İSTANBUL UNIVERSITY PRESS

CURARE
Journal of Nursing

CURARE–Journal of Nursing,
CURARE 2025, (8): 24–32

https://doi.org/10.26650/CURARE.2025.1605918

Submitted: 23.12.2024
Revision Requested: 02.04.2025
Last Revision Received: 05.05.2025
Accepted: 08.05.2025
Published Online 30.06.2025

Research Article

Open Access

Newly Employed Nurses' Fear of Negatıve Evaluatıon and Affectıng Factors

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Abstract

Objective: This study aimed to evaluate the individual and professional variables and the factors affecting the fear of negative evaluation of newly employed nurses.

Methods: This cross-sectional and descriptive study included 387 newly employed nurses at a university hospital in Istanbul. Data were collected using the Participant Information Form and the Brief Fear of Negative Evaluation Scale (BFNES). The data were analysed using descriptive statistics, as well as correlation and regression analyses, to explore the relationships between the variables.

Results: The mean level of fear of negative evaluation of nurses was 25.56±6.83. In intergroup comparisons, it was found that nurses who experienced task-related stress, role-related stress, inadequacy of teamwork, intra-team conflicts, problems experienced in relationships, problems arising from patient or disease characteristics in the work area, personal problems, and stress arising from the social environment had more fear of negative evaluation ($p<0.05$). According to the regression analysis, personal problems and stress arising from the social environment predicted the fear of negative evaluation ($p<0.05$).

Conclusion: It was found that nurses experienced a moderate fear of negative evaluation. Mentoring practices and psychological counselling may be useful to reduce the fear of negative evaluation among newly employed nurses.

Keywords Fear of negative evaluation · newly employed nurses · individual characteristics · professional characteristics

Citation: Afşar L., Polat Ş. & Terzi B. Newly Employed Nurses' Fear of Negatıve Evaluatıon and Affectıng Factors . CURARE–Journal of Nursing 2025; (8): 24-32. DOI: 10.26650/CURARE.2025.1605918

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INTRODUCTION

Fear of Negative Evaluation (FNE) refers to the distress and apprehension associated with being judged or evaluated unfavourably by others. Carleton et al. (2006) (1) described FNE as irritability and anguish that individuals experience whwn others judge them harshly or critically. This concept highlights the emotional and behavioural responses tied to the fear of social disapproval.

FNE is the individual's excessive and constant worry that others will criticise him/her in a disparaging and hostile manner (2,3) and leads to avoidance of situations in which the individual may be evaluated (4). Many studies have been conducted on the factors related to FNE, which is defined as the constant fear of being excluded, rejected, criticised, disliked, and judged by others, in which the individual's evaluations of himself/herself and his/her skills are effective (5,6). In studies conducted in nurses, it was shown that FNE was negatively associated with job performance (7) and field adaptation (8). In studies conducted outside the nurse sample, it was shown that FNE was strongly associated with shyness and anxiety (5,6), caused burnout (9-11), contributed negatively to social ability (5,12,13), and was associated with decreased social skills, self-esteem and socialisation (14,15). In addition, it was found to be significantly associated with anxiety, depression and general distress measures in individuals with social phobia (15,16). FNE evaluation has a significant positive effect on fear of rejection and compulsive social media use (17). Individuals who experience FNE frequently observe their own and other people's reactions (18) and think that they will be scrutinised, and evaluated negatively by other people (19,20).

Nurses, upon completing their education and entering the hospital environment, play a crucial role in health service delivery. They begin their duties with a mix of excitement, expectation, and stress. The nursing field is complex, requiring continuous interaction with various individuals, including patients, colleagues, and physicians (21). During their transition, nurses often experience reality shock due to role burdens, excessive workloads, and difficulties in interpersonal relationships, all while performing complex tasks in the demanding hospital environment (22,23). Moreover, their responsibilities, which involve human life, intense stress, and time pressure, make the working conditions particularly challenging (24). In the first year of employment, nurses often experience uncomfortably high levels of stress, burnout, and turnover (25). They also face emotional and psychological tension, with pressure not to make mistakes, fear of errors, low self-esteem, and frustration due to condemnation and criticism (26). The problems mentioned for nurses in their first job may also be true for nurses who are newly employed. It has been confirmed that fear of negative evaluation (FNE) partially mediates the relationship between self-esteem and social anxiety (27,28). FNE is the anxiety or fear individuals experience when they perceive themselves as inadequate or fear being judged negatively by others in social settings. This phenomenon, defined as FNE, is particularly relevant to nurses, who frequently experience anxiety and tension in situations such as handing over tasks or being evaluated, observed, or questioned by colleagues (29). These situations heighten their stress and can significantly impact their emotional well-being.

