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Using nurse managers' perceptions to guide new graduates toward positive nurse relationships

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ABSTRACT

One of the greatest challenges new graduates confront when transitioning to practice is establishing positive relationships with experienced nurses. Nursing faculty must prepare graduates for this challenge. However, nursing faculty are often removed from everyday practice and must rely on the perceptions of those entrenched in practice in order to ground teaching endeavors in authenticity. Nurse managers are well positioned to provide knowledgeable insights to nursing faculty regarding nurse relationships. The purpose of this qualitative, descriptive study was to explore nurse managers' perceptions regarding new graduates' relationships with more experienced nurses. Researcher-participant audiotaped interviews were conducted with 13 nurse managers. A content analysis revealed that all participants believed nurse relationships were significant, that factors such as perceived inequities and stressful occurrences triggered poor relationships, that new graduates were often targeted for negative relationships, and that reasons for targeting of new graduates included prolonged dependence on experienced nurses and either over or under confidence of the new graduate. Providing a supportive, protective environment and hiring practices that promote team unity were posed as strategies that could help to prevent targeting of new graduates. Findings provide real-life, practice based information that can underpin nurse educators' teaching regarding nurse relationships and relationship building.

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New graduates often face a rude awakening as they enter the practice arena. Stepping from the supportive comforts of academe, graduates face multiple challenges as they learn to navigate in a healthcare system that is multi-layered in complexities. One of the greatest challenges that new graduates must confront is determining how to establish positive working relationships with experienced nurses. Literature attests to their struggle (Laschinger, Wong, & Grau, 2012; Rush, Adamack, Gordon, & Janke, 2014). Reports also provide evidence of the devastating consequences that arise as a result of negative nurse relationships including decreased job retention and departure from the profession (Vogelpohl, Rice, Edwards, & Bork, 2013).

Nursing faculty are charged with the critical responsibility of preparing graduates for their transition to practice. Part of this preparation should include helping students develop relationship building skills. The documented struggle that graduates often experience with establishing nurse relationships may, in part, be due to the fact that faculty have dropped the ball, failing to ensure that new graduates are fully aware of the relationship difficulties that can await them and ensuring they are fully competent and confident in addressing such difficulties. Students require reality-based, cutting-edge examples and information regarding the "how to" of building positive nurse relationships in complex care environments. Providing realistic rather than textbook examples can be difficult for faculty who are often removed from the nuances of everyday nursing practice. To ground teaching endeavors in authenticity, faculty are wise to draw from the first-hand insights of those entrenched in practice. Perhaps no practitioners are better suited to provide undergirding information for faculty than nurse managers. As front-line leaders at the helm of the nursing workforce, nurse managers often bear witness to the difficulties encountered by new graduates as they relate to more experienced nurses. Nurse managers are well positioned to provide unbiased, knowledgeable insights to support nurse educators' teaching endeavors regarding the subtleties of nurse-to-nurse relationships.

The purpose of this article is to present findings from a qualitative, descriptive study that explored nurse managers' perceptions regarding new graduates' relationships with more experienced nurses. Nurse managers' insights regarding the importance of nurse relationships, factors that may trigger negative relationships, reasons for why new graduates become enmeshed in negative relationships, and strategies that can help prevent negative relationships are presented. Findings provide real-life, practice based information that can underpin nurse educators' teaching regarding relationship building. Findings also provide educators with foundational information to guide students in finding a good "fit" as they transition to practice.

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Background

Nurse relationships are crucial to the health of the work environment. Collaboration and communication have been identified as two essential standards vital to sustaining healthy environments (AACN, 2016). Healthy work environments are defined as settings where nurses are "able to be productive and provide good quality care" while also maintaining job satisfaction (Blake, Leach, Robbins, Pike, & Needleman, 2013, p. 357). Healthy places of work enable nurses to practice to their full potential, foster optimal patient outcomes, and encourage professional fulfillment. Within these settings positive relationships thrive as the needs and contributions of all are respected (AACN, 2016).

Positive nurse relationships are not always easy to establish and maintain. As a result, new graduates may work in settings where disruptive relationships are the norm. Measuring the pervasiveness of these relationships is somewhat problematic because they often go unrecognized and are underreported (Stagg, Sheridan, Jones, & Speroni, 2011). Researchers from one study found 29.2% of new graduates had experienced at least two negative relational experiences on a daily or weekly basis during the previous month (Laschinger et al., 2012) while others reported that 39% of new graduates experienced negative relationships during their first year of employment (Rush et al., 2014). Various terms have been used to describe negative nurse relationships including lateral violence (Griffin & Clark, 2014), incivility (D'Ambra & Andrews, 2014), and bullying (Laschinger & Nosko, 2015).

