



Changes Over Time: Senior Nursing Students' Expectations of Work and the Workplace and Their Perceptions as Newly Licensed Registered Nurses (NLRNs) After 3 & 12 Months of Employment

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The Nursing Workforce

- Nursing is fast-paced and labor intensive with cyclical shortages (Buerhaus et al., 2009; HRSA, 2013)
- Shortages are expected to continue due to the aging workforce and higher numbers of insured access to our healthcare delivery system resulting from healthcare reform (Buerhaus et al., 2009; Wharton School, 2009)
- A total of 1.05 million nurses will be needed by 2022 due to growing needs and replacements (AACN, 2014)
- Findings estimate as much as 43% of newly licensed RNs (NLRN) change or leave their jobs within the first 3 years of employment (Kovner et al., 2014)

Predictors of Job Satisfaction (Saber, 2014)

Predictor	Summary Effect	N	95% CI	P value
Task Requirements	.61	5	(0.40, 0.76)	<.001
Empowerment	.55	8	(0.49, 0.59)	<.001
Control	.52	6	(0.05, 0.80)	0.03
Organizational Commitment	.49	8	(0.39, 0.58)	<.001
Positive Affectivity	.47	6	(0.30, 0.62)	<.001
RN/MD Relationships	.44	7	(0.30, 0.57)	<.001
Autonomy	.44	26	(0.30, 0.57)	<.001
Leadership Support	.44	21	(0.36, 0.52)	<.001
Stress	-.43	14	(-0.51, -0.35)	<.001

Consequences of an Unstable Workforce

- **Cost of RN replacement can be as high as \$88,000**
(Jones, 2008; Robert Wood Johnson Foundation, 2006)
- Cost benefit analysis of residency programs including 15 hospitals
 - Turnover costs: \$ 17,977,500 over all hospitals pre-residency (Trepanier, Early, Ulrich, & Cherry, 2012)
- Threatens the well being of patient care quality
(Hays et al., 2012)
- Adds stress to existing staff

A Case Example - A 14+ Hour Day From a Seasoned RN

July 7, 2008: 0645: I am in charge of 28-bed ICU. We are short staffed working with 4 relief step-down RNs caring for ICU patients; I am acting as a clinical resource and relieving nurses as they need help and take breaks. While helping one of the step-down nurses care for a critical patient that requires a CT scan, a Code Blue is called on a patient on the 3rd floor and I cannot leave CT scan to attend to the code. Another ICU attends the code, then I join as the patient develops PEA and continues without a pulse for one hour. The patient dies.

“I am truly bothered by this incident and need to debrief. No time - no one available to discuss what happened”.

“No one really gets their breaks or lunches as is mandated by law. Administration wonders why there is a retention problem or why workplace negatively exists. As for me - I ate crackers from the volunteer bags and a water from the refridge—I got home at 2100-ish.”



Transition Shock (Duchscher, 2009)

- Period of stressful transition from school to practice
- Transition is cited as a major reason for newly licensed registered nurses (NLRNs) leaving their initial nursing positions and *more concerning* the nursing profession altogether

(Scott et al., 2008)

Longitudinal, Qualitative, Descriptive Design

3 Study Phases

Phase I (Focus Group 1) - Senior nursing student expectations of the work and workforce

Phase II (Focus Group 2) - Newly licensed RNs (NLRNs) perceptions after 3 months of employment

Phase III (Focus Group 3) - NLRN perceptions after 12 months of employment

Method

Spring (last) semester prior to graduation	3 months after employment as NLRNs	12 months after employment as NLRNs
14 Semi-structured focus groups/50 minutes each	1 Semi-structured focus group/90 minutes	1 Semi-structured focus group/90 minutes
Senior BSN nursing students Groups: 9 Accelerated 5 Traditional	NLRNs 1 Accelerated student 1 Traditional student	NLRNs 2 Accelerated students 1 Traditional student
6 item interview guide: <ul style="list-style-type: none"> • What do you expect your typical day to look like as an RN? • Do you expect to be asked to do things that are not part of your job? 	Questions based on FG 1 themes: <ul style="list-style-type: none"> • Some people expressed a fear of the lack of preparedness (e.g., skills) in their role transition as a newly licensed nurse. Did you experience a feeling of lack of preparedness? • How did you help to ensure your success in the work environment? 	Questions based on FG1/FG2 themes: <ul style="list-style-type: none"> • At this point in your career, what are your thoughts about your preparation in becoming a RN? • What are your thoughts about the workload? • After a year of employment, what are your thoughts about microbes?
Digital recorder/transcribed	Digital recorder/transcribed	Digital recorder/transcribed



Analysis

- Content Analysis
- NVIVO software/manual coding
- Theme consensus between 2 coders

Demographics-*Focus Group 1*

n=98 (78% response rate)

