



## 'What matters to graduates': An evaluation of a structured clinical support program for newly graduated nurses



Amanda Henderson\*, Christine Ossenberg, Scott Tyler

Princess Alexandra Hospital, Woolloongabba, Queensland, Australia

### ARTICLE INFO

*Article history:*  
Accepted 17 January 2015

*Keywords:*  
Novice  
New graduate  
Support  
Preceptor  
Program  
Retention

### ABSTRACT

Effective guidance in practice is necessary for safe practice of clinicians upon entering the workforce. The transition period is recognised as a time of significant stress as newly graduated nurses (novices) endeavour to consolidate their nursing knowledge and gain mastery in a new working environment. This study explored novices perception of a structured clinical support program designed to assist their assimilation and development of good practice in the real world. Surveys and focus groups were conducted twelve months after novices commenced employment in a large tertiary hospital in South-East Queensland, Australia. Survey results from 78 novices (43% response rate), and feedback from a subsequent focus group of the respondents, indicated that the program which provided interactive content days and supervised experience in an environment conducive to learning was successful in transitioning novices. Novices placed considerable importance on largely intangible aspects of the interactive days, such as emotional support and collegiality which contributed to their confidence. These intangible elements of programs are often not measured and therefore their value not visible to those responsible for continuous education. Of particular significance was that novices indicated their thoughts about practice were given limited consideration. This is an important factor for future retention.

Crown Copyright © 2015 Published by Elsevier Ltd. All rights reserved.

### Background

Over the past five years employment of graduates from Bachelor of Nursing programs has reduced from 203 per annum in 2007 to 88 per annum in 2013 at the tertiary hospital presented in this paper. While this stark decline can be attributed to external fiscal restraints, namely, the government reducing the health budget (Jewell, 2013), there has also been a steady trend to increase retention of these recently registered novice nurses at the study hospital. Newly registered novice nurses are a valuable component of our continuing workforce. The cost of replacing a novice nurse in Australia with a base salary of \$48,000 is estimated to be \$100,000 (Cubit and Ryan, 2011). The successful assimilation and engagement of novice nurses directly impacts on patient safety, satisfaction and staff retention. Lack of engagement can lead to poor performance and high staff turnover. Given these recognised

benefits the hospital therefore has a keen interest in effectively integrating staff, in particular, novices.

The challenge is to effectively assimilate these newly graduated nurses who are novices into high acuity nursing practice. Research into the commencement of novices into the nursing profession consistently identifies that they are particularly vulnerable to feelings of uncertainty and isolation (Anderrson and Edberg, 2010; Duddle and Boughton, 2007; Dyess and Sherman, 2009; Higgins et al., 2010; Malouf and West, 2011). Johnstone et al. (2008) emphasise that unless support is provided to address these challenges it is extremely difficult to make the transition successfully from novice to advanced beginner-level practitioner and become integrated into 'the system' as effective members of the team.

A focus on specific needs of the novice and appropriate guidance in workplace norms and behaviours can assist toward socialisation. Assistance in the socialisation process can make a significant contribution to addressing feelings of isolation and poor performance (Cubit and Ryan, 2011; Jewell, 2013). The evidence of the value of support when provided to newly graduated novice nurses is so strong that some countries have developed national standardized transition guidelines (Rush et al., 2013).

\* Corresponding author. Princess Alexandra Hospital, Ipswich Road, Woolloongabba 4102, Australia.

E-mail address: [Amanda.Henderson@health.qld.gov.au](mailto:Amanda.Henderson@health.qld.gov.au) (A. Henderson).

## Literature review

Internationally, the preparation of students of nursing to reach the requisite standard to register as a nurse and enter the nursing workforce is diverse. The diversity ranges from practice based courses conducted in health facilities to education delivered predominantly in the higher education sector. While nurses have participated in learning experiences in health facilities their familiarity with every day practices are likely to be highly variable. Guidance and assistance in a civil context is essential for effective integration (Kelly and Ahern, 2009). The literature suggests that formal support should be available at least through the initial six to nine month period and ideally up to one year, in particular, efforts to integrate novices should be a focus for the first four weeks (Johnstone et al., 2008; Morrow, 2009). Clinical units should be healthy work environments that comprise supportive staff who can accommodate novices expectations and expectations of others. Staff support reduces the sense of isolation that newcomers can feel. Students have reported that they appreciate the assistance they receive as a student and when this is not forthcoming after graduation they feel anxious and vulnerable (Kumaran and Curry, 2014). Education should focus on practical skill development and preceptors who guide novices should receive a level of formal training (Parker et al., 2013; Rush et al., 2013). There should be opportunities for novices to connect with their peers (Rush et al., 2013). Also, rotation through diverse clinical areas should be limited to enable the novice to develop and consolidate their knowledge and skills thus creating a sense of being a valued member of the healthcare team (Newton and Kenna, 2007). Structured programs that assist novices consolidate skills and develop confidence in a safe environment increases work satisfaction (Altier and Krsek, 2006).

