A qualitative descriptive study of new graduate nurses’ experiences supporting breastfeeding women in neonatal settings

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Abstract

Aim

The aim was to explore the experiences of new graduate nurses who provide support to breastfeeding women in neonatal care settings. The objective of this study was to explore the enablers and barriers that influenced new graduate nurses’ self-efficacy.

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Nurses have important roles in promoting and educating breastfeeding women in neonatal care settings. Although there are many studies that focused on nursing students and registered nurses’ experiences in supporting breastfeeding women, there is limited research about the experiences of new graduate nurses during their transition from universities to neonatal care settings as a registered nurse where they learn how to educate and support breastfeeding women.

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A qualitative descriptive study.

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Nine new graduate nurses who support breastfeeding women in neonatal care settings within Australia were recruited. Data was collected through semi-structured interviews via videoconference or telephone. Braun & Clarke’s thematic analysis was used to analyse the data.

Results

This study found four themes: Preparedness, Emotions; Ongoing Learning, and Confidence. Barriers and enablers included support, time, consistency of information, and impact of stereotyping. The new graduate nurses did not initially feel prepared to support breastfeeding women due to their lack of knowledge. Participants’ self-efficacy enhancing strategies to help build knowledge and confidence supporting breastfeeding women included: a) frequent practice, b) having role models and seeking support, c) receiving encouragement and positive feedback, and d) interpreting their emotional feelings as a normal reaction to the learning process.

Conclusion

Additional education should be provided during pre-registration education and on commencement of employment in neonatal settings to improve new graduate nurses’ knowledge supporting breastfeeding women. Self-efficacy enhancing strategies can be used in partnerships between educational institutions and hospitals to support new graduate nurses to feel more confident providing breastfeeding support in neonatal care settings.

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A qualitative descriptive study of new graduate nurses’ experiences supporting breastfeeding women in neonatal settings

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Additional education should be provided during pre-registration education and on commencement of employment in neonatal settings to improve new graduate nurses’ knowledge supporting breastfeeding women. Self-efficacy enhancing strategies can be used in partnerships between educational institutions and hospitals to support new graduate nurses to feel more confident providing breastfeeding support in neonatal care settings.

**Keywords:** new graduate nurse, preparedness, self-efficacy, breastfeeding.

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**2 Background**

Breastfeeding provides important health benefits for women and their infants which are even more crucial for preterm babies (Maffei and Schanler, 2017). Feeding breastmilk to preterm infants decreases the risk of morbidities that relate to prematurity, reduces duration of hospital stay and lowers the rate of re-admission to hospital (Lewis et al., 2017; Maffei and Schanler, 2017). Breastfeeding preterm infants also improves their neurodevelopment and neurocognitive outcomes due to fat components of the breast milk (Lechner and Vohr, 2017). The health benefits of breastfeeding are maximised when it is initiated early, exclusive, and long-term in duration (Meier, 2019). The promotion of breastfeeding is recommended by many health organizations (NSW Health, 2018; World Health Organization and United Nations Children’s Fund, 2018). Promoting breastfeeding is the core business for health care professionals who provide care in any neonatal setting such as special care nursery (SCN) and Neonatal Intensive Care Unit (NICU) (Meier et al., 2017).
Although women are encouraged to initiate breastfeeding in the first hour after birth and continue to breastfeed exclusively for the first 6 months (World Health Organization and United Nations Children’s Fund, 2018), low rates of breastfeeding initiation and duration are reported globally among women with preterm infants (Rayfield et al., 2015). The reason for low breastfeeding rates is multifactorial and often due to the complexity of the infants’ developmental status, oral function and other health related issues (World Health Organization and United Nations Children’s Fund, 2020). Health care professionals’ support of breastfeeding women is one of the primary influencing factors that can improve breastfeeding initiation and duration among this vulnerable group (Maastrup et al., 2012; Rayfield et al., 2015).

