

RESIDENCY PROGRAMS AND CLINICAL LEADERSHIP SKILLS AMONG NEW SAUDI GRADUATE NURSES



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Nurse residency programs have been adopted by health care organizations to assist new graduate nurses with daily challenges such as intense working environments, increasing patient acuity, and complex technologies. Overall, nurse residency programs are proven beneficial in helping nurses transition from the student role to independent practitioners and bedside leaders. The purpose of this study was to assess the impact of residency programs on leadership skills of new Saudi graduate nurses who completed a residency program compared to new Saudi graduate nurses who did not participate in residency programs. The study design was cross-sectional involving a convenience sample ($n = 98$) of new graduate nurses from three hospitals in Saudi Arabia. The Clinical Leadership Survey was used to measure the new graduate nurses' clinical leadership skills based on whether they completed a residency program or not. Descriptive statistics, correlation, and multiple linear regression analyses were conducted to examine leadership skills in this sample of new Saudi graduate nurses. A significant difference was found between residents and nonresidents in their leadership skills ($t = 10.48, P = .000$). Specifically, residents were significantly more likely to show higher levels of leadership skills compared to their counterparts. Attending a residency program was associated with a significant increase in clinical leadership skills. The findings of this study indicate that there is a need to implement more residency programs in hospitals of Saudi Arabia. It is imperative that nurse managers and policy makers in Saudi Arabia consider these findings to improve nurses' leadership skills, which will in turn improve patient care. Further research should examine how residency programs influence new graduate nurses' transition from student to practitioner with regard to clinical leadership skills in Saudi Arabia. (Index words: New graduate nurse; Clinical leadership; Residency programs; Saudi Arabia) *J Prof Nurs* 32:152–158, 2016. © 2016 Elsevier Inc. All rights reserved.

IN THE LAST decade, several studies have shown the effectiveness of nursing leadership on patient outcomes (Carney, 2006; Greenfield, 2007; Hewison & Griffiths, 2004; Sullivan & Garland, 2010), including patient safety (Tregunno et al., 2009), satisfaction, and lower turnover rates (Gelinas & Bohlen, 2000). In nursing literature, usually nursing leadership is connected to nurse executives and not to bedside nursing practice. Leadership is a vital component of the nursing profession, and it should be encompassed in the professional nursing role and

practice (Curtis, de Vries, & Sheerin, 2011). Leadership should be developed and implemented at bedside because it is crucial for nurses who provide direct patient care. Good clinical leadership skills allow nurses to direct and support patients and health care teams when providing care (Patrick, Laschinger, Wong, & Finegan, 2011).

Clinical leadership skills focus on patients and health care teams compared to nurse executive leadership. Therefore, when new graduate nurses enter the workforce, it is essential for them to perform as leaders by

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advocating for patients, communicating with the health care team and patients and their families, and providing the most effective treatment. However, there is incongruity between undergraduate nursing education and the transition of knowledge to practice (Curtis et al., 2011). Nursing students are not always adequately prepared for the nursing leadership role during their nursing education, and this in turn may impact their leadership role in practice (Berkow, Virkstis, Stewart, & Conway, 2008; Heller et al., 2004).

New graduate nurses are faced with demands to assume clinical leadership responsibilities in providing bedside care. According to the Institute of Medicine (2011), *The Future of Nursing: Leading Change, Advancing Health*, it is vital that nurses are capable of leading committees, interprofessional teams, hospitals, and health care systems (Dyess & Sherman, 2009). However, according to Heller et al. (2004), nurses are not adequately prepared for leadership in a clinician role by their nursing education programs. Regardless, nurses must be able to lead the delivery of patient care services including those provided by care team members. Equipping new graduates with the leadership skills to influence their practice environments and improve patient safety at the beginning of nursing practice is critical. In fact, new graduate leadership development needs to begin in the first year of practice to help new graduate nurses understand and influence their practice environments in order to improve the quality of care provided to patients by the care team.

Residency programs are reported to equip new graduate nurses with the skills needed to navigate complex health care settings and provide an opportunity for the new graduate nurses to gain experience and professional development while transitioning from student to working nurse. Residency program evaluations in the United States have demonstrated improvements in leadership, communication skills, and decreased registered nurses' stress and turnover (Robert Wood Johnson Foundation, 2011). The Institute of Medicine report (2010) on the *Future of Nursing* emphasized the need to establish residency programs for new graduate nurses in clinical settings and highlighted the advantages of developing these programs. The report asserts that implementing residency programs in clinical settings is beneficial to new graduate nurses, organizations, and patients alike.

Evidence regarding nurse residency program outcomes is compelling and has demonstrated improvement in new graduate nurses' first-year retention rates, clinical leadership skills, clinical competency levels, and helping bridge the gap between academia and practice. According to the National Council of State Boards of Nursing, new graduates' transition programs reduced turnover in the first year of practice (National Council of State Boards of Nursing, 2009) and promoted professional growth of the new graduate such as hands-on nursing skills, clinical decision-making and leadership skills, satisfaction, and retention (Scott, Engelke, & Swanson, 2008). For example, Bérubé et al. (2012) developed a 1-year nursing

residency program to facilitate the safe integration of new graduate nurses into critical care and its outcomes. This study found that the retention rate increased by 26% compared to the period of time before implementing the residency program. Furthermore, Hillman and Foster (2011) reported in their study that after implementing a transition program for the hired new graduate nurses, retention increased to 72.5% from 50% 5 years earlier.

Other studies have shown that the implementation of residency programs improved new graduate nurses' critical thinking, engagement in evidence-based care, increased awareness, and use of organizational resources and leadership skills, and they were quickly involved in leadership training programs (Bratt, 2009). In addition, Halfer and Graf (2006) found in their study that residents had a significant improvement in their understanding of leadership expectations over 18 months and had an ability to manage job tasks as a result of enrolling in a residency program.

These programs improved new graduate core competencies and skills and increased self-confidence (Blanzola, Lindeman, & King, 2004). Thus, evidence supports the effectiveness of nurse residency programs on new graduate nurses and their organizations. Most of this research evidence, however, is drawn from studies primarily conducted in the United States and Europe. No research studies have been conducted in countries such as Saudi Arabia to examine the value and impact of residency programs on clinical leadership skills of new graduate nurses in Saudi Arabia.

The nursing discipline in Saudi Arabia has developed in numerous aspects. Saudi Arabia like so many countries is challenged by a nursing shortage. Most of the nurses in Saudi Arabia come from over 40 different countries, such as the United States, South Africa, India, and the Philippines (AL-Dossary, Vail, & Macfarlane, 2012). Saudi nurses compose only 29.1% of the total nursing manpower (Ministry of Health, 2008). This indicates that Saudi nurse graduates are not enough to meet Saudi Arabia's actual demand. This problem can be addressed because health care organizations adopt nurse residency programs to improve the new graduate Saudi nurses' retention, satisfaction, and competencies, which may in turn reduce the turnover rate and improve patient care.

Further, there is a need to understand how to improve new graduate nurses' transition from student role to practitioner, especially how residency programs influence this transition with regard to leadership skills. This study sought to narrow this knowledge gap because this information is particularly useful to Saudi Arabia health care organizations where residency programs are still developing. The primary purpose of this study was to assess any significant differences in leadership skills between new Saudi graduate nurses who completed a residency program compared to new Saudi graduate nurses who did not participate in residency programs. Further, we assessed whether there were any significant differences in the average number of leadership skills based on the length of their residency program (6 months

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