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RESEARCH PAPER

'They survive despite the organizational culture, not because of it': A longitudinal study of new staff perceptions of what constitutes support during the transition to an acute tertiary facility

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'They survive despite the organizational culture, not because of it': A longitudinal study of new staff perceptions of what constitutes support during the transition to an acute tertiary facility

Increasing difficulties of recruitment and retention of nursing staff strongly indicate that organizations should identify factors that contribute to successful transition of new staff to the workplace. Although many studies have identified problems facing new staff, fewer studies have articulated best practices. The purpose of this longitudinal study was to ascertain what new staff perceived as supportive elements implemented by the organization to assist their integration. Sixteen staff in Phase I and 12 staff in Phase II attended focus groups. The focus groups at 2–3 months provided specific information, with particular emphasis on negative interactions with other staff members and inadequate learning assistance and support. Different themes emerged within the focus groups at 6–9 months. Staff discussed being 'self-reliant' and 'getting to know the system'. Participants indicated that these skills might be beneficial to new staff in the development of organizational 'know how' and resourcefulness, rather than relying on preceptor support that, unfortunately, cannot be always guaranteed.

Key words: new staff, organizational culture, preceptee, preceptor, support, transition.

INTRODUCTION

The increasing difficulties of recruitment and retention of nursing staff in the present health-care climate requires that organizations seek to identify factors that contribute to the successful transition of new staff members to the workplace. The term 'transition' is generally used to define a period of time when a new staff member under-

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goes a process of learning and adjustment in order to acquire the skills, knowledge and values required to become an effective member of the health-care team. It incorporates a socialization process or 'rite of passage' where the graduate or newly transferred employee absorbs and adopts the language, culture and rules of the workplace.[1,2]

Background

The transition period is well-documented as a time of heightened stress for new staff; in particular, graduates.[3–6] In the case of new graduates, this stress is often referred to as 'reality shock' because it results from the shock-like recognition that nursing in the workforce differs from that studied at university.[7] To some degree, this can be mistaken for the discomfort and uncertainty that might accompany any transition to employment. However, there is evidence that many new graduates do not experience a supportive environment and are regularly faced by unrealistic performance expectations.[8–11]

Literature review: Transition programmes

The problems experienced by staff transferring from different areas of employment and new graduates are well-documented.[4,8,9,11,12] An integrative systematic review completed by Fitzgerald *et al*. indicated that although the analysed studies provided insight into the issues, very few studies provided conclusive evidence of best practice initiatives;[13] thus, this is an area where further research is required. With respect to graduates in Australia, a recommendation has been made that transition programmes should be provided for newly registered nurses entering the workforce, with appropriate supervision and support as the basis of the programme.[14] In Queensland, Australia, the Queensland Nursing Council acknowledged that transition does not merely pertain to the new graduate but also includes nurses moving to new practice settings.[15]

It appears that many health-care agencies expect and/or need new staff, including the graduates, to 'hit the ground running',[9] even though they accept the responsibility for new graduate orientation to the nursing workforce.[11,16] It is clear that for optimum transition to occur, it needs to take place in a nurturing and well-structured environment where there is a broad responsibility to provide support, manage change and facilitate open communication.[11,17–20] Although these factors are acknowledged, there is little understanding about how these are operationalized in the clinical context.

Aim of the study

The purpose of this longitudinal study was to clearly articulate what new staff perceived as support in relation to the transition programme so as to become effectively integrated into the work environment.

METHOD

Study design

This descriptive study used focus groups to explore what new staff members perceived as support during their transition to an acute tertiary referral hospital. The study did not attempt to assess what new and transferring employees completing the transition programme actually did during the period of the study, nor was an evaluation of outcomes in terms of individual performance or competency undertaken.

Study setting

The study was conducted across both medical and surgical areas, including oncology, in an acute tertiary referral facility within the Brisbane metropolitan area, Queensland, Australia.

Ethical considerations

The study was approved by the Hospital Research Ethics Committee. Throughout the study, the interests of the staff involved were placed before those of the study. Informed consent was obtained from each participant before data collection commenced. Participants were assured that their responses were anonymous. To ensure that there would be no discomfort felt by participants in being honest in discussions about the work environment, the research officer who conducted the focus groups was an external person with no employment links to the health-care facility.

