



# Professional socialization of midwives in the first year of work in hospital wards<sup>1</sup>

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**Abstract:** *Introduction and objective:* The first experience of entering a profession has a huge impact on an employee's later life. They affect motivations for development, relationships with co-workers, and in the medical sector will directly translate into patient safety and well-being. When midwives take up their first job, they face challenges and obstacles related not only to their inexperience, but also to communication in teams, the implementation of which requires time and commitment on both sides—the implementing and experienced employee. *Material and methods:* The aim of the research presented here was to identify difficulties related to communication in midwifery teams, especially at the level of experienced–inexperienced midwife and to find out the opinions on mentoring as a way to support in the first months of work. The study was conducted by means of group interviews. Three interviews were conducted with a total of 11 midwives with 1-2 years of professional experience working in hospital wards in three Polish cities. *Results:* In the participants' statements, three issues were singled out as the most important issues raised related to the difficulties of the first months at work: the organization of the induction system, the sense of mutual trust in the team of co-workers and the inequality of wages. *Conclusions:* A sense of security resulting from mutual trust and acceptance is crucial for young midwives entering the profession. A factor conducive to a smooth socialization process to work is a properly functioning mentoring system. Communication difficulties that cause division in teams, may be related to the inequality of salaries, resulting from the disparity in the level of education of midwifery staff in hospital wards.

**Keywords:** medical communication, midwives, professional adaptation, relations in the therapeutic team, socialization

## Introduction

Socialisation is a complex concept that has been interpreted and defined differently over the years. While some thinkers identified a particular individual deriving behavioural patterns from society as a pillar of the socialisation process, which becomes fixed over time and influences the way individuals perceive the world around them, others attached special importance to society in the broadest sense, i.e. precisely the individual's environment in the socialisation process (Katra, 2020).

The issue of professional socialisation, which should be understood as a long-term process of learning how to perform a specific profession and how

to function in the work environment (Kędzierska, 2018), is a topic rarely addressed by researchers in Poland when it comes to medical professions. Research papers mainly deal with the education of future health professionals at universities or induction systems. There is also a wealth of research on patient-health professional communication. However, the topic of communication and interpersonal relationships in medical settings and their relevance in the first stages of professional socialisation is rarely addressed.

In the context of the medical professions, socialisation entails years of training, and once the career begins, intensive learning of how to do the

<sup>1</sup> Article in polish language: Socjalizacja zawodowa położnych w pierwszym roku pracy na oddziałach szpitalnych <https://www.stowarzyszeniefidesetratio.pl/fer/2023-3Toma.pdf>

given job begins. During this time, the person introducing the individual to the work environment plays an important role (Regan et al., 2017). This is because it does not only involve instruction in the performance of particular activities, learning about the layout of the hospital or a particular ward, but also, and perhaps above all, conveying the principles and values of a particular group of health professionals. It is a question of groups, as the medical community is heterogeneous and often highly divided. The most apparent boundary is between doctors and nurses and midwives (Kołodziej, 2014), once wrongfully referred to (mainly by doctors) as „lower-” or „mid-level staff” – and thus also treated in a somewhat negatively charged manner – or, to put it another way, „looked down on”. Nowadays, future nursing and midwifery students are instructed during their degree programme to know their competences, and the term „lower-level staff” has been replaced by „therapeutic team”, which does not have a homogenous structure, but precisely because its members complement each other, it is easier for them to achieve a common overriding goal – the well-being of the patient (Barnaś, 2016).

The smooth running of the team and respect between its members is possible if the relationships within the team are appropriate. Within the midwifery and nursing community (primarily women), it is easy to observe conflicts resulting from exhausting work patterns, constant stress or poor team organisation (McKibben, 2017), but also from non-uniform educational levels. These differences sometimes create tension and lead to conflict.

