

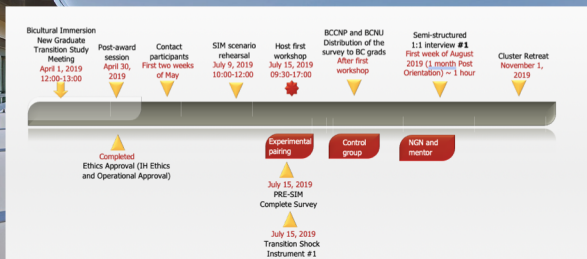
Research Approach

- Research Intents:
 - ❖ Explore how NGNs experience and understand the cultures of both education and the workplace;
 - ❖ Examine the relationship between novice and senior nursing staff as it influences the experience of transition;
 - ❖ Determine correlation between mentoring and the transition shock experience.
- Knowledge Translation:
 - ❖ Inform the nursing and healthcare community as to what constitutes an optimal transition experience and supported work environment for NGNs;
 - ❖ Reduce attrition and maximize development of positive workplace culture.

Our Approach

- Mixed Strategies:
 - ❖ Matching of NGNs with senior mentors in the workplace, reflective engagement, interactive workshops and skill simulation.
- Mixed Methods:
 - ❖ Qualitative – interviews, voice, visual and photo reflection, mentor/NGN meetings
 - ❖ Quantitative – deployment of *Professional Role Transition Risk Assessment Instrument* (grounded in Duchscher's Stages of Transition © and Transition Shock © constructs)

Timeline:



Rigor

- Clear communication :
 - ❖ **Research Audit Trail**
 - Colour coded for PI and each RA,
 - Dates/times/hours worked, persons involved, task completed
 - ❖ **Research Document GOOGLE DOCS Storage and Coordination**
 - transcripts with ongoing coding, tapes, exercises, templates, memos
 - ❖ **Memoing (Grounded Theory approach)**
 - RA notes to capture ongoing analysis - hear, feel, or see
 - Collecting themes (ie. next proposal suggestions)
 - ❖ **Coding of one transcript as a group to ensure continuity**
- Setting one location for ALL interviews to prevent miscommunication and rescheduling with participants
- Asked participants their preferred modes of communication added to consent form
 - Email, text messaging, phone call

Challenges with Research Process

- Communication with participants
 - ❖ RAs keeping them motivated to meet and complete exercises
 - ❖ Booking interview times by text/email/phone
- Communication amongst multiple team members
 - ❖ PI monthly updates
 - ❖ GOOGLE docs – document sharing and storage
- Finding a common date for workshops
 - ❖ DOODLE meeting calendar and PI booking at #3 IV
- NGs are pacing themselves – altered relationship with stages of transition
 - ❖ Varying hours worked – changed from ‘months’ to ‘hours’ in model
 - ❖ Orientating to other floors, remaining casual or taking PT/FT lines

Lessons Learned

- Budget for Research Administrator (UG TRU Business RA)
- Follow NGs over 1.5 years (vs 6-8 months)
- Look at NG hours versus months
- Multiple exercises over research term hard to ‘manage’
 - ❖ Combine exercises/add pre-interview task
- Develop videos (selfies and part of IV) – speak to *Transition Shock* and *Stages of Transition* (Duchscher, 2007)
 - ❖ Add to next application multi-modal knowledge transfer for participants that includes interviews, voice, visual and photo reflection, mentor/NGN meetings, and workshops
 - ❖ Offers creative/engaging knowledge translation opportunities

Preliminary Findings

1. Importance of a **SUPPORT NETWORK**
2. Gradual and intentional **WORKPLACE INTEGRATION**
3. Shifts in **TRANSITION EXPERIENCE/EMPLOYMENT**

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Preliminary Findings

SUPPORT NETWORK

- Mentors knowledge of NGN transition is imperative;
- Social contacts serve as facilitators of belonging/acceptance;
- Structured meetings drive an evidence-guided support process;
- Relationships are **CRITICAL** - support is as much emotive as it is pragmatic (**NO JUDGEMENT ZONE**)

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Preliminary Findings

WORKPLACE INTEGRATION

- Potential demographic shift → casual approaches to initial employment appear to alter transition experience – delays entry and/or mitigates major challenges?
- PACING** – if you don't, I will....;
- Traumatic events early on (i.e. code blue) can influence a new nurse's transition experience;
- Workload challenges and overtime have been **NORMALIZED** in the workplace;
- Previous placements (ESN/CPE3/Final Practicum) on the same ward hired as a NG may have multiple influences on their transition experience (i.e. added pressure and/or familiarity advantage);
- Acute-care is intense, fast, dynamic, chaotic, complex and unstable – adaptability is learned over time
- Gathering data on a patient is one thing – processing and responding to it is another

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Preliminary Findings

SHIFTS IN THE TRANSITION 'EXPERIENCE'/EMPLOYMENT

- ❑ Scheduling of NGN interviews based on *hours worked* rather than months post-orientation;
- ❑ Casual/PT/FT - work life balance
- ❑ Day versus nights shifts – workload and relationