Caring for healthcare professionals: improving prevention in occupational healthcare

Ketelaar, Sarah

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EXPLORING NOVICE NURSES’ NEEDS REGARDING THEIR WORK-RELATED HEALTH: A QUALITATIVE STUDY

Sarah M. Ketelaar
Karen Nieuwenhuijsen
Monique H.W. Frings-Dresen
Judith K. Sluiter

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ABSTRACT

This study investigated Dutch novice nurses’ experiences and needs regarding occupational health support to prevent work-related health problems and to help them remain well-functioning. A qualitative interview study was conducted with six nursing students and eight newly qualified nurses. The interviews covered three topics: experiences with the link between work and health, received occupational health support, and occupational health support needs. Participants reported experiences with work-related health problems early in their career. Occupational health support needs included knowledge and psychosocial support during nursing education, e.g. through paying attention to dealing with shift work, or career counselling. Also, they reported a need for knowledge and psychosocial support at the start of their clinical placement or new job in the hospital, e.g. information from occupational health services or having a mentor. Furthermore, they reported that occupational health support requires a more general place at work through offering knowledge, e.g. tailored advice on proper lifting position; psychosocial support, e.g. a positive team atmosphere; and physical support, e.g. suitable preventive measures.
INTRODUCTION

Recently, prevention of health problems in work settings has been given increasing attention. This form of prevention mostly targets either work-related health, e.g. prevention of sickness absence due to work stress, or employees’ health which is not specifically work-related, e.g. health promotion to reduce the risk of developing future health problems such as cardiovascular disease. Efforts to prevent work-related health problems usually target employees who already show a certain degree of impairment of health or work functioning. However, in an ideal situation, it would be preferable to indeed prevent work-related health problems and suboptimal work functioning.

Due to their nature, some jobs entail job demands which cannot be eliminated or adapted to make them less unhealthy for the employees in that job. Nursing forms one of these jobs. Working as a hospital nurse entails several work-related physical and psychosocial health risk factors including some that cannot be avoided completely, such as lifting patients, working with patients with infectious diseases, shift working, and dealing with workplace aggression. Nurses’ job demands may lead to health problems. Furthermore, various studies have found a high prevalence of certain health problems in nurses, such as low back pain, skin problems, and mental health problems.

In the Netherlands, nursing students already start doing clinical work in their first year of nursing education. These nursing students as well as newly qualified nurses who have only just recently started working as a qualified nurse seem particularly vulnerable to developing health problems and making mistakes, precisely because they are inexperienced and therefore do not have fully developed skills yet. Additionally, they are more vulnerable because they have difficulty asking for help. Previous papers have emphasised the importance of paying attention to occupational safety and health of young workers in general and of acknowledging their lack of experience.

Research has indeed shown that nursing students and newly qualified nurses do not feel sufficiently prepared for working in clinical practice. Other studies have found a high prevalence of musculoskeletal problems and burn-out in novice nurses and a decline in self-reported health between the last study year and the following three years. Also, nursing students are at risk of experiencing needle-stick injuries and other forms of exposure to biological material. This alone forms an incentive to pay attention to nurses’ health, but health problems in nurses are also known to have effects on their work functioning, with possible consequences for patient care. The British Royal College of Psychiatrists also recognises this problem and advises to set up a system to identify and tackle health problems of healthcare students early, before their work functioning is compromised.
All in all, it seems important to offer novice nurses occupational health support, defined as support to prevent them from developing work-related health problems and to help them to function optimally. To our knowledge, no research has focused on this kind of support for novice nurses. In addition, we have found no mention of similar support given in practice. It is unknown to what extent novice nurses are aware of the link between their job demands and their health, how they cope with this link, and how they wish to be better supported to prevent work-related health problems and to help them function optimally. Therefore, with this study we aimed to fill this gap of knowledge by investigating the following topics in novice nurses:
1. Their experiences with the link between their work and their health;
2. The occupational health support that they already receive; and
3. Their further needs for occupational health support.

METHODS

Context
In the Netherlands, educational institutes are required to offer their students a safe work environment. In addition, the Dutch Working Conditions Act states that employers are required to periodically offer employees the opportunity to undergo an examination targeted towards preventing or limiting the risks for the employees’ health that flow from the work that they perform.21 This Act also applies to students working in clinical placements.

