlighted the importance of ongoing learning and mastering in their thriving nurse co-workers.

Learning. Ongoing learning in the workplace positively affected thriving for many participants, with some participants noting going out of their way to seek out further education outside of their workplace. Participant 9 explained that they were actively seeking out further learning opportunities outside of work to bolster their workplace thriving. "[...] I am doing other things to better myself for work. I'm doing all these extra courses, these certifications that aren't required but just to do them so that I'm a better nurse" (Participant 9).

The experience of continuing to learn helped to show participants how much progress they were making and kept them engaged in their work. Many participants spoke about learning as being a pillar of their workplace thriving and placed a lot of importance on learning.

Participant 3 stated that thriving was “[...] when I feel supported by my team, I understand my patients’ needs, and I’m actually learning and growing instead of just surviving the stress.”

Participant 4 stated that “[...] for me personally, thriving in the workplace comes down to that curiosity and the drive to learn more and know more and be better.”

The importance of ongoing learning was also highlighted several times when participants spoke of thriving or non-thriving nurse co-workers. When speaking of thriving nurse co-workers, participants expressed that they continued to seek out challenges and new learning opportunities, despite their many years of working. Participant 12 stated that a thriving nurse was:

Someone who is confident in their abilities, has a good knowledge base. And I think those characteristics also come with a sense that they're not afraid to take on the challenging patients. They're not afraid to advocate for them, to speak up to the docs or other nurses to them.

Participant 6 described a thriving nurse co-worker as “[...] a go-getter, she’s positive, she’s willing to learn, she wants to learn, she’s looking for opportunities [...]”. Conversely, non-thriving nurse co-workers were often described as not wanting to learn or as not being ambitious. Participant 9 explained:

[...] they just don't go to work anymore. They don't participate in things, extra education. They're not involved with work. Sometimes they only just stick to their job and that's it. They don't go and learn new things. They don't take on new challenges.

Participant 6 further elaborated on this difficulty with ongoing learning by explaining how their non-thriving co-workers were inflexible in their care. “[...] someone who can’t be taught or isn’t willing to understand different ways and avenues of doing things” (Participant 6).

Mastering. Mastering the physical and psychological work of nursing was noted to be

important and have a positive effect on participants' thriving. When asked to describe a time when they were thriving, one participant spoke of being able to use their previous knowledge from a different unit to help a patient on their new unit.

[...] they needed my skills and prior knowledge from being on the ward, so that made me feel good to some extent that my little bit of background was paying off. That I was able to notice so much without really having to ask questions (Participant 6).

Other participants had similar stories where they described thriving as when they could handle more on their own and didn't need to ask as many questions as before. When explaining what it felt like to thrive, participant 9 stated "[...] you feel good about your decisions and what you do. So, I can confidently take care of sick patients now. I know what to anticipate." Other participants described mastering as feeling comfortable, like participant 3 who explained that thriving involved "getting comfortable with what you've become."

The experience of mastering their nursing work was also reflected in participants who described thriving as being on time and completing their various tasks and assessments in a timely fashion. When asked what thriving meant to them, participant 1 stated "I feel like it means meeting up, catching up with activities." Participant 4 spoke about a time when they were thriving and described that they had been able to get everything done for an acutely ill patient on their own. "[...] I feel like I'm thriving, because I have the sickest patient on the unit, and I'm getting everything done, and I'm doing it all myself" (Participant 4). Participant 3 described a time when they were thriving by stating "I was organized, I stayed on top of my meds, and I even had time to comfort patients, family members." Participant 10 explained "[...] I think thriving at work for me means like you get to your things on time. You get to your breaks on time and things just flow throughout the day."

The quality of mastering work or being a master of their work was also recognized in nurse co-workers who participants described as thriving. Many participants described that their thriving nurse co-workers displayed excellence in their patient care and in their breadth of nursing knowledge. Participant 12 explained “For me, when I see a nurse that’s thriving, I see a strong, kind of confident nurse. Someone who is confident in their abilities, has a good knowledge base.” Confidence was mentioned quite a bit as a quality in thriving nurses as well as the ability to manage stress well. A couple of participants used the phrasing of thriving nurses being “good at what they do” like participant 4 who stated, “you’re good at what you do, and you have the personality for it.”

Having Patience. A couple of participants described having patience with themselves as being helpful and important for their workplace thriving. Participant 5 explained that their workplace thriving was sometimes hindered by poor patient progress or patients not improving with their provision of care. When asked to elaborate on what made the difference between thriving or not when patients were not doing well, they described that patience with their work was the difference maker. They stated, “[...] the difference is like sometimes I’m thriving and sometimes I’m not thriving, is having a little patience on my work” (Participant 5). Participant 10 similarly spoke about the positive effects of patience on their thriving. They described an experience thriving in the workplace as when they could be more patient with themselves when trying to start a patient’s intravenous line. “[...] if I don’t get the IV after two pokes then it’s just like, I guess I didn’t get it and I don’t feel like bad or sorry about it anymore” (Participant 10).

Positive Emotions

This category focuses on the positive emotions described when participants shared experiences of their workplace thriving. These positive emotions were belonging, passion, and

validation. Feeling any of these three positive emotions greatly helped participants to thrive in their work environments, even if the environments were quite busy or hectic. Participants also noted passion as a key ingredient in their thriving nurse co-workers.

Belonging. Several participants described the importance of feeling like they belonged within their workplaces as an important part of their thriving or as a feeling which positively impacted their thriving. Participant 3 described thriving in part by stating “thriving means more than just getting through shifts at work. It’s when I start to feel like I belong, like I’m not constantly doubting myself.” Participant 12 explained belonging at work as “[...] having a good working relationship with your colleagues, with your patients.” Participant 10 explained thriving in the workplace in part by stating “you kind of just have fun with your co-workers or with the patients.” These quotes highlight that for both participants 10 and 12, the feeling of belonging at work involved not only co-workers but their patients as well.

One participant described an experience where they were thriving as feeling a sense of belonging as well. They described this experience of belonging at work by explaining that they had their recommendations for a patient accepted and implemented by the care team. Participant 5 stated, “like the contribution, and maybe kind of making decision as well, and my decision was being accepted, and I was kind of happy. I realized I was also thriving at work then.” For participant 11, not belonging, which they described as feeling like an imposter or a fraud, hindered their thriving.

But also I feel like as a new nurse, it’s hard with impostor syndrome. You just feel like you shouldn’t be doing what you’re doing and that you’re a fraud. So it’s a little hard trying to work through that [...] (Participant 11).

Passion. Many participants mentioned that a passion for nursing was a vital ingredient to

achieve workplace thriving. Participant 1 stated that “[...] you can actually thrive in your career as a nurse, if you actually know what you’re doing, and you have passion for what you’re doing.” Participant 1’s advice for NGNs wanting to thrive in the workplace was that they should ensure that they have passion for their work, as they felt that passion was necessary for thriving. When participant 5 was asked what in their personal life helped them to thrive in the workplace, they answered “[...] I would say the zeal, the passion. This is what I love doing.” Participant 7 spoke about the importance of passion for their workplace thriving in the context of their passion and love of nursing for helping them push past challenges. “But I just kept pushing through because this is – I wanted to learn more, and I loved my profession” (Participant 7). One participant described thriving as “[...] not feeling burnt-out and kind of feeling that passion behind what you’re doing” (Participant 4).

The importance of passion for workplace thriving was also highlighted when participants spoke of their thriving or non-thriving nurse co-workers. When participant 7 was asked to describe a thriving nurse, they stated “[...] they will show passion for their work, and you would see them looking more happy and less depressed.” Conversely, an obvious lack of passion noted in their co-workers led participants to believe that their co-workers were not thriving in the workplace.

[...] I noticed a few people at my workplace, they didn't necessarily want to work there.

It was just a place that had job openings. Yeah, so I don't know a word for that, but kind of just like settling or going through the motions (Participant 4).

Participant 11 explained that the loss of passion could make their co-workers quite miserable. They stated, “[...] they become very jaded in patient care and mean sometimes. And I find they aren’t supportive of nursing students or orientation. They refuse to show you around.”

Participant 5 explained that they could tell a co-worker was not thriving through their lack of passion and isolation from the rest of the team. “[...] avoiding teamwork as well, not contributing to special issues, I would say they’re not thriving [...]” (Participant 5).

Validation. When asked to share examples of when they were thriving, many participants mentioned that validation from co-workers, from leaders, or from patients helped to let them know they were doing their work well and positively affected their thriving. Participant 3 spoke about a day of work where they felt they were thriving: “At the end of the shift, my charge nurse said, ‘You did great today’. It meant a lot, I walked out thinking, ‘OK maybe I really can do this.’” Participant 4 also shared an experience where validation positively affected their thriving. For them, validation came in the form of newer nurse co-workers coming to them to ask for advice or help. “I find we have a lot of people that are, started later than me, and it really makes me thrive when I notice people come to me for help or ask me questions [...]” (Participant 4). For one participant, validation came in the form of a patient thanking them for their work.

[...] I had a really good one-to-one with a patient who wasn’t feeling very good and was very down on themselves [...] they started tearing up and saying that was so helpful. And I think that was a moment where I felt like I was really thriving and doing what I should be doing (Participant 11).

Participant 6 explained that validation in the form of praise from their leaders helped them to thrive: “[...] just hearing it, like, ‘you’re appreciated. Thank you so much,’ like the words of encouragement are huge.”

