

A Study on New Nurse Types that Nurses in Comprehensive Nursing Service Hospitals want to have as Part of their Team

Sunyoung Jang¹ and Meesuk Wang^{1*}

¹Department of Nursing, Hanseo University, Seosan, Korea
sjang@hanseo.ac.kr

*Corresponding Author: mawang@hanseo.ac.kr

Abstract

The aim of this study was to compile a subjective categorization of newly licensed nurses with whom comprehensive nursing service hospital nurses want to work and to describe the characteristics of each type as well as to identify categories of the new nurses. The study utilized Q Methodology with 60 nurses of more than one year experience at public hospitals located in Seoul as the nurses were asked to classify 70 statements on perception of new nurses. The collected data was analyzed through QUANAL PC program. In this study, the types of new nurses with whom experienced nurses wanted to work with were categorized into 6 types: "Punctual and Responsible," "Warm and Empathetic," "Integrated and Open," "Prudent Learner," "Realistic Ideal," "Mission and Compassion." By defining the ideal image of a new nurse through categorization of new nurses with whom experienced nurses want to work, this study has provided the baseline data for better human resources management and reducing work stress for new nurses. In addition, these set of findings may provide for more effective training programs for new nurses. This study also established the theoretical framework for a nurse manager's arrangement of arbitration in helping new nurses adjust.

Keywords: *Comprehensive nursing service, New nurses*

1. Introduction

1.1. Need for the Study

The medical work environment has been undergoing striking change recently, owing to increases in the care standards for the medical consumers and diversification, opening up of the medical market and changes in medical fee payment system. Against this backdrop of such change, the medical institutions have come to recognize the value of effective financial management and quality human resources management as well as achieving the organization's goals [1]. The crucial factors in hospital management are maintaining adequate staffing and effective management of the nursing department as it provides direct service to patients; in addition, the nursing staff contributes 30-40% of the hospital working force [2].

New nurses when they begin working in the field after completing the formal nurse certification course. During this time, their confidence and certainty about their chosen profession may decrease, leading to frequent mistakes and work-related stress, causing anxiety and tension in everyday life and resulting in low self-esteem from being inexperienced [3]. When such stress is allowed to go on, the new nurses can become frustrated at work and lead them to consider turnover [4].

New nurses can come to experience conflict arising from disparities between their own high expectations of working in the field and reality, the knowledge required of them, the 3-shift system and the complicated relationships with co-workers [5]. What the new nurses find the most difficult in this period of adjustment is comprehending and

performing their nursing duties as required. In addition, the new nurses have to rely on help from their colleagues causing them to feel pressured and to become exhausted. For the new nurses, their first year of employment is very important as it influences their learning, attitude, and productivity along with the willingness to stay at the job. It has been shown that the level of work stress and the level of turnover are highest during the first year [6]. With the introduction of the comprehensive nursing service, the number of direct patient nursing hours has also been increasing along with an expansion of the scope of a nurse's responsibilities. In this context, the training of new nurses needs to be a priority.

It is important to identify what experienced nurses consider an ideal nurse and make available such information to the new nurses who have just joined the organization. This study explored and categorized the types of new nurses that the nurse practitioners will want to train and tried to identify the characteristics and differences for each nurse type. It is hoped that the study will help arbitrations as these could be customized for each new nurse type. This study also aimed to provide baseline data for training programs for the newly licensed nurses. Finally, the information from the study may be financially beneficial in nursing management.

1.2. Purpose of Study

The purpose of this study was to provide information for new nurses by investigating subjective perception types and characteristics of each type of nurse that the experienced nurses want to work with through Q Methodology, and to provide baseline data for new nurse training strategies.

The specific aims were:

- 1) Stereotype the subjective perception of the types of new nurses with whom the nurse practitioners want to work.
- 2) Analyze, describe, and explain the characteristics of each type of new nurses with whom the nurse practitioners want to work.

2. Methods

2.1. Research Plan

For the study, literature, media material and data from preceding studies on professional nurses and perceptions of nurses were examined for surveys on the subjective type of nurses with whom comprehensive nursing service hospital nurses wants to work with. In addition, Q Statements on the type of nurses that one prefers to work with were determined through in-depth interviews, literature review and discussion for this study. Using this as the base, this study applied Q Methodology for this data collection. The method developed by Stephenson objectively measures the attitudes and subjectivity that one has towards a certain target. This method was applied to the type of new nurses that one wants to work with [5].