In the Netherlands, higher education nursing is taught through a regular system or through a workplace learning programme. The regular system involves attending classes full-time with a clinical placement each year for a certain number of weeks (more senior students generally have longer clinical placements). In a workplace learning programme, nursing students are employed and paid by a hospital. Every two weeks they attend classes and in the remaining time they work in a clinical placement. Every six months they change placements.

Participants
For our study, we aimed to interview novice nurses with little but at least some experience with clinical practice, so that they would be able to report occupational health support that they had received and to put forward occupational health support needs. This population was operationalised as 1) third or fourth year regular students in higher education, or workplace learning students in higher education; and 2) newly qualified nurses currently working as a qualified nurse and with a maximum of five years of working experience after completing their studies.
Participants were recruited using a range of methods such as notices on the website of an educational institute where nursing is taught, posters in hospitals, notices on internal websites of hospitals, social media messages through a professional association for nurses, and flyers at a conference for nurses in practice. We initially aimed to recruit 12 participants (three students and three newly qualified nurses working in general healthcare and three students and three newly qualified nurses working in mental healthcare) and to continue recruiting participants until no new information was being shared. To allow for refinement of the interviewing method, another two interviews were conducted. The Medical Ethics Committee of the Academic Medical Center in Amsterdam, the Netherlands, approved this study.

**Data collection**

The interviews were conducted by the first author (SK) at a time and place which suited the participant. The interviews were audio-recorded and typically lasted one hour. Written informed consent was obtained from all participants. Three topics were covered during the interview using semi-structured open-ended questions (Box 1):

1. Their experiences with the link between their work and their health, to introduce the main topics of the interview. To elicit experiences, several short case descriptions were prepared and given to the participant to read during the interview when useful.
2. Occupational health support that they received.
3. Their needs for occupational health support.

**Box 1** Topics and subtopics of the interview.

1. Experiences with the link between work and health:
   a. The impact of their work on their health
   b. The impact of health problems on work functioning
      (including reasons for calling in sick)
2. Occupational health support that they received to:
   a. Prevent them from developing work-related health problems
   b. Help them to function optimally in spite of health problems
3. Occupational health support needs to:
   a. Prevent them from developing work-related health problems
   b. Help them to function optimally in spite of health problems

After the interview, the first author (SK) wrote a short summary of the participants’ occupational health support needs and sent this to the participant to check if reported needs had been interpreted correctly. Some participants added new information when responding to this member check.
Data analysis
All audio-recorded interviews were transcribed verbatim by the first author (SK). Using the software programme MaxQDA version 11, the transcripts were analysed using a grounded theory approach, identifying themes that emerged from the data. We alternated between coding earlier interviews and conducting additional interviews to allow for further exploration of new themes in subsequent interviews and to assess data saturation. Towards the last interviews, refinements of the thematic structure were made rather than new categories, indicating data saturation.

During the analysis process, all transcripts were first of all open-coded to identify all important aspects that provided an answer to the research question. Two thirds of the transcripts were open-coded by both the first (SK) and second author (KN), while the remainder was open-coded by the first author (SK) only and checked by the second author (KN). In the second phase of analysis, relationships between open codes were sought and (sub)categories were formed through constant comparison. We continually reviewed codes and categories to ensure they reflected the data. In the third and final phase of analysis, main themes were formed that answered the research question. The themes and (sub)categories were discussed among all authors to increase reliability of the analysis.

RESULTS

Participant characteristics
Six nursing students and eight newly qualified nurses applied to participate. All participants were female. Participating nursing students were aged 23-45 (mean = 31, SD = 8.3), while participating newly qualified nurses were aged 23-40 (mean = 29, SD = 6.1). Eleven participants studied or worked in general healthcare (mainly hospitals), two participants studied or worked in mental healthcare, and one participant worked in homecare. Working experience of newly qualified nurses after completing their studies ranged from 5 months to 5 years.

Findings are presented per interview topic.