“Find What Fits You”

Finding a workplace which suited participants’ strengths and personalities was something which many participants explained helped their thriving. Conversely, a bad fit between a participant and their workplace hindered their thriving. Participants also discussed that the shift patterns, the shift types, and the lengths of shifts also had effects on their ability to thrive in their workplace.

When participant 9 thought of advice they’d give to new nurses to help them to thrive, they stated “[...] don’t expect to thrive right away. Find what fits you. If you don’t like it, go try something else.” Participant 9 explained how they felt they were thriving more in their intense workplace than if they would have taken a job on a lower acuity unit. “[...] if I ended up in another unit, I don’t think I would like it as much” (Participant 9). Participant 6 spoke about how their higher acuity unit helped them to thrive, “[...] the unit that I’m on now contributes even more to my thriving because I get a sense of satisfaction from it.” Participant 10 expressed that the repetitiveness of their current workplace helped their thriving. “[...] for me that’s definitely better. I don’t like changes” (Participant 10).

Some participants found that certain shift patterns or lengths of shifts helped their workplace thriving. For example, participant 10 spoke about how they found they were thriving more on night shifts instead of day shifts. They explained that they liked their night shifts more “because I think on night shifts you really just can do more. There are less disruptions” (Participant 10). Participant 10 also explained that their choice of taking a 0.6 FTE helped them to thrive and explained that “I chose very early on that I work to live and I don’t live to work [...] if you get a full time position you’re never going to get rid of your shifts, so I took a 0.6.” Participant 11 also echoed this sentiment, as they also chose not to take a full-time position to

help ensure they would thrive more often and not become burnt-out. “I, in my opinion, didn’t want to take full-time right off the bat. I didn’t want to burn out myself” (Participant 11).

Having a good fit with the workplace and an individual’s personality was also mentioned when participants spoke of their non-thriving nurse co-workers. Participant 1 explained that certain personal attributes could either help or hinder individuals from thriving in their nursing specialties. When asked to describe nurses who weren’t thriving, participant 12 spoke about how it feels sometimes like a nurse isn’t made for their work environment. “When I think of someone who’s not thriving, it’s either someone who just maybe isn’t made for the environment. Because I do believe some people are better in some environments than others” (Participant 12).

Critical Points

This category represents the various challenging experiences that participants faced as they eventually began to thrive in the workplace. For some participants, pushing through workplace challenges and the personal acknowledgement of conquering these challenges helped them to thrive. For others, these challenges presented setbacks from which they needed to recalibrate and reflect before being able to begin to thrive.

For one participant, the ability to conquer challenges or obstacles was inherent in their definition of thriving. Participant 8 explained that thriving:

[...] means being able to focus on what is important, the basic things, even when the environment might not exactly be perfect [...] being able to give the service that you are there for to the patients who need that service [...] even when, to you it's like, you need support in the environment, and it's not available for you.

Participant 1 described thriving as being able to continue moving forward, despite any obstacles.

“[...] thriving is actually being successful in your job irrespective of the obstacles,

circumstances, you have to keep on pushing forward” (Participant 1). They described a time they were thriving as when they continued to attend to their patients despite wanting to eat their meal.

[...] I was thinking of taking a break at the moment to go get something to eat [...] but at the point I thought as much that I had to attend to the patients at the time before I go attend to my meals (Participant 1).

Participant 5 similarly described thriving as prioritizing patient care and not themselves. “[...] when I actually think about thriving in a workplace as a new nurse [...] I prioritized a person’s safety and kind of recovery” (Participant 5).

On the other hand, some participants found that pushing themselves too hard did unfortunately hinder their ability to thrive. Participant 3 described that they wanted to prove they could handle their work on their own and so they pushed themselves to be completely independent. In the end they found that this wound up hindering their workplace thriving.

There were moments where I didn't want to ask for help, because I didn't want to look unprepared. So, it's not that people weren't supportive, but the system sometimes moves so fast, that it's easy to feel like you are falling behind, that can really get in the way of thriving (Participant 3).

Participant 6 spoke of a challenge which they also found hindered their ability to thrive, short staffing. “[...] short staffing, being put in not safe situations. Unfortunately, it happens. It sucks. That makes me feel like garbage” (Participant 6). Participant 11 echoed this sentiment and explained that being short staffed and having increased nurse to patient ratios hindered their thriving. “I do think under the circumstances of healthcare it’s hard because it’s short staff, higher patient ratio than I think it should be” (Participant 11).

Some participants spoke about the challenges their physical workspace created and how this could also hinder their thriving. Participant 11 spoke about how their workplace was not designed safely and how that made them feel unsafe and how this hindered their thriving. Things like blind spots in the seclusion room cameras, old equipment which couldn't be depended on, and a lack of updated technology all contributed to feeling unsafe.

And then with some of the environmental stuff I feel unsafe. The seclusion doors: they don't have pass-throughs [...] sometimes they don't send the proper amount of security [...] the cameras: you can't move them around. They're fixed. There's lots of blind spots [...] you could push a panic button, but then they don't know where you are on the unit (Participant 11).

Similarly, participant 10 described times when they felt they could not thrive because the physical workspace was not working well. "[...] well, my biggest one is when vital sign machines don't work. That's the biggest one. When computers don't work. When you have to run around to find things that work" (Participant 10).

Two participants discussed discrimination at work and how this could negatively impact their ability to thrive. Participant 7 described that when they first started working, they faced discrimination which hindered their ability to thrive at work: "[...] I suffered a little discrimination, so it wasn't that easy for me." The discrimination participant 7 faced made them feel down and they described continuing to feel down until the perpetrator of the discrimination moved to a different unit. Participant 3 spoke about the relief they felt when they first started working because they did not face discrimination from their co-workers, as they had previously experienced discrimination in previous workplaces. "[...] they don't discriminate [...] have

actually given me hope, and that has made me know, ‘OK, these are people I can really work with,’ and it has affected me a lot more positively” (Participant 3).

Theme 2: Using Your Supports

Unlike the previous theme with its focus on the participants themselves, this theme focuses on the external factors which participants found either helped or hindered their thriving at work. These external factors provided support for the participants both within the workplace, and in participants’ personal lives. Participants’ abilities to take advantage of these various supports helped them to thrive in the workplace, even if the support did not come from within the workplace. Therefore, using your supports is divided into two categories: supports in the workplace and supports outside of work. The perceived availability of these supports or the perceived lack of these supports either helped or hindered participants thriving.

Supports in the Workplace

This category focuses on the supports present in the workplace which affected participants’ thriving. These supports included the support from leaders, from co-workers, and from patients. Feeling supported by leaders and by co-workers in the form of their being available, being friendly, and being willing to help, helped participants thrive in the workplace. However, when leaders and co-workers were felt to be unavailable or unsupportive, this hindered participants’ thriving. If participants felt they had time to connect with their patients and were indeed able to connect in a meaningful way, this helped their thriving. When participants felt they could not spend adequate time with their patients, this hindered their ability to thrive. This category is further divided into three sub-categories: leaders, co-workers, and patients.

Leaders. Study participants used the title of “leaders” to represent their charge nurses,

their clinical resource nurses (CRNs), as well as their managers. Participants expressed that the support from, or the lack of support from these leaders helped or hindered their workplace thriving. Participant 3 explained that their workplace leaders helped them to thrive if they felt supported by them. When asked if their leaders affected their ability to thrive they stated “well, positively, yes, because they are people I look up to, and I see them as role models, people you can actually and easily learn from, people that are approachable” (Participant 3). Participant 4 explained that their leaders helped them to thrive by either being aspirational role models or by being examples of who they didn’t want to become.

[...] they make me want to thrive, because I want to be like them, they have that curiosity that’s really important to me as a nurse. And they push me to be better, they give me challenging things. But then there’s a few other leaders that I almost don’t want to be like, and don’t want to have their attitude, and that makes me thrive even more. [...] they both make me thrive positively, just in different ways (Participant 4).

Participant 6 mentioned that their leaders helped them thrive when they would check in and help them seek out ongoing learning opportunities.

[...] we have these CRNs, they kind of touch base with us, ‘What would you like to see? What haven’t you seen enough of?’ [...] So I feel like they do a really good job currently with providing opportunities to thrive (Participant 6).

Participant 9 explained that they felt especially supported by their leaders when they would be physically present and helpful on their units. “[...] our manager is very supportive. Is open for us. If we’re very short, she has come in on her days off to work the floor with us” (Participant 9). Participant 10 mentioned that one of the things which helped them to thrive was having access to people they could ask questions to, especially the charge nurses. They further highlighted the

importance of this quality by stating, “I feel like if I worked on units where you couldn’t ask the charge nurse questions, I don’t know how long I’d stay, to be honest” (Participant 10).

Some participants explained that their leaders helped their thriving by way of creating positive work cultures. Participant 11 stated, “[...] my managers make it really, really positive to come into work.” Similarly, another participant stated:

[...] management does make a big difference on the overall satisfaction of the workplace.

Just because if you’re not going to help your employees out or if you’re not going to provide reasonable things or actually care about them, then it’s really hard to want to come to work with a positive attitude (Participant 12).

Just as support from leaders helped participants’ thriving, perceived lack of support or negative attitudes hindered participants’ thriving. Participant 12 described an experience where a CRN refused to cover anyone’s breaks during a night shift, despite the participant asking for the support. “[...] that kind of lack of support sometimes can negatively impact your learning or your ability to do your job to the best of how you possibly can do it” (Participant 12).