According to the Baby Friendly Hospital Health Initiative (BFHI) developed by the World Health Organization and the United Nations Children’s Fund, a minimum of 20 hours of training is required for any health professional that provides support to breastfeeding women (World Health Organization and United Nations Children’s Fund, 2018). However, not many hospitals across the world are BFHI accredited and in Australia, only 30 percent of births occur in BFHI hospitals (Atchan et al., 2018). Therefore, health care professionals prepare themselves via different sources of training which includes their tertiary education, online modules, workplace and organizational training (Yang et al., 2018). For instance, midwives in Australia receive extensive education on breastfeeding during their tertiary education (including theoretical and practical components) (Kain et al., 2018). Whereas registered nurses (RNs) who are commonly employed in NICU and SCN mainly rely on workplace training with limited or no education on breastfeeding before registration (Kain et al., 2018).
The findings of a systematic review of 14 studies demonstrated that nursing and medical students have limited knowledge regarding the assessment and management of breastfeeding challenges (Yang et al., 2018). This review excluded studies that focused on midwifery students due to their comprehensive focus on supporting breastfeeding women. A recent integrative review (Prokop et al., 2021) reported that RNs had minimal knowledge and low levels of confidence in supporting breastfeeding women. RNs reported that their self-efficacy level increased when given breastfeeding training, practice and support (Prokop et al., 2021). Some authors refer to a situation-specific form of self-confidence as self-efficacy which differs from the concept of a person’s confidence (Block et al., 2010, p.44). Bandura (1997) highlights the importance of differentiating self-efficacy from a person’s confidence and explains that the construct of self-efficacy is different from the concept of confidence. According to Bandura (1997, p.3), confidence is a lay word to refer to the strength of somebody’s belief, whereas self-efficacy is more specific, referring to the person’s perceived ability to execute a specific action or behaviour, and the amount of effort that the person puts in to achieve a level of attainment. Four key sources of information can influence individuals’ self-efficacy: performance accomplishment, vicarious learning, verbal persuasion, and physiological responses (Bandura, 1997). Self-efficacy and confidence have been used interchangeably in the literature and have been reported to be important factors for new graduate nurses to effectively transition into their new role (Burch et al., 2009; Doughty et al., 2018). We used the term of self-efficacy throughout this paper to be consistent with Bandura’s (1978) self-efficacy theory. However, we kept the word confidence in the main theme to maintain the exact words that participants used in their interviews.
Although there are many studies that focused on nursing students and registered nurses’ experiences in supporting breastfeeding women, there is limited research about the experiences of new graduate nurses during their transition from student to RN in neonatal care settings where they learn to support breastfeeding women (Prokop et al., 2021). Therefore, we aimed to explore the experiences of new graduate nurses who provide advice and support for breastfeeding women in neonatal care settings. We also explored the enablers and barriers that influenced RN’s self-efficacy. We assessed the themes, enablers and barriers to identify potentially modifiable strategies to improve the new graduate nurses’ experience by enhancing their sense of efficacy when they provide advice and support to breastfeeding women.

3 Methods

3.1 Design

We used a qualitative descriptive design to answer the research question: “What are the experiences of new graduate nurses in providing advice and support to breastfeeding women in neonatal settings?” A qualitative descriptive design was chosen due to the paucity of research on new graduate nurses’ experiences supporting breastfeeding women. Qualitative description seeks to derive meaning and understanding from the subjective experiences of the individual and the contextual factors that impact those experiences (Willis et al., 2016). The findings are reported using the standards for reporting qualitative research checklist (SRQR) (O’Brien et al., 2014).

3.2 Sampling and Setting

RNs who were currently completing a new graduate program or who had completed a new graduate program in the last 6 months were invited to participate in the study. We
used convenience sampling and recruited through social media and snowballing between December 2019 and April 2020. As part of inclusion criteria, the RNs must have provided direct support to breastfeeding women in neonatal settings during their new graduate program.

3.3 Data Collection

Data was collected through open-ended, semi-structured interviews conducted by one interviewer (XX). This method enabled participants to comprehensively explore their perceptions and experiences with prompting as necessary (Polit and Beck, 2017). To allow more flexibility for participants, face to face interviews were originally offered, but due to the COVID-19 pandemic, we were restricted to interviews via videoconference or telephone. Interviews were conducted between March 2020 and April 2020. Interview questions were developed from an integrative literature review (Prokop et al., 2021) and with consideration of Bandura's (1997) self-efficacy conceptual framework (Supplementary File 1).