The different levels of education stem mainly from the changes in the education system for nurses and midwives over the years. Female graduates of secondary medical schools are still professionally active. The current education system is standardised across Europe and is primarily based on the 1999 Bologna Declaration. In Poland, first- and second-cycle studies in midwifery are available, and midwives with secondary education have opportunities to upgrade their qualifications (Pradela et al., 2020). A particular incentive to enter bridging programmes or specialised courses is higher salaries – in proportion to education (Jagodzińska

and Rezmerska, 2017). And this is another factor dividing the nursing and midwifery community. It is not uncommon for newly graduated midwives entering the profession to earn considerably more (sometimes even several hundred zlotys) than older and experienced midwives, who essentially introduce them to the profession, pass on basic knowledge of ward operations or manual skills, but also teach the young midwives core values and work culture. Such a situation often leads to frustration and anger among midwives with greater professional experience.

The course of professional socialisation in a pleasant environment of coworkers, among whom the individual feels safe and accepted, impacts the quality of work performed (Hopkinson et al., 2022). The experience of the first months in a hospital ward of a young nurse or midwife translates into attitudes towards colleagues or decisions made in a crisis. Research into relationships within nursing and midwifery teams will allow us to understand the mechanisms affecting the quality of these relationships and to draw conclusions leading to their improvement. The final goal of patient care is the well-being and safety of the patient, which can be achieved when the team members providing care for the patient have respect for one another, are able to cooperate and communicate properly (Witczak and Rypicz, 2020) – which is directly influenced by the course of socialisation.

## **1. Objectives**

The following article describes the experience of young midwives in the early years of their careers, i.e. precisely during the secondary socialisation associated with the start of professional activity. The primary aim of this study was to identify the difficulties associated with relationship building and communication between novice and experienced midwives and to assess the relevance of mentoring in the first months of midwives’ work.

The main research questions are as follows: (1) To what extent do midwives entering the profession receive support from colleagues? (2) What difficulties

are most commonly experienced by midwives entering the profession? (3) Does mentoring exist, and what impact does it have on the course of professional socialisation? (4) What impact do communication difficulties in the first years on the job have on the quality of work?

## 2. Materials and methods

The study used a qualitative method involving focus groups. Three focus groups were conducted. The interviews were carried out remotely using the Zoom application. The sample included 11 (female) midwives from Warsaw, Lublin and Gdańsk. All participants started their first job in the profession no later than two years before the interview. Eight participants worked in hospitals in Mazowieckie Province, two in Lubelskie Province and one in Pomorskie Province. Seven declared an age of under 25, three over 25 and one over 40. Nine participants had a bachelor's degree, of which eight were continuing with a master's degree, and two had a master's degree in midwifery. No information about the participant's workplace – the ward or the referral level of the hospital – was collected before the interviews.

The study used convenience sampling. The participants volunteered to take part in the study by responding to social media posts that included information about the topic of the study, the requirements for participation, i.e. work experience of no more than two years, working in a hospital ward, and the participation form – online or face-to-face (depending on the study group). Despite the initial strong interest and willingness to participate in the focus groups, once the details were discussed and an appointment was made, some individuals withdrew due to the amount of time required to participate in them. On several occasions, after the researcher had sent a reminder to participants about the interview scheduled for the following day, some individuals pulled out, often without giving a reason. It was also challenging to find a date that suited several participants due to the many professional or personal obligations of those in the target group. The plan

was to interview at least 15 midwives. However, this plan was unsuccessful, with a final sample of 11 individuals. The initially intended in-person delivery format for the focus group was also modified. After a number of cancellations by potential participants, the decision was made to change the format of the interviews to an online setting.

The focus group meetings lasted between 44 and 58 minutes and were conducted on Zoom. The same interview script was used in all groups, and the researcher was the focus group facilitator.

The analysis of the results focused on three main themes: (1) feeling of security among colleagues, (2) organisation of the induction system, (3) pay inequality and new salary grids. Two strands can be distinguished within the first theme: (a) acceptance and (b) support.

## 3. Results

In all focus groups, participants described their first days and weeks at work as an important time that directly influenced their subsequent behaviour and attitudes towards their profession. Midwives mentioned on many occasions that a well-organised induction system for newcomers was very important in their opinion. According to the interviewees, it is linked, for example, to trust within the team and to issues such as equal pay.

The main themes explored during the interviews are outlined below, supported by quotes from the interviewees.

### 1. Feeling of security among colleagues

#### 1.1. Acceptance

The interviewees cited situations where having to supervise the work of a junior colleague was not accepted by midwives with more seniority and made them feel frustrated and upset. The interviewees recounted witnessing this frustration and sometimes hearing statements that could be considered a manifestation of verbal abuse.