Experiences with the link between work and health

Work influencing health
Participants had experienced various work-related health problems themselves or had seen colleagues with these problems. Aspects of the work causing health problems were physical work demands such as lifting patients and standing or walking all day; disagreeable contact with patients, patients’ family or colleagues; having to do a lot of
work in a limited time; accidents with biological material and otherwise being exposed to infectious diseases; working shifts; or making mistakes. These aspects of nursing caused various health problems, such as musculoskeletal problems; stress and worrying; anxiety; fatigue; sleeping problems; and infectious diseases such as influenza. It is notable that some participants believed that problems such as back pain are just part of the deal when working in nursing:

Everyone knows, there’s all this equipment that you can use, and everyone knows that it’s heavy work, it’s kind of part of the job. You know, you have all your equipment, but if a patient makes an unexpected movement you can’t do anything but step in, and you know, it puts a strain... it’s very physical work. (ID2)

**Health influencing work functioning**

Health problems were reported to lead to several forms of suboptimal work functioning, such as being unable to perform physical tasks; impaired contact with patients; lack of concentration; forgetting things and making mistakes; and being unable to respond quickly when faced with unexpected events.

When asked how they decide to call in sick or not, participants reported that not wanting to infect patients is an important factor. However, they also reported feeling bad when calling in sick, as they feel they are letting their team down. One participant aptly described this dilemma:

*Being ill means that you have to do less, and therefore your colleagues have to do more, if we can’t arrange a replacement at short notice. On the one hand, you want to work, on the other hand you don’t want to work so that you don’t infect the patients who have a weak immune system.* (ID6)

**Received occupational health support**

As a general form of support that participants received, participants stated that they had received information at the start of their career from the occupational health services department, telling them where they could get help if they experienced problems. Other forms of support that participants received for either prevention of work-related health problems or for staying well-functioning in spite of health problems are described below.

**Prevention of work-related health problems**

To prevent them from developing work-related health problems, participants reported receiving support from a variety of sources. Peer support was often mentioned as important to be able to cope with the job demands. This peer support ranged from giving each other tips about bringing the patient’s bed at the right height to facilitate lifting the patient, to giving support when dealing with patients’ family and the possibility to talk through things when dealing with an emotionally demanding event. Nevertheless, when
the novice nurse makes a mistake, it can be difficult to talk about to colleagues, although others might have had similar experiences:

Well, I think I sometimes keep things to myself too much. I should talk to colleagues about it more, because I constantly have this idea that I'm always the one who makes mistakes. But the more you talk to colleagues about it, you hear, oh, yes, I had that once too, and then you find out that you, well, that other people also make mistakes and that you are not the only one. (ID9)

Participants also reported receiving advice from professionals. For example, they reported receiving advice from occupational health and safety professionals and the hygiene and infection control department regarding preventive measures when working with patients with infectious diseases. Participants also reported receiving advice from a physiotherapist, for instance about how to improve their lifting position or about which shoes are most suitable to wear at work. Several participants mentioned that they have a colleague who also functions as an ergonomic coach in the workplace. Experiences with this ergonomic coach varied, as some participants reported receiving advice from this coach but others stated that they heard too little from him or her.

Asking colleagues or their supervisor for help to deal with situations which could impact their own health was another form of occupational health support that participants received. However, asking for help can be hard because it may give the impression that the student or newly qualified nurse is not sufficiently capable. Other reasons not to ask for help were, for instance, feeling ashamed or not having the chance or the time to receive help.

Participants reported existing measures to deal with incidents such as needle stick injuries (e.g. testing whether the nurse had contracted a disease or infection) or incidents of aggression as a form of occupational health support, although some participants noted that protocols on how to deal with patients with infectious diseases are not always clear. In addition, existing preventive measures were experienced as a form of support, such as protective materials, equipment for lifting or shifting patients, and protocols. However, time restraints or not knowing how to use equipment sometimes caused participants not to apply the preventive measures. One student also mentioned that her dependent position sometimes made it hard to apply preventive measures if her colleagues showed no intention of using them:

Especially the slightly older nurses, I noticed, who are so used to doing it a certain way, they do it that way, and sometimes it can be difficult as a student to say yes but I want the bed to be at working height, or, you know, wait until I am completely ready for it. That can sometimes be difficult. You don't want to… (...) They have been doing it for so long, and you have just started, and then you start complaining, you know, that's a bit… (ID1)
Additionally, a participant working in homecare mentioned that she did not want to wear protective material when working with a person with an infectious disease a whole day, because it was too warm and uncomfortable.