Co-Workers. Co-workers were able to help or hinder participants’ thriving through their support or lack thereof in the workplace. Participant 1 stated that for them to thrive, they needed to work with a good team of co-workers who all worked together and who communicated well. They explained “[...] you actually need teamwork to thrive” (Participant 1). Participant 5 mentioned in their definition for workplace thriving that thriving included working with a supportive team and being able to access support from more senior nurses. One participant described how their co-workers had the biggest effect on their work environment, which strongly affected their thriving.

Your co-workers make or break a place. And I feel like I love [clinical area], and I loved the unit I worked on before, like the medicine of it [...] people are like, ‘why did you leave?’ and I’m like, ‘why did I leave that spot?’, the co-workers (Participant 6).

When asked to describe a time they felt they were thriving, participant 7 described receiving support from a co-worker. Interestingly, they used the verbiage of having their co-worker “correct” them. “[...] she started taking me, and correcting me on the things I wasn’t doing correctly, and helping me understand the field more” (Participant 7). Receiving support from co-workers, by having them check in or having them offer support of some kind, helped participant 8 thrive in the workplace.

[...] you have people who look out for you, who see that you are not on your best light today, and try to cheer you up or keep checking in on you. Or do some random acts of kindness just to put a smile on your face or make your day a better one (Participant 8).

Participant 9 described the support from a co-worker as mentorship and described how this helped their thriving. They had signed up to be paired up with a mentor through a formal mentorship program at their work however due to staff shortages they did not have anyone to be paired up with.

I did not get a mentor. So, somebody, a coworker, stepped up and said informally, like, non-formal, I will be your mentor and just gave me some tips and tricks and legal stuff. You know, this [is] what you do, this is what you shouldn't do. Why would you do this and whatnot (Participant 9).

Being able and feeling comfortable to ask their co-workers questions also helped some participants to thrive. Participant 1 stated “[...] my co-workers, and especially the ones which are more advanced, I try to stay closer to them, I try to ask questions [...] you actually have to ask

questions, yes, and you get lighter each time you ask questions.” Similarly, participant 6 described that to thrive, they needed to have people around them they could ask questions to. “And so thriving would be pushing myself to learn more, but doing it safely. So that means in the environment that I’m in, having people to ask questions to, to then benefit me moving forward” (Participant 6). The importance of healthy communication was also highlighted by some participants when they described thriving nurse co-workers. Participant 5 explained that they could tell a nurse was thriving if they communicated well with their patients. They stated, “I would say what I see for me is kind of a strong communication with other patients. Like when I see a fellow nurse communicating well with the patient, I feel he or she’s thriving well.”

Just as support from co-workers helped thriving, perceived lack of support hindered thriving. Participant 11 described having difficulty thriving when they felt they did not have the support of co-workers: “[...] if you don’t have support from them, it’s really tough and you feel very isolated and on your own and that’s a scary feeling.” Co-workers who had perceived negative attitudes also hindered thriving. Participant 12 described that working with negative co-workers made it more difficult to thrive at work. “On the other hand, if you’re working with someone who is a little crabby it can kind of make your day a little long” (Participant 12). For participant 6, negative co-workers hindered their thriving, and they eventually decided to change workplaces. They stated, “so I think in that instance, like people were really negative, it affected me. I moved to a different unit in [clinical area].” Participant 5 echoed this sentiment by stating that “[...] receiving negative energy, one can’t thrive well. So, for me, I’m just going to quit because my mental health really matters to me.”

Participants also mentioned negativity when describing co-workers who were not thriving. Participant 6 described non-thriving nurses in part by stating they have “a negative

attitude.” Participant 10 described non-thriving nurses as often complaining and stated that something which hindered their ability to thrive was “[...] coworkers around me that only complain.” Conversely, thriving nurse co-workers were often described as being happy or as having positive attitudes. Participant 6 described thriving nurses as having an overall positive mindset. “[...] the positive mindset, thriving. You want to [...] enjoy what you’re doing” (Participant 6). Participant 11 explained that thriving nurses were happy to be at work and positive. “I think the nurses that come in and are happy to be there and very positive, you can tell. I feel like they’re thriving in that sense” (Participant 11).

Patients. Being able to focus on the basics of patient care and being able to spend quality time with their patients was found to help some participants’ thriving. Participant 3 described a time they were thriving as when they were able to complete their tasks and comfort their patients and their family members. Participant 5 also described a time they were thriving as when they could really listen to their patient and ensure they properly followed their care plan. Participant 5 further explained that they were better able to thrive when their patients were improving and that they had more difficulty thriving if their patient wasn’t doing well. Participant 12 mentioned that thriving for them involved having good relationships with their patients. Conversely, for participant 7, patients who were perceived as having challenging behaviors hindered their workplace thriving. They stated, “[...] lately I haven’t encountered any annoying or harsh patient, so it makes it easier for me to thrive positively” (Participant 7).

Having too many patients to look after, described as overwhelming workloads, hindered many participants’ thriving. Participant 1 explained that having too many patients and requiring to run from one patient to the next made them feel overwhelmed and hindered their thriving. “Sometimes I have to attend to a whole lot of patients within an hour. It’s run down to this, run

down to this person, check on this person, check on this person. I get overwhelmed [...]"

(Participant 1). Participant 9 stated that when they had traumatic patient workloads, they had difficulty thriving. Similarly, negative patient outcomes affected participant 3's thriving: "[...] emotionally drained, not just from physical work, but from worrying if I did enough, or reliving something that happened with a patient."

Supports Outside of Work

This category discusses the external factors in participants' personal lives which helped or hindered their workplace thriving. Some of these factors included participants' hobbies, self-care rituals, religious practices, and the people in their lives who provided them with support and encouragement. Every participant had something in their personal lives which they found helped them to better thrive within the workplace. This category is further divided into three sub-categories: outside interests, personal rituals, and receiving support.

Outside Interests. Enjoying hobbies or activities outside of the workplace helped some participants thrive in the workplace. Participant 1 expressed that reading, listening to music, and watching motivational videos were some of the things they did in their free time that helped them to thrive in the workplace.

I read books sometimes, and yeah, I read books when I have free time. I am a big fan of music, but I actually don't listen to music during working hours to avoid distractions. And I try to motivate myself and watch successful videos about best doctors, practitioners in the healthcare facilities who have actually cared for patients (Participant 1).

Participant 7 similarly used books and movies to unwind after work to help them reset to continue to thrive, stating, "I try to distract myself whenever I get home, maybe watch a movie, or I will distract myself, or maybe read a book."

One participant spoke about how they knew they were not thriving when they no longer had energy for their favorite hobbies or activities outside of work. They took this as a sign of becoming burnt-out and needing to work less.

I feel like, for me, I know I'm picking up too much when I'm not doing things on my days off that I would normally do. I really like to go for, to yoga, and I really like to go for walks. So, I feel like, if I don't have the energy on my day off to do that stuff [...] I'm definitely pushing it (Participant 4).

Contrary to some of the other participants, participant 9 expressed that work was their main source of social life, and so they felt that a lack of outside interests actually helped them to thrive more in the workplace. “[...] my work is my social life. I don’t go out with friends. [...] I think just focusing on work or I guess work is the main focus that has allowed me to thrive in my own sense” (Participant 9). Differing from participant 9’s perspective, some participants mentioned the importance of living their personal and professional lives separately in order to maintain a healthy boundary with their intense workplaces.

[...] although nursing is a big part of my life and it takes so much of what we do and so much of our energy, it’s still, at the end of the day, a job. And so, I just don’t want it to define my whole life [...] (Participant 12).

Participant 4 echoed this sentiment by stating “[...] I think it's very important that you're not just making your entire life work and picking up too much. Because you cannot thrive at work if you genuinely don't want to be there, because you're sick of being there [...].”

Personal Rituals. This sub-category includes the personal rituals that participants took part in including self-care, self-reflection, and various religious practices which they found helped them to continue to thrive at work. Some participants spoke of the importance of

dedicating time for self-care outside of work to help them thrive in the workplace. Participant 1 spoke about how keeping a positive mindset helped their thriving and one way they helped to support their positive mindset was by prioritizing self-care. They stated, “if I’m not feeling well, and I’m feeling down, I can’t attend to patients [...] So, self-care comes first. I’m actually trying really hard to not skip meals anymore.” Participant 3 spoke about how self-care was important for their thriving and advised others to prioritize it as well. “[...] take care of yourself outside of work, and eat, sleep, talk to people, you can't pour from an empty cup” (Participant 3). When asked what they felt helped to support their thriving, participant 8 described self-care.

I think trying to take care of myself. Like I said, it is really demanding, it needs you to put a lot of effort, it needs you to commit so much [...] So, I just make sure that I align my mindset right to not ever feel bad for taking care of myself. I have to feel good enough, so that I can take care of the patients that are assigned to me, or I get to meet every day at work (Participant 8).

Participant 11 explained that caring for themselves by meal prepping helped them to thrive. “[...] trying to have stuff prepared for work is nice – like food and meal prep. I find that’s really helpful” (Participant 11).

Two participants discussed that a regular practice of self-reflection at home helped them to better thrive at work. Participant 12 mentioned that reflecting on their work and reminding themselves that nursing was only their job, helped them set a healthy boundary to better thrive. They also described they could only really tell they were thriving when they reflected on their day once their work was done. “I feel like all my reflection happens at the end of the day, usually. Because in the middle of a really busy day, you're just trying to get your list done” (Participant 12). Participant 3 spoke about how reflecting and talking to themselves during

emotionally draining situations helped them to continue to thrive despite hardships. They stated, “personally, I try to reflect after my shifts, I’ll jot down what went well and what I’ll do differently. This habit has helped me a whole lot feel like I’m learning and not just surviving.”

