

Resignation Experiences of Working as Chinese New Nurses in Tertiary Hospitals: A Qualitative Study

Jingjing Xing^{1,*}, Yunxian Zhou²

¹Department of Nursing, Zhejiang Orthopaedic Hospital, Hangzhou, China

²Nursing College, Zhejiang Chinese Medicine University, Hangzhou, China

Email address:

xingjing984113@163.com (Jingjing Xing), 47672905@qq.com (Yunxian Zhou)

*Corresponding author

To cite this article:

Jingjing Xing, Yunxian Zhou. Resignation Experiences of Working as Chinese New Nurses in Tertiary Hospitals: A Qualitative Study. *Science Journal of Public Health*. Vol. 10, No. 6, 2022, pp. 242-248. doi: 10.11648/j.sjph.20221006.11

Received: October 6, 2022; **Accepted:** November 2, 2022; **Published:** November 11, 2022

Abstract: To summarize the benefits of new nurses after resignation, and explore how to manage the resignation of new nurses, so as to stabilize the new nurses. Using a descriptive qualitative research design, a purposive sampling approach was implemented to recruit new nurses who had departed from their nursing jobs within 1 year from tertiary hospitals in Hangzhou, Zhejiang, China. Face-to-face semi-structured interviews were used to collect data regarding resignation experiences. The interview records were transcribed, and data were analyzed using conventional content analysis methods. Themes were refined and summarized. In total, nine female and seven male were interviewed. Analysis resulted in the identification of two themes: Process of resignation, and reflection after resignation. The path to resignation included three sub-themes: struggle before resignation (e.g. distress in the decision to resign and striving for family support), emotional injury during resignation (e.g. insincere retention and complicated resignation procedures) and confusion after resignation (e.g. not knowing what to do, take one step at a time). Reflection after resignation involved three sub-themes: the outside world is wonderful and helpless (e.g. Satisfied job is not easy to find, a sharp decline in income is difficult to maintain life), remembering good aspects of past nursing work (e.g. appreciating the nature of nursing work and appreciating the remuneration of nursing work) and thoroughly considering a decision to resign (e.g. examination of the work itself, changing oneself). New nurses have a distinctly modern profile, and attach importance to their inner emotions, personal pursuits, they are likely to resignation to solve problem. But these nurses are often indecisive regarding the decision to leave and experience emotional injury because not sincerely engaged and encounter complicated resignation procedures. After resignation, these new nurses consider the nursing profession more objectively and acknowledge its importance. In the era of social media, the resignation of new nurses is a powerful action. Careful consideration is needed regarding the resignation management of new nurses to eliminate the negative effects, and explore how to help them get through the difficult period, enhance the new nurses' sense of gain, avoid unnecessary turnover is worth managers think deeply.

Keywords: New Nurse, Resignation Experience, Qualitative Research

1. Introduction

As Kasai has stated, nursing is an important component of health care. They are the specific implements of medical care and are the first to observe a patient's condition. The nurse is also a health educator. Governments should invest more in the nursing workforce to maintain preparedness for health challenges such as emerging infectious diseases, as well as climate change, aging populations, and non-communicable

diseases. Whereas the World Health Organization recently reported that there is a global shortage of 5.9 million nurses [1]. The continuously increasing health demand and ongoing nursing staff loss put the shortage of nursing human resources an emphasis. Previous studies show that the proportion of nurses to the total population in most developed countries of the world is about 5 per 1,000, and the turnover rate for nurses in the United States, the United Kingdom, Japan, and India ranges from 10 to 22.7 percent [2, 3]. While registered nurses in China account for only 3% of the population, the total