Based on these research findings programs for these beginning-level nurses should comprise:

- Available staff (Program co-ordinators, preceptors, educators, team members) who can afford time, mostly in the first four weeks, to provide guidance and feedback in the clinical area to maximise the assimilation and contribution of the novice skills, knowledge and ability to the work context (Goodwin-Esola et al., 2009; Johnstone et al., 2008).
- Careful planning of the workload (breadth and intensity) by team leaders so that increased responsibility and accountability is scaffolded in accordance with the novices capabilities thereby assisting in developing their confidence (Cubit and Ryan, 2011).
- Opportunities for novices to network with other novices to assist with peer support and establishing relationships (Rush et al., 2013).
- Effective preceptoring through a defined resource person who is appropriately skilled and supported by the organisation to conduct their role (Henderson et al., 2006; Jewell, 2013; Rush et al., 2013).
- Provision of a structured and interactive education program that engages nurses and can promote critical thinking and capability (Anderson and Linden, 2009).

Workplace environments that readily assimilate novices through facilitating their participation in a structured program and engagement with their designated preceptor contribute to the novice's successful integration. This also impacts on their learning and ability to effectively practice (Goodwin-Esola et al., 2009). Novices guided and integrated into the health care team apply knowledge, skills and abilities to everyday practice situations thereby maintaining quality care.

However despite the best intentions of these programs they have not always successfully addressed the requirements of the novice. One study reported that while most respondents had been allocated mentors less than half were satisfied with their relationships and approximately one-third responded that they were dissatisfied (Parker et al., 2013). Reasons for the preceptorship not working include: attitudes of preceptors; preceptor–preceptee not being rostered together, inappropriate skill mix such that the preceptor is a team leader or managing other junior staff, inappropriate RN being allocated to precept or preceptor's misunderstanding of the role they have been asked to fulfil (Cubit and Ryan, 2011; Henderson and Eaton, 2013; Fox et al., 2005; Johnstone et al., 2008).

These identified barriers to effective preceptorship and support require that the clinical context develop organisational learning qualities. Organisations or clinical contexts that encourage learning have been described as having the following characteristics, namely, assist in the integration and assimilation of staff, strive to perform tasks to a high quality, reward and recognise staff, and share and are open to new ideas (Henderson et al., 2010; Nembhard and Edmonstone, 2006). Programs also need to consider the development of these characteristics in their success.

## Aim

The aim of this study was to determine the value of the program, undertaken in accordance with the literature, to graduates assimilation and engagement in the workplace. Of further interest was whether the purposes and the activities within the program were commensurate with developing recognised workplace characteristics of learning in clinical practice to assure continued progression for the novice. Information about successes and failures of initiatives to support graduates has been recognised as necessary to build a potentially useful body of knowledge that educators creating programs can draw upon (Jewell, 2013).

## The Hospital Graduate Program

Clinical transition supervision and socialisation support is provided at the Hospital, centrally through the Nursing Practice Development Unit by a 'Graduate Program', and locally, in each clinical unit through assigning novices a preceptor. The program designed to meet the needs of novices commences with an intense system of support and tapers over 12 months. Initially novices are provided four days of paid hospital orientation then two weeks of supernumerary time (time in which novices are not directly responsible for patient care). Supernumerary time is spent under the guidance of a preceptor who works along side the novice with the same rostered shifts for at least the first month of the novices' employment. Preceptors are skilled supervisors, identified by Nurse Unit Managers, who are suited to support new staff. They typically receive one day workshop training to assist them in this role. The hospital provides study days (three days) in the first six months. Study days mostly comprise interactive activities based on common but significant clinical scenarios. During these learning sessions novices work closely with each other and subsequently develop valuable informal peer professional relationships. These develop from the experiences of sharing challenges and debriefing in a 'safe' context. Arguably, novices' confidence and ability increases in shared understanding in a non-threatening environment (Goodwin-Esola et al., 2009). Sharing challenges and experiences in a learning forum provides novices opportunity to develop rapport with each other and debrief, and ideally novices develop confidence.

Download English Version:

<https://daneshyari.com/en/article/366703>

Download Persian Version:

<https://daneshyari.com/article/366703>

[Daneshyari.com](https://daneshyari.com)