Two participants expressed that their religion and associated religious practices helped them to thrive at work. Participant 8 discussed that their religion was helpful for their workplace thriving as they felt they could turn to God when they were met with challenges. “Definitely, religion is really helpful to me [...] I know when you feel like you've hit a wall, you always go to God” (Participant 8). Participant 12 mentioned that their religion helped them to thrive because it informed their core values of helping others and being selfless, both of which helped to guide them in their work as a nurse.

Well, I definitely think my religion did play a big part in it because like I said, the mindfulness. But also from a young age, I don't know if you know a lot about the [type of religion] but it's very much about helping others and selflessness. And it's one of our core values, basically [...] And I think just coming into work with a good mindset helps you also thrive at work because then you can focus on other things rather than your energy kind of being drained from things outside of work, if that makes sense (Participant 12).

Receiving Support. Receiving support outside of work, from family, friends, and life partners was helpful for many participants’ thriving. Participant 10 explained:

[...] it’s my partner who wants to know how my day was and wants me to talk about my day. And who is excited with me when [I’m] excited and then sad with me when I’m sad. I would say that’s probably the most important part. Just being like supported. Plus, I have a group of friends that are all healthcare adjacent and that’s also very nice.

Participant 12 stated, “[...] I just think having a good support system in your life, like your friends, your family, your partner, just helps positively impact your mood, your emotion and how you feel in life generally.” Participant 11 echoed these sentiments and added that their therapist provided important support for their thriving in the workplace. “I think having great, supportive family and friends is huge – that I can talk to them about anything. I also have a therapist and she’s great. So anytime I’m struggling I talk to her” (Participant 11).

One participant highlighted the importance of their life partner and how their partner’s belief in their abilities helped to push them to seek out more learning opportunities and further growth opportunities as a nurse.

And then I feel like my fiancé at home is always pushing me to just, ‘Be the best nurse on the unit.’ he always says, ‘Go for that challenge. Go for that opportunity.’ He wants me to do my masters, and I feel like that, having that drive from someone so close to you also makes me thrive at work (Participant 4).

Participant 6 spoke about the importance of the support of their friend who is also in nursing. This friend’s understanding of shift work, the nursing profession and the challenges associated with the work was invaluable for participant 6.

But having a friend who not only understands nursing in general, what 12 hour shifts are like [...] Sometimes when she’s there and I’m experiencing a crazy day like she just gets it. Like having someone that gets it, and someone that I can rant all my thoughts and feelings to, or emotions, or everything (Participant 6).

Participant 7 described that when they weren’t thriving early on at work, the support of a friend outside of work really helped them to keep going and eventually thrive. Participant 7 also spoke

about how they lived with their mother and that her support was imperative for their workplace thriving.

I moved in with my mom, so being around her helped me. It helps me make my day go smoothly, because if I leave home she always makes me breakfast [...] She always makes me take food to work, so I feel – I feel loved (Participant 7).

Participant 4 also spoke about their mother, who is also a nurse, and how she provided important support for their workplace thriving by being able to really understand what the participant was experiencing.

Summary

Two themes were found with data analysis of the eleven semi-structured interviews: looking inwards and using your supports. Looking inwards focused on what participants noted within themselves which affected their thriving and what indicated to them they were indeed thriving. Participants were also able to further understand workplace thriving by noting it in their co-workers. This helped them to better understand which behaviors and habits could lead them to better workplace thriving. The second theme, using your supports, focused on the people and the habits which participants could lean on to help them better thrive. Having the support of co-workers was especially helpful however feeling supported by leaders, feeling connected with patients, and having the support of the people in participants' personal lives was also very helpful. As well, the activities and habits participants kept up in their personal lives also had effects on their workplace thriving. These two themes highlight the importance of not only the workplace for NGN thriving, but also the NGNs' personal lives and personal supports for helping NGNs thrive in the workplace. This provides important insights for NGNs who would

like to thrive in the workplace as well as for any leaders or educators who would like to help more NGNs thrive in the workplace.

Chapter 5: Discussion

This chapter will focus on interpreting and giving meaning to the study's findings by highlighting key findings, as well as by making connections to the existing literature surrounding NGN thriving, and NGN transitions. After discussing the study's findings, the future research and practice implications will be discussed, as well as the study's limitations before concluding this work.

This study's research questions were: 1) How do NGNs perceive and experience thriving in the workplace? 2) What do NGNs think has contributed to their thriving at work? and, 3) What do NGNs think hinders them to thrive at work? These questions were well addressed by the study's participants and reflected in the subsequent analysis of their interview transcripts. Informally, many participants noted that they were excited to join the study as they felt that NGN thriving was a worthwhile area of inquiry and were encouraged that a study focusing on thriving was being undertaken. Participants also felt that a focus on a positive outcome like thriving was a refreshing way to look at this period of NGN transition. According to Spreitzer et al.'s (2005) seminal work, thriving behaviors are both enabled by the individual's workplace environment and their own personal resources. This statement was strongly reflected in the study's findings as the overarching themes relate to both the significance of the people surrounding NGNs and NGNs' own personal attitudes and actions. This discussion of the findings has therefore been divided into sections discussing the significance of others, the importance of personal attitudes and actions, as well as a section discussing our chosen theoretical framework, transitions theory (Meleis, 2015; Meleis et al., 2000).

The Significance of Others

This study's findings highlight the significance of the people who surround NGNs, both at home and at work for either helping or hindering NGN workplace thriving. The influence of leaders, co-workers, patients, as well as participants' family, friends, and life partners were all noted to affect thriving in the workplace. Generally, in this study it seemed that participants' co-workers were highly influential on NGN thriving. Positive, knowledgeable, and supportive co-workers were greatly helpful for NGN thriving and the value of supportive co-workers was conveyed in all interviews. Comparatively, negative, unsupportive, and unknowledgeable co-workers had the ability to hinder NGN thriving. This fits well within the positive psychology literature as one of the key factors for creating both individual and organizational thriving is positive and quality relationships between employees (Warren et al., 2017). Employee well-being was also defined as including positive relationships with others in Page and Vella-Brodick's (2009) work.

Within the existing literature focused on NGN thriving, the importance of co-worker support is also highlighted. In Dames' (2019c) study, NGNs who felt they had a mentor at work who supported and advocated for them were better able to thrive. NGNs also highlighted that when they felt supported, they could more easily ask questions or ask for help when needed, making their workday less stressful (Dames, 2019c). Our study's participants also described how important it was for their overall thriving to feel like they could ask their co-workers, as well as their leaders, questions in the workplace. Similar to this study's findings, positive relationships with co-workers were noted by both Satchell and Jacobs (2024a) and Högstedt et al. (2024) for helping NGNs thrive. Moloney et al.'s (2020) literature review also found that hospital nurses were better supported to thrive if they had positive relationships with their co-workers.

The positive effect of support from co-workers is also well documented in the NGN transition literature. Bae's (2023) systematic review of the factors predicting turnover of NGNs in hospitals noted that support from co-workers was significant in predicting if NGNs would leave their current positions. Baharum et al.'s (2023) scoping review found that the main factors affecting NGNs' adaptation to their work environments were primarily social. Chachula et al.'s (2023) grounded theory study found that positive mentorship was imperative in helping to ease NGNs' transition experiences. NGNs who reported having a mentor at work were less stressed and felt more confident (Feeg et al., 2022). NGNs expressed that professional socialization with their peers was important to them and that they generally had the expectation of feeling a sense of belonging in their workplaces (Tastan et al., 2013). Validation from co-workers, through praise and positive feedback was found to benefit NGNs to better adapt to their work environments (Baharum et al., 2023; Chachula et al., 2023; Ellerton & Gregor, 2003). Participants in this study also spoke about the importance of validation from co-workers. Participants felt that validation from co-workers, from leaders, and from patients helped them to better thrive in the workplace.

The importance of supportive leaders was also highlighted as being important for thriving by many participants in this study. This also aligns with what is described in the limited NGN thriving literature. For example, the NGNs in Högstedt et al.'s (2024) study found that positive feedback from their managers, as well as the perception that their managers trusted them, helped to increase their thriving at work. This study also found that validation from leaders, as well as co-workers and patients all helped NGNs to thrive in the workplace. Similar to this study's findings, critical care and emergency room nurses highlighted supportive management as a key component for supporting their thriving (Jackson, 2022). The NGN transitions literature also

identifies the importance of supportive leaders. Supportive managers who offered feedback and advice were able to decrease NGN stress and aid their transitions (Lin et al., 2020; Sterner et al., 2023).

This study differs from the existing literature by highlighting the importance of patients and the people in participants' personal lives on NGN thriving. Although, Cao et al.'s (2021) cross-sectional survey study in China did find that NGNs reported less transition shock if they had greater support from their families, friends, and colleagues. Generally, however, the people in participants' personal lives and the patients in the workplace were not as readily discussed in the existing NGN thriving literature as was discussed in this study.