population is about 1.4 billionths implies a shortage of nearly 1 million nurses in China [4]. The reported number of registered nurses in China was 4,098,600 at the end of 2018 [5]. According to the survey, the turnover rate of nurses in China is higher than 30%, new nurses account for over 60% of the total [6, 7]. Many hospitals are facing a chronic nursing shortage. Voluntary resignation is the most frequent cause of nursing staff turnover in China [7], and nurse resignations are most likely to occur in the first year of employment [8]. Internationally, a new nurse is a nursing worker who has been in clinical practice for less than one year after graduating from medical school [9]. At present, most hospitals in China define new nurses as nurses who newly enter the hospital work, including newly graduated nurses, newly transferred nurses, probationary nurses and newly recruited nurses during the standardized training of new nurses [10]. New nurses are the newest force in the clinic. Current research has focused on the reasons for new nurse turnover, with less research on their turnover experience. This study explored the resignation experiences of new nurses through qualitative research, summarize the advantages of new nurses after resignation, and explore how to manage the resignation of new nurses, so as to stabilize the new nurses.

2. Methods

2.1. Research Design

A descriptive qualitative design, which is based on naturalistic inquiry and applies everyday language with flexible strategies [11], was adopted in current study. This method is useful when directly describing experiences [12], as expected in the present study.

2.1.1. Study Population

Inclusion criteria were less than or equal to 1 year of clinical nursing work experience in tertiary hospitals in Hangzhou and absence from clinical nursing work now. Exclusion criteria were refused to participate in this study.

2.1.2. Sampling Method

In this study, purposive sampling was used to select interviewees who had resignation experiences. To obtain extensive information concerning resignation experiences, the interviewee characteristics were diversified as much as possible, such that they differed in terms of 6 hospital employments, place of origin, gender, age and education.

2.1.3. Ethical Consideration

Upon the approval of Ethics Committee of Zhejiang Orthopedic Hospital (approval no. 2021-003) the data collection for this study began. The participants were given description of the purpose and procedure of the research, assured of anonymity in recording and reporting the interviews, and told that they could stop their participation anytime during the interview before they signed the written consent. A hard copy of the signed consent was given to the participants. The participants' demographic information and

audio files were stored in a computer exclusively known to the chief researcher to secure anonymity of the interviewees.

2.2. Data Collection

This study used semi-structured interviews to collect information regarding the views, ideas, resignation of experiences and thoughts of the research participants.

2.2.1. Design of the Interview Guide

The reporting of this qualitative synthesis follows current status and reflection on the study of nursing staff turnover in China-based on bliometric analysis [8] and Retention outcomes of new graduate nurse residency programs [13], and Understanding intention to leave among new graduate [14] formed the draft after repeated discussions and revisions. The revised interview questions were as table 1:

Table 1. Interview Outline.

1	"What are your perceptions about working in the nursing profession?"
2	"What factors motivated you to choose to leave your job?"
3	"What it feels like when actually left? Please share the entire process."
4	"How did you feel after leaving?"
5	"What advice and suggestions do you have for other new nurses who are planning to leave?"

The interview questions were open-ended, and the actual interview was flexible and not limited to the content and order in the guide, but was based on each interviewee's thoughts and allowed expression in a natural and open manner.

2.2.2. Conduct of Interviews

The interviews were conducted in a natural environment and were conducted in a face-to-face manner. The interviewee was informed of the purpose and meaning of the interview, signed the informed consent form, and began the interview. Each interview, from the beginning of the first interview question to the end of the last question answered, was recorded, and the mean interview time was approximately 47 min. During each interview, the interviewer carefully monitored the interviewees' expression changes and body movements, listened carefully to their statements, asked follow-up questions and responded in a timely manner and avoided hints. The interviewer did not comment on the interviewees' opinions during the interview, and confirmed unclear statements by repetition or request for clarification. At the end of each interview, the interviewee was asked if they had anything else to add and were thanked. They were informed that a second interview might be conducted if needed. All 16 interviewees were interviewed once.

2.2.3. Record of Interview Notes

Interview notes were written within 24 hours after each interview. These notes mainly included the body language, facial expressions and emotional changes of the interviewees during the interviews. They also included the information on the surrounding environment and the researcher's thoughts about the interview, which supplemented the interview data.

2.2.4. Data Organization

Within 24 hours after each completed interview.