*(...) she was abrasive and unpleasant when I asked her something, for example, when I was working out the distribution of medications. (...) I just wanted it all to be reviewed properly, (...) and she said to that – No! You're supposed to do it – and she was so aggravated (...) (A1)2*  
*(...) it was like these older midwives would fall silent when I went to the bathroom, for example (...)*  
*and when I went in, they would stop talking (...). And it made me feel utterly embarrassed at the time (AII)*

There was also one comment about senior midwives who mentored the interviewee from the beginning of the introductory period and did not show verbal abuse towards the younger, inexperienced colleagues. However, it is worth noting that, in the interviewee's opinion, such a positive attitude was a stroke of luck that happened to her. This may imply that relationship difficulties between younger and older team members are common in this environment, and their absence is recognised and interpreted as a special situation.

*(...) I think it is very important who you get. I was lucky to meet midwives who do their job diligently and consider it some sort of a mission to pass on this knowledge to others, and I think it is fortunate to meet such people on duty (G1)*

The interviewees found it easier to establish positive relationships with colleagues their age. At the same time, building a good relationship with even one person makes the other team members start to perceive the new employee more favourably.

*It was easier for me to get along with the younger ones, and once we warmed to each other, the older ones also liked me (...) in the sense that, well, I have the impression that once the younger ones accepted me, the older ones did, too, later on (RII)*  
*(...) I was glad that most of the girls were pretty young because we quickly hit it off, and somehow, they accepted me into the group faster. I found it difficult to get on a first-name basis with some of the older ones for a long time – I mean, it was stupid, but then I finally got the courage to do it, and it was fine (...) it made the job easier (DIII)*

## 1.2. Support

An important factor that directly influenced the young midwives' feeling of security in the ward was mutual support and a sense of shared responsibility for the patient. The participants talked about the importance of support in building trust between team members. The interviewees' experience in this area varied. Four had a positive experience, and five a negative one.

*But it was very comforting that there was one person I knew that (...) I could always talk to [that] is very important because I know that someone here has my back (WI)*

*A sense of security is key here, not only for the young ones who are getting started but also for the older midwives (ZIII)*

*(...) I experienced this situation. It made me to trust a colleague 100%. (...) I think it's very important to have the feeling that if something goes wrong, it's a shared responsibility (...) (ZI)*

*And what bothers me the most are the lines like: „When I started work, nobody asked me if I knew how to do it, they just said: ‚If you have the degree, do the job.‘ You guys have it better now, so enjoy it” (AIII)*

2 The capital letters correspond to the first letters of the participants' first names (G, A, Z, etc.), as this was to make it easier to distinguish between the individual statements, and the numbers in brackets indicate the number of the focus group from which the statement originated (I, II, III).

(...) you hear lines like „You have your stamp, you have 100% responsibility”, and you know that’s not exactly the case when you’re on duty together (GI)

## 2. Sound organisation of the induction system

When asked about the induction system in their working environment, the interviewees mostly rated it as inefficient and blamed it on their immediate superiors. Only two interviewed midwives acknowledged that the mentoring system in their hospital is working well.

*We have this system; sometimes it works well, and sometimes it doesn’t. But I think it’s useful for us – as new employees. Because we have a specific person assigned to us (...) who is a kind of tutor or mentor (DIII)*

*(...) I find the situation when a person without any experience is put on duty as a regular – and not as an extra (...) extremely unfair, especially on the part of the employer (...).*

*For me, a situation when a senior colleague takes it out on me is a sign that she simply can’t handle it (...) (GI)*

*because, in my hospital, there is such a system (...) those who induct actually get a financial bonus for inducting a new employee (...)*

*I think it is a sound system (...) (ZI)*

*(...) every midwife is a bit of a mentor to me, but honestly, I think something didn’t work out (...) Because I don’t remember it in a positive light (...) it was not a great experience<sup>3</sup> (OII)*

*(...) maybe it would actually be easier if I already had a person assigned to me at the very beginning who was responsible for me. And I would know that I can just unabashedly follow her around and ask her about anything and that she has to make time for me (OII)*