The Importance of Personal Attitudes and Actions

Along with highlighting the significance of the people surrounding NGNs for workplace thriving, our findings also underline the importance of NGN's personal attitudes and their actions for their thriving. In the context of this discussion, personal attitudes refer to participants' personal perspectives, including their understanding of their emotions, and their role in creating or changing their emotions and perspectives. Many participants were already acutely aware of the risks of workplace burnout and were proactive in their strategies for avoiding burnout. Some of the study's participants made purposeful choices to take lower FTEs to help mitigate the risk of burnout. In this study, participants were easily able to describe themselves as thriving. Comparatively, the nurse participants in Jackson's (2022) study did not identify themselves as thriving, only that they were "not burnt out." This study's participants were aware of the risks of burnout but could also focus on the positive effects of thriving and aim for this positive state instead of focusing on simply avoiding burnout. Part of this distinction however could be explained by the fact that this study's recruitment strategy involved asking for participants who

had views on, or experiences with thriving, perhaps priming participants to think of themselves as thriving. In Jackson 's (2022) study it seems that participants were recruited simply to explore their experiences as critical care and emergency room nurses.

Similar to Dames' (2019a) study, our participants spoke about how their FTEs, types of shifts, and specific workplaces played a role in helping or hindering their thriving. This is well documented in the findings' category named "find what fits you." As well, like Dames' (2019b) study, some of our study participants described being advised to do their senior practicums on general medicine and surgery units, no matter their specific personal preferences. Similar to Dames' (2019b) NGNs, some participants in this study described having more difficulty thriving if their workplace's nursing specialty, work schedules, or work environments were not aligned with their personal preferences and personal strengths. In these scenarios, this study's NGN participants chose to move to a different workplace or a different nursing specialty in order to more easily thrive.

This study's participants underscored the importance of their personal beliefs and their personal coping strategies in the findings' sub-categories outside interests and personal rituals. Participants spoke about how their personal hobbies, activities, self-care rituals, self-reflection practices, and religious practices all helped them to thrive in their workplaces. Similarly, Dames' (2019c) found that NGNs who practiced self-compassion and engaged in self-care behaviors were more likely to thrive. The literature on NGN transitions similarly notes the importance of self-care behaviors. It was noted that when NGNs did not have enough time to practice self-care, such as proper sleep routines, it affected their turnover (Bae, 2023) and their intentions to quit (Tastan et al., 2013).

All participants in this study felt strongly that continuing to learn at work was important for their workplace thriving. This highlights the value of using Spreitzer et al.'s (2005) definition of thriving, which defines thriving individuals as experiencing both learning and vitality in the workplace. Echoing our findings, Satchell and Jacobs' (2024a) NGN participants found that their thriving increased when given opportunities to continue to learn and grow in the workplace. NGNs in Högstedt et al.'s (2024) study in Sweden also noted that having opportunities to continue to learn and apply their nursing competencies increased their thriving. Generally, nurses are taught throughout their education the importance of ongoing learning and evidence-based practice as tenets for quality nursing care. This is perhaps why the participants so readily discussed the importance of ongoing learning for their thriving.

Like the current NGN thriving literature, this study's participants found that short-staffing and unmanageable workloads hindered their ability to thrive. NGNs in Satchell and Jacobs' (2024a) study and Dames' (2019a) study found that unmanageable workloads hindered their ability to thrive as well. Nurses in Jackson's (2022) study also noted unmanageable workloads and short staffing hindered their ability to thrive in the workplace. The majority of this study's NGN participants were between the ages of 25 and 28 years old, placing them as part of Generation Z. It is important to consider the varying beliefs and attitudes surrounding work and the workplace of this generation as part of this work. So Hee and Yeojin (2024) found that for Generation Y (commonly known as millennials) and Generation Z nurses, they placed higher value in the workplace on their earnings, economic stability, and the quality of the work environment. E. Kim et al. (2024) found that Generation Z nurses tended to value their personal time more than previous generations. Reducing mandatory overtime was therefore found to be imperative for enhancing the retention of this generation of new nurses (E. Kim et al., 2024).

Therefore, it follows that our participants felt the hindering effects of unmanageable workloads on thriving especially. This also demonstrates that the pattern of simply changing workplaces noted in our participants is perhaps a greater trend in this generation of nurses than in the previous generations for dealing with unmanageable workloads.

Just as this study's NGN participants felt that having passion for nursing was helpful for their thriving, NGNs in Satchell and Jacobs' (2024a) study found that finding positive meaning in their work as nurses helped them to thrive as well. Nurses in Jackson's (2022) study were also found to be better able to thrive if they had a positive outlook on their work.

Transitions Theory

Transitions theory was chosen as this study's theoretical framework due to its generality, non-prescriptive timeframe, and its presentation of transitions as complex processes with non-linear steps (Meleis et al., 2000). Transitions theory describes the transition process and includes transition types and patterns, transition experience properties, transition conditions, patterns of response, as well as interventions (Meleis, 2015; Meleis et al., 2000). When analyzing participants' transcripts, many transition properties, conditions, and patterns of response were noted. Many participants discussed various critical points they experienced on their journey to experiencing workplace thriving. These included some participants facing discrimination, facing challenges related to short-staffing, and various other work environment or personal challenges. Every participant expressed some sort of difficulty at the start of their transition from nursing student to new nurse. Whether it was a large learning curve or anxiety, they all had to push through some period of initial difficulty. This period of initial uncertainty and challenge is well discussed in transitions theory.

Many personal and community transition conditions were noted throughout participant interviews which influenced their workplace thriving. Transition conditions are the facilitators and inhibitors which affect an individual's transition process and transition outcome (Meleis et al., 2000). Personal conditions include meanings, cultural beliefs and attitudes, socioeconomic status, and preparation and knowledge (Meleis et al., 2000). In this study, the personal condition of preparation and knowledge was noted to be an important positive factor for workplace thriving and was well reflected in the sub-categories of learning and mastering. Another personal condition, cultural beliefs and attitudes, was also mentioned in participants' interviews. Two participants spoke of their religious practices and how they helped them to keep their workplace struggles and challenges in perspective. Community conditions and their importance on participants' workplace thriving was quite evident in the findings' second theme, using your supports as this theme highlighted the importance of the persons surrounding NGNs for their workplace thriving.

Many transition process and outcome indicators were noted in participants' interviews, further confirming the appropriateness of transitions theory's use in this study. The four transition process indicators are engaging, locating and being situated, seeking and receiving support, and acquiring confidence (Meleis, 2015). Engaging in the transition process was noted when participants spoke about both learning and mastering in their workplaces and the positive effect this had on their thriving. As well, many described moments where they were thriving as when they had the time to connect with their patients, further describing the presence of engaging. Seeking and receiving support was noted when participants spoke of what helped and what hindered their thriving. Acquiring confidence could be noted when participants spoke about mastering their work and the positive effect this had on their thriving. Transition outcome

indicators include mastery, fluid and integrative identities, resourcefulness, healthy interaction, and perceived well-being (Meleis, 2015). Many participants described mastery when they spoke about their workplace thriving, most often describing being able to begin to anticipate what comes next in the care of their patients and preparing accordingly. Healthy interactions were noted when participants spoke about feeling like they belonged at work and feeling like they were part of the team. Perceived well-being could be noted when participants spoke of their personal rituals of care and how they helped participants to stay grounded despite difficult work. Resourcefulness could be noted when participants spoke of knowing who to go to for certain questions or concerns in the workplace.

Many features of transitions theory were noted when analyzing this study's findings. This suggests that the experience of thriving, including what facilitates or hinders thriving, aligns with what facilitates or challenges the transition process. The applicability of transitions theory, along with the way the theory's conditions and outcomes were consistently noted in participants' interviews, highlights transitions theory's applicability for use in this study. In future research involving NGN thriving, Meleis et al.'s (2000) transitions theory could again be used as an appropriate theoretical framework.

Future Research Implications

Further study of NGNs' workplace thriving is warranted given thriving's potential impact on NGN retention. Future focus on NGNs specifically continues to be important especially because Generation Z nurses prioritize work and think about work differently than previous nursing generations (E. Kim et al., 2024). Therefore, ongoing research involving this generation of nurses is vital for understanding and improving nurse retention. Future researchers may consider their inclusion criteria for studying NGNs as having 2 years of experience or less, as

was done in this study. This study's participants had been working for an average of 15 months when they took part in this study. Indeed, only two of this study's participants had been working for less than one year, one for 4 months, and the other for 8 months. Had the decision been made to define NGNs as having 1 year or less of experience, it is possible the recruitment of study participants could have proven more difficult. Therefore, future consideration of researchers' definition of NGNs should be thoroughly considered. Future researchers may also consider examining the concept of thriving and its role in the NGN transition process given the alignment between this study's findings and the existing literature on NGN transitions. As well, given the exploratory nature of this study, various aspects of thriving could not always be deeply discussed with participants. Future research could therefore focus on various aspects of thriving discussed in this study, for example, learning as a concept for NGN thriving could be further explored. The type of learning and how NGNs pursue their learning for best supporting their thriving could be decidedly worthwhile and offer important insights for better understanding thriving.

Future Practice Implications

Leaders in nursing education, in hospital management, and nurses in general can adapt their current practices to better promote NGN thriving, as well as NGNs themselves. Despite the complex challenges of heavy workloads, mandatory overtime, and staff shortages, this study's participants demonstrated the ability to thrive in the workplace. It is recommended that NGNs focus their attention on their ongoing learning, their personal rituals of care outside of work, and finding the right nursing workplace which suits them best. Leaders and co-workers should consider focusing on creating healthy teams who support each other, ensuring that NGNs have opportunities to continue learning, and frequently validating and checking-in with NGNs on their ongoing progress in the workplace. As well, leaders and healthcare organizations should

continue to focus on diligently limiting mandatory overtime. Nursing educators could consider discussing workplace thriving with nursing students during their undergraduate nursing education to help prime NGNs for better success with thriving in the workplace once they graduate. A potential workshop for nursing students in their final semesters of their education on workplace thriving could be a worthwhile addition to undergraduate nursing programs. As well, nursing educators should reconsider the traditional advice for nursing students when choosing their final practicums of choosing medicine and surgical floors only. Focus could instead be on telling nursing students to pick workplaces and nursing specialties for which they feel a passion and for which they feel is a good fit for them personally.