After the completion of each interview, the researcher transcribed the recorded interviews into Word verbatim within 24 hours. Combined with the interview notes, each interviewee's tone of voice and body movements were marked. The original style of the data was preserved as much as possible during the transcription process. To protect interviewee privacy, the letters M1–M16 were used instead of the interviewees' names. Finally, the files were archived and categorized, including interview recordings, transcribed texts and interview notes. They were placed in a single folder and titled using the interviewee letter designations.

2.2.5. Data Analysis

Data collection and analysis were conducted simultaneously, and the conventional content analysis method

was used for data analysis in this study. The researcher read each interview at least 2 times to gain an overall understanding of the interview material, then performed annotation of important ideas and concepts in the material, open coding of transcripts and categorization of similar codes. Existing data were processed in an ongoing manner during data analysis to accommodate any new data and generate new insights. Data collection was stopped upon confirmation that no new themes and sub-themes could be generated.

3. Results

In total, 16 interviewees were included in this study (nine females and seven males), with birth years ranging from 1995 to 1997 and working time ranging from 1 to 12 months. The interviewee characteristics are shown in Table 2.

Table 2. The basic characteristics of the interviewee in our study.

No.	Gender	Birth	Department	Education	Career (Months)	Hospital level
M1	Female	1995	Internal Medicine	Junior College	12	City
M2	Female	1995	Internal Medicine	Undergraduate	11	City
M3	Female	1997	Rehabilitation	Undergraduate	9	City
M4	Female	1995	Emergency	Junior College	12	City
M5	Female	1995	Internal Medicine	Undergraduate	2	Province
M6	Female	1996	Internal Medicine	Undergraduate	6	Province
M7	Female	1995	Emergency	Undergraduate	12	City
M8	Female	1996	Oncology	Undergraduate	12	City
M9	Female	1996	Surgery	Undergraduate	3	City
M10	Male	1996	Emergency	Undergraduate	2	Province
M11	Male	1996	Operating Room	Undergraduate	1	Province
M12	Male	1995	Operating Room	Undergraduate	12	Province
M13	Male	1996	Emergency	Junior College	6	City
M14	Male	1997	Intensive Care Unit	Undergraduate	3	Province
M15	Male	1996	Intensive Care Unit	Undergraduate	12	Province
M16	Male	1995	Emergency	Junior College	12	City

The table showed the characteristics of interviewee in our study, including the gender, birth date, hospital department, education level, occupational career and hospital level.

Data analysis revealed two themes and six sub-themes: path to resignation (struggle before resignation, emotional injury during resignation and confusion after resignation), and reflection after resignation (the outside world is wonderful and helpless, remembering good aspects of past nursing work and thoroughly considering a decision to resign.).

3.1. Theme 1: Path to Resignation

Resignation is defined as internal or external [15]. Internal separation refers to the movement of a nurse within the organization (to a new position). External separation refers to departure from the original organization or unit. This study specifically focused on external separation, involving nurses who have not continued working in the nursing profession.

3.1.1. Sub-theme 1: Struggling Before Resignation

Struggling before resignation means that there is a dilemma for the new nurse to stick with or leave. The interviewees reported distress in deciding whether to resign or continue in the nursing profession. The first aspect of this sub-theme is

distress in the decision to resign. After experiencing some failures and instances of disapproval at work, new nurses think they are not a good match for nursing and begin to doubt themselves. M1: "Every day is on edge, that is, whether there is something left behind, whether there is the wrong medication issued such." Interviewee M4: "Not physically tired, is tired, not confident, most afraid of being misunderstood by others, do not understand, but I do not want to say, something is no way to say the bitter. I think I'm still not very suitable for nursing, not for this job." M8 also said: "I often wonder it's my own problem, I'm particularly unlucky." Even after new nurses decide to resigned, they were often unsure whether that was the appropriate decision. Interviewee M2: "I was torn when I decided to leave my job, and I was hesitating after submitting my resignation report." Interviewee M14 said, "To be honest, I was also very reluctant to leave, I was torn, I felt I was dying." Interviewee M8 said, "I had the idea of leaving for more than an half of year, but I couldn't decide." When nurses decided to resign, they experienced emotional anguish and uncertainty. The second aspect of this sub-theme is the need for support from family members. Although the decision to leave is ultimately made by the new nurses themselves, they desire understanding and support