To support newly employed nurses in adapting to the workplace, nursing managers implement various orientation and training programs tailored to the specific fields of placement. However, understanding the psychosocial challenges that newly employed nurses face in the clinical environment is crucial for retaining them, fostering healthy work environments, and facilitating effective adaptation and management. While studies have explored topics such as newly employed nurses' adjustment experiences, turnover intentions, clinical performance, burnout, well-being, and stress in clinical practice, there is limited research on their FNE (30-34). To address this gap, this study aims to examine the prevalence of FNE among newly employed nurses and identify the factors influencing it. The findings will provide a theoretical foundation for nursing managers to design targeted intervention strategies aimed at improving nurse adaptation and ensuring high-quality care. In this context, the following research questions were sought to be answered in this study.

1. What is the level of fear of negative evaluation of newly employed nurses?
2. Does the fear of negative evaluation differ according to the individual and professional characteristics of newly employed nurses?
3. Do the individual and professional characteristics of newly employed nurses predict the fear of negative evaluation?

METHODS

Study Aim

This study aimed to evaluate the individual and professional variables and the factors affecting the fear of negative evaluation of newly employed nurses.

Study Design and Participants

This descriptive, cross-sectional study was conducted at a public university hospital in Istanbul, Türkiye. The study population comprised 456 newly employed nurses between October 2020 and March 2021. Due to the increased demand for healthcare professionals during the COVID-19 pandemic, the hospital announced job openings for 456 nursing positions. Upon the request of the hospital management, newly employed nurses applied to the institution according to the scores of the Public Personnel Selection Examination, which is required for entry to public institutions in Türkiye, and it was decided by the hospital management to start working in the institution for the eligible nurses. Since the study was conducted in a single hospital, all of the newly employednurses were included in the sample. Inclusion Criteria: (a) Begin working as a nurse in a hospital between October 2020 and March 2021, regardless of whether you are a recent graduate, (b) volunteer to participate in the study. Participants were selected using convenience sampling.

The sample size for the study was calculated using a known population sampling formula, ensuring statistical rigour. The formula used was:

$$n = \frac{Nt^2pq}{d^2(N-1) + t^2pq} \quad (1)$$

where N=456 (total population), p=0.5 (probability of the event), q=0.5 (probability of the event not occurring), d=0.05 (desired margin of error), and t=1.96 (value from the t-distribution for a 95% confidence level). Based on this formula, the minimum required sample size was calculated to be 209 participants.

Post hoc power analyses: Cohen's effect size (d-value) method was used to assess the adequacy of the study's sample size. The study findings were used to calculate the correlation effect size (f^2=−0.0638) for six variables in a linear regression model predicting nurses' FNE. The test power (1−β) was determined to be 97% at a 95% confidence level (1−α). Based on these results, it was concluded that the sample size was sufficient to ensure the reliability and validity of the study's outcomes.

Data Collection Tools

Data were collected using the "Participant Information Form" and the "Brief Fear of Negative Evaluation Scale (BFNES).

***Participant Information Form*:** This form included seven questions covering individual and professional variables such as the nurses' age, sex, marital status, educational background, professional experience, and the challenges they faced in their roles.

Brief Fear of Negative Evaluation Scale (BFNES): The BFNES was designed to assess an individual's tolerance for hostile or negative evaluations by others. BFNES was originally developed by Leary (1983) (14). This scale, Turkish adaptation was conducted by Çetin et al. (2010) (35). The original scale had a five-point Likert-type format with 12 items, but during the Turkish adaptation, the scale was reduced from 12 to 11 items, with three items (2,7, and 10) reverse coded. The scale allows for a total score ranging from 11 to 55, with higher scores indicating a greater FNEB and lower scores reflecting a lower FNE. No specific cut-off point is provided for interpreting the scores. The total score of the BFNES is obtained by summing the scores of all items. The internal consistency was 0.84 in the original study and 0.82 in the Turkish form. In this study, the Cronbach's alpha coefficient was calculated as 0.85, further confirming the scale's strong reliability.