3.4 Data Management

All interviews were recorded digitally and transcribed verbatim by one researcher (XX) to ensure an accurate account of the data was obtained (Polit and Beck, 2017). The other researchers checked the recordings and transcription for accuracy. Data was stored on a secure, online, data storage platform. All transcripts were de-identified, and each participant was assigned a pseudonym to ensure no identifiable information was included and to preserve confidentiality.
3.5 Data Analysis
We used Braun and Clarke's (2006) framework for thematic analysis. The researchers became familiar with the data through data immersion, including listening to the interviews and re-reading the transcripts (Braun and Clarke, 2012). This systematic approach resulted in the development of initial codes identifying key ideas (Braun and Clarke, 2012). Critical analysis and re-coding identified similar codes and patterns led to the emergence of initial themes on new graduate nurses’ experience. Continued analysis and the development of a thematic map led to the final definitions and theme names. After identifying the enablers and barriers, we analysed the results in the context of Bandura (1978) self-efficacy theoretical framework. We identified the self-efficacy enhancing strategies that new graduate nurses used to persevere with their learning and enhance their self-efficacy. These strategies were then grouped based on the four sources of self-efficacy information.

3.6 Trustworthiness & Rigour
We employed multiple strategies to ensure methodological rigor and establish trustworthiness (Nowell et al., 2017). Trustworthiness was demonstrated by establishing credibility, transferability, dependability and confirmability (Nowell et al., 2017). Prolonged engagement with participants and verbatim transcription of the data established credibility. Detailed and transparent description was included to establish transferability and dependability. Research team meetings and reviews of study processes were used to foster reflexive dialogue between researchers to ensure confirmability.

3.7 Researcher’s reflexivity
The first author was a new graduate RN who was working in a SCN and undertaking a Bachelor of Nursing Honours project. The second author was an experienced nursing
researcher and the third author was a former lactation consultant and an experienced researcher in breastfeeding matters. Five of the participants were working in the same hospital as the first author. To manage the impact of familiarity with some participants, the first author discussed the conduct of the interviews and shared the data analysis with the research team. The final data analysis was a collective work to remain faithful to the experiences of the participants.

3.8 Ethical Considerations

We obtained ethical approval from XXXXX Human Research Ethics Committee (HREC) (HRECXXXX Deidentified for peer review). Informed written consent was obtained from all participants (National Health and Medical Research Council et al., 2007). All participants had the right to withdraw any data from the research study at any time.

4 Findings

4.1 Characteristics of the participants

Nine new graduate RNs, one male and eight females who were between the ages of 22 and 27, participated in interviews. All participants partook a formal new graduate program in neonatal settings located in various Australian states. Pre-registration education on supporting breastfeeding women varied among participants. Seven participants completed paediatric or maternity electives within their pre-registration education with limited information about supporting breastfeeding women. Participants worked in five different hospitals. Four of these hospitals were BFHI accredited tertiary hospitals and one was a non-BFHI accredited acute metropolitan hospital. Demographic details of participants are described in Table 1.
4.2 Themes

We identified four themes: Preparedness, Emotions, Ongoing Learning and Confidence.

4.2.1 Preparedness

Most participants (n=8) felt unprepared when they initially started supporting breastfeeding women. For some participants, their feeling of preparedness changed over time. Their personal experiences, pre-registration education and the way in which they were orientated to the hospital and the neonatal setting influenced their preparedness.

“I had no experience with breastfeeding ...” (Taylor).

“I was starting from zero” (Riley).

All participants recognised a need for further information on the importance of breastfeeding as well as development of clinical skills to support breastfeeding women.

“I think because it’s seen as such a major midwifery thing ...we did not even go near neonates, we did not learn a thing (during pre-registration course)” (Parker).