*(...) at my workplace, mentoring works.*

*(...) the fact that I was always on shift with one midwife and that she showed me the ropes was kind of reassuring for me. I mean, I knew I could ask about anything (...) (PII)*  
*(...) I don’t think there’s any real mentoring at my workplace, but, in general, I was on duty in two shifts at the beginning and for the first month as an extra. It was quite fine. (...) because I always had a trusted person I could ask about things (LIII)*

## 3. Pay inequality and new salary grids

The topic of pay resulting from the new salary grids, introduced in July 2022, was also raised during the interviews. Young midwives recalled situations indicating dissatisfaction and a sense of injustice among experienced colleagues, which they felt directly impacted the working atmosphere and relationships within the team.

*(...) I feel that in my case, the problems started later (...) when the new bill on pay rises came into force, and it was then that anger and rage began to surface among some of my colleagues at the fact that we were going to get more money (...) There was quite a lot of tension and anger, and I heard them say many times: „We won’t teach those midwives with master’s degrees if they get more money than us”, and I get the impression that from a collegial point of view, this money did a lot of harm (ZI)*

*(...) sometime in June, the tension started to grow because we were all waiting for these new salary grids, and I remember that, at that time, there was constant talk that those older midwives who were training us would get lower salaries than us, the educated ones (...) B(III)*

<sup>3</sup> According to the ward management, each senior midwife mentors a junior midwife during induction. Describing her first days in the ward, the young midwife cited situations where she felt like „a third wheel”, like an interfering and unnecessary presence. Therefore, she did not view the induction system proposed by the ward nurse favourably.

*I know that my hospital operates like a company, and midwives with long work experience don't get seniority bonuses or whatever they call it (...) sometimes we're paid more per month, having been on the job less than a year (...) it is a bit unfair T(III)*

*One of the midwives at my workplace commented that they have to encourage people to enter this profession somehow, and it's known that money is the biggest incentive (LIII)*

#### **4. Discussion**

As the above study shows, the key issues for those entering the midwifery profession are the feeling of security and trust in colleagues, which can be achieved mainly through a well-organised induction system for new staff. The first experience as a young midwife has a direct impact on the formation of a professional identity and the subsequent approach to the job. It also becomes a pattern of relationships between members of the therapeutic team (Hastie and Barclay, 2021). Professional socialisation takes place on two levels – adaptation to the rules and conditions of a particular organisation and assimilation into a new group of colleagues. The above study looked at the second dimension of this process, i.e. adaptation to the group formed by midwives already working for a particular organisation. The only work-related experience that young midwives recruited for hospital wards have is work placements during their studies. The first few months on the job confront the perceptions about the functioning of a hospital and the day-to-day tasks of a midwife. It turns out that the difficulties that stand in the way of a new staff member are not only the lack of knowledge needed to work in a specific ward or insufficient manual skills but also the uneasy adaptation to a group of colleagues. Many studies raise the universal issue of the medical professions' particular vulnerability to professional burnout. These risks are strongly influenced by relationships with colleagues (Bańkowska, 2016), formed during the first months after starting a job. Therefore, it is important that professional sociali-

sation takes place in a way that fosters relationships between members of the therapeutic team based on mutual respect and trust. The right atmosphere in the first few months of work, good relationships and communication patterns will have a positive impact on job satisfaction.

The sense of satisfaction with one's job is influenced by many factors, but one of the most important is having good interpersonal relationships with colleagues (Babiarczyk et al., 2014). As can be inferred from the interviewees' statements, a sense of security was fundamental for them in their first months on the job. This broad term was used by young midwives in different contexts, depending on the situation recalled. The results described above divide issues of feeling secure depending on their source – those arising from support and those arising from acceptance. Focus group participants talked about acceptance in two ways. First, as the very situation when a new staff member arrives in the ward, and the role of the senior experienced midwife is to induct them, and second, to accept (not just tolerate) and welcome the new person into her team. It was highlighted that both the willingness of both parties and adequate time were usually needed here.