Limitations

One limitation with this study is that participants were only recruited from Manitoba. As every province varies in their nursing education, their healthcare systems, and therefore the various challenges potentially faced by NGNs, this study's results may not be relevant for the entire Canadian healthcare context. It is possible that NGNs working in different Canadian provinces experience thriving differently than NGNs in Manitoba. As well, as this study used volunteer sampling for recruitment of participants, there is potential for volunteer bias. Another potential limitation of this study is that over a third of the study's participants worked in pediatrics. It might be that pediatrics, anecdotally, is better resourced than other programs in healthcare, and potentially better staffed, and this could have affected some participants' views on thriving. The majority of the study's participants worked in hospital-based settings, it is therefore possible that participants working in community settings or long-term care settings could experience thriving differently and that this would not have been captured in this study's sample. All participants included in this study were RNs despite the inclusion criteria including

both RNs and RPNs. Having some RPN participants could have provided different insights, although, one of our RN participants did indeed work in mental health.

Conclusion

NGNs in Canada have to contend with difficult workplaces due to staff shortages, mandatory overtime, excessive workloads, and unsupportive work environments (Ahmed & Bourgeault, 2022; Boamah, 2022). This study contributes to a limited body of literature focusing on NGN thriving. While a rich body of literature examines the challenges of the transition experience for NGNs, this study differed in its approach by focusing on thriving, a positive phenomenon. Appreciation for a focus on a positive phenomenon was expressed by many study participants who also expressed that this focus on positivity was what compelled them to join this study. Participants identified that they are active participants in their thriving by the actions they take and the attitudes they hold. Participants' co-workers and leaders were also found to be vitally important for helping them thrive in the workplace by creating supportive workplaces where they felt a sense of belonging and received validation. What was particularly notable in this study's results was that participants were able to thrive despite various workplace challenges. Given the many challenges ever present in our healthcare systems, this is a positive finding indeed. Future research focusing on NGN thriving is worthwhile given thriving's potential positive effects on NGN retention.

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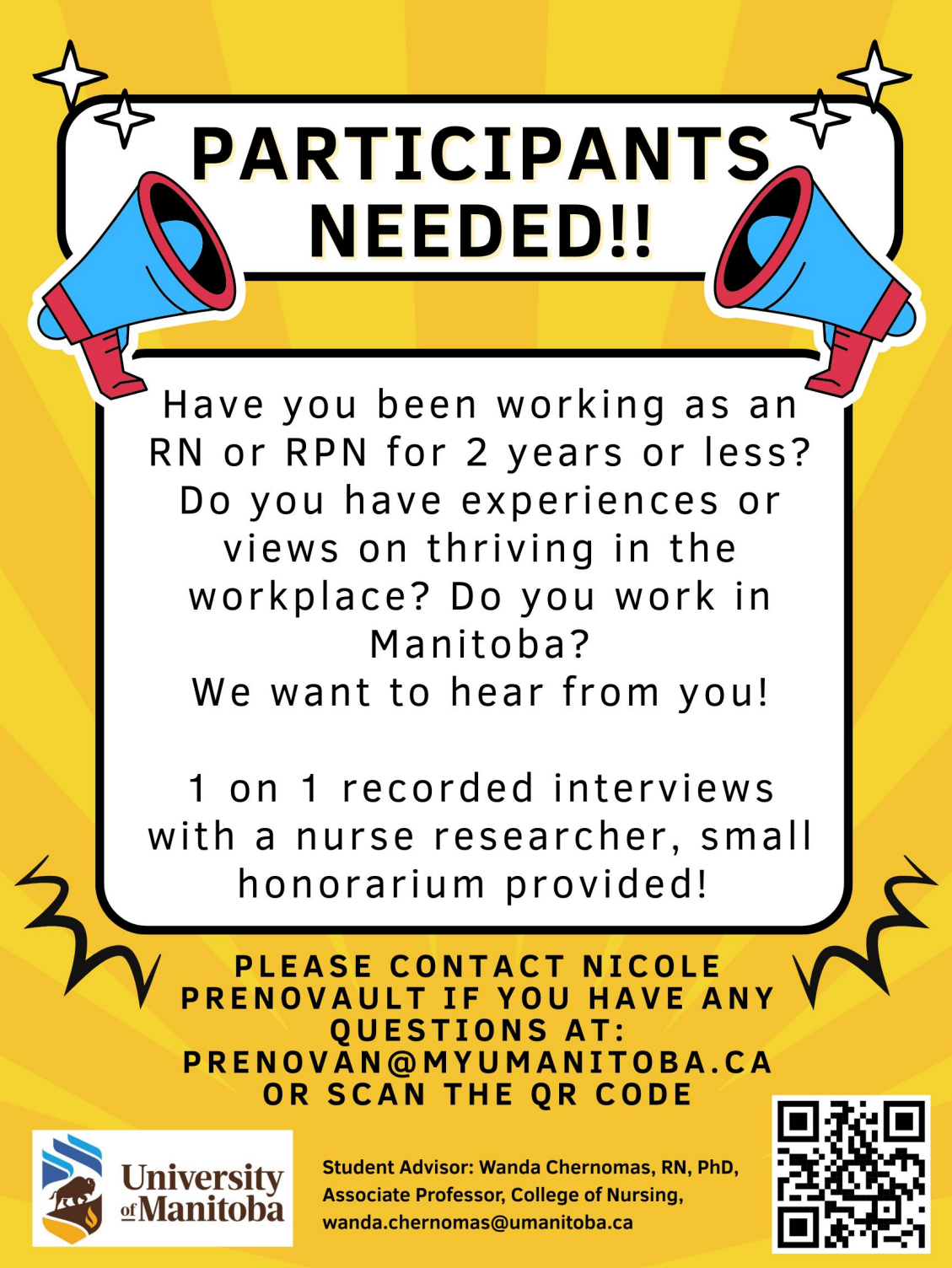
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<https://doi.org/10.1111/jan.15443>

Appendix A: Social Media Recruitment Poster

The following image was used in social media posts on Facebook and Instagram as well as in the MNU bi-weekly newsletter for participant recruitment.



A recruitment poster with a yellow background and a white central box. The box is decorated with two blue and red megaphones on the sides and four white stars at the corners. The text inside the box is as follows:

**PARTICIPANTS
NEEDED!!**

Have you been working as an
RN or RPN for 2 years or less?
Do you have experiences or
views on thriving in the
workplace? Do you work in
Manitoba?
We want to hear from you!

1 on 1 recorded interviews
with a nurse researcher, small
honorarium provided!

**PLEASE CONTACT NICOLE
PRENOVAULT IF YOU HAVE ANY
QUESTIONS AT:
PRENOVAN@MYUMANITOBA.CA
OR SCAN THE QR CODE**

At the bottom left is the University of Manitoba logo, which features a stylized bison and the text "University of Manitoba". At the bottom right is a QR code.

Student Advisor: Wanda Chernomas, RN, PhD,
Associate Professor, College of Nursing,
wanda.chernomas@umanitoba.ca

A caption accompanied the poster on both Facebook and Instagram to offer further information. Most images on social media are accompanied by a caption of some sort to offer further context or information surrounding the posted image. As well, captions are helpful for visually impaired individuals who may use “read text out-loud” features on their electronic devices.

Social media image caption:

Are you a new nurse with views on thriving in the workplace? We want to hear from you! My name is Nicole Prenovault, and I am a Registered Nurse and student in the Master of Nursing Program. I am conducting research for my thesis on newly graduated nurses’ thriving in the workplace. The title of the study is: Exploring Thriving in Newly Graduated Nurses: A Qualitative Descriptive Study. Please contact me at prenovan@myumanitoba.ca if you are interested in participating or you would like to hear more. Participation will entail either a virtual or an in-person interview (your choice) with myself for approximately 60-90 minutes and a small honorarium will be provided as a thank you for your time. This study has been approved by the University of Manitoba Research Ethics Board.

Appendix B: Letter of Invitation for Potential Study Participants

University of Manitoba | Rady Faculty of
Health Sciences

College of Nursing
Helen Glass Centre for Nursing
89 Curry Place
University of Manitoba (Fort Garry Campus)
Winnipeg, MB R3T 2N2 Canada
T: (204) 474-7452
F: (204) 474-7682
nursing@umanitoba.ca

Dear Newly Graduated Nurse,

My name is Nicole Prenovault and I am a Master of Nursing student at the University of Manitoba. For my thesis, I am conducting a research study entitled: Exploring Thriving in Newly Graduated Nurses: A Qualitative Descriptive Study. I am working under the supervision of my advisor Dr. Wanda Chernomas RN, PhD, Associate Professor, College of Nursing (wanda.chernomas@umanitoba.ca).

The purpose of this study is to explore newly graduated nurses' (NGN) experiences and views on thriving in the workplace. Involvement in this study would entail sitting down with me for either a virtual or an in-person interview (your choice) lasting approximately 60-90 minutes. If you volunteer to participate in this study, you will be offered a \$50 electronic coffee gift card as a thank you for your time.