All hospitals provided the new graduate nurses with breastfeeding education as part of their general orientation programs. However, most participants (n=7) identified that new graduate orientation alone was not enough to prepare them, and breastfeeding was not prioritised during orientation programs. Morgan suggested that a focus on breastfeeding of a healthy or term infant within orientation would be appropriate.
“I feel like our breastfeeding course came too late. ... We’re just kind of starting off with a sick infant and trying to build it up that way (before taking the breastfeeding course)” (Morgan).

One participant (Ali) suggested that breastfeeding was not seen to be “as important as clinical skills” such as “arterial lines or something like that”, “I don’t feel like there’s any steps where they say okay now you’re competent at this”.

4.2.2 Emotions

Participants identified feeling both positive and negative emotions associated with breastfeeding. Initially, participants (n=6) associated supporting breastfeeding women with negative emotions. Supporting breastfeeding women was viewed by participants as “daunting” (Parker), “frustrating” (Riley), or “intimidating and scary” (Taylor). Participants suggested that these emotions came from self-doubt due to their own limited knowledge and self-efficacy in their own skills.

“I was supposed to help her, and I was supposed to know what I was doing. But I didn’t” (Charlie).

“... at the beginning, I felt like I was trying to avoid patients that needed breastfeeding support because I just felt like I wasn’t good enough” (Riley).

However, Blake highlighted that successfully supporting a breastfeeding woman can be satisfying and provides motivation to persevere despite the difficulties. Charlie stated that feeling forced to support breastfeeding women while knowing that there is assistance available increased her self-efficacy.
“... like being forced to do it because some days it just got so busy that I couldn’t be like, Oh, I don’t want to do this. You just have to give it a red-hot crack” (Charlie).

4.2.3 Ongoing Learning

Although most participants identified that they had limited or no knowledge of breastfeeding prior to starting their new graduate year, some found breastfeeding difficult to learn through readings or in class-activities. Many of the participants (n=5) highlighted that most of their breastfeeding education occurred through on the job practical experience.

“For me it’s more like watching people do it and then also put it in my practice” (Taylor).

“Just observing other, more experienced nurses and how they approach breastfeeding has really, really shaped my understanding of it” (Jordan).

Others developed their knowledge through self-directed learning activities, observing others and having conversations with women and experienced nurses.

“I did a lot of, personal study and... pretending I was a mum ... trying to like look at resources that I could actually bring up, like ABA (Australian Breastfeeding Association) .... like just looking online ....and I started speaking with... my mum or aunties and people who have breastfed .... that really helped develop my knowledge” (Ali).
4.2.4 Confidence

All participants reported gaining confidence during their time in neonatal settings. The participants mentioned that knowledge was the first element for building confidence.

“With education you’ve got to build confidence. You can’t just walk in, nobody or not many people just walk in confident if you don’t know what you’re talking about” (Ali).

Other elements the participants reported for increasing their confidence were knowing alternatives, observing others, achieving small success, having support and the most important one, doing and mastering the task.

“So, I think just having more confidence in like my own abilities to do other things and like seeing, like finding alternatives...” (Charlie).

“I think my confidence has really developed, because honestly just from experience...... and like getting results” (Jordan).

Participants identified they found role models among other nurses and midwives based on their approachability, admiration and skill supporting breastfeeding women. One participant felt a need for positive affirmations from trusted staff to help improve her confidence.

4.3 Enablers & Barriers

Receiving support was identified as the main enabler and time restraints was reported as the main barrier. Other barriers were receiving consistent information and the impact of stereotyping.
4.3.1 Support

Support was identified by all participants as the key enabler to building their self-efficacy when practicing and mastering the skills in supporting breastfeeding women. All participants identified being able to ask for help as critical to developing their knowledge, skills and sense of self-efficacy.

“I’m blessed the fact that the nurses and midwives on my ward they’re like, really approachable and they’ll like, they don’t mind like teaching you” (Taylor).

“If I knew there was a midwife on um that would also be someone I would go to for help” (Riley).

Some participants employed different approaches in addition to asking others for help. Charlie found that role playing with other staff for practice without parents observing was helpful.

“See if there was like some downtime... on a night shift when no one was around, and we just like go through it and... like, practice... I think that was really helpful” (Charlie).