from their families. M9: "I didn't tell my family about quitting. I was worried that my family would not support it, and my dad definitely did not support it." M7: "My parents did not agree at first. I talked to them many times, and after I broke my bones because of insomnia, they agreed after thinking about my work status and health condition." M11: "Because of resignation, my family argued very hard. At that time is in the phone quarrel, and very depressed inside. They just kept scolding me, they just couldn't understand me." When new nurses decide to resign, this may shock to their families, which contributes to the distress in deciding to resign.

3.1.2. Sub-theme 2: Emotional Injury During Resignation

Emotional injury during resignation means emotional injury during resignation. New nurses often feel that they have invested considerable effort in their unit and their job, but they may decide that resignation is necessary. Some interviewees reported sadness because their resignation was not valued by hospital leaders. M1: "They didn't ask me either, they just gave you the feeling that there are so many nurses anyway, and you'll have the next one coming when you leave. There is no feeling of saying I trained you for 1 year and it's a pity that you left." Interviewee M2 also said: "At the beginning, our head nurse said very well that my situation had been reported to the nursing department, and that someone would come to you or something. Then actually no one came to me at all, just left on my own." Many other interviewees said that they experienced emotional injury because of the complicated resignation procedures. M8: "The separation procedure is quite troublesome, all the hospital departments run over, many times the leaders are not in, repeatedly to find, it is a waste of time." M10: "I need to go to the equipment section to knock the chapter, I do not even find where is the equipment section."

The complicated resignation procedures make new nurses feel that their departure from the hospital is injured and sad, thus reinforce their doubts regarding the concept of the hospital.

3.1.3. Sub-theme 3: Confusion After Resignation

Confusion after resignation means the confusion that new nurses feel when they face an uncertain future after leaving. Some new nurses chose resignation to resolve the problems in their nursing careers. However, the uncertain future after resignation led to confusion. The first aspect of this sub-theme is a lack of sufficient planning knowledge. In this study, some interviewees described submitting their separation reports without sufficient planning, which led to confusion soon after resignation. Interviewee M5 said: "You must be very happy when you just quit because you finally get rid of such a state that you don't like, but you immediately fall into another kind of panic, panic about your future unknown." The second aspect of this sub-theme is taking one step at a time. Specifically, some new nurses had clear plans following resignation, including participation in a new field of work or continued education. M9: "The exam is to avoid work and take one step at a time." Interviewees M6 and M10 reported that they had found new jobs, but were uncertain about the future

development of those jobs, a lot of work is not as orderly as nursing work can predict the future direction of development. After new nurses leave their jobs, they experience confusion and anxiety about an uncertain future, and often adopt a strategy of take one step at a time.

3.2. Theme II: Reflection After Resignation

Reflection after resignation means after exploration of the outside world, as well as contemplation of the nursing profession and their own resignation experience, New nurses who have left have new perspectives that allow a more rational and objective assessment. The analysis identified three sub-themes.

3.2.1. Sub-theme 1: The Outside World Is Wonderful and Helpless

The outside world is relative to the nursing circle in which new nurses work, there will also be good aspects and unsatisfactory aspects. As mentioned above, some new nurses regarded the nursing profession as excessively limited, so they were eager for the outside world. When they resigned from their nursing jobs, they found that the outside world was ideal in some respects (e.g. it contained many new challenges), but also as engendering hopelessness in some respects (e.g. career changes were difficult, income was low, and real life involved considerable pressure). Interviewee M1 said: "My new job has made me more confident and able to express myself." But some people get into trouble quickly. They felt in relation to the outside world. Notably, it was difficult to find a job after departure from the nursing profession. Some interviewees said that the professional training for nurses is narrow, such that it was difficult to change careers. Additionally, some interviewees stated that their incomes decreased considerably after they left the nursing profession, and it was difficult to maintain their livelihood. Interviewee M1 said: "The income of the new job was approximately half that of the prior nursing job." Interviewees M2, M6, and M7 said that additional part-time work was needed to compensate for their missing income.