Data Collection Process

The data for the study were collected over a one-month period, from December 1 to 31 December 2021. Completing the questionnaire required approximately 5 to 8 minutes. Participants were given the opportunity to complete the questions independently, without any interference.

Data Analyses

In this study, qualitative variables were summarised as frequencies (n, %) and continuous variables as mean ± standard deviation. The normality of continuous variable scores was assessed using descriptive, graphical, and statistical methods, with the Kolmogorov-Smirnov test employed for statistical analyses. The reliability of the scales was evaluated using Cronbach's alpha reliability coefficients. Continuous variables were compared between the two groups using the independent samples t-test, and the relationships between the two quantitative variables were analysed using Pearson's correlation test. A multivariate linear regression model was applied to identify the independent variables associated with the dependent variable. All results were analysed within a 95% confidence interval, with statistical significance set at $p<0.05$. The analyses were conducted using SPSS software, version 26 (IBM Corp., Armonk, NY, USA).

Ethical Considerations

The study data were collected after receiving written approval from the ethics committee of a university (meeting date: November 20, 2020; No. 29, File No. 2020/1660) and the hospital administration. Participation in the study was voluntary, and informed consent was obtained from all participants before their involvement.

Table 1. Distribution of Descriptive Features of the Nurses

Variables (N=387)	n (%)
Age, mean(±SD)	23.69 (±2.32)
Gender	
Female	278 (71.8)
Male	109 (28.2)
Marital status	
Married	49 (12.7)
Single	338 (87.3)
Education	
Undergraduate	171 (44.2)
Bachelor's degree and above	216 (55.8)
Age of starting the profession (years), mean(±SD)	21.76 (2.23)
Professional experience (years), mean(±SD)	1.92 (1.32)

SD=Standard Deviation

Table 2. Difficulties experienced by nurses during their job

	Yes	No
Variables (N=387)	N (%)	N (%)
Task-related stress *(difficulty of work, workload, high number of patients)*	161 (41.6)	226 (58.4)
Role-related stress *(ambiguity, confusion, conflict, lack of professional knowledge, lack of skills in task and role definition)*	117 (30.2)	270 (69.8)
Inadequacy of teamwork, conflicts within the team, and problems in relationships	146 (37.7)	241 (62.3)
Dealing with patients/families' problems other than medical problems	106 (27.4)	281 (72.6)
Administrative problems *(lack of personnel, materials and difficulty in communicating with managers)*	167 (43.2)	220 (56.8)
Stress arising from the physical environment	108 (27.9)	279 (72.1)
Problems arising from patient or disease characteristics in the field of work *(such as working with chronic, terminal patients, children or the frequency of situations requiring emergency intervention)*	64 (16.5)	323 (83.5)
Personal problems *(such as your own anxiety, perception level, self-confidence)*	32 (8.3)	355 (91.7)
Stresses arising from the social environment *(interpersonal conflict, stress related to private life)*	76 (19.6)	311 (80.4)

RESULTS

Individual and Professional Characteristics and the Level of FNE of Newly Employed Nurses

The study included a total of 387 nurses, comprising 278 females (72%) and 109 males (28%), with a mean age of 23.69 ± 2.32 years (range: 19–35 years). Among the participants, 338 nurses (87%) were married, and 216 (59%) had completed undergraduate or higher education. The mean age at entry into the profession was 21.76 ± 2.23 years, and the average duration of professional experience was 1.92 ± 1.32 years (Table 1). The most common difficulties experienced by nurses in their professional duty processes are presented in detail in Table 2. Accordingly, it was determined that the problems experienced by nurses at the highest rate were task-related stress (42%) and dealing with problems other than medical problems of patients or their families (43%), while the problems experienced by nurses at the lowest rate (8%) were personal anxiety, perception and self-confidence (Table 2). The mean level of FNE of nurses was 25.56±6.83 (range, 11-47) points (Table 3).