2.2. Procedure for selection of Q Populations and Q Samples

Q population was deduced through examination of domestic and overseas literature, open-ended questions, individual in-depth interviews etc. in order to extract comprehensive statements on the newly licensed nurses from the veteran, seasoned nurses. In order to collect a wide variety of opinions regarding roles and perception of nurses, data collection utilizing open-ended questionnaire was performed after comprehensively explaining the purpose of this study to the comprehensive nursing service nurses at the Seoul Medical Center. Forty-five nurses who took interest in the study provided the information. Individual in-depth interviews were performed for accurate and honest opinions of the nurse practitioners towards nursing roles and

perception based on the answers to open-ended questionnaire. In addition, there were 15 volunteers volunteering for about 1 hour each for the project. From the process, 8 Fields and 188 Q Populations were deduced contributing to a total of 240 Q Populations determined from reviewing additional domestic and overseas literature. Focusing on the 240 Q Populations, we used the assumption that samples of 20-100 or 40-60 were universal7), and one Q Methodology expert, 2 nursing professors and 5 general-hospital chief nurses selected the final 70 Q Samples with high discrimination through a revision and editing process.

2.3. Sampling Method

2.3.1. P Samples: Q Methodology is a qualitative research which focuses not on differences between individuals, but the signals transmitted by an individual with respect to disparity in importance, and it emphasizes the subjectivity of each individual. Since it relies on the small sample doctrine which states that as P Samples become larger, a factor becomes weighted and the characteristics are not clearly defined any more, and as such, sample sizes of less than 50 people are common8). For this study, the P Sample was a total of 60 nurses from the emergency room, ICU and general ward at a comprehensive nursing service hospital who agreed to participate in the study.

2.3.2. Q Sample Classification: Theory of Q Methodology was utilized for Q Sample classification, which is a process for distributing the extracted Q Samples to Q Sample distribution table so that the results are close to a normal distribution. First, the participant read the 70 Q Samples and was instructed to distribute cards according to the level of similarity between their own opinion and the card: 1 card to very positive (+7), 2 cards to +6, 3 cards to +5, 4 cards to +4, 6 cards to +3, 7 cards to +2, 8 cards to +1 and 9 cards to neutral (0). For cards that had the lowest level of similarities with their own opinion, participants were instructed to distribute cards with lowest levels of similarity to their opinions: 1 card to very negative (-7), 2 cards to -6, 3 cards to -5, 4 cards to -4, 6 cards to -3, 7 cards to -2 and 8 cards to -1; and allocated 15 points to +7, followed by 14, 13 and 12 points each, 8 points to neutral, 1 point to -4, followed by -2, -3 and -4 points. After obtaining a Q Sample distribution table, each individual was asked to choose the cards from each end of the spectrum and record personal characteristics and the reasons for allocating those cards there.

2.4. Q Sample Classification Process and Method

Q Sample classification was with subjects are selected as P Samples and assigned operant definitions to the types of new nurses that they want to work with. The operant definitions were determined by classifying the statements of Q Samples through forced normal distribution method.

After attaining the approval of the subject hospitals, an appointment was made for data collection and the hours during which the nurses selected as P Sample could be interviewed. The data was collected from nurses with more than 1 year of clinical experience at the Seoul Medical Center; the medical center provides comprehensive nursing service. The data collection was carried out in quiet room where at the same time complete privacy could be assured. These were in, for example, at a meeting room or a private restroom selected by the participant. The time of the interview was also chosen as most convenient for the participant before or after work hours. Q cards were utilized for data collection from 65 experienced nurses at the Seoul Medical Center. The time for each participant to complete Q Classification was on average 30-40 minutes.

2.5. Data Analysis

The collected data was scored with the transformed scores attributed to each category, with a distribution on the Q Sample distribution Table: 1 point for -7, 8 points for neutral, 15 for +7 *etc.* The transformed scores were coded according to the Q Sample number, and processed as major factor analysis by the QUANAL PC program [5]. To determine the ideal number of factors, Eigen value of 1.0 was set as the standard and a range of number of factors was entered into the system, and 4 types that were deemed ideal through the calculated results were finally selected. The mean and the standard deviation of components were analyzed utilizing SPSS WIN 21.0 program (SPSS Inc., Chicago, IL, USA).

2.6. Ethical Considerations

Prior to the study, voluntary agreement of all participants was attained and it was explained to all the participants' legal representatives that the participants were at liberty to withdraw from the study at any time. In order to respect the rights of the subjects and ensure the confidentiality of their privacy and personal information, all the data collected for this study were processed anonymously, coded and underwent Q-sorting during the data analysis process. Prior to the commencement of the study, permission from S Medical Center Institutional Research Board (IRB) (SMC2015-077) was attained.