I am recruiting registered nurses or registered psychiatric nurses who have worked 2 years or less as a nurse; during their time so far working as a nurse have worked a 0.5 or greater EFT; have experiences or views on thriving as an NGN; and are willing to participate in a recorded interview in English. During the interview you will be asked for some demographic information as well as questions meant to elicit your perspectives about and experiences with thriving in the workplace.

Your privacy will be protected as per the University of Manitoba Research Ethics Board's standards. This study poses minimal risks and participation is voluntary. The findings from this study will be shared through presentations, will be submitted for publishing in peer-reviewed journals, and will be presented at academic conferences.

If you are interested in participating or have any questions, please do not hesitate to contact me via email. I am very much looking forward to hearing from you.

Nicole Prenovault RN, BN
Master of Nursing Student
University of Manitoba
prenovan@myumanitoba.ca

Appendix C: Semi-Structured Interview Guide

Introduction: My name is Nicole Prenovault, and I am a Registered Nurse completing my Master of Nursing degree at the University of Manitoba. The purpose of this study is to explore newly graduated nurses' perspectives and experiences with workplace thriving in Manitoba. I am interested in your perspectives on and experiences with thriving. There are no right or wrong answers, I am interested in your views. This interview will be recorded. If there is a question you would not like to answer, please let me know and I will move onto the next.

After I begin recording, please do your best to not include specific identifiers like your name or co-workers' names. If you do happen to mention a specific identifier, we will remove this from your interview transcript. If you don't have any questions, I will begin recording now.

Start recorder.

Complete demographic questions.

Transitions theory

- When you think of yourself as a nurse, how would you describe yourself?
- How would you describe your role as a nurse?

Thriving

- What does "thriving at work" mean to you?*
- Can you share an example of a time you felt you were thriving?
 - *Potential prompts:*
 - *Describe what was happening for you.*
 - *What were you doing?*
 - *Were there any others involved? (without naming names)*
 - *If many examples, ask in the past month? Or when in your nurse career did you experience?*
 - If no example, are there particular reasons you feel you have not experienced thriving at work?
- What characteristics do thriving nurses' display?
 - *Potential prompts:*
 - *What exemplifies thriving in the workplace.*
 - *Can you think of someone you work with who you think displays thriving as a nurse? Describe them as a thriving nurse.*
- What characteristics do nurses who aren't thriving display?

Vitality

- Do you feel energized at work?*
- *Potential prompts:*
 - *Can you share an example of when you felt energized?*
 - *What was this like for you? What was happening at the time?*
 - *What were you doing? Who was with you? (without naming names)*
 - *If many examples, in the past month?*

- How do you feel when preparing to go in to work?
 - *Potential prompts:*
 - *Typically, how do you feel going into work?*

Ongoing Learning

- Is learning at work important to you?*
- What opportunities are there for you to learn?
- Can you give an example of an important learning experience you had as an NGN?

Intrinsic Factors

- Can you identify something in your own life which has been an important influence in supporting your thriving at work?

Extrinsic Factors

- Does your work environment affect your ability to thrive in the workplace? Can you share an example?
- Do your leaders influence your ability to thrive in the workplace? Can you share an example?
- Do your co-workers influence your ability to thrive in the workplace? Can you share an example?

Transitions theory process indicators

- Can you share an example of feeling engaged with your work as a nurse?
- Can you share an example of seeking out support at work? Has anyone asked you for support at work?
- Can you share an example of feeling confident at work?
 - *Potential prompts:*
 - *An example in the past month?*

Suggestions for improving workplace thriving

- What strategies could your workplace employ to influence your ability to thrive in the workplace?*

Conclusion

- Are there any questions you would like to go back to?
- Is there anything about thriving that you didn't get to share or that you want to emphasize?
- Do you feel there are any topics we should have talked about but didn't?
- Any concluding thoughts?

Stop recorder.

Conclusion: I have now stopped the audio recording. How are you feeling? I want to thank you for participating in this study. If you requested on your consent form that you wanted a copy of this study's preliminary results, I will be in contact with you in the next few months.

If you know of any other newly graduated nurses who would be interested in participating in this study, please send them my information as I continue to actively seek more participants.

Thank you so much.

*Adopted or adapted from Satchell and Jacobs' (2024b) semi-structured interview guide.

Appendix D: Participant Informed Consent Form



University of Manitoba | Rady Faculty of Health Sciences

College of Nursing
Helen Glass Centre for Nursing
89 Curry Place
University of Manitoba (Fort Garry Campus)
Winnipeg, MB R3T 2N2 Canada
T: (204) 474-7452
F: (204) 474-7682
nursing@umanitoba.ca

Study Title: Exploring Thriving in Newly Graduated Nurses: A Qualitative Descriptive Study

Student Principal Investigator: Nicole Prenovault RN, BN, Master of Nursing student, College of Nursing, prenovan@myumanitoba.ca

Student Advisor: Wanda Chernomas, RN, PhD, Associate Professor, College of Nursing, wanda.chernomas@umanitoba.ca

Co-Investigator: Em Pijl, RN, PhD, Assistant Professor, College of Nursing, em.pijl@umanitoba.ca

Co-Investigator: Priya Mani, PhD, Associate Professor, Faculty of Education, priya.mani@umanitoba.ca

Conflicts of Interest and Undue Influence: None of the researchers have any conflicts of interest in this study.

You are being invited to participate in a research study. This consent form, a copy of which you can download or print, is only part of the process of informed consent. If you want more details about something mentioned here, or information not included here, please contact me, Nicole Prenovault, or my advisor, Dr. Wanda Chernomas. Please take the time to read this document and any accompanying information carefully. It is very important that you understand:

- what is being asked of you,
- what the risks and benefits of participation are, and
- how the information you provide will be used and stored.

Purpose of the Study: I am doing this research for a thesis under the supervision of Dr. Wanda Chernomas. We are hoping to learn about newly graduated nurses' experiences with and views on thriving in the workplace.

Participant selection: You are being asked to participate as a registered nurse (RN) or registered psychiatric nurse (RPN) who:

- 1) Has 2 years or less of experience working as a nurse in Manitoba
- 2) During the past 2 years working as a nurse, has worked a 0.5 or greater EFT
- 3) Is willing to participate for an online or in-person interview in English

- 4) Is willing to be audio-recorded (in-person interview) or audio and video recorded (online interview)

Study Procedures: If you decide to take part in this study, we will meet for a 1-1.5 hour interview through UM Zoom or in-person (your choice). I will audio and video record our meeting (UM Zoom), or audio record our meeting (in-person). The interview will begin with a few demographic questions which will be used to describe the study population. During the interview, Nicole Prenovault will ask you questions to explore your experiences with workplace thriving as a newly graduated nurse.

The in-person interview will be conducted at a location mutually decided upon by you and Nicole Prenovault. The interview will be recorded using an audio recording device.

The virtual interview will be conducted using University of Manitoba Zoom (UM Zoom) software and will be audio video recorded through UM Zoom as well as separately audio recorded using an audio recording device as a form of backup. Your name on the UM Zoom software will be replaced with a code number at the beginning of the interview. Once the UM Zoom audio recording of the interview has been securely saved, the video UM Zoom and the back-up audio recording will be deleted.

During and after the interview, Nicole Prenovault will be writing reflective notes. The audio recordings will be sent to a third-party transcription service who will transcribe the audio into narrative text and return it to Nicole. Transcriptionists are required to sign an oath of confidentiality before participating in this project.

Study Risks: Participation in this study has minimal risks, which means that risks are no greater than what you might encounter in your daily life. The main risk identified is that there is potential for discussing experiences which may have been upsetting or difficult for you. We have compiled a list of mental health and new nurse specific resources that are accessible to you if you so choose.

Study Benefits: Being a participant in this study may not help you directly, but information learned from you and other participants may help us understand how newly graduated nurses experience thriving in the workplace, what hinders their thriving, and what helps their thriving. By taking an active role in this study, you may have the opportunity to reflect on your own experiences as a newly graduated nurse and your ability to thrive.

Compensation: You will receive a \$50 electronic coffee gift card via email as a token of appreciation. At the beginning of the interview, Nicole Prenovault will confirm your email address to send the gift card. You may keep the gift card even if you choose to withdraw from the study. We will collect additional personal information from you to record giving you an honorarium. We will keep this information separate from any research information. This information will be kept in a secure location for 7 years in case the University of Manitoba has to account for the money during a financial audit.

Use and Storage of Information: All the information you provide as a participant in this study is confidential which means we as the research team must keep it safe. We will do our best, however, it is not possible to guarantee absolute confidentiality. We will only share your personal information if required through court order or law (e.g., suspected child or elder abuse).

Your information will be kept on a UM-approved secure platform. Paper copies of electronic transcripts as well as any additional notes taken at the time of the interview will be securely stored in a separate locked filing cabinet of each researcher on campus at the University of Manitoba or at their home office. Your name will not appear on the recordings or transcripts of the interview that is conducted with you. Your interview data will be labelled with an assigned numeric code, i.e. participant 1, participant 2, etc. A separate file will be maintained that contains the participant numeric codes and their names (master list). This file will be kept in a separate location from the study data on a secure UM-approved secure platform. We may wish to quote your words directly in reports and publications resulting from this study; however, your name will not be used if a quote by you is used. The master list, consent forms, interview transcripts, and demographic questionnaires will be kept for a maximum of 7 years after completion of the study, in December 2032.