Differences in Fear of Negative Evaluation According to the Individual and Professional Characteristics of Newly Employed Nurses

No statistically significant difference was found in the level of FNE of nurses according to the individual and professional characteristics (age, duration of professional experience, educational level and marital status) ($p>0.05$). But it was found that the level of FNE was statistically significantly high due to stress arising from task ($t=2.31$; $p=0.021$) and professional role ($t=2.53$; $p=0.012$), problems in teammate relationships ($t=1.99$; $p=0.046$), patients and relatives ($t=2.71$; $p=0.007$), social environment ($t=3.77$; $p<0.001$) and personal ($t=3.56$; $p<0.001$) problems (Table 3).

Predictors of Fear of Negative Evaluation in Newly Employed Nurses

A multiple linear regression analysis using the enter method was conducted to identify independent variables associated with nurses' FNE, based on variables found to be statistically significant in univariate analyses ($F_{(6\text{-}380)}=5.07$, $p<0.001$). The model showed no multicollinearity issues (VIF≤10 and Tolerance ≥ 0.20) or autocorrelation problems (DW=1.82). The analyses revealed that personal anxiety, perception and self-confidence-related issues ($\beta1=3.31$, $\beta2=0.13$, $t=2.59$, $p=0.010$) and stress arising from the social environment ($\beta1=1.99$, $\beta2=0.11$, $t=2.18$, $p=0.030$) were significant independent factors contributing to an increased FNE among nurses, ($R^2=0.074$ and Adjusted $R^2=0.059$ (Table 4).

DISCUSSION

This study investigated the current status of nurses' FNE and the related influencing factors in a university hospital through a descriptive cross-sectional study. This study is important because it identifies the main factors that increase nurses' fear of negative evaluations. According to the study's findings, task- and role-related stress, intra-team conflicts, problems in patient relations, personal issues, and stress

arising from the social environment increase nurses' fear of negative evaluations. Personal problems and stress related to the social environment were the strongest determinants of this fear. These results demonstrate that stress factors in both the work and private lives of nurses affect their professional performance and psychological health. This study helps nurses recognise their sources of stress, develop coping strategies, and seek psychological support. For hospitals, the study provides guidance on reducing nurses' stress and improving the work environment through practices such as strengthening team communication, ensuring role clarity, and fairly distributing the workload. Society benefits by supporting the psychosocial health of nurses, which improves the quality of patient care and the sustainability of the health system. In conclusion, this study provides an important scientific basis for understanding the psychosocial risks that nurses face and for developing effective intervention strategies.

In this study, the mean score of FNE of newly employed nurses who were new to the hospital was 25.6 points (medium-level). Similarly, in the study conducted by Jeong, Lee, and Kwon (2015) (8) in a sample of newly graduated nurses, the mean score of FNE of new nurses was found to be 3.25 at a moderate level. Since there are no other studies measuring the FNE for newly employed nurses, there are limitations in making different comparisons. The ongoing Covid-19 pandemic, which had a high level of uncertainty during the period when nurses started to work, and the expectation that they should take an active role in patient care as soon as possible may have caused this fear in nurses.

In this study, it was determined that the level of FNE was high in nurses who experienced stress arising from duty and professional role, problems in teammates' relationships, problems arising from the social environment of patients and their relatives, and personal problems; personal anxiety, problems arising from perception, and self-confidence, and stress arising from the social environment increased the level of FNE of nurses. Nurses, recognised for their indispensable role in health services, often carry a heavy burden of stress with them. The profession, nurses' complex job demands, high expectations, and a sense of excessive responsibility paired with limited authority were identified as the main stressors (36). However, Babapour, Gahassab-Mozaffari, and Fathnezhad-Kazemi (2022) (37) found that work stress was higher than normal in a study conducted with nurses. This stress can lead to an increased FNE and the emergence of psychological symptoms. There are also various studies indicating that FNE is positively related to psychological distress and perceived stress (38,39). Hong et al.'s (2011) (40) study revealed that adaptive cognitive emotion regulation plays a role as a moderating variable in the relationship between FNE and social anxiety. In addition, Shafigue et al. (2017) (39) shows that individuals are more likely to perceive stress when they experience FNE. According to a study conducted by Shin (2012) (41) , nurses often resorted to the suppression of negative emotions or avoidance/distraction strategies in the face of doubts about their own abilities, unfair behaviour of others, and negative evaluations. In the study of Yoo et al. (2012) (42), focus interviews with new nurses revealed that they lost their self-esteem after graduation due to lack of nursing knowledge, lack of work experience, feelings of guilt due to scolding, criticism or mistakes.