3.2.2. Sub-theme 2: Remembering Good Aspects of Nursing Work

The outside world leads new nurses to have a better understanding of nursing work after they have resigned. They realize that nursing work has helped them to attain current employment, and has provided them with good working habits, greater knowledge, and health perspectives. The first aspect of this sub-theme is appreciation of the nature of nursing work. New nurses who had left the profession reported a more rational perception of the nursing profession. Interviewee M14 said: "The nursing career had cultivated organized and conscientious work habits, and that the associated medical knowledge could help others and provide a sense of accomplishment. M2 said that: "After resignation, I continued to enjoy clinical work, and felt that my medical knowledge could help others and bring a sense of security to my family." M3 felt that the nursing community was more positive,

following exposure to people with diverse backgrounds. Interviewee M11 specifically stated that nursing work is a good career choice. The second aspect of this sub-theme is appreciation of the nursing work salary. Interviewee M5 stated that a return to the nursing profession might be appropriate if outside work led to financial hardship. Interviewee M2 said: "The treatment of new nurses is good compared to other professions, many of my high school classmates did not earn as much as I did at that time after graduating from undergraduate school." M10 said: "It is impossible to earn much money in the hospital, but the income can guarantee an upper-middle level of living. It's below the best, but better than the average."

Economic conditions in the Hangzhou area are relatively good, and the salaries of new nurses in Hangzhou's tertiary hospitals are substantial. Salary is not a factor that motivates new nurses to leave, and some interviewees indicated that they would consider returning to nursing because of the low income from their new jobs. This is not consistent with previous research on nurse turnover.

3.2.3. Sub-theme 3: Thorough Consideration of a Decision to Resign

After the resignation has been completed, new nurses engage in comprehensive introspection about their decision to leave. The first aspect of this sub-theme is examination of the work itself. Work is the means by which individuals earn a living and contribute to society. In this study, new nurses who left their jobs reported deeper insights into the attributes of work itself. They also recognized that the work has attributes of responsibility and duty, and reported more positive views and attitudes toward nursing. Interviewee M3 said: "Other jobs are also scolded by bosses and supervisors, and coworker relationships are complicated and more stressful." Interviewee M1 pointed out: "Before leaving a job, don't talk about how the job is, but reflect on what you have gained from nursing." The second aspect of this sub-theme is to change oneself. After the new nurses had a more objective view of the nursing profession, their thought processes also changed. Interviewee M1 thinks: "Look at yourself, be responsible for yourself, and you should start by changing yourself when you encounter problems." Interviewee M6 said: "The impulse to leave a job affected by some bad events needs to be treated calmly, and the job itself is like that." Interviewee M4 also said: "It's not always someone else fault, you may also have a problem. Look for reasons from yourself." Although new nurses who had already left were more mature in their views, they maintained the view that preferred job situations should be pursued without regrets.

4. Discussion

The large population and lack of nursing human resources has led to a greater need to develop and retain an adequate nursing workforce to meet the current and future health challenges. This interview found that new nurses have clear learning and self-realization needs. In terms of policy, relevant

laws and regulations should be formulated and improved to implement the Regulations for Nurses, and increase the resources invested in nursing careers. Liu et al. [16] reported that further development of nursing higher education, nursing scientific research, and full reflection of the professional value of nursing staff can increase the sense of access among nurses. Supportive publicity regarding the nursing profession may help to improve the professional image of nurses. Hospital management should deliberate the roles and efforts of nurses, and give recognition and encouragement to nursing work. Additionally, nurses have been designated as "shortage talents" by the World Health Organization. Thus, we advocate for policies to support nursing staff in terms of education, travel and life, as well as the provision of specific benefits. These changes will create incentives for the nursing profession, and may improve the sense of identity and honour among nurses.