Your research information may be shared outside of the University of Manitoba with researchers, other organizations, and/or made publicly available. The information is being shared for further analysis or testing, as part of the research study, and/or because it is required by a funder or journal. It will not include your name or any information that could identify you.

Dissemination: The study results will be shared through 1) the publication of a master's thesis; 2) journal publications and presentations at relevant academic conferences and forums; 3) a summarized report of the study results in the form of a poster for social media; and 4) a summarized report of the study results to be sent to interested participants.

Withdrawing: Your participation in this research study is voluntary. You can choose to answer only the questions that you are comfortable with. You may withdraw from the study for any reason. You do not have to explain why. You will not be penalized in any way. You will keep your honorarium. Should you withdraw partway through the study, all of your information will be destroyed unless you have consented to allowing us to keep it. You may withdraw from the study until 2 weeks after completing your interview. After this date, we will have started our analysis process and combined ideas you shared with other participants' ideas. Therefore it may not be possible to withdraw your information as it will have been linked with other data and we may not be able to locate your ideas to remove them from the ongoing analysis. To withdraw, please contact Nicole Prenovault at the email above.

Questions or Concerns: Designated University of Manitoba personnel may look at your information to see that the research is being done in a safe and proper way.

This study has been reviewed and approved by a Research Ethics Board at the University of Manitoba. However, this does not mean that participation is risk-free. If you have questions about your rights as a research participant, you may contact the Office of Human Research Ethics at humanethics@umanitoba.ca or (204) 474-7122.

If you have any questions, concerns, or complaints about this study, you may contact any members of the research team listed on the first page or the Office of Human Research Ethics.

Consent:

By signing this document, I agree that:

- I have read the above information or had it read to me.
- I have had the opportunity to ask and have answered all of my questions.
- I understand what is being asked of me.
- I will be taking part in a research study.
- I may freely stop or leave the research study activities at any time.
- My information may be shared outside the University of Manitoba.
- I do not waive my legal rights by participating in the study.

I agree to participate in this study.	☐ YES ☐ NO
---------------------------------------	--

You may create an image by scanning the document with a document scanner or taking a picture of it with a digital camera or your phone. The principal investigator will contact you soon to arrange a time to conduct the interview.

Name of Participant

Participant's Signature

Date

Summary of Results: If you wish to receive a summary of the study results, please provide your email address below and an electronic copy of the report will be emailed to you in approximately January, 2026.

Email address: _____

Notice Regarding Collection, Use, and Disclosure of Personal Information

Your personal information is being collected under the authority of The University of Manitoba Act. The University of Manitoba is committed to preserving your right to privacy. The information you provide will be used by the University to support our research. Your personal information will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act or The Personal Health Information Act. If you have

any questions about the collection of personal information: Ph: 204-474-9462 or Email: fippa@umanitoba.ca

Please read this document and fill out this consent form if you would like to participate. Please email the completed consent form to Nicole Prenovault at prenovan@myumanitoba.ca

Appendix E: Demographic Questionnaire

This demographic questionnaire was created using the University of Manitoba (2022) guidelines for demographic questions. It was administered at the start of the semi-structured interviews.

How many months or years have you been working as a nurse? (includes any time working as a graduate nurse) _____

Are you an RN or RPN? _____

What has primarily been your FTE since starting work as a nurse? _____

What is your age in years? _____

- Prefer not to answer _____

My gender identity is: _____ (open ended)

- Prefer not to answer _____

How would you identify with respect to culture, race and/or ethnicity: _____ (open ended)

- Prefer not to answer _____

My current relationship status is:

- Single _____
- Common-law _____
- Engaged _____
- Married _____
- Separated _____
- Divorced _____
- Widowed _____
- My relationship is not listed here:
 - My relationship status is: _____ (open ended)
- Prefer not to answer _____

Which Country or Canadian province/territory did you complete your nursing education?

When did you complete your nursing education? _____

Prior to working as a nurse, did you work within the health care field? _____

What area of nursing do you primarily currently work in? _____

Since starting work as a nurse, have you started or completed any further education programs or any certificates? _____

Appendix F: Oath of Confidentiality for Transcriptionist

University of Manitoba | Rady Faculty of Health Sciences

College of Nursing
Helen Glass Centre for Nursing
89 Curry Place
University of Manitoba (Fort Garry Campus)
Winnipeg, MB R3T 2N2 Canada
T: (204) 474-7452
F: (204) 474-7682
nursing@umanitoba.ca

Study Title: Exploring Thriving in Newly Graduated Nurses: A Qualitative Descriptive Study

Principal Investigator: Nicole Prenovault RN, BN, Master of Nursing student, College of Nursing, prenovan@myumanitoba.ca

Research Supervisor: Wanda Chernomas, RN, PhD, Associate Professor, College of Nursing, wanda.chernomas@umanitoba.ca

I, _____, am involved as a transcriptionist in the research project entitled “Exploring Thriving in Newly Graduated Nurses: A Qualitative Descriptive Study” (the “Research Project”).

With respect to the above noted Research Project, I will:

- Respect the right to privacy and confidentiality of all the participants in this research project.
- Keep all the research information shared with me, including but not limited to recordings, transcripts, consent forms, research results, and data files (hereinafter the “Research Information”), secure and confidential.
- Not disclose, share, or make accessible the Research Information with anyone outside the research team.
- Store all Research Information in accordance with the data management plan outlined in the approved Research Ethics Protocol while in my possession.
- Store and use the Research Information only in the way it was approved by the Research Ethics Board.
- Not make copies, duplications, or transmit the Research Information unless approved by Nicole Prenovault, the Research Project's principal investigator.
- In consultation with Nicole Prenovault, the Principal Investigator, adhere to the data management plan including maintaining deadlines of disposal/destruction of Research Information as outlined in the approved Research Ethics Protocol

I will notify the principal investigator if I discover that the Research Information is not being managed as approved by the Research Ethics Board and/or of it is not being kept confidential or secure as required by this Oath of Confidentiality.

Oath of Confidentiality Signature

Your signature on this form indicates that you have understood to your satisfaction the 2 pages of information regarding participation in the research project and agree to participate as a transcriptionist.

Transcriptionist Signature: _____ **Date:** _____ (day/month/year)

Transcriptionist Printed Name: _____

Appendix G: Research Ethics Protocol Approval



University of Manitoba | Research Ethics and Compliance

Human Research Ethics - Fort Garry
66 Chancellors Circle
Winnipeg, MB R3T 2N2
humanethics@umanitoba.ca

PROTOCOL APPROVAL

Effective: June 27, 2025

Expiry: June 26, 2026

Principal Investigator: Nicole Prenovault
Advisor(s): Wanda Chernomas
Protocol Number: HE2025-0141
Protocol Title: *Exploring Thriving in Newly Graduated Nurses: A Qualitative Descriptive Study*

Martha Koch, Acting Chair, REB1

Research Ethics Board 1 has reviewed and approved the above research. The Office of Human Research Ethics (OHRE) is constituted and operates in accordance with the current *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans- TCPS 2 (2022)*.

Please note the following important information about your protocol approval:

- i. Approval is granted for the research and purposes described in the protocol only.
- ii. Any changes to the protocol or research materials must be approved by the OHRE **before implementation**.
- iii. Any **deviations** to the research or **adverse events** must be reported to the OHRE immediately through an **REB Event**.
- iv. This approval is valid **for one year only**. A Renewal Request must be submitted and approved prior to the above expiry date.
- v. A **Protocol Closure** must be submitted to the OHRE when the research is complete or if the research is terminated.
- vi. The University of Manitoba may request to audit your research documentation to confirm compliance with this approved protocol, and with the UM [*Ethics of Research Involving Humans*](#) policies and procedures.

Appendix H: List of Resources for Participants

For immediate mental health/crisis resources:

- **Manitoba Suicide Line:**
 - 1-877-435-7170
- **Klinic Crisis Support Line:**
 - 204-786-8686 or 1-888-322-3019
- **First Nations and Inuit Hope for Wellness Help Line:**
 - 1-855-242-3310
- **Shared Health Adult Crisis Response Centre & Crisis Services (Winnipeg):**
 - 204-940-1781
 - 817 Bannatyne Ave, Winnipeg, MB
- **Manitoba Farm, Rural & Northern Support Services:**
 - 204-571-4182 or 1-866-367-3276

For NGN specific supports:

- **Nursing the Future**
 - <https://nursingthefuture.ca/>
- **ARNM Emerging Leaders Network**
 - <https://www.arnm.ca/emerging-leaders-network>
- **Manitoba Nurses Union**
 - <https://www.manitobanurses.ca/>
- **College of Registered Nurses of Manitoba**
 - <https://www.crnmb.ca/>
- **The College of Registered Psychiatric Nurses of Manitoba**
 - <https://crpnm.mb.ca/>

Long term resources:

- **Psychology Today (for finding a counsellor or therapist)**
 - <https://www.psychologytoday.com/ca>

(continued on next page)

- **WRHA Employee Assistance Program**
 - <https://professionals.wrha.mb.ca/employee-assistance-program/>
 - Phone: 204-786-8880
 - TTY: 204-775-0586
 - Toll free: 1-800-590-5553

- **Nine Circles BIPOC Mental Health Worker List**
 - <https://ninecircles.ca/news-events/welcome-the-bipoc-mental-health-worker-list-to-nine-circles-community-health-centre/>