Emotional factors such as fear of evaluation and emotional cognitive control are essential as negative factors affecting new nurses' adaptation to the field (8). In addition, this field is complex and requires continuous interaction with various individuals ranging from patients to colleagues and physicians (21). A nurse who starts working in a new environment may feel constantly under stress due to the fear of being evaluated, which may negatively affect her/his job performance. This fear can increase the likelihood of making mistakes, which can undermine the nurse's self-confidence. In this context, it is important to understand the emotional factors affecting new nurses' adaptation to the field and to evaluate the effects of these factors on their professional development. Further emphasis on these factors in nursing education programmes and professional support services may help new nurses to successfully adapt to the field. In this context, the fear of evaluation needs to be further investigated and supported. Newly employed nurses' access to appropriate support and resources to improve emotional cognitive control and reduce fear of evaluation may improve their professional performance. This may help nurses provide patient care more effectively by increasing their self-confidence. Therefore, it is important that education and support programmes in the field of nursing emphasise these emotional factors to ensure the successful integration of new nurses.

Including a confidence-building program in orientation programs when nurses arrive at the facility can be effective in overcoming FNE. Nurses, due to their close contact with patients, often experience significant stress from factors such as the work environment, the variety of hospitalised cases, staff shortages, mandatory overtime and the attitude of their ward manager (43). Thus, in the case of new nurses, frustrations with low self-esteem, strong influential educators, and the desire for recognition among nurse colleagues in a competitive environment can result in intense psychological stress and difficulties in interpersonal relationships.

Table 3. Comparison of individual and professional characteristics of nurses and mean scores of BFNES *(univariate analyses results)*

		BFNES		
Variables (N=387)	**n**	**Mean±SD**	r^a/t^b	***P*-value**
All	387	25.56±6.83		
Age	387	-	0.025[a]	0.618
Gender			0.946[b]	0.345
Female	278	25.35±6.82		
Male	109	26.08±6.86		
Marital status			0.164[b]	0.870
Married	49	25.41±6.26		
Single	338	25.58±6.91		
Education			1.237[b]	0.217
Undergraduate	171	25.08±6.80		
Bachelor's degree and above	216	25.94±6.84		
Age of starting the profession (years)	387	-	0.022[a]	0.662
Professional experience (years)	387	-	0.005[a]	0.918
Task-related stress			**2.311[b]**	**0.021***
Yes	161	26.50±6.71		
No	226	24.89±6.85		
Role-related stress			**2.533[b]**	**0.012***
Yes	117	27.01±7.87		
No	270	24.93±6.23		
Inadequacy of teamwork, conflicts within the team, and problems in relationships			**1.997[b]**	**0.046***
Yes	146	26.45±6.82		
No	241	25.02±6.79		
Dealing with patients/families' problems other than medical problems			1.217[b]	0.224
Yes	106	26.25±7.03		
No	281	25.30±6.74		
Administrative problems			0.823[b]	0.411
Yes	167	25.89±7.15		
No	220	25.31±6.57		
Stress arising from the physical environment			1.542[b]	0.124
Yes	108	26.42±7.20		
No	279	25.23±6.66		
Problems arising from patient or disease characteristics in the field of work			**2.714[b]**	**0.007***
Yes	64	27.66±7.40		
No	323	25.14±6.64		
Personal problems			**3.771[b]**	**<0.001***
Yes	32	29.84±6.96		
No	355	25.17±6.69		
Stresses arising from the social environment			**3.569[b]**	**<0.001***
Yes	76	28.03±6.59		
No	311	24.96±6.76		