While all participants highlighted support as a key enabler, some participants discussed their experiences of a lack of support as a barrier to becoming self-efficacious in supporting breastfeeding women.

“There's obviously some people that you know, I didn’t go to” (Riley).
“Sometimes you’ll find the senior staff that probably know best quite intimidating and I hate asking them” (Parker).

“Everyone is very supportive of Mum’s breastfeeding but maybe not so supportive of new grads developing the knowledge” (Morgan).

This made supporting breastfeeding women as a new graduate challenging, due to busy workloads and limited access to lactation consultants, particularly on weekends.

### 4.3.2 Time

While time management was identified as important for supporting breastfeeding women, time to develop breastfeeding knowledge and self-efficacy was identified as a more crucial enabler.

“Eventually over time you start to become, I guess, better and more skilled and you start to be able to answer, um, simpler questions” (Ali).

“I think, mainly for me, was lack of confidence because I knew I had insufficient knowledge but that’s because it just comes with time” (Morgan).

Eight participants identified lack of time as a barrier to supporting breastfeeding women. Supporting breastfeeding women, particularly primigravida women, was described by participants as time consuming and required significant effort.

“Because if you’ve got three women who are trying to breastfeed for the first time, you don’t have, ... you really need to sit down and explain it all to these women” (Morgan).
“First time Mums is obviously, is always hard, like second and third and fourth, you don’t even really have to educate them” (Ali).

4.3.3 Consistency of information

As new graduate nurses, conflicting information about practices to support breastfeeding women were identified by participants as a barrier. Blake emphasised that the inconsistent advice received on supporting breastfeeding women resulted in feeling “unqualified to offer advice”. This conflicting information given to new graduate nurses, while they themselves are still learning created difficulties in building self-efficacy to support breastfeeding women in practice.

“... especially in the NICU, you’ve got very contradictory views on breastfeeding, like there’s some who are more holistic and some who are very clinical” (Ali).

In Quinn’s experience, the lactation consultants ensured a consistent breastfeeding method was used by all nurses to help minimise conflicting messages. Quinn highlighted that this was beneficial as all the nurses provided consistent breastfeeding information.

4.3.4 Impact of stereotyping

Participants identified that they faced challenges due to being personally stereotyped based on age, nursing level and gender. Ali identified that perceived age was a barrier.

“I’ve had a few mums ask like “Oh, how old are you? Do you have kids?”, um, as if what you’re saying, um, I guess, isn’t as legitimate as if somebody had a kid”. (Ali)
Ali discussed experiences of assisting a woman to breastfeed where an educator or senior nurse interrupted her which “made me look like I didn’t know what I was talking about” (Ali). Ali found this confronting and attributed this to being viewed as a junior nurse. The one male participant in this study identified that his gender was a key challenge for him when supporting breastfeeding women. He identified both women and their partners were often uncomfortable with a male nurse observing or assisting with breastfeeding. In contrast, two participants discussed how their personal perceptions of fathers was a challenge to their breastfeeding support practices. Ali highlighted that breastfeeding is commonly viewed as “a woman’s thing” but actually involved more than just the woman. Charlie identified that fathers would ask questions and try to assist but often had limited knowledge of breastfeeding.

4.4 Application of Self-efficacy Theoretical Framework

Through analysis of the themes, we identified the self-efficacy enhancing strategies as the modifiable approaches that new graduate nurses used to maintain their perseverance towards learning and feeling more self-efficacious. We grouped the strategies based on four sources of self-efficacy information: performance accomplishment, vicarious learning, verbal persuasion, and physiological responses. The new graduate nurses repeatedly mentioned that the more they practiced or role-played, the more self-efficacious they became (performance accomplishment). They found that observing others, having role models and support systems were the most effective ways to learn and enhance their self-efficacy in providing breastfeeding support or advice to women (vicarious learning). Receiving encouragement and positive feedback and affirmation by lactation consultants or other senior staff made them feel efficacious that they were doing the right thing (verbal
persuasion). However, verbal discouragement and negative feedback from staff, women or partners were reported as a diminishing source of self-efficacy. Finally, many of the new graduate nurses interpreted their emotional feelings and physiological arousal as normal reactions for learning and achieving success (physiological responses). The self-efficacy enhancing strategies accompanied with the themes, enablers and barrier are shown in Figure 1.