3. Results

3.1. Characteristics of Each Newly Licensed Nurse Type

3.1.1. Structure of Categories: After the Q Factor analysis and via QUNAL PC program, it was shown that there were 8 categories for the type of nurses that nurse practitioners want to work with.

Three types accounted for 34.6% of the total variables. The explanation power of each type was: 22.5% for Type I, 29.4% for Type II and 34.6% for Type III (Table 1). Among the 60 participants, 20 belonged in Factor 1, 20 in Factor 2 and 20 in Factor 3. In this study, the questions and the sub-questions on the 3 components of new nurse types were not grouped together, but the components were interpreted as 2 separate types. It was regarded as the yin and yang that represents one of nature's properties [7]. People grouped under one factor refer to the group that displayed similar reactions to the type of new nurses that nurses want to work with.

Table 1. Eigen Values, Variance, and Cumulative Percentage

	Factor1	Factor2	Factor3
Eigen Value	14.3661	4.4282	3.3584
Variance (%)	22.5	6.9	5.3
Cumulative	22.5	29.4	34.6

3.1.2. Extraction of Categories of Newly Licensed Nurses: In order to construct the type of new nurses that experienced nurses wanted to work with, the characteristics of each type were recorded based on statements in which nurses in each category agreed or disagreed, and the analysis was performed with focus on items with notable differences in the value of mean and standard deviation. Also referring to the reason for the participants' choice of statements in Q Classification, sociodemographic background and emotions felt at work were taken into account.

The names of each type of new nurse connoting the characteristics of each type were chosen with consensus by the staff of 5 chief nurses, one doctor of literature and 2 nursing scholars based on analysis of data and discussion. Based on the three factor structure, the Q reactions of the P Samples (the study participants) were classified into questions and sub-questions, and 6 newly licensed nurse types were obtained.

Table 2. New Nurse Types with their Descriptions (n=60)

Representative items of type					
Factor	Type	No	Description	Mean(SD)	Z-score
Factor1 (N=20)	Type1	5	Diligent nurses who are never tardy or absent	12.00(2.938)	2.45
		9	Nurses who take responsibility for a task and complete it with the best of their efforts	12.40(2.437)	2.27
		1	Nurses who arrive at work on time	11.00(3.009)	2.03
		4	Nurses who come to work early to make up for their inexperience	10.60(2.644)	1.68
		11	Courageous nurses who can honestly report their mistakes to superiors	9.90(3.892)	1.55
	Type2	67	Nurses who actively participate in department activities at work (i.e. Q I, clinical research presentation)	4.40(2.542)	-2.54
		42	Nurses who do not consider expansive reform and change as problems	4.75(2.752)	-2.75
		70	Nurses who represent patients and their guardians and assist in communication with the medical team	5.50(3.818)	-1.95
		68	Nurses who can empathize with the patient or their guardians and share their pain, grief and fear	5.15(2.777)	-1.69
		66	Nurses who have a personal mental support network	5.55(2.502)	-1.63
Factor2 (N=20)	Type3	69	Nurses who inspire courage in patients by nursing with their hearts	10.65(2.498)	1.97
		23	Nurses who are always eager to learn	10.85(2.183)	1.76
		9	Nurses who take responsibility for a task and complete it with the best of their efforts	10.90(3.227)	1.42
		27	Nurses who are able to differentiate emergencies from daily routines at work	10.20(2.726)	1.32
		47	Nurses who treat everyone thoughtfully and politely	9.60(2.741)	1.28
	Type4	44	Nurses who take care of their appearances and are interested in non-verbal communication	3.50(1.987)	-2.54
		42	Nurses who don't consider expansive reform and change as problems	3.45(2.038)	-2.53
		31	Nurses who learn individual characteristics of themselves and other team members	4.95(2.800)	-2.16
		13	Nurses who do not waste time and materials	4.85(2.434)	-1.93
		34	Nurses who seek the help of experienced nurses in the case of emergencies	5.00(1.974)	-1.67
Factor3 (N=20)	Type5	9	Nurses who take responsibility for a task and complete it with the best of their efforts	11.95(3.069)	2.07
		15	Nurses who increase efficiency by establishing priorities	11.65(2.581)	2.02
		6	Nurses who are both equipped with theory and practical skills	11.35(2.996)	1.88
		37	Nurses who grasp their overall responsibility and perform the tasks they are taught well	11.00(1.864)	1.62
		11	Courageous nurses who can honestly report their mistakes to superiors	10.30(2.296)	1.39
	Type6	44	Nurses who take care of their appearances and are interested in non-verbal communication	3.05(2.523)	-2.60
		42	Nurses who don't consider expansive reform and change as problems	3.80(2.546)	-2.11
		31	Nurses who learn individual characteristics of themselves and other team members	4.25(2.673)	-2.04
		46	Nurses who have the compassion and desire to help others	3.95(1.731)	-1.83
		33	Nurses who respect the position and the abilities of the chief nurse or their seniors	5.70(2.812)	-1.45

3.1.3. Analysis per Type: The new nurse types attained from this type analysis method are listed below.

- **Punctual and Responsible Type:** There were 20 new nurses who were categorized as Type 1 (Table 2). The following are the descriptions of Q Classification interviews with nurses who displayed characteristics of this type; these descriptions assist in understanding this type. The characteristics for this group were punctuality and work preparation. Those in this category strictly manage the time and the tasks allocated to them and display a high rate of work completion. They are task-centered and have analytical tendencies. In order to familiarize themselves with the job, they prepare in advance and assign meaning to their tasks.

When nurses in this group perform analysis focusing on the highest agreement score of +2.45, they appear to have a strong desire to complete their responsibilities and abide by the timeline when performing nursing tasks, without being tardy or absent and putting the best of their efforts into assigned tasks.

- **Warm and Empathetic Type:** New nurses group categorized as Type 2 consisted of 20 nurses (Table 2). The following are the characteristics of this type. Those who belonged in this category consider emotions and empathy as the highest priorities. They are always sensitively aware of the changes in the others' emotions and express their own openly. They actively participate in hospital activities and accommodate change well. They communicate with and agree to represent the patients, and they are able to relieve job stress through emotional support. Their priorities are the interactions between people; they have a tendency to react sensitively to other people's emotions and considerations and focus on participation and conversation while working and they recognize the value of life and emotional richness.

When nurses in this group perform analysis focusing on the highest agreement score of -2.21, they appear to be sensitive to emotional richness and non-verbal communication, and warmly empathize with the patients so that the patients can strengthen their resolve and willpower.

- **Integrated and Open Type:** New nurses group categorized as Type 3 consisted of 20 nurses (Table 2). This group is characterized by their efficiency in setting priorities for tasks and distinguishing their private life from work, and they act considerately towards others and inspire courage in patients to recover.

When nurses in this group perform analysis focusing on the highest agreement score of +1.97, they appear to be open-minded towards others and the organization, and provide nursing, and learn and work with the best of their abilities.

- **Prudent Learner Type:** New nurses group categorized as Type4 consisted of 20 nurses (Table 2). The following are the descriptions of Q Classification interviews with nurses who displayed characteristics of this type, and assist in understanding of the nature of this group.

The characteristics of this category were sensitivity towards patients or other nurses' characteristics and emotions, and they wanted to find the best way in learning something new.

When nurses in this group perform analysis focusing on the highest agreement score of -2.54, those in this group had a strong desire for developing new methods for the tasks assigned to them, and they were eager to learn from their seniors and fulfill their responsibilities.

- **Realistic Ideal Type:** New nurses group categorized as Type 5 consisted of 20 nurses (Table 2). The following are the descriptions of Q Classification interviews with nurses

who displayed characteristics of this type, which assist in understanding the nature of this group of nurses.

The characteristic this group was work-centeredness, as they focused on work completion by maximizing the utility of their core clinical skills and knowledge within the time practical time limits. This group enthusiastically learns from instruction sets in order to complete their tasks accurately.

When nurses in this group performed analysis focusing on the highest agreement score of +2.07, they displayed in themselves a strong desire to complete their assigned tasks and to abide by the time limits allowed in fulfilling their role as a nurse, and sought to take responsibility in completing the assigned tasks.

- Mission and Compassion Type: New nurses group categorized as Type 6 consisted of 20 nurses (Table 2). The following are the qualifiers of Q Classification interviews with nurses who displayed characteristics of this type.

Members of this category respect the experience of their seniors and in addition, the personal characteristics of each individual, and are highly considerate of others when working. They have the ability to make other team members emotionally comfortable and have the capability to effectively process tasks as a part of the organization.

When nurses in this group perform analysis focusing on the highest agreement score of -2.6, those in this group exist for patients and always work with a positive attitude; their attention is attuned to their colleagues and they have a tendency in minimizing material waste; they also display a strong desire to perform tasks with a sense of responsibility and consideration for others.