***p<0.05, **a=**Pearson corelation, **b=** Independent sample t-test, **SD=**Standard Deviation

Table 4. Independent variables associated with fear of negative evaluation *(multivariate linear regression analyses results)*

			95% Confidence Interval						
Variables	**β1**	**SE**	**Lower**	**Upper**	**β2**	**t**	***P*-value**	**VIF**	**Tolerance**
(Constant)	23.931	0.512	22.923	24.938		46.710	<0 .001		
Task-related stress	0.655	0.731	−0.783	2.092	0.047	0.896	0.371	1.15	0.87
Role-related stress	1.196	0.780	−0.339	2.730	0.081	1.532	0.126	1.13	0.88
Inadequacy of teamwork, conflicts within the team, and problems in relationships	0.358	0.743	−1.102	1.818	0.026	0.483	0.630	1.14	0.87
Problems arising from patient or disease characteristics in the field of work	1.165	0.973	−0.747	3.078	0.064	1.198	0.232	1.15	0.86
Personal problems (such as your own anxiety, perception level, self-confidence)	3.311	1.274	0.805	5.816	0.134	**2.598**	**0.010***	1.09	0.92
Stresses arising from the social environment	1.995	0.914	0.198	3.792	0.116	**2.183**	**0.030***	1.16	0.85
Model summary	$F_{(6\text{-}380)}$		5.07						
	p-value		<0.001						
	Method		Enter						
	DW Statistics		1.821						
	R^2=0.074 and Adjusted R^2=0.059								

***p<0.05, β1=** Unstandardised regression estimates**, β2=** Standardised regression estimates**, SE =** Standard error, **VIF**= Variance Inflation Factor, **DW =** Durbin Watson

Conclusions and Recommendations

As a result of this study, new employed nurses' FNE was at a moderate level. There are also various factors that influence this fear. In line with these results, recommendations for the institution, managers, colleagues, nurses themselves, and researchers are listed below:

The institution should provide a working environment that will facilitate the adaptation process of new employed nurses. In particular, policies should be developed that encourage open communication and support the constructive communication of feedback. In addition, the scope of orientation programmes should be expanded, and support mechanisms should be established for the psychosocial difficulties that nurses may encounter in this process. Structured mentoring programmes can be implemented where experienced nurses can guide and support new nurses.

Managers should show an understanding and supportive approach towards new employed nurses, and increase their professional confidence by giving constructive and motivating feedback. It is also important to organise regular one-to-one meetings to listen to nurses' concerns and expectations.

Co-workers should show an attitude that will increase solidarity within the team. They should support new employed nurses to reduce their fear of making mistakes and facilitate their adaptation process by sharing their professional knowledge and experiences. It is important to create a positive work culture by offering constructive suggestions instead of criticism that may trigger the FNE.

It is important to assess the reality of negative assessments. Not every criticism or feedback may be absolutely accurate or fair. The nurse should evaluate the feedback objectively and try to develop a more realistic insight by getting professional support when necessary. Take steps to improve self-confidence, discover their own strengths, attend training and seminars to improve their professional skills, and learn stress management techniques. They should also not hesitate to ask for support and accelerate their learning process by seeking guidance from their experienced colleagues.

This research can be replicated with follow-up to verify the factors and moderating influences affecting new employed nurses' FNE by increasing the number of eligible new employed nurses. The factors affecting nurses' FNE can be examined in detail. In particular, they can contribute to the literature by investigating the long-term effects of this fear and its changes in different working conditions.

Ethics Committee Approval: The ethics commitee of Istanbul University Istanbul Faculty of Medicine approved this study (Decision No: 29; Date: November 20, 2020).
Informed Consent: Participants provided written consent prior to their involvement in the study.
Peer Review: Externally peer-reviewed.

Authors' Contributions: Conception/Design of Study- L.A., Ş.P., B.T.; Data Acquisition- L.A., Ş.P.; Data Analyses/Interpretation- L.A., Ş.P.; Drafting Manuscript- L.A., Ş.P., B.T.; Critical Revision of Manuscript- L.A., Ş.P., B.T.; Final Approval, and Accountability- L.A., Ş.P.

Conflict of Interest: The authors declare no potential conflicts of interest.

Financial Disclosure: The authors declare that they received no financial support for this study.

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