Furthermore, twelve interviewees reported they experienced emotional injury during the separation process. One interviewee was scolded by her nursing director after she mentioned potential resignation, which enhanced her resolve to resign. Some interviewee experienced emotional injury because their sincere efforts were not valued by her supervisor. Previous literature has not extensively focused on nurses' experiences during the separation process. In today's highly informative and social media-focused world [17], new nurses post extensively on social media platforms, which make the resignation of new nurses a powerful action. In this study, interviewees noted that the resignation of one new nurse was often followed by the resignation of several new nurses, because it encourages the impulse to resign. Wang et al. [18] showed that colleagues' resignations can have multiple negative effects on the remaining nurses, including increased work stress, reduced motivation, and enhanced intention to leave. Therefore, leaders should actively work to prevent the resignation of new nurses. First, leaders should actively identify new nurses who might consider resignation. Through joint activities involving the hospital's counselling, nursing, psychological and personnel departments, leaders can learn the needs of these nurses. Leaders can objectively emphasize the advantages of the nursing profession (e.g. stable work, low risk of unemployment, and steadily increasing income), as well as the potential of the nursing profession to shape people and apply its accumulated medical knowledge to help others in times of need. In addition, the examples of nurses who have left the profession can be used to guide new nurses with respect to the sense of hopelessness in dealing with the outside world, the difficulty in changing careers, reductions in income. This information can help new nurses to make more rational decisions and provide substantive advice through in-depth communication. Perhaps we can give these new nurses about half a year of cooling-off period, stop pay to stay, to help them through this difficult period. Second, leaders should interact carefully with new nurses have a strong desire to leave. Although leaders can listen to these nurses and help to identify management problems, they should also try to perform final steps of holistic support (e.g. thank the new nurses for their prior efforts and contributions). Because of multiple factors,

departing new nurses can easily become role models and counselling guides for other individuals. Moreover, nurses who have already left often provide more convincing persuasion for nurses working in the profession. Therefore, positive separation management is important to transform the departing new nurses into advocates of the hospital nursing profession, thereby eliminating or reducing the negative effects of nurse resignation. In this study, interviewees reported the absence of holistic support during the separation process. Instead, they experienced emotional injury. New nurses believe that the current separation management is process-oriented and lacks genuine communication. Some interviewees said that the conversations are simply formalities, and they will avoid truthful answers because of potential reprimands. In addition, the complicated resignation procedures contribute to a negative overall experience among new nurses. These are all aspects that leaders can improve in the future.

Above all, new nurse resignation is a very complex behavioral process. This study reveals and analyzes the process, which is beneficial for nursing managers, educators to understand the inner thoughts of new nurses and take effective actions, such as strengthening professional education, Pay attention to the management of the process of new nurses resignation and actively eliminate the negative effects of new nurses resignation by stating the sense of benefit in the nursing profession.

5. Conclusion

This study involved 16 new nurses who left the hospital, resulting in nearly 130,000 words of transcribed interview text. New nurses have high self-growth needs, focus on self-feelings, eager to be encouraged and recognized by others. If they do not get enough security in the organization, it is easy to adopt the method of resignation to solve all the problems encountered. However, even after making the decision to leave, they will still struggle and be in a swing state. The lack of positive, humane management of departure will strengthen their departure behavior. Similarly, the nurses after resignation will compare and summarize the benefits of nursing work, such as cultivating significance of responsibility and loving life more; formed a good working habit, laid a good foundation for future work and study; the acquired medical Knowledge and clinical experience can help others and bring sense of security to their families. In addition, the income of nursing work is relatively objective compared to the income of work with the same degree.