4. Discussion

This study was conducted with the aim of providing baseline data for the development of training programs for new nurses through subjective data that identified and analyzed the type of new nurses that nurses want to work with. These training programs could provide for improved adjustment of new nurses to their work environment, improvements in human resource management as well as better organizational management. To implement these programs, identifying the types of new nurses that experienced nurses want to work with and determining the characteristics of each type is the contribution of this study. The types of new nurses identified from this study were: the "Punctual and Responsible Type," "Warm and Empathetic Type," "Integrated and Open Type," "Prudent Learner Type," "Realistic Ideal Type," and "Mission and Compassion Type." The study aimed to identify the baseline characteristics of each type.

The Type 1 group identified in this study was the "Punctual and Responsible Type." The 59 participants who displayed a high factor weight of 1.5727 commented regarding their preferred type of nurses to work with had "assiduity and diligence as their most fundamental qualities, while recognizing the importance of the organizational needs before their personal needs; the group were team-centered and group tasks took priority." Forty-seven participants discussed the importance of taking responsibility as their first job at a hospital, and being punctual and diligent.

The Type 2 category was the "Warm and Empathetic Type." The 59 participants who displayed a high factor weighting of 1.5727 stated that as new nurses "they would be going through a difficult phase finding it hard to achieve empathy for patients and their guardians, as the training period is usually short and they need to be work-focused." Forty-seven participants stated that "as new nurses are work-focused, they are often startled by the situation where they also have to deal with relationship issues with colleagues arising from the lack of understanding on their behalf. It is difficult for newly licensed nurses to empathize, especially in understanding others and also empathizing with patients. The most important area for new nurses is working face-to-face with

patients.” They discuss that independently acquiring skills necessary for completing tasks is the most essential factor.

The Type 3 group of new nurses was the “Integrated and Open Type.” The 52 participants who displayed a high factor weighting of 1.2808 mentioned that “new nurses ought to care for patients with the best of their abilities and to be harmonious with the team members through learning from their experiences. The best help from their seniors is acquired through forming positive relationships between team members. Also they need to possess the virtue of empathy when dealing with patients and their guardians.” Forty-seven participants thought that attention to the responsibilities of new nurses and co-workers is a sign of willingness to teach and assist more the new nurses. A positive attitude from the new recruits even in difficult and arduous situations is an important factor in forming a bond with team members and in maximizing cooperation in training.

The Type 4 group members were the “Prudent Learner Type.” The 52 participant who displayed a high factor weighting of 1.2808 cited that “for new nurses, the ability to perform tasks proficiently comes before empathizing or establishing a close relationship with patients. Progress for a department and work improvement are also important in addition to accomplishing individual responsibilities; therefore, sensitivity towards changes in the work environment is required.” Seven participants stated that “as the new nurses enter the work force for the first time, they have to demonstrate an eagerness to learn, have bright and cheerful facial expressions and a positive attitude towards team members as these qualities are very important for new nurses.”

The Type 5 members were the “Realistic Ideal Type.” The 52 participants who displayed a high factor weighting of 0.9988 said that “the most required qualities for a new nurse were in having a sense of responsibility and a desire for improving skills for the tasks assigned to them, and in trying to fulfilling their role as a nurse as these were the most critical factors in the face of the reality for the profession”. Participant 29 commented that “it is of highest importance for new nurses to be aware of their priorities and complete the tasks assigned to them with the best of their abilities”.

The Type 6 group was the “Mission and Compassion Type.” The 54 participants who displayed a high factor weighting of 0.9988 remarked that “during the period when new nurses are assigned to their first tasks, they are highly sensitive to the emotions of patients and attitudes of their colleagues. There are hardly any comprehensive available training or learning opportunities in the current environment to develop emotional sensitivity. Sadly, all programs are work-focused and contribute to work stress in the new nurses”. Twenty-nine participants stated that “Despite the fact that having a mission to help and to have compassion for others are crucial to the vocation of nursing, one’s competence in completing tasks is given more of a value. As a certain volume of tasks need to be completed within a time limit, new nurses who are considerate towards their patients are penalized as they may find it difficult to complete all their tasks on time.”

From the results of this study, the types of new nurses that nurses want to work with could be clearly identified. Nurses displayed a high preference towards the “Punctual and Completing Work” type, which arises from the need for one to adequately perform the role of a nurse after being trained for a limited period of time. It was understood that the nurses also wanted the “Warm and Empathetic” type new nurses. According to Benner (2004), the prerequisite of professional development for nurses is experience, and career development is crucial. Such career development enhances a nurse’s intuition and empathy, leading them to transform from a novice into an expert.