Data collection

Data collection was carried out over two separate, but related, phases: Phase I (2–3 months after the commencement date of employment) and Phase II (6–9 months after the commencement date of employment).

New staff members employed between December 2001 and April 2002 were recruited during Nursing Orientation. Eight focus groups were conducted at 2–3 months after commencement of the transition programme, with a total attendance of 16 participants.

A further five focus groups were conducted at 6–9 months after commencment of the transition pro-

gramme, with a total attendance of 12 participants. Focus groups consisted of 2–3 participants.

Focus groups were selected as the explicit use of group interaction produces data and insights that might be less accessible without the interaction found in groups. The researchers were interested in eliciting experiential insights which would provide a greater depth of information than that obtained from surveys when investigating the transition experience and the influence of organizational support. The methodology facilitated a reflective process arising from a set of questions designed to encourage reflection across a broad range of areas. The questions listed below were informed by previous studies of transition processes reported in the literature and peer review.

Focus group questions

Questions for new graduates (Phase I)

- What were your expectations of your preceptor?
- Were these expectations able to be realized?
- What difficulties did you face when entering the ward unit?
- What were some of the factors that helped you to fulfil your expectations?
- Were there any factors that you believe might have limited you realizing your goals?
- Do you believe these factors were beyond your control?
- What situations could have improved your expectations being realized?
- Overall, are there any suggestions you have which might have made your transition more effective?
- Do you have any other issues you wish to raise of a general nature that you believe might be helpful?

The same questions were used during Phase II as many participants who attended had not participated in the first round of focus groups. However, the emphasis at this stage was to explore if there had been any major changes during the intervening six-month period. Therefore, there were several additional questions raised for discussion.

Additional questions (Phase II)

- Have things changed for you in your work environment in the last six months?
- What have been the most influential factors in bringing about changes?
- What would you do differently if given the last year over again?

RESULTS

Focus groups

Participants attending the focus groups were all eager to talk and discuss issues in a forthright and open manner. Overall, there was considerable repetition in the issues raised for discussion. Clarification and explanation of these issues were able to be undertaken in the focus groups. The data were analysed thematically by listening to tapes and reading transcripts to identify themes. The following discussion outlines a compilation of findings which have been categorized into themes. Comments by participants have been used to illustrate examples and are taken directly from transcripts of focus group discussions and interviews. Minor changes have been made to ensure the grammatical correctness of the statements.

Themes identified from focus groups at 2–3 months

The importance of a positive attitude of clinical staff and nursing management

New graduates and transferring employees indicated that the attitudes of colleagues was instrumental in their effective integration to the work unit. All participants commented on this issue, whether it was in a positive or a negative sense. When staff were positive, the new staff member felt more comfortable in the new environment. Behaviours which demonstrated a positive attitude included:

> *I really love coming to work. I was here for clinical pracs and got to know the staff and they knew me and, while I was lucky enough to have a good preceptor, I also had good mentorship from the other team members.*

> *Our area has a good social network [among the staff] and this has made it a good environment to work in—better than where some others are working. I have been fortunate.*

Alternatively, hostility (both overt and covert) of colleagues undermined all of the positive aspects of the transition programme. Behaviours which demonstrated a negative attitude included:

> *When you are feeling insecure, it must show and the senior RNs recognize this and are very aggressive. It is a real wolf-pack mentality. Instead of helping, they seem to vent all their frustrations on you as you are at the bottom of the pile.*

I really got no support at all and I have found the whole experience devastating. The other staff just seem to be so hostile and everything is blamed on the new people.

Although these were general comments that pertained to the nature of interactions, there were more specific comments made in relation to support structures. Specific support structures, such as adequate staffing levels in the wards, accessibility to learning and expertise, supernumerary days, allocation of a designated preceptor, and the preceptor and preceptee being rostered on the same shifts were identified as core management practices that impacted significantly on the new staff member's effective transition to the workplace.

The need for adequate staffing levels of appropriate skill mix in the wards

Inadequate numbers of permanent staff and the heavy reliance on agency staff in a small number of areas was also of concern. Some participants received no preceptoring support because they consistently worked with agency staff who, in turn, were not adequately familiar with the work environment. There were numerous comments (approximately three-quarters of participants) calling for the workloads of preceptors to be decreased to assist them to undertake their additional educational role. The negative aspects of inadequate staffing included:

The high patient acuity and regular shortages of staff have led the whole routine to be job-focused rather than patient-focused and this is frustrating and disheartening. Maybe, I am still too idealistic, expecting it [nursing] to be focused on the patients rather than the bureaucracy of the hospital.