*** Insert Figure 1 approximately here***

5 Discussion

This descriptive qualitative study has provided important knowledge on the experiences of new graduate nurses who support breastfeeding women in neonatal settings. We identified four themes within the new graduates’ experiences: Preparedness, Emotions, Ongoing Learning and Confidence.

Participants identified they were not prepared to support breastfeeding women when starting their new graduate year due to limited education on breastfeeding at a personal, university and hospital orientation level. McEwan et al. (2014) found that new nurses aren’t adequately trained to support women in neonatal settings. Previous research has similarly noted the need for better preparation of nurses to support breastfeeding women (Ben Natan et al., 2018; Bozzette and Posner, 2013). Personal experiences and exposure to breastfeeding through the experiences of family and friends can also impact on nurses’ support of breastfeeding women (Prokop et al., 2021). These experiences become critical for new graduate nurses who receive limited exposure to breastfeeding in both their pre-registration education and hospital orientation.
In our study, the participants experienced *ongoing learning* and built their *confidence* while experiencing different *emotions*. Educational activities that included real-world practical components was the most effective strategy to improve their learning. In other studies, on-the-job learning was also an influential educational technique for nurses and other health professionals to learn how to support breastfeeding women (Burch et al., 2009; Yang et al., 2019).

*Confidence* was one of the main themes identified in our study. Previous research has shown that diminished self-efficacy influences healthcare professionals’ competence and performance in practice (Ankers et al., 2018; Folker-Maglaya et al., 2018). While feeling confident was an important experience for the participants, in our study, the new graduate nurses used self-efficacy enhancing strategies such as extra practice (performance accomplishment), observing others and role modelling (vicarious leaning), and support (verbal persuasion) to undertake the challenges, and be resilient when they faced obstacles. They also interpreted their emotional responses as a normal process to push themselves and learn more (physiological responses).

Performance accomplishment is important for nurses when learning about breastfeeding and enhancing their self-efficacy in supporting breastfeeding women. In a phenomenological study, limited exposure to practical breastfeeding challenges was reported to negatively affect new graduate nurses’ self-efficacy in supporting breastfeeding women (McEwan et al., 2014). Vicarious learning through role modelling and support were also reported as important sources of developing self-efficacy in individuals (Bandura, 2012). The findings of different studies have demonstrated that nurses’ experiences in
supporting breastfeeding women are directly affected by observing others and the support they received from staff, educators and lactation consultants (Ankers et al., 2018; Spence et al., 2016). Similarly, new graduate midwives have experienced comparable issues when unsupported by staff (Allen and Anderson, 2019). When individual’s feel supported, they are better equipped to persevere despite potential barriers (Bandura, 2012; Meedya et al., 2016), such as the barriers of time, inconsistent information and stereotypes that our participants experienced. Despite the findings of other studies (Prokop et al., 2021), the participants in our study did not refer to the environment of neonatal setting as a barrier. However, they mentioned that breastfeeding was not considered as an important clinical skill during their training. This suggests that increased education and support structures are necessary for new graduate nurses and midwives in neonatal settings as they develop their breastfeeding knowledge and time management skills.

5.1 Implications for practice

The findings of this study highlight the need for combining theoretical and practical breastfeeding education at both a university and organizational level. Ankers et al. (2018) previously identified a need for increased collaboration between hospitals and universities to improve the preparation of nurses and potentially limit unrealistic practice expectations of new graduate nurses in neonatal care settings. Considering that education on breastfeeding is not included in many pre-registration nursing curriculums in Australia (Bozzette and Posner, 2013), it may be appropriate to incorporate breastfeeding into primary healthcare subjects in pre-registration nursing curriculum.
The findings from this study also suggest that participants struggle with the rote learning traditionally employed in class settings or in the form of online modules, such as at university or in hospital orientations that have mandatory breastfeeding education requirements (for compliance with BFHI). Therefore, the way breastfeeding education is facilitated needs to change. New graduate nurses need individualised and learner-centred education and support (Hung et al., 2020). This may be achieved through the implementation of self-efficacy enhancing strategies (Bandura, 1978) such as interactive simulations that allow nursing students to keep themselves motivated, persevere towards learning, and improve their self-efficacy in supporting breastfeeding women (Bandura, 1997; Hanshaw and Dickerson, 2020). Role modelling, mentorship and observational learning can also be incorporated into this education both at university and hospital training. Therefore, incorporating a clinical opportunity for new graduate nurses or students to spend a full day with a lactation consultant may be useful. Shadowing a lactation consultant or linking with support organizations such as ABA may also provide opportunities for better learning and improving individual self-efficacy.