On the other hand, it was discovered that the veteran, seasoned nurses desired to have “open and integrated” new nurses who were not wholly consumed in their own responsibilities. Nurses wanted new nurses to be focused on their work and be a prudent learner while being aware of the overall situation of the team or the institution. According to qualitative research on adjustment of new nurses 3), these nurses experience high levels of stress from their experience in the start of their careers, and as they become more

familiar with the tasks and take on larger responsibilities in the ward, they experience higher levels of stress from relationships with colleagues. As such, the colleagues to new nurses must be able to provide assistance so that their new co-workers allowing them to adjust into their work environment. Also development of training programs tailored to new nurses seems necessary.

They are concerns for the “Mission and Compassion” type of new nurses as these may neglect their duties; they are also worries for new nurses in the category of the “Realistic Ideal” type, who may allocate time to each task effectively, and are preferred. Furthermore, nurses who had recognized compassion for others and took interest in various departments and are said to have the capabilities of experienced nurses [8] concluded that the highest contributing factor to job stress for nurses was the lack of expertise and skills for nurses with only 1-3 years of experience, workload and relationship issues at workplace for nurses with 3-5 years of experience, and treatment of nurses and their relationships with patients or the patients’ guardians for nurses with less than 10 years of experience. There are certain standards that need to be met in certain stages of a nurse’s career, and these standards set out for the nurses and the efforts to meet them can be sources of stress.

Nurses not only account for the majority of the medical care staff, they are also the most in contact with the patients and hold the responsibility of providing safe and high-quality care to patients under the time constraints allowed in a rapidly changing medical environment [9]. This study delineates the importance of newly licensed nurses being properly educated and trained to complete tasks accurately and quickly and belonging to the types “Punctual and Responsible,” “Integrated and Open” and “Realistic Ideal,” through analyzing the preferences from the experienced nurses. Such preferences may be applicable to the training programs for newly licensed nurses, and contributing to lowering of the high turnover of the newly licensed nurses [10-11].

5. Conclusion

The purpose of this study was to examine the types of new nurses that experienced nurses want to work with and to analyze the characteristics of each type in order to provide a guide for development of training programs for new nurses. It was concluded from the study that there are 6 categories of new nurse types, and the results of the analysis of each type are as below.

The Type 1 nurse was the “Punctual and Responsible” type. These new nurses have an acute sense of timelines and consider completing their tasks as priorities and were deemed more important, and the Type 2 nurse was the “Warm and Empathetic” type. This type is characterized by the need to have the time to empathize and bond with the patients after they become familiar with tasks and timetables. The Type 3 new nurse was the “Integrated and Open” type. They are characterized by their pursuit of attaining integrated skillsets that encompasses various organizations, departments and work environments. The Type 4 nurse was the “Prudent Learner” type. They tend to focus on their own responsibilities and completion of their tasks. The Type 5 was the “Realistic Ideal” type. They are characterized by their altruism for team members and others, while also taking their own duties seriously. The Type 6 was named the “Mission and Compassion” type. They were characterized by their human-centered way of thinking and the tendency to grant meaning to their job.

This study identified the types of new nurses that nurses want to work with, and provided the information to the newly licensed nurses on the types of nurses that their colleagues perceive as to be utilized in training and counseling in their team or organization at the hospitals. Utilizing these results, the hospitals will be able to achieve efficiency in administration of the nursing service through decreasing turnover and assisting adjustment of new nurses. Based on the results of this study, the following are

submitted: First, development of custom tailored work-adjustment programs that considers the types of new nurses categorized in this study needs to take place. Second, follow-up studies are needed that establish what the new nurses perceive from their colleagues expectation of them through application of the types of new nurse categories outlined in this study.

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Authors



Sunyoung Jang, She received the PhD degrees in Nursing from Hanyang University, Seoul, South Korea in 2012. Currently, she is an assistant professor in Hanseo University, Seosan-si, South Korea. Her research areas include healthcare technology assessment, systematic review, meta-analysis, nurse-staffing and nursing management.



Meesuk Wang, She received the PhD degrees in Nursing from Hanyang University, Seoul, South Korea in 2005. Currently, she is an assistant professor in Hanseo University, Seosan-si, South Korea. Her research areas include healthcare technology assessment, elderly nursing, women's nursing .