Participants also received support through classes during nursing education in which information was given, experiences could be shared or lifting positions could be practiced. However, it was also stated that the information and opportunity to practice given in class were limited. Participants also reported receiving some education at work regarding lifting positions, safety measures, and dealing with incidents of aggression. This education was mostly given in so-called clinical lessons.

During their studies, participants received support from their nurse educators and their fellow students, although it was also stated that when students reported that the work was too much or that they were very tired, the teachers replied that this was part of the job and they just had to get used to it. Another participant mentioned that the people from her educational institute who could offer support were mostly hard to reach.

Additionally, participants reported that the workload is distributed between colleagues, and many participants stated that it is important to know and indicate your own limits and boundaries to prevent yourself from developing health problems.

**Support to stay well-functioning in spite of health problems**

Peer support was mentioned by participants as a form of support to stay well-functioning in spite of health problems, mainly through sympathising with them or through taking their health problems into account. Another important form of support that many participants mentioned was the possibility of performing different or adapted tasks when suffering from health problems. This varied from performing completely different tasks such as administrative work or processing patient admissions to only taking care of a specific patient population, for example only patients with less need for care, no heavy patients or no dying patients. One participant who had lost a close family member not long before said:

> A few months ago I didn't need to take care of patients who were dying, I said it still really troubles me, it really makes me think of my father for example, then I really didn't have to do it. That's very much taken into account. (ID10)

The possibility of working less hours per day was also mentioned, although in some wards you either have to work 100% or not at all. Another possibility was taking more breaks, which was mentioned by a participant who had experienced health problems during her pregnancy, although she also stated that this felt awkward and that she could not predict how long her breaks needed to be as this differed per moment.
Many participants indicated that when experiencing health problems they asked for help, mostly from their supervisor. Nevertheless, the dependent position as a student was reported once more as an impeding factor to ask for help.

Participants stated that it is important to know and indicate your own limits and boundaries. It might be helpful if certain agreements, such as less working hours, are made official by the supervisor through an announcement to the team, to increase understanding from colleagues.

**Further occupational health support needs**

**Need for proper support as a novice nurse**

It was stated that during education, students should be prepared for their clinical placements. Also, an introduction day for new employees and evaluating this a few months later was mentioned as beneficiary. A guided tour of the hospital and certain important departments should be part of this introduction. In addition, being an extra employee in for example the first two months which enables new employees to watch and run along with colleagues and settle into the workplace is important.

It was indicated that the health check at the start of their placement or career would be a good opportunity for the occupational health services to give novice nurses advice about their own health, how to stay healthy and where to ask for help if needed, and to check if they would like to talk about any health problems.

Students should also be encouraged to think about how they can protect themselves from developing work-related health problems and what their way of coping is and should be. In addition, a meeting of the new employee with the supervisor after two weeks should be incorporated, in which the new employee can indicate what he or she needs and how he or she can be supported by the team or the hospital. Furthermore, it was mentioned that fixed moments for evaluation should be planned, starting from one month after starting the work, to talk about things such as how do you find your new job and what problems have you encountered. In addition, new employees should have a mentor, for instance a senior nurse who is not their supervisor, whom the new employee can turn to with any problems that they encounter:

*The funny thing is, when interns from for instance psychology or medicine come here, they are taken under someone’s wing. A whole system has been thought out for them. They get a mentor and it is thought out who they can watch and run along with. But when you start working here as a nurse, you basically start working right away. You are supervised, but that purely regards the content of the work. So it would be good if someone is appointed for nurses as well, to whom you can turn, maybe for the first year or so, to ask how things are done here or how do you deal with that, or… Not only regarding content of the work, but also, well, a sort of mentor. (ID13)*
It was also mentioned that sometimes colleagues are not sufficiently attentive that nursing students might not have experienced certain emotionally demanding events, e.g. a patient dying. More attention should be given by their supervisor, asking them whether they have experienced this before and how they feel about it. The same holds for experiencing ‘new things’: it should not be expected that students can cope with these aspects of the job immediately. It was regarded beneficiary if students are given the opportunity to build up their tolerance at their own pace:

For instance, I now work in a ward with a lot of wounds, and they did that well: they stressed that they understood that you cannot cope with it very well right away, and that if you didn’t feel comfortable you could walk away from it, or at least notify colleagues in advance that you have never seen it before and that it might happen that you don’t feel comfortable and walk away from it. Just that you have the possibility to indicate how you feel and that it is not weird that you have not seen many open wounds and seen a lot of blood or experienced that smell, to put it that way. That you know you can take your distance for a minute and that you are allowed to build up your tolerance. (…) I noticed that I thought it was nice to know [that you were given that possibility], because I thought, it’s really weird if I suddenly walk away (…). That’s another one of those intern things, you feel that you have to be able to cope with everything, because after all, you chose to go into nursing so you have to be able to see everything. (ID9)

It was also felt that new employees should receive a group training in how to cope with the work and how to detect early signs of mental health problems and that they should be encouraged to ask for help early to prevent development of mental health problems.

**Need for knowledge**

The need for knowledge incorporated a need for information and education regarding dealing with needle stick injuries; dealing with and risks of infectious diseases; existing preventive measures and health promotion; coping with rotating shifts; proper footwear; how to cope with physical job demands; and where to ask for help when needed. Additionally, some participants reported a need for tailored advice on work posture and lifting patients. Several of these topics are elaborated on below.

Participants reported not knowing what to do or where to go when sustaining a needle stick injury. Also, participants reported wanting to know after sustaining a needle stick injury when they would hear what the results of their blood sample was, how likely it was that they had contracted something, and what signs they should be attentive of after the incident.

Regarding infectious diseases, some participants reported that regulations on dealing with these diseases are unclear and sometimes differ per professional whom is asked for
advice. Another reported that colleagues had little knowledge on how to use isolation materials correctly. One participant reported wanting to know what the risks of working with a patient with an infectious disease were for herself. Also, participants wanted more general information on reasons for patients needing to go into isolation, what you should pay attention to, and why you should use which isolation materials.

Participants also stated that they would like information about the effect that working rotating shifts can have on your body, as well as tips about how to deal with rotating shifts:

> From one of the professional associations for nurses I got advice for during your night shift, what to eat and what not to eat. And I notice that such tips really do me good. (…) I experience that as positive, and I immediately put them into practice, such as I shouldn’t take protein because it makes you really tired and I shouldn’t drink milk because it makes you really tired and sluggish, but I should eat fruit and light things because you can tolerate those well. Such tips. (ID12)

Another topic that participants reported wanting more information about, was how to cope with physical job demands. How can musculoskeletal problems be prevented; what is the best work posture for which task; what equipment can be used and where can you find this equipment? Several participants also reported a need for tailored advice on how to lift a patient. They stated that they would want a professional to observe them while lifting or shifting a patient and then be given personal advice on how their posture could be improved to prevent musculoskeletal problems.

**Need for psychosocial support**

Novice nurses’ need for psychosocial support included counselling; feeling free to ask for help; discussing unacceptable behaviour of for instance patients; a periodical discussion about how things are going; paying attention to the team atmosphere; taking into account personal work schedule preferences; and finding a job that fits your preferences. Some of these topics are further illustrated below.

The need for counselling regarded a form of periodic peer counselling either with fellow students or with colleagues, in which participants can discuss any problems they had encountered. Safety within the team is considered important for this. Individual counselling was also mentioned by some participants as something they would like to see being set up. Sometimes it would be appreciated if the supervisor actively offers counselling or support, because it can be hard to ask for it if the employee has made a mistake. Someone also mentioned that one colleague could have the specific function to offer counselling after experiencing emotionally demanding events. For students, offering the possibly to talk to a psychologist or social worker could be a good solution, or matching a student with a colleague in the clinical placement to talk to when needed.
Also, participants felt that it should be made easier to ask for help. Employers could play a part in this:

*I think it would be good to get a bit more information about [the link between your work and your health], as an employee. And that it’s not strange if you mention it sometimes, because now it’s usually perceived as complaining, or, well, uncomfortable, you feel a bit uncomfortable if you say something about it. While I think it’s good to, well, to break through that a little, to make it possible to just talk about it. (…) And that you get the idea that it’s better understood, or that it’s not strange if you experience [problems]. (ID5)*

Additionally, the occupational health services could be more open for employees to ask for help anonymously, for instance through an open consultation hour:

*It might be a good idea for the occupational health services to provide some kind of open consultation hours, or just times that you can walk in with things and say, well, I don’t feel well and I want to talk about it. I don’t think we have that now. Not that I know of anyway. (ID5)*

For students, asking for help can be difficult because of their dependent position. Colleagues can help lower the barrier:

*That they tell you, you can make mistakes here, it’s for your own safety to just tell us everything that troubles you, and don’t try to solve it yourself but just realise that you are a student, (…), and that you feel safe in the team. That people can really help you and that you, well, need to be open because it’s better for everyone’s safety. (ID2)*

Throughout the study, participants made it clear that team atmosphere is very important for employees’ health and well-functioning. Some participants further described that they felt more attention should be paid to the team atmosphere and tackling on-the-job gossiping, for instance through team building activities.

Some participants stated that they would like their employer to take into account their personal situation and personal needs regarding their work schedule:

*That you are a bit more flexible and when at a certain moment you say, I can’t handle the late shifts or the night shifts so well anymore or, I prefer day shifts, that that’s possible. You know, even just the rule that you have to solve it yourself, but that that is allowed. [Swapping shifts with a colleague] is allowed, but only to a certain extent, and it’s so limited that there are very little opportunities to swap shifts. (ID11)*

They mentioned that schedules that fit their preferences would prevent impaired health to some extent and would improve their well-being.

Participants also reported how important it is to find a job that matches you personally. During their studies, students could be encouraged to reflect on what suits their preferences, using a form of career counselling.
**Need for physical support**

The need for physical support was diverse and incorporated proper equipment and safety measures; support to keep a healthy lifestyle; and on-the-job massages. Regarding proper equipment and safety measures, it was mentioned that they would like their organisation to reimburse proper shoes and to offer appropriate equipment for lifting and shifting patients. Regarding support to keep a healthy lifestyle, participants stated that they would like their employers to offer a discount on gym membership and to pay attention to healthy foods, for instance by offering free fruit during lunch hours. Another participant stated that her work is so tightly scheduled that she does not have time to eat, let alone eat healthy.

**Ideas for implementation of occupational health support**

Regarding occupational health support needs, participants provided various ideas on how this support might be given to them. Information about possible effects on nurses’ own health should be integrated in their education. For instance, when learning about handling needles during nursing education, the implications of sustaining a needle stick injury could also be discussed. At the beginning of the placement or career, general information about the most frequently encountered work-related health topics at that specific workplace and the occupational health and safety rules could also be given.

Regarding dissemination of information on occupational health topics, participants reported several methods that they considered useful. Information could for example be given in class during nursing education; in clinical lessons at work; through watching and learning from colleagues in the beginning of their placement or career; and by encouraging novice nurses to read the protocol. They also mentioned the possibility of information leaflets or posters at appropriate places and paying organisational attention to the subject, for instance by organising a special week about an important topic. In addition, conferences for nurses and the professional association could provide information on occupational health topics. Mostly, participants stated that repeating information once in a while would be beneficiary. This was especially the case for information about dealing with physical job demands.

The key elements of experienced and required occupational health support are provided in Box 2, giving an overview of the elements that occupational health support for novice nurses should encompass. The elements have been categorised into support that should be given during nursing education; support that should be given at the start of the clinical placement or new job; and support that should be given a more general place at the workplace.
**Box 2  Key elements of novice nurses’ occupational health support needs.**

**During nursing education**  
*Knowledge*  
Education on occupational health topics: dealing with needle stick injuries; dealing with infectious diseases; possible preventive measures and health promotion; coping with rotating shifts; proper footwear; how to cope with physical job demands and where to ask for help when needed  

*Psychosocial support*  
Preparation of students for clinical placements  
Career counseling  
Appropriate support from nurse educators  
Peer support from fellow students