Detrimental consequences can result for new graduates experiencing negative nurse relationships including lowered job satisfaction (D'Ambra & Andrews, 2014; Read & Laschinger, 2013), lowered work engagement, greater emotional exhaustion, decreased physical and mental health (Read & Laschinger, 2013), and burnout (Laschinger, Grau, Finegan, & Wilk, 2010; Laschinger et al., 2012). Decreased job retention (Hogh, Hoel, & Carneiro, 2011) and an increased exodus from the profession (Vogelpohl et al., 2013) have also been noted. Researchers have recently found that greater exposure to negative relationships is significantly related to higher levels of Post-Traumatic Stress Disorder (PTSD) symptomatology in new graduates (Laschinger & Nosko, 2015).

Nurse managers play an integral role in creating and maintaining environments where positive nurse relationships thrive. Authentic leadership, leadership that emphasizes a genuine caring for employees and open, respectful dialogue, has been shown to be significantly correlated with a decrease in negative relationships (Laschinger et al., 2012; Read & Laschinger, 2013). A sense of community at the unit level, generally promoted by nurse managers, has also been found to foster respect and positive social connections and decrease disruptive relationships (Read & Laschinger, 2013).

Various strategies have been noted to promote new graduate transition to practice and enhance relationship building. Preceptor and mentor support has been shown to help graduates successfully transition (Kaihlanen, Lakanmaa, & Salminen, 2013) with preceptors being identified as the most helpful source of support (Rush et al., 2014). Transition programs in which new graduates are provided with a nurturing learning environment and access to supportive resources and people are gaining increased attention. While these programs do not always prevent graduates from experiencing negative relationships, they do offer a "layer of protection" to shield graduates from harmful work cultures allowing for more successful transition (Rush et al., 2014, p. 226).

No studies were uncovered that examined nurse managers' perceptions of new graduates' relational experiences with more expert nurses. Because managers play a pivotal role in the transitioning of new graduates and are first-hand, non-biased observers of new graduates' efforts to establish working relationships, attending to their perceptions can provide an authentic view of the challenges encountered by new graduates as they endeavor to "find their fit" on the healthcare team. Findings can help nursing faculty provide trustworthy and realistic guidance to students and soon-to-be new graduates regarding the establishment of positive working relationships with practicing nurses and promote a successful transition to the workforce.

Methods

A descriptive, qualitative design was used for this study. Semi-structured, researcher-participant interviews were used to generate the data. Data presented in this article are derived from a larger data set that focused on nurse managers and the part they play in creating and sustaining healthy work environments. For this article data derived from nurse managers' perceptions of new graduates' relationships with experienced nurses.

Participants

Criteria for selection of participants included that the participants were nurse managers who had served in a middle management position for a minimum of one year. Researchers believed that managers who had a minimum of one year of experience would provide thick and rich descriptive data. Participants were 13 of 18 managers who were sent an email describing the study. These managers were known to the researchers and represented 5 large healthcare institutions. Their ages ranged from 30 to 64 years (mean [SD], 48.9 [9.51] years), and were 85% female and 15% male. Participants had been in the manager role from 1 to 32 years (10.38 [9.43] years). Typical microsystems where they were employed included intensive care, medical surgical units, operating rooms and emergency rooms. The majority of participants had a baccalaureate degree (54%) as their highest educational degree, while 46% held master's degrees.

Data collection

Following approval from the Xavier University institutional review board and subsequent participant identification, data collection began. Each audiotaped researcher-participant interview lasted 60 to 90 minutes and was conducted away from the participant's location of employment and during non-work hours. Interview questions were designed by the researchers to elicit information about the managers' perceptions of experienced nurses and new graduate relationships. Prior to each interview, participants signed a written consent. Audiotapes were later transcribed and verified for accuracy.

Using a conventional content analysis approach (Hsieh & Shannon, 2005), the interview transcripts were analyzed with categories emerging from the data. Researchers immersed themselves in the data through the reading and re-reading of transcripts that allowed them to capture what was specific to nurse managers' perceptions of experienced nurses and new graduate relationships. Key words and phrases were highlighted and main ideas identified. Researchers clustered similar ideas, and using interpretation moved ideas to higher levels of abstraction. Categories then emerged that were representative of the clustered group. Throughout analysis, researchers tracked the number of participants represented within each category and recorded frequency counts. When conducting a content analysis in this manner, scholars have noted that data can be analyzed qualitatively, but at the same time, data can be quantified (Vaismoradi, Turunen, & Bondas, 2013). A greater frequency can suggest greater importance and level of significance of the data (Vaismoradi et al., 2013).

Rigor for the study was enhanced by the independent analysis of data and subsequent agreement by the researchers. Any disagreements supported a return to the data to assure that the analysis was determined by the participant descriptions. An audit trail that consistently linked back to the data was maintained. When needed, researchers clarified data with participants who confirmed that the findings were reflective of their experience.

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