The staffing problem means that we do not spend enough time at the bedside, but are required to do a lot of the planning and writing away from the patient.

We need more time off-line as there is simply not enough time on a shift to do anything like look up and learn about your patients. You have to do it when you go home.

However, a positive response towards attempting to address poor staffing levels included:

Even though I have heard of staffing problems elsewhere, my ward bent over backwards to make my transition easy. They made sure that I always had less patients at the beginning and, if they were of a higher dependency, I had a smaller load.

Accessibility to learning opportunities and expertise

Ready access to knowledge of the environment and education specific to the clinical environment was recognized as important to the new staff members. Evidence as to the perceived importance of educational support included:

But there were not enough clinical staff who could help you and no educator. They promised us all kinds of support during the induction but no one was there when it came down to it.

I was allocated a one-on-one preceptor but it was a new grad from a few months ago. She had a really nice attitude but her knowledge was not much better than mine. I needed someone who was really competent with the routine, which was the area in which I was lacking confidence.

We have a good, positive nurse educator in our ward and he makes me feel I can ask for advice because everyone else is too busy to bother.

There was no emphasis or even a recognition of any educational role.

Provision of supernumerary days

Some new graduates and transferees commenced work prior to a scheduled orientation programme and only participated in an abridged induction several weeks later. Some new graduates reported incidences where staffing was so short that they were provided with no off-line time as an induction, but were required to take on a patient load immediately, albeit (in some cases) lighter than others. When there were shortages of staff, the new graduate or transfer individual was required to take on a full workload without having the ability to be supernumerary or off-line for the designated time. This was particularly the case for those who had transferred from elsewhere. Some participants expressed the concern that their orientation to the work environment was a far lower priority than being 'a pair of hands'. Recognition of the value of supernumerary time included:

Having the first week in my ward as a supernumerary gave me a real handle on it all. It gave me a real edge and less stress over the others who were thrust into a full patient load immediately, even if it was a light one.

Nursing is tough and many new nurses do not realize this. If they have a solid supernumerary period, it provides a good transfer into the reality of what life is like as a nurse while they are learning all about the place and the routine.

Negative consequences occurred when supernumerary time was not available:

> *I did not have a full week of supernumerary—just two days and these were filled up with administration. I did not get any time to settle into the routine with a bit of leeway—just thrown in and expected to perform as a full team member.*

Allocation of a preceptor on a one-to-one basis

The value of being allocated a preceptor, particularly one who demonstrates the characteristics of positive mentorship, was identified as a very influential variable in determining the success of integration into the organization for many respondents. New staff members expressed anger and frustration when an effective preceptor relationship was not developed. Examples of positive preceptoring included:

> *It is great when you are able to work with your preceptor because you have always got someone to bounce queries against. It also means that you can discuss conflicting information. I had too many experiences where I stuck to the procedure manual as we were told, but some staff do exactly the opposite and tell you to ignore the manual. My preceptor was able to explain the differences and appropriate ways of modifying the manual.*

> *In our area, we had team-preceptoring, which has worked out really well. The preceptorship programme here helps the whole [transition] programme to work. I had two preceptors plus a mentor assigned and this meant that there was always someone there for me.*

Feelings of isolation and a lack of support occurred when preceptorship was not available:

> *I had no preceptor at the beginning and it was really scary. There was no one I felt I could turn to, I had really been dropped into it and felt so alone in the world.*

> *I had a good preceptor at the beginning but she left. Then I had another one and she left—so, I have been basically left on my own.*

Preceptor and preceptee being rostered on the same shifts

Participants felt that having the same shifts with their preceptor on an ongoing basis was an effective transition strategy. Some reported that they had never worked the same shift with their nominated preceptor or that, having been allocated a preceptor who then left the work environment, no other preceptor had been allocated. Examples of a positive contribution from working the same shifts with a preceptor included:

> *It is good to be on a series of shifts together because you can get into a routine and can also talk through mistakes together afterwards.*

> *I love coming to work. I have a great relationship with all staff, including my preceptor.*

An example of a negative contribution from not working the same shifts with a preceptor was:

> *Preceptors were assigned, but never on the same shifts. I used to see mine occasionally at change-over and she ignored me most of the time and, about once in a few weeks, would say 'Are you going OK?' . . . That was all I got.*

During the focus groups conducted after 2–3 months, new staff reported what they encountered in the new environment. Issues such as negative interactions, little learning support and limited assistance through staffing and the provision of mentoring were discussed at length. New staff certainly voiced their disappointment when their expectations of organizational support were not met. However, at 6–9 months very different themes emerged with the staff who were still retained in the organization and chose to participate in the focus groups.