**At the start of the clinical placement or new job**  
*Knowledge*  
Introduction day including a tour of the hospital  
Information from occupational health services at the start of their placement/career  
Being an ‘extra’ in the first months  

*Psychosocial support*  
Discussion between new employee and supervisor about personal support needs  
Reflection on coping strategy and how to protect themselves from developing work-related health problems  
Mentor whom the new employee can turn to with any questions or problems  
Proper support during or after emotionally demanding events, opportunity to build up tolerance at one’s own pace  
Group training in how to cope with the work and how to detect early signs of mental health problems, including encouragement to ask for help early

**At work in general**  
*Knowledge*  
Education at work on occupational health topics: dealing with needle stick injuries; dealing with infectious diseases; possible preventive measures and health promotion; coping with rotating shifts; proper footwear; how to cope with physical job demands and where to ask for help when needed  
Tailored advice on work posture and lifting patients  
Occupational health advice from professionals
The aim of this study was to identify novice nurses’ experiences with the link between their work and their health; support that they experience to cope with this link; and their further support needs to prevent them from developing work-related health problems and to help them to function optimally in spite of health problems. Our findings indicated that novice nurses already experience work-related health problems early in their career. Reported causes were physical work demands, disagreeable contact with others, having to do a lot of work in a limited time, accidents with biological material and otherwise being exposed to infectious diseases, working shifts, and making mistakes; causing health problems such as musculoskeletal problems, stress and worrying, anxiety, fatigue, sleeping problems, and infectious diseases. Participants also described experiences with how health problems lead to suboptimal work functioning. Received occupational health support and further needs for occupational health support should be given during nursing education, at the start of their clinical placement or new job, and at work in general. Occupational health support needs during education covered knowledge (e.g. paying attention in class to dealing with shift work) and psychosocial support (e.g. career counselling). At the start of their clinical placement or new job, novice nurses should also be offered knowledge (e.g. information from occupational health services) and

**Box 2 Continued.**

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<td>Possibility to ask occupational health services for help anonymously</td>
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**DISCUSSION**

The aim of this study was to identify novice nurses’ experiences with the link between their work and their health; support that they experience to cope with this link; and their further support needs to prevent them from developing work-related health problems and to help them to function optimally in spite of health problems. Our findings indicated that novice nurses already experience work-related health problems early in their career. Reported causes were physical work demands, disagreeable contact with others, having to do a lot of work in a limited time, accidents with biological material and otherwise being exposed to infectious diseases, working shifts, and making mistakes; causing health problems such as musculoskeletal problems, stress and worrying, anxiety, fatigue, sleeping problems, and infectious diseases. Participants also described experiences with how health problems lead to suboptimal work functioning. Received occupational health support and further needs for occupational health support should be given during nursing education, at the start of their clinical placement or new job, and at work in general. Occupational health support needs during education covered knowledge (e.g. paying attention in class to dealing with shift work) and psychosocial support (e.g. career counselling). At the start of their clinical placement or new job, novice nurses should also be offered knowledge (e.g. information from occupational health services) and
psychosocial support (e.g. having a mentor). In addition, at work in general, knowledge (e.g. tailored advice on proper lifting position), psychosocial support (e.g. a positive team atmosphere) and physical support (e.g. suitable preventive measures) should be given.

**Interpretation of findings**

The transition from being a nursing student to being a qualified nurse has received much attention in scientific literature. However, literature on occupational health support to prevent novice nurses from developing work-related health problems and to help them function optimally in spite of any health problems was lacking. This study has provided knowledge on the novice nurses’ needs regarding occupational health support. We found that occupational health support should not only be given while on clinical placement or at work, but also during nursing education. The British Royal College of Psychiatrists also reflects that healthcare students’ help-seeking might be impeded due to fear of being suspended or excluded from the course. An interesting programme in this respect was described by Yearwood and Riley, in which attention was paid to the nursing students’ own health and wellbeing. It was experienced that this programme helped nursing students to discuss their problems and difficulties with their peers and to seek help. In addition, students realised they needed to take care of themselves to be able to take care of their patients.