Senior midwives, who had developed a particular working system and rhythm of the day after many years in the same ward, showed frustration and aggravation at having to train a younger colleague. The reasons for the unfavourable attitude towards novices, according to the interviewees, were that they asked too many questions too often and that they wanted to perform all duties very diligently. The lack of support from experienced midwives, which resounded in statements such as „You have your stamp, you have 100% responsibility”, results in young midwives having a „survival rather than development” mindset, as described by an Australian qualitative study. The unsupportive behaviour of experienced midwives was associated with feelings of „littleness” and „stupidity” (Fenwick et al., 2012), which is consistent with the findings of this study.

In the European Psychosocial Risk Management Excellence Framework project (PRIMA-EF, 2009), lack of social support and interpersonal conflict are

listed as psychosocial risks. These factors may even directly influence early withdrawal from the labour force (Mielecka, 2021).

There was also positive feedback from the participants, which reflected the supportive attitude of the senior midwives accepting their situation and willing to induct their younger colleagues. However, it should be noted that this was usually linked to the mentoring system in place at the hospital, which is a didactic process involving the transfer of knowledge and skills of effective work and practical habits and knowledge (Górka et al., 2019). A mentor is a guide who, as the definition says, imparts not only practical knowledge and skills but also good habits relevant to the job. And this is another issue that came up frequently in the statements of the interviewees. The women highlighted the importance of a well-organised induction system for the new employee, in which both the inductee and the inductor are satisfied. Two of the eleven interviewees declared that their employer had implemented a mentoring system. A sound induction system brings many benefits, such as facilitating interpersonal communication, enhancing work motivation and improving integration (Mielecka, 2021). For the mentor, satisfaction is not only linked to the recognition bestowed on them by their supervisor. This is the role of experienced individuals with the ability to impart knowledge. At the same time, they receive additional compensation for their role as mentors. The interviewees were clear that they believed that this important function of introducing a new person to the team should involve financial gratification. The interviewees saw that this task requires commitment and time, and comes with additional responsibility. For a newcomer, mentoring means, above all, a boost in confidence and a feeling of security, guaranteed by the constant presence of one person who „you can always ask about things”. Communication problems resulting from the negative attitude and frustration of senior midwives, as can be inferred from the statements of the midwives interviewed, were often due precisely to the lack of a system to ensure the induction of newly recruited staff, and the interviewees attributed the blame for this state of affairs to the ward management, in particular the ward or head midwife. A sound mentoring system

has a positive impact on subsequent performance as a midwife and willingness to practise in subsequent years, as reported by Bradford et al. (2022).

One research problem raised during the interviews due to being a relatively new topic was pay inequality and the new salary grids for nurses and midwives, introduced in July 2022. Young midwives with higher education are often inducted by women without a master's degree. Yet, they are paid more for the mere fact of completing second-cycle studies than their experienced colleagues. According to the Act of 26 May 2022 on amending the Act on the manner of determining the lowest basic pay of certain staff employed in medical entities and certain other acts (Dz. U./ Journal of Laws/ of 2022. 1352), which entered into force on 1 July 2022, the basic pay of a senior, experienced midwife without higher education and a junior midwife who completed second-cycle studies may differ by up to several hundred zlotys. Focus group participants said this situation negatively affects interpersonal relationships within the team.

In the view of midwives entering the profession, this method of gratification, awarding higher pay to those with no experience compared to long-serving staff, is unfair and generates negative comments and unfavourable attitudes from experienced midwives towards younger ones. They believe that it would make sense to introduce a bonus system based on length of service for so-called seniority. Unfortunately, seniority allowances were scrapped in many hospitals following the introduction of the new salary grids in July 2022, and in some, there was no such allowance at all. The difficulties associated with the inequality of pay and responsibilities described here are corroborated by other researchers. According to S. Wieder-Huszla et al. (2016), the disproportionate responsibilities in relation to earnings, i.e., for example, the responsibility for induction of a junior midwife, causes stress and is one of the factors that, in the long term, may contribute to the risk of professional burnout.

## Conclusions

A well-functioning midwifery team is a group of people who accept and respect one another. However, young women entering the workforce with no experience often encounter problems at the beginning of their careers in establishing good professional

teacher-learner relationships. Dysfunctional interpersonal relationships within the team result primarily in a sense of absence of support and mutual trust.

As the above study shows, the proper socialisation process is made possible by the mentoring system, which, by creating a space for 'two generations' to work together, enables a feeling of security to develop, which is crucial for both those entering the profession and qualified midwives.

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