Themes identified from focus groups at 6–9 months

After six months, new graduates and transferees shifted the focus of their issues. Rather than identifying strengths and weaknesses as to their experience upon entering the organization, staff discussed in detail about how they were 'getting to know the place'; that is, becoming more familiar with the organization. Consequently, during the Phase II focus groups there was a marked change in tone, primarily reflecting a more positive attitude. All participants, particularly those who had poor experiences during their first few months of the transition programme, indicated that they had developed resources which assisted them to overcome barriers and problems. Two particular themes emerged in relation to getting to know the place and how to manage within it. These were 'knowing the system' and

aligning with the 'good' people. This contributed to being self-reliant.

Knowing the system

Understanding the way that the organization worked made a positive difference:

> *I have found that I am more assertive now and insist on help, or at least know where to go when I need help. I know the system now and it has made the world of difference.*

> *My re-entry was extremely traumatic. I felt that there was no one who could help me. It is getting better now that I have more confidence and know how to work with this big and, often, very obscure organizational structure.*

Aligning with the good people

Staff identified that there were some good staff with whom they enjoyed working:

> *Now, I know who the 'good' people are and who the 'bad' people are.*

> *I am really self-reliant now and do not need a preceptor. I have some really great mates and we work as a team.*

> *I can now recognize that there are a lot of jaded staff with poor work practices in some areas. Now I am aware of this, I can work with them but they have no respect or credibility. I know who are not role models and I feel confident in my abilities to not develop in that way.*

Possibly as a result of interacting within the system in a positive manner, new staff members also indicated that they were feeling as though they were meeting their own objectives in terms of achieving on a daily basis, as well as longer-term career goals.

DISCUSSION

The expressed need for greater commitment and participation by the organization to facilitate transition and integration into the workplace clearly emerged from the findings. The focus groups identified specific requests, such as adequate staffing, appropriate skill mix, a designated preceptor and sufficient off-line time with the preceptor. These issues have also been highlighted in the international literature.[2,4,21]

Many new graduates and transferees indicated that when the attitudes of colleagues were positive (and when this was demonstrated in their assistance and support), this overcame many of the other barriers. Nevertheless, there were a number of examples cited where poor management practices and hostility (both overt and covert) of colleagues undermined effective integration and assimilation into the area.

However, a major transformation in attitudes of the new staff members occurred after six months, an outcome reflecting other research which demonstrated a marked improvement in confidence and skill levels in new graduates.[8] During the Phase II focus groups, there was a marked change in tone, primarily reflecting a more positive attitude, and something which has not been fully explored in other research. All participants, particularly those who had poor experiences during their first few months of transition, indicated that they had developed personal resources and strategies which assisted them to overcome barriers and problems. Individuals recognized how their perceptions were altered. They became resourceful and self-reliant through getting to know the system.

RECOMMENDATIONS

Rather than promising the offer of assistance, which is not always forthcoming, discussion is probably better focused around 'difficult' situations that new staff might encounter and strategies to deal with them when resources are often lacking. By encouraging a knowledge of the system from the time that the new staff members enter the organization, they might be better prepared to manage and positively progress through their new work experiences.

CONCLUSION

Through the focus groups, prevailing themes emerged as to what constitutes support for the new staff member entering the area. These included the provision of adequate guidance and assistance through buddying with a preceptor and allocating time with the preceptor, provision of education assistance and being 'welcomed' through support and friendly interactions. Unfortunately, these identified needs were not readily met. Despite this, the study identified that, over time, new staff had a capacity to shift their focus from the organization providing these needs to a more self-reliant mode. In the self-reliant mode, new staff members learnt about the organization and fulfilled their needs through 'getting to know the system' and aligning themselves with the 'good' people. In light of these findings, it might be more astute for the

organization during the orientation phase to give a more realistic appraisal of the situations that new staff might encounter.

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