Furthermore, a place for occupational health support is required at the workplace. Our findings indicated that some aspects of occupational health support require extra attention at the start of a clinical placement or the new job. For example, a simple introduction to the workplace but also receiving information from the occupational health services. Psychosocial support at the start was also considered favourable, for instance by being paired to a mentor. Other studies underline the benefits of such support. In addition, our participants reported difficulties with juggling school assignments, working in clinical placements and other responsibilities. These difficulties have also been reported by other studies on nursing students. Tutoring or mentoring programmes might help to cope with these difficulties.

Nevertheless, a large part of occupational health support for nurses needs to be more grounded in the workplace and should not only been given at the start of working in nursing. Implementing workers’ health surveillance might be a useful strategy to detect any problems in health or work functioning and to timely offer help when needed.

One important element of more general occupational health support addressed by our participants is a culture of support among team members, helping each other and treating each other with respect. The importance of a culture of support among team members is reflected by other studies, finding that a positive atmosphere leads to positive
effects on nurses’ quality of life, and proactive responding to mental health issues of colleagues. A culture of support also appears to form a buffer for developing mental health problems for healthcare workers, and discussing details of medical errors with colleagues was found to be valuable for individual and team recovery.31

Another important element of occupational health support that our participants reported, was acquiring knowledge on certain topics intrinsic to the job of nursing. According to the Dutch Working Conditions Act, the employer should give the employee sufficient and adequate instructions and training about, amongst others, the risks within the organisation and how to deal with these risks in a safe and healthy way.21 However, our participating novice nurses for instance reported that although certain safety equipment is available in the workplace, many nurses do not know how to use this equipment properly.

A need for knowledge on dealing with physical job demands was also reported by our participants. The time spent on education in ergonomics in the Dutch educational institutions offering healthcare studies is limited when considering the amount of physical work that nurses perform. Moreover, some of the institutions use outdated teaching materials and knowledge. In the workplace, the inadequate knowledge and use of equipment that has been developed to deal with the physical as well as the mental job demands of healthcare workers is also recognised. Training and education combined with an ergonomic intervention (i.e. the use of additional mechanical or other aid equipment) have been found effective to decrease musculoskeletal symptoms in nurses, underlining the importance of more and appropriate education regarding these aspects.

Although the occupational health support needs that the mental healthcare nurses participating in our study reported overlapped with those reported by the general healthcare nurses, this was mainly on psychosocial level. Working in mental healthcare generally poses less physical strain for nurses. This was reflected in our findings that participating mental healthcare nurses had no experience with physical health problems due to their work and also did not report occupational health support needs regarding physical job demands. Therefore, occupational health support should not be implemented using a standard approach, but the nursing specialisation should be taken into account.

**Strengths and limitations**

To explore the needs of novice nurses regarding occupational health support, we chose a qualitative research methodology. Consequently, the topic could be inductively explored from the perspective of the novice nurses’ themselves. Furthermore, we chose to conduct individual interviews, to thereby enable going into the personal situation in detail. This proved a valuable approach, since the participating novice nurses had quite different stories and not all were as familiar with the topic of occupational health. In addition,
conducting individual interviews prevented participants from experiencing peer pressure and therefore not reporting all experiences and needs, as some aspects of the interview might have been experienced as sensitive. 37

We conducted interviews with both nursing students with clinical placement experience as well as newly qualified nurses who have already gone through the transition from student to qualified nurse. Incorporating these different perspectives formed an important strength of our study, as it has extended our knowledge on novice nurses’ needs along the spectrum from being a nursing student to having started working as a qualified nurse recently.

Implications for practice
Our findings indicated that nursing students experience work-related health problems and suboptimal work functioning due to health problems early in their career and while still in training to be a nurse. This underlines the importance of paying attention to occupational health support early, to prevent novice nurses from developing work-related health problems and to help them function optimally in spite of health problems.

Our study further indicated several elements that should be incorporated in sufficient occupational health support for novice nurses. Nurse educators, employers who offer clinical placements for nursing students and who employ nurses, as well as occupational health services for healthcare employees each bear part of the responsibility to address these elements. Therefore, these parties are recommended to consider to what extent they currently meet novice nurses’ needs regarding occupational health support and how they could improve their occupational health support for this occupational group.
REFERENCES


