

Participant Voices: *Making a Nurse Residency Program Better*

Jennifer A. Sledge, PhD, MSW, Patricia Potter, RN, PhD, FAAN, and Patsy Stapleton, PhD, RN



Barnes-Jewish Hospital (BJH) is a Magnet®-designated hospital located in St. Louis, Missouri, and is committed to attracting, training, and developing a highly qualified, diverse nursing workforce. In 2009, BJH implemented a nurse residency program (NRP) based on the University HealthSystem Consortium and the American Association of Colleges of Nursing (UHC/AACN) model.¹ The NRP, coordinated by the hospital's Center for Practice Excellence (CPE),

is designed to assist new graduate nurses in building the competence and confidence necessary for a successful transition into professional nursing practice. Over the course of the year-long residency, each nurse participates in monthly 4-hour educational sessions that focus on professional development, with an emphasis on critical thinking, in areas such as changing patient condition, ethics, patient safety, practicing safe patient care, and quality patient outcomes.

Transformational leadership is a key characteristic of Magnet-designated hospitals. According to the American Nurses Credentialing Center (ANCC), nursing leaders at all levels within a hospital must demonstrate support on behalf of the staff and patients to transform values, beliefs, and behaviors.² Further noting that nurses should perceive that their voices are heard, input is valued, and practice is supported. In 2012, in collaboration with the Department of Research for Patient Care Services at BJH, the CPE implemented a series of focus sessions to obtain feedback from participants and to identify opportunities to continually improve the residency program. The program evaluation was reviewed by the hospital's Human Research Protection Office and was determined to be exempt from institutional review board oversight. The objective of the project was to more closely examine the experiences of new nurses as they moved through the residency program over the course of 1 year. The project sought to gain insight into what participants found to be the most and least beneficial to their growth as professional nurses at BJH. Although the Consortium utilizes the Casey-Fink Graduate Nurse Experience Survey, the NRP faculty wanted to understand perceptions of the NRP through the nurses' own voices.

NURSE RESIDENCY PROGRAM EVALUATION PROJECT

One of UHC's goals for the NRP program is to take the novice learner from new graduate to more competent provider.¹ In an effort to reach this goal, it was imperative to evaluate, not only the program itself, but also the perceptions and experiences of the participants as they moved through the year-long program. There have been several articles written on the evaluation of nurse residency programs.³⁻⁵ In 2012, a systematic review of evaluation programs found that 11 of 20 studies examined recruitment, retention, and turnover rates to measure the program's success.⁶ However, there is a paucity in the literature that incorporates the first-hand descriptive accounts of the nurse experience over the course of an entire NRP program.

An 18-month-long series of focus sessions was designed to follow one cohort of nurse residents over the course of the entire 12-month program. The sessions were held after the 4th, 8th, and 12th months of the program. A final focus discussion group was then held 6 months post-NRP completion. The project team presented the purpose of the project to the residents at the beginning of the first NRP session of the hospitals' ninth cohort. Cohort 9 consisted of 104 new graduates with focus group participation as follows: Session 1 = 21, session 2 = 14, session 3 = 7, and session 4 = 8. Nurses interested in participating in the evaluation project were asked to contact the team leader for dates and times of availability to participate in the discussion group sessions. In an effort to obtain a broad representation of the new nurse experience, invited participants represented practice areas, such as general medicine, cardiac surgery, oncology, trauma and surgical services, and women and infants.

A discussion group facilitator, who was an independent qualitative consultant, led the discussions of each group utiliz-

ing an open-ended question format. The semistructured discussion guide was designed by the project team (*Table 1*). Discussion group sessions were held in a location away from participants' area of practice. This afforded participants a sense of confidentiality in discussing their personal experience with the NRP. Each session lasted approximately 60 minutes, and was audio recorded, then transcribed verbatim without identifying names of participants. Team members reviewed all transcripts. Each individual identified the themes that evolved from the interview content, and then all members met to come to a consensus regarding the common themes. The following describes the primary themes identified by nurse residents as they journeyed through their first year as professional nurses.

CONNECTION AND SUPPORT

Assessment of the feedback from the residents provided a number of insights into the strengths and opportunities that exist within the NRP. From the residents' perspective, the program promoted a bond and connection with their colleagues and facilitators through a sense of sharing and of "not being alone" in their journey. It helped to know that others were experiencing similar challenges on a daily basis. This connection and the continual learning environment also helped to enhance their feeling of confidence in nursing practice by the end of the program. Knowing the available resources, people, and the "right way" of doing things helped them feel more self-assured and confident. Learning hospital policy and procedure provided structure to their work and provided support for their position on the provision of safe nursing practices when facing other more experienced staff that may not always perform to policy. Another interesting learning experience was that the residents expressed a greater appreciation and understanding of the purpose, intent, and value of the program after they completed the program.

CONFLICT MANAGEMENT

The profession of nursing requires constant interaction between individuals from a variety of disciplines with different job descriptions and roles, goals, values, and cultures. As the residents described their experiences as nurses, a clear theme that arose was conflict resolution. Conflict may stem from the varying and unique characteristics and traits individual nurses bring to their role. Although not always intentional, conflict may also be the result of miscommunication between people. Early in the NRP, residents voiced their concern over the interpersonal conflict they deal with on a daily basis with their colleagues, including patient care technicians (PCTs), physicians, and nurses. During one of the early discussion groups, residents expressed their anxiety and fear over having to assert themselves with physicians. One resident said, "The first time I actually had to call a doctor and get an order, it scared me..." "It was just that as students, we did not have any interaction with the doctors at all. I know the first few times I had to call it was fairly stressful, but I just wanted to make sure I didn't do something stupid."

The residents expressed some conflict between nurses, such as experienced nurses completing tasks "the way they've

Download English Version:

<https://daneshyari.com/en/article/5571165>

Download Persian Version:

<https://daneshyari.com/article/5571165>

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