6. Recommendation

In the current study, little attention has been paid to resignation management, and more managers need to pay attention to and optimize resignation management to improve resignation experience of new nurses. Through the later investigation of 16 interviewees in this study, 6 of them returned to the nursing position (not the original unit), which

deserves our serious attention to the resignation experience of new nurses, and discusses how to help them get through the difficult period at that time, enhance the sense of acquisition of new nurses, avoid unnecessary resignation, and then stabilize the new nurse team and inject vitality into the sustainable development of nursing.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

References

- [1] State of the World's Nursing Report 2020. World Health Organization with the International Council of Nurses and the Global Campaign "Care Without Delay". (2020-09-25) [2020-10-04]. <http://www.360doc.cn/mip/904481822.html>.
- [2] Takase M. A concept analysis of turnover intention: Implications for nursing management [J]. *Collegian* 2010, 17 (1): 3-12.
- [3] Palese A, Cristea E, Mesaglio M, et al. Italian-Moldovan international nurse migration: rendering visible the loss of human capital [J]. *Int Nur Rev*, 2010, 57 (1): 64-69.
- [4] National Health and Wellness Commission of the People's Republic of China. Development of nursing in China. [EB/OL]. (2019-05-08) [2019-09-18]. <http://www.nhc.gov.cn/xwzb/webcontroller>.
- [5] Statistical Bureau of the People's Republic of China. China Statistical Yearbook. [EB/OL]. (2019-05-08) [2019-09-18]. <http://data.stats.gov.cn/easyquery.htm?cn=C01&zsb=A0002&sj=2018>.
- [6] Sun F, Zhao YB. Analysis and reflection on the current situation of resource allocation of practicing registered nurses in China [J]. *Chin H*. 2019; 23 (06): 42-45.
- [7] Xu Y, You L, Liu K, et al. A study on the current situation of nursing human resources turnover in China's hospitals [J]. *Chin Nurs Manag*. 2011; 11 (09): 29-32.
- [8] Zhou Z. Current status and reflection on the study of nursing staff turnover in China based on bibliometric analysis [J]. *Chin J Prac Nurs*. 2015; 31 (04): 307-309.
- [9] Alshawush KA, Hallett N, Bradbury JC. Impact of transition programmes for students and new graduate nurses on workplace bullying, violence, stress and resilience: a scoping review protocol [J]. *BMJ Open*, 2020, 10 (10).
- [10] Wang LY, Hu ZQ. Application of PBL combined with CBL teaching method in the pre-service training of new nurses in standardization [J]. *Int J Nurs*, 2020, 39 (21): 3873-3876.
- [11] Sandelowski M. Whatever happened to qualitative description? [J]. *Res Nurs Health*, 2000, 23 (4): 334-40.
- [12] Chen TT, Zhou Y. The current situation and suggestions of descriptive qualitative research in nursing [J]. *Nurs Reha*. 2020; 19 (01): 22-24.
- [13] Samantha RA. Retention outcomes of new graduate nurse residency programs: an integrative review [J]. *J Nurs Adm*. 2019; 49 (9): 430-435.

- [14] Rhéaume A, Clément L, Lebel N. Understanding intention to leave amongst new graduate Canadian nurses: a repeated cross sectional survey [J]. *Int J Nurs Stud*. 2011; 48 (4): 490-500.
- [15] Hayes LJ, O' Brien-Pallas L, Duffield C, et al. Nurse turnover: a literature review and update [J]. *Int J Nurs Stud*. 2012; 49 (7): 887.
- [16] Liu SY, Zhang HW, Yang ML. A study on the current status and influencing factors of nurses' social status [J]. *Nurs Res China*. 2012; 26 (09): 811-812.
- [17] Zhao B, He J, Chen X, et al. Analysis of the current situation of Chinese self-media in the context of "everyone is media" [J]. *Medi Forum*. 2020; 3 (20): 42-43.
- [18] Wang Z, Jia L, Ai X, et al. A qualitative study of the impact of colleague turnover on in-service nurses [J]. *Chin Nurs Manag*. 2011; 2011 (01): 82-85.