Variable	Traditional (n=39)	Accelerated (n=59)	Statistical Significance
Age	23.1(3.51)	27.8(6.41)	p<.001
Gender			
Male	9(23.1%)	5(8.5%)	
Female	30(76.9%)	54(91.5%)	
Married	1(2.6%)	10(16.9%)	p<.01
Previous Baccalaureate degree	1(2.6%)	59(100%)	
No previous degree	0(97.4%)	0(0%)	
Degree focus of those with degree			
Science	1(2.6%)	19(32.2%)	
Education	0	2(3.4%)	
Language	0	2(3.4%)	
Business	0	6(10.2%)	
Psychology	0	11(18.6%)	
Hospitality	0	1(1.7%)	
Social work	0	1(1.7%)	
Other	0	17(28.8%)	

(Saber, Anglade, & Schirle, 2015)

Findings

Two themes were identified for each focus group. This captured the transition process from student to RN.

Focus Group 1 – n=98

Stressors and Coping Mechanisms

Focus Group 2 – n=2

Feel and Observe

Focus Group 3 – n=3

Confidently Prepared and System Deficiencies

Focus Group 1 Findings – Student Nurses

Stressors

Role Transition

- Lack of confidence
- Heavy Responsibilities/excess paperwork/ inadequate time for patient care
- “Real life” clinical procedures
- Negative interpersonal dynamics with “good” and “bad” units

Fear of Contagion

- Contamination from pathogens
- Disregard for isolation techniques from healthcare professionals

Impact on Personal Life

- Long days and holiday hours

Fear of Violence

- Verbal abuse from physician (primary source; 3:1 margin), coworkers, patients, and patients’ family members
- Students expressed forgiveness for patients and family members

Coping Mechanisms

Fitting In as a “Real Nurse”

- Establish and maintain good relationships/ seek mentors
- Work the night shift/ work in intensive care areas or EDs where higher levels of collegiality and teamwork are anticipated

Taking Precautions

- Take the highest precautions to protect themselves and prevent contamination in their homes

Taking Care of Myself

- Develop a network of friends to help with schedule issues
- Rely on family members or colleagues for support

Physical & Psych. Safety

- Advocate for themselves to curb abuse
- For collegial or MD abuse, they will: keep quiet, respond kindly, walk away, or talk to a manager

(Saber, Anglade, & Schirle, 2015)

Focus Group 2 Findings – 3 Months after Employment

These new nurses expressed the reality of being immersed; they *feel* certain ways about their role as an insider and *observe* as though an outsider at times

Feel

Prepared

- Learned from clinical experiences
- Know how to protect themselves

Overwhelmed

- Work late
- Working in a non-supportive environment/ lateral violence

Strategic

- Kill with kindness
- Develop “thick skin”

It's all Good

- Have social support
- Feel safe from harm

Still Learning

- Every moment at work offers an opportunity to gain knowledge
- Growing comfortable in a dangerous environment

Observe

“They Think”

- Feeling of being an outsider (e.g., due to educational preparation)

Environment Inequity

- Sexual inequality from MDs
- Different treatment towards males

Incivility

- Nurses, nurse practitioners, and MDs exhibit incivility towards nurses

Generation Gap

- Older nurses can be unavailable
- Some nurses have “been there too long”

Focus Group 3 Findings – 12 Months after Employment

These new nurses clearly evolved in attitude and capabilities. They view themselves as active players in the healthcare system with growing expertise, and now critique the work environment.

Confidentially prepared Patient Care

- Refined assessment skills
- Talking with patients (e.g., cancer)
- Know when to ask for help
- Exhibiting confidence in patient care

Time Management

- Ability to ensure breaks are taken with timely departure from work
- Finding the rhythm of work

Environmental Changes

- Feel comfortable “floating” to another units
- Can take on new roles (e.g., interview potential nurses)

Next Steps

- Feel the need for professional growth
- Examining new professional growth opportunities

System Deficiencies Patient Care

- Inaccuracy of assessments
- Inaccurate charting
- Inappropriate restraint limitations on critical patients

Practices and Products

- Isolation is not practiced effectively
- Isolation products are deficient
- Services are underutilized (e.g., palliative care and hospice)
- Systems developed for staff by administration may not be effective (e.g., buddy system)
- Product training is deficient (e.g., restraint gloves)

Recommendations



- Managers should:
 - Build and maintain open communication
 - **Actively** seek and involve RNs in decision making
 - listen to and engage these RNs
 - engage them in committees and projects
- *Formal collaborative efforts* are needed between schools and healthcare institutions
 - NLRNs share stories, advice, and stress relief strategies

Conclusions



- Our new graduates are savvy
- The new nurses expect stressors and have transition strategies. They will progressively develop into productive/expert professionals.
- Our Newest Generation: Millennials (1980-2000)
 - Place Value on:
 - Praise
 - *Recognition*
 - Clinical competence
 - *Positive work environment*
 - Work/life balance

(Halfer & Graf, 2006; Jackson, 2005)



Optimal health of workplace environment is critical to maintain the safety of our RNs, which is essential for patient care safety (Lucian Leape Institute, 2013)



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