For any kind of online education, nursing students or new graduate nurses can use a digital breastfeeding educational app (Meedya et al, 2021) or develop their own digital media/artwork to create a project where different breastfeeding scenarios are conveyed. Peers and external breastfeeding support health professionals can review students’ digital work and provide a constructive feedback. Student-created digital media has been successfully used in teaching complex concepts in nursing course where the nursing students experienced deep learning by relating the new knowledge to the real-life experiences (Meedya et al., 2019).
5.1.1 Strength and Limitations

A strength of this study was that the participants undertook new graduate programs across a wide geographical area, including four different Australian states and had completed their pre-registration education at six different Australian universities (within different states). Therefore, the findings are not an evaluation of a single new graduate program or university institution.

While a significant amount of data was obtained from nine participants, the recruitment of participants was challenging due to the limited pool of potential participants and the outbreak of the COVID pandemic. Although the COVID pandemic may have influenced women’s mental health or breastfeeding practices (Matvienko-Sikar et al., 2020), it was not mentioned by any of the participants.

6 Conclusion

In this qualitative study we explored the experiences of new graduate nurses who support breastfeeding women in neonatal settings. Participants identified that new graduate nurses’ experiences supporting breastfeeding women were influenced by Preparedness, Emotions, Ongoing Learning and Confidence. The enablers and barriers reported by participants included support, time, consistency of information and stereotypes. New graduate nurses’ knowledge, skills and confidence can be developed through self-efficacy enhancing strategies such as continued exposure and practice accompanied with ongoing observational learning, role models, and support. Additional and targeted education applying self-efficacy enhancing strategies at both pre-registration and hospital levels may better prepare new graduate nurses to support breastfeeding women.
with ill and preterm babies in neonatal settings. Further research is required to co-design an educational intervention that begins in pre-registration nursing programmes and supports registered nurses to effectively transition to practice in settings that support breastfeeding women.

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6.1 Authors Statement

6.2 Authors’ contributions to the paper based on the relevant CRediT roles:

Nicole Prokop RN, B Nurs(Adv)
Conceptualization; Data curation; Formal analysis; Investigation; Project administration; Writing the Original draft; editing.

Dr Jenny Sim RN, B AppSc(Nurs), PhD MACN
Conceptualization; Formal analysis; Methodology; Resources; Supervision; Validation; Writing - review & editing.
Dr Shahla Meedya RN, RM, BNurs, BMid, MMid, PhD

Conceptualization; Formal analysis; Methodology; Resources; Supervision; Validation; Writing - review & editing.

Highlights

- New graduate nurses who work in neonatal care settings report feeling unprepared.
- New graduate nurses lack the necessary confidence to support breastfeeding women.
- Self-efficacy enhancing strategies helped improve both preparedness and confidence.
- Both pre-registration institutions and hospitals must provide additional education.
- This breastfeeding education should apply self-efficacy enhancing strategies.

Table 1 Demographic characteristics of participants (N=9).

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>State Time into New Graduate Program</th>
<th>Interviewed</th>
<th>Previous Experience with Breastfeeding</th>
<th>Type of Hospital</th>
<th>Length/Structure Covered</th>
<th>New Graduate Program</th>
<th>Breastfeeding Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riley</td>
<td>22</td>
<td>VIC tertiary hospital</td>
<td>Nil</td>
<td>No</td>
<td>12-month rotation in Pediatric and Maternity</td>
<td>12-month rotation in Pediatric and Maternity</td>
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