Increasing complexity of health care systems dictates that comprehensive approaches be utilized by nurse educators and nurse executives/managers to address the gap newly graduated nurses experience while transitioning from school into work. An interpretive hermeneutic phenomenology research study guided by Gadamer’s philosophy was conducted to explore meaning of the lived experience of transition. Analysis of fifteen individual interviews of graduates employed at least nine months generated the research findings. Five themes were identified: Facing the Realities, Communication Conundrums, Powerful Relationships/Resources, Building a New Nurse, and Commitment to Serve. New nurses identified realities of what they described as “shockers” or “the hardest thing.” It is more important now than ever for experienced nurses to listen carefully to the stories of new nurses’ transition experiences in order to support them in their new professional roles. Nursing education, industry, and new graduates must step up and implement best practices for effective transition.

Keywords: phenomenology, nursing transition, hopes, graduate nurses

Following predictions of a national nursing shortage, much attention has been given in recent years to preparation of a strong nursing workforce in the United States. Also recognized is the importance of promoting retention. Review of the literature indicates that similar concerns exist worldwide; authors in several countries have written about the stress associated with transition from newly graduated nurse to newly employed nurse.

In a Canadian study, Morrow (2009) summarized multiple factors that affect new graduate nurses, and noted that environment can be the key to building confidence. Patient safety, differing workplace cultures, scope of practice, collegiality, manager support, workloads,
role stress and ambiguity were mentioned, several of which were likewise identified as pertinent in this current transition study.

Internships, externships, orientations, residencies or “just jump in” are all methods attempting to help bridge the new nurse into practice. In the United States, efforts have been undertaken on both national and state levels to create toolkits to enable successful transition of new graduates into the nursing workforce (National Council of State Boards of Nursing [NCSBN], 2012; Washington Center for Nursing). It is important to incorporate an understanding of how these processes and innovations are actually working for the new nurses.

**Background**

Transition “is the process or a period of changing from one state or condition to another” (Oxford, 2012). A student entering a school of nursing undergraduate program likely has hopes and expectations of finishing ready to step into the role of a working nurse. Educators and those in the health care industry, however, have come to realize that transition is not automatic but takes concentrated efforts to smooth the pathways. This study was undertaken to gain understanding of what some nursing students hope and expect [Phase I, consisting of qualitative analysis of four focus groups from two local associate degree nursing programs], and to gain understanding of their lived experiences of transitioning from student nurse to employed registered nurse (RN) (Phase II). Research questions for phase II were:

1. What were the lived experiences of graduate nurses as they transitioned from school to work during their first 9 months as an RN?
2. What barriers do the new graduates describe?
3. What do new graduate nurses describe as factors that help them bridge from school to work?

**Methods**

**Conceptual Approach**

Interpretive hermeneutic phenomenology was the philosophy used to support the qualitative data analysis. The intent was to gain insights about and interpret the meaning of the participants’ lived experiences. Hans-Georg Gadamer proposed that hermeneutic phenomenology will promote understanding of life phenomena through interpretation of the unfamiliar to the familiar. Understanding is reached by “fusion of horizons.” To understand meaning, one has to remain open to the meaning of the other person. People cannot dispose of prejudices, but need to be aware of biases as they attempt to understand the meaning of the other. This philosophy fits well with enabling nurses to more fully understand some of the phenomena central to nursing practice (Pascoe, 1996).

The research team sought to take what they know and understand from their lived experiences as registered nurses of many years and fuse that with the information told in the stories of the participants. The researchers were open to participatory dialogue with the subjects, recognizing that subjective interpretation could occur because of the differences in levels of experience.

**Data Collection/Setting**

The research was aimed to compare the hopes and expectations of graduating nursing students (Phase I focus groups) to the lived experiences of newly employed nurses (Phase II). In Phase II, individual interviews lasting 60-90 minutes were conducted, tape-recorded, and transcribed verbatim. Transcriptions were entered into Ethnograph 6.0 for data management. The
research team-three nursing faculty-conducted the interviews in pairs or singly. Each had turns at being the lead interviewer, and all used the same open-ended guiding questions in a semi-structured manner. However, before any guiding questions were asked, the interviews were begun with an open-ended request for participants to tell the story of their transition. The majority of interviews were conducted in a comfortable university office with two researchers present, one leading the interview and the other managing equipment and taking field notes. One researcher travelled out of town to interview two participants, and one interview was conducted by phone.

Sample

The participants of Phase II were chosen purposively from the 27 who had participated in the four focus groups of Phase I by inviting all in Phase I to continue to Phase II. They were contacted by e-mail or phone at about 10 months after graduation to determine if they had yet been employed at least nine months as a nurse, and if not, were asked to contact the research team when reaching that milestone. Fifteen completed the individual interview process. Some of the original 27 had gone directly into baccalaureate programs of study rather than into employment. Others were still job searching or did not reply. The majority of the participants were employed in hospital settings, the minority in skilled long term nursing care facilities, and one in home health. This study was approved by each institution’s Review Board, and each participant provided written consent.

Data Analysis

The three-member research team read and re-read the transcriptions individually and in several group sessions, identifying interpretive codes and thereafter reaching consensus for
categories and themes. The data were interpreted with intent to understand the meaning provided by those interviewed.

Results/Findings

Numerous categories were identified: “The shockers,” “sink or swim,” “lots to learn,” “talk to doc,” “ask/don’t ask,” “great nurse,” “great team,” “which resource,” “cutthroat versus collaborative,” “stepping stones,” “growing,” “onward to expert,” “caring,” and “safety and support.” Five themes were defined: Facing the Realities, Communication Conundrums, Powerful Relationships and Resources, Building a New Nurse, and Commitment to Serve.

Theme 1: Facing the Realities

“And I felt like I was quite well-prepared with my skills and knowledge base. You know really so relatively little when you get out of nursing school, but I felt I had enough …to make it. But I think the …big shocker…was all that extra paperwork. And the phone calls…As a nursing student, you’re learning about caring [for the patient] but then you don’t learn about the coordinating, the organizing, and the ordering of the rest of the job, which is almost a bigger part of it.” Another said, “I don’t have the experience to say, ‘this is what we should do.’ That was sort of a shocker. One week I’m an LPN and then I’m the RN. I didn’t magically get all that knowledge.” Another identified shocker was the difficult job market. “I applied for almost 150 jobs. You go through the whole application process, and at the very end, I would get a question like, ‘Do you have at least one or two years of experience as an RN’?”

Despite a short or long orientation period, there came a time to “sink or swim.” One nurse declared, “But sometimes you just have to jump in and do it and then know where your resources are, and realize when you need help. That was my biggest lesson that first day.” Another added, “You kind of get thrown in during nursing school; that’s how we all felt, like a fish out of water.
You learn how to think on your feet and to go with it, and you realize that this is a huge benefit, because when you’re in an environment like I’m in, I got thrown into it. I got thrown into it on the fly.” A different participant voiced, “And I wasn’t enjoying it, because I never felt I knew exactly what I was doing or what I was supposed to exactly do, because two weeks of orientation time just wasn’t really adequate for me.” Very limited orientation periods were consistent for any new graduates that employed with long term care facilities as opposed to a variety of longer orientation periods in hospital settings.

All realized they had “a lot to learn;” as one described, “I thought that I knew a lot more than I did. But after starting to work, I realized how little I knew.” Another said, “It initially was very difficult. Way, way more difficult than I had ever expected. I was very, very surprised at how difficult this job is.” Yet one more said, “The big difference for me was…it was much faster paced than anything I had seen before. I couldn’t believe how fast paced it was. So it’s a lot more than I ever anticipated. The pace is very quick. Very fast. I remember being pushed before, but that was more of a mental exertion; this is mental and also very physical…Just very tiring.”

Comments by others were, “There’re so many things; even if you learned about them, when you are there applying it, it is so different…. You learn about assessment, and so I could assess, and I knew something was wrong, but I didn’t know what to do about it.” One described the stress of being new. “And, I wouldn’t say I dreaded going to work, but I was a lot more nervous. After 2-3 weeks, I wasn’t as nervous, and it was more, ‘I like my job,’ but I was still a little scared sometimes. A little worried. I know a lot. Now, I’m not afraid; I’m not on the verge of tears like a couple days at the beginning when I was so overwhelmed.”

**Theme 2: Communication Conundrums**
A striking result of the research was that despite emphasis in current times on the importance of communication skills, new nurses had a difficult time communicating with doctors and others. This varied from not knowing how to phone a doctor concerning a problem to how to help with rounds in a long-term care facility. “At first, I was really nervous to talk with them, because I didn’t really talk to the doctors in school. So how am I supposed to talk to them? How am I supposed to say these things?”

The new nurses also identified shift-to-shift communication barriers, and nurse- to-manager barriers. They expressed concern about “What should I know?” and “When should I feel comfortable asking?” “Who should I ask?” and “When is it OK to ask?” For instance, “I felt I was sort of all alone. I mean, I wasn’t, but that was it. It was hard, putting myself out there, asking for help from people.” One other identified, “I think actually the biggest thing that was hard for me to overcome, which has taken about a year, is that I didn’t know what I should and shouldn’t know by then. I felt like what was really hard for me was to be open to asking questions. I probably asked more than the majority of the people, but I didn’t like the feeling of needing to ask questions all the time and wondering in my head if I was asking a question that I should already know the answer to.” Another said, “I probably should have asked for help sooner. With my lack of experience, I didn’t realize I needed help, so I was really in trouble.”

**Theme 3: Powerful Relationships and Resources**

“Great nurse” was often mentioned as was “great team.” The great nurse was one who would answer questions, teach, guide, and model professional role behaviors. [About preceptor] “I absolutely loved her. Still do love her. She was fantastic; there was never any stupid question, no eye rolling. The answer was always, ‘Let’s look at the protocol…’. She follows everything by the book. And I love people like that. Love, love, them. I felt confident that I was learning
exactly what I was supposed to be doing, not someone’s version of it, which was really important to me because of safety. My safety, their safety.”

That people were the most often mentioned resource when new nurses sought information seems good to some extent. However, that not all new nurses seemed to appreciate the importance of using evidence-based resources to find answers to their questions was concerning. Some even had difficulty accessing written policies and procedures or sources of medical information at their workplaces. Said one, “I can’t believe that we don’t have anything on the internet…we can access. We don’t have anything like that. We can’t look up information on medications or disease processes…All we have-the drug guide on the table.” Others did use policies and procedures regularly as a helpful tool, as well as drug guide books, established, facility-approved patient teaching guides, and resources such as UpToDate, Dynamed, KramesOnDemand or Micromedix.

New nurses were surprised at how much help they received from secretaries, therapy services, pastoral services, certified nursing assistants, and social services. Some voiced: “There’s so much you don’t know, but I think it goes back to the feeling of the support of the people around you.” “Really the secretary is my biggest surprise. I didn’t realize how important they are.” “On my floor, people are really communicative with each other and that’s nice, because they were new once, so they can relate to bad days; it’s a family environment.”

Conversely, one nurse relayed, “The place I was working at underwent a real negative change. That is kind of what prompted me to start looking for something else. A big part of that was we lost the teamwork feel… When you have a good team, it makes a world of difference.”

“Cutthroat versus collaborative” surfaced as a category. Despite many examples of the positive influence of relationships, some told the contrary, such as: “It definitely ends up being
cutthroat, more so than I think it needs to be because you do have nurses getting other nurses into trouble. There are certain people whom you don’t trust.’” Another example was, “Don’t just let me go and then when I make a bunch of mistakes, come to me and say, ‘Oh, yeah, you’re really doing badly.’” This perception particularly stood out for new graduate nurses entering work in long term care. They identified that punitive measures were often the methods used to deal with errors or problems. Some said the punitive approach in turn led to fear of reporting errors. In contrast, within hospital settings, the nurses tended to recognize that errors were dealt with using systems approaches that led to learning and growth.

Patient relationships often were described as a driving force leading to work satisfaction. However, stories were told where a contrasting dynamic occurred. For example, “I guess the only time when I feel like I’m not glad with the situation of choosing to be a nurse is when patients are like… I can’t really help them any further. They are very upset …, you can’t make things better for them no matter what you do, and they just make you feel like you suck at life, you know what I mean? And they just make your whole day miserable and you just, ‘Why, why do I torture myself with this?’ That’s the only time when I feel like this isn’t what I want to do.”

Theme 4: Building a New Nurse

Internships or lengthy orientation periods were deemed highly desirable, whereas short orientations, identified at long-term care facilities, did not set the nurses up for success or longevity at their original workplace. Said one, “It was really great, though. I really, really lucked out. They had a residency program…for 3 ½ months. They had scheduled classroom time, so we had tests that we had to do in class; we did lectures in class.” In contrast, after a negligible orientation period, another nurse said, “I felt so guilty there. There wasn’t enough of me. They
wanted good care; they deserved good care… I was only there two months. I felt very guilty when I left because I felt I couldn’t give them enough.”

Analysis of the participants’ stories indicated that nurses entered with a psychomotor skill set and comprehensive intellectual knowledge base, but they self-identified lack of experience and judgment necessary for safe client care, and sought strong guidance. The category “stepping stones” pointed out intervals of growth they recognized, such as accepting that no one can know it all, building confidence and organizational skills, and appreciating that learning is lifelong. All will contribute to formation of a caring practitioner who is an excellent manager of care as the journey progresses. Two acknowledged, “I’m trying to build a confidence level, being familiar with things and realizing this is normal for new people to feel like this.” Another stated, “I’m still learning things all the time every day.” One nurse voiced, “I’ve already seen how I’ve grown after graduating. I already know I’m going to get stronger and grow…I’m still scared. It’s going to be OK. One day at a time, one shift at a time.” Another said, “It’s been a year; I’m very green, but I’ve grown a lot. It was scary. Graduating, I think I transitioned pretty well. I’ve made mistakes, but I’ve owned up to them. It was scary.”

Growth also means learning how to integrate emotions and how to cope effectively. One remarked, “I’ve been really, really trying to figure out how to de-stress lately, because that is one thing I’m kind of not doing. When I was in school, there was a gym there, and we would go…on the treadmill, and learn different exercises. And I’m finding now I don’t have time for that.” Another said, “I feel like my job is stressful. You need to find a way to let out that stress. I haven’t really found a good way, yet.” One more voiced, “I’ve had some hard days because I’ve seen people pass away or I’m really having a hard time with patients if they can’t breathe. I see
that every day, so I think emotionally I still have a hard time because I feel like I’m an emotional person, and I get choked up really easily, so that’s hard for me.”

Friends and family and spirituality helped new nurses cope when the road became rough. “Spirituality for me. I pray every day on my way to work…and that gives me a sense of peace.” One other said, “My husband is in the medical field and my brother and sister-in-law live next door and they are paramedic firefighters, so we talk amongst ourselves a lot.”

As the new nurses step onward toward expert, one summed up with, “I’m getting close to my one year and I still feel like a newbie. Eventually that feeling will go away. I do realize I’m not asking all these questions. I really have done a lot and learned a lot and remembered all these things, but why don’t I feel awesome? I’m not that super nurse that I want to be, yet. One day…” Another said, “I’m pretty pleased with where I am and where I’ve come from, because I remember how bad it was at the beginning. How much I didn’t like it. And now, I don’t dread. I mean the night before I’d go to work I would be just in a state of dread.”

**Theme 5: Commitment to Serve**

Despite battles and barriers, these new nurses declared a commitment to continue to serve. They want to “be there for their patients” and to make a difference. None of those interviewed expressed a desire to leave nursing. Their satisfaction in large part does seem to relate to their caring attitudes. For example, one nurse summed up, “It’s not a job you can go into for money. Honestly, I don’t think the money is enough for what we do. You definitely have to be a people person. You have to want to help people. You have to have that—that you care.” Similarly, another said, “Nursing just seemed to be the best place for me…I don’t feel I’m the person that just wants the paycheck…One of the biggest things for me, going into nursing, I felt I was able to be right there with patients and make a direct impact on their lives, and that’s one of
the things that I’ve definitely benefitted from and one of the goals I’ve seen come to fruition…
That is one thing that now, looking back, was one thing I was hoping to find, that satisfaction…I
really enjoy working with my patients and they enjoy me working with them, and I think that’s
one of the biggest things for me.”

Concerning purpose, safety and support, one participant said, “I still think that you need
to not lose sight of why you’re there. And it’s the patient. Let’s make sure that the patient is safe
and healthy and as happy as we can make them.” Another who had changed facilities said,
“Even though I wasn’t able to provide excellent care at that facility, my heart was in what I did,
and I wanted to do it safely. I wasn’t able to give them everything I wanted to give them. They
wanted me to stay and chat and hold a hand; they were lonely and I understand that.” Concerning
the new facility she said, “If somebody’s lonely or going through emotional turmoil because they
are at end-stage or whatever, I can be there. I can be with the family and cry with them. I love
that. My heart is in it.”

Discussion

Unfortunately, research dating back to 1981 or earlier has shown that new graduates may
feel poorly prepared and insecure about meeting the role of nurse. They express frustration and
describe unrealistic expectations, disappointment with reality, alienation and feelings of stress
(Hayes, Orchard, Hall, Nincic, O’Brien-Pallas, and Andrews, 2006). That current research is
continuing to find similar patterns is discouraging and shows there is much work to be done to
better prepare for transition.

Kramer (1974) may have been the first to describe “reality shock,” but many since then
have written about this phenomenon, which also stood out in the current study. Duchscher (2009)
discussed “transition shock” and identified emotional, developmental, intellectual, sociocultural,
and physical adjustments that are unexpected as the nursing student moves from a protective environment of academics into the challenging world of professional practice. If we think of the concept of “shock” in the literal sense of what it does to the body, more emphasis should perhaps be placed by academia, industry, the new nurse, and nurse preceptors on increased awareness of this transition shock so as to minimize harmful effects. Kelly and Ahern (2008) had a similar finding of role conflict in Australia, where the participants did not feel prepared for the responsibility and decision-making that accompanied the RN role, felt “thrown in”, and reported reality shock.

Effective communication is known to be vital for patient outcomes, yet participants described struggles communicating with others, especially physicians, as well as knowing when it is acceptable to ask questions. Problems concerning new nurse-physician communication were also recognized by others in the literature. Schlossler and Waldo (2006) described that though new nurses wanted to advocate for their patients, they felt inadequate in building rapport, deciding who to contact, and choosing what information to relay. Likewise Duchscher (2008) described that new nurses found interactions with physicians and experienced nurses to be intimidating and devaluing. Things that might make the new nurse reluctant to ask questions or interact effectively with colleagues are summarized as: feeling they were in the way, feeling that not knowing was a weakness, feeling criticized, excluded, undervalued, or neglected (Morrow, 2009).

Relationships and use of appropriate resources are such powerful tools. Phase I of this study identified that student nurses highly anticipated nurturing preceptors who would help them along the way (Gwinn, Marks, & Hoeksel, 2012). Congruent results from Heslop, McIntyre, and Ives (2001), a study done in Australia, found that students anticipated that preceptors would help
them transition and provide performance feedback and expected a friendly, supportive learning environment. In Phase II of the current study, people as key elements for successful transition was a thread through all the themes. People were excellent resources, good teachers, supportive, comrades in collaboration, models for developing the role of nurse, and creators of healthy environments. On the other hand, people could devalue the new nurse by criticism, lack of support, lack of teaching, or punitive measures from management. As new nurses, basic human needs surface, such as need for nurture, safety, and trust.

The need to feel valued for making contributions to the workplace community and to patient care was identified by Clark and Springer (2012). Manion and Bartholomew (2004) discuss building community in a workplace in order to nurture and support, using genuine value of others. Building community helps members feel safe, develop commitment, and build strengths while recognizing weaknesses, leading to stability and strengthened sense of connection for all. Participants in our current transition study seemed to yearn for such a sense of community both before they graduated and after they were employed.

Just as the current study found it difficult for new nurses to seek resources beyond a trusted nurse, Ferguson and Day (2007) discussed the challenges new nurses face for meeting expectations to use evidence-based practice at a time when they are struggling to learn new roles and fulfill new responsibilities in often stressful environments. Not only exists the issue of balancing multiple new challenges, but also exists a lack of role modeling for seeking best practice from reliable sources. It is easy to go to a colleague and ask without giving critical analysis to the verbal replies. Time constraints or lack of access to evidence-based resources can also contribute. Ideally, new nurses would observe experienced nurses using best practice resources as the norm.
With regard to findings concerning “building a new nurse,” this study indicated that time invested up front in residency or internship may pay back in institutional loyalty and longevity at the workplace. It also indicated that dealing with problems and errors in a punitive manner adds stress as opposed to using systems approaches, which instead promoted growth and learning.

Schlossler and Waldo (2006) developed a process model for transitioning the novice nurse to competent nurse. These authors found it pertinent for both the newly graduated nurses and the organizations to interpret the experiences of the first few months of transition. The new nurse is likely task focused and challenged to get the work done, and it takes time, energy, and courage to stick with the transition until reaching a stage of competence.

Wangensteen, Johansson, and Nordstrom (2008), in Norway, also found a theme of “experience of growth and development” as 12 recent graduate nurses talked of their “experiences of being new,” “gaining nurse experience,” and “gaining competence.” Being new felt chaotic and uncertain. Mentoring and a supportive environment were appreciated. Feedback and recognition helped construct valuable learning from experience as the new nurses accepted responsibility. At the end of the year, the new nurses were discovering competence in managing challenging situations and could reflect on their development.

“Commitment to serve” expresses a theme of altruism. Study participants portrayed a deep sense of caring about how they implemented professional responsibilities for their clients by using safe standards of care. Jackson (2005) found that new RNs found their satisfaction, learning, and problem solving resulted from being able to spend time with patients to make sure all their needs were met while giving one-to-one care. In the current study, nurses expressed how important it was not to feel overloaded, rushed, or unsafe in order to have work satisfaction.
A Norwegian study by Rognstad and Aasland (2007) found in contrast a suggested trend toward less central values of altruism and caring but rather emphasis on valuing high salary and job security. They referred to other authors who also suggest a shift away from caring and toward self-realization, and concluded that if there is indeed a decline in motivation to help patients, it would be a threat to a profession whose standard has been to value duty and altruism. Neither motivation can be generalized to majorities of new graduates, but it seems important to study trends of what new nurses value most highly.

Limitations

This study involved only two associate degree nursing programs, and the participants in Phase II all were employed after graduation within a 140 mile radius of their schools, so the study reflects a narrow geographic region. The number of participants was small, primarily female, and lacked cultural diversity.

Conclusions

The themes did not stand alone but rather wove in and out, overlapping to help the researchers form conclusions. It is important for experienced nurses to attempt to understand what the experience of transitioning into nursing really means to new nurses in order to support them successfully. Comparing the hopes and expectations of students prior to graduation with the reality of being an employed nurse emphasizes that the journey is challenging and difficult and that expectations often need to be changed. Hope continues to sustain them despite barriers that arise. New nurses not only need teaching about skills, policies, and procedures, but also need strong positive role models who will nurture and guide them through the shocks of the realities of being on their own, encouraging them to know things will not be perfect and helping them find healthy ways to cope with the stressors. The new nurses need to understand it is not
expected to know everything at the time of graduation, but that with dedication to lifelong learning and growth in critical thinking and clinical judgment, they too can grow to eventually become not only caring practitioners but also excellent managers of care. Improving team spirit and having healthy work environments help the new nurses build trust and self efficacy.

“Caring” does seem to be a driving force for this particular group of working nurses, but it cannot be generalized that this would be true of most new nurses in many places. One nurse summed up, “We [nurses] basically are the link, the chain link between the patient and everything else… Every other discipline, the doctors, everyone, even the family at times; we are the link there between them, and in a way we make sure everything happens.”

**Clinical Implications**

This study led to relevant implications for nursing education, industry, and transitioning students. Nursing education should look at evidence-based methods for better preparing the student nurse for the realities of work settings. More emphasis could be placed on building interdisciplinary communication skills, socialization, flexibility, and coping with stressors. Many schools of nursing own simulation technology; simulation scenarios could provide opportunity for skill building in these areas.

Industry should strive harder to establish healthy work environments, encouraging all employees to nurture new graduates. Everyone can take ownership for helping build the new nurse. Long-term care facilities might look at potential benefits of instituting longer, more thorough orientation systems and of building stronger tools for positive communication. Any health care agency could take advantage of existing transition tools available from NCSBN and others (NCSBN, 2012; Washington Center for Nursing, 2012).
Nursing students should expect some reality adjustments as they transition and take ownership for helping find means for success. Once employed, they should seek evidence-based answers for questions, as well as using coworkers as resources. Experienced nurses should model the use of evidence based resources.

Studies could be conducted over wider geographical areas and could include more diverse student populations and baccalaureate nursing programs. Nurses could be followed further longitudinally to examine what influences satisfaction and retention both in their first nursing job and in the profession. Solutions for constructing paths for smooth transition can be shared internationally. It would be interesting to see if transition for nurses is different than transition for other professionals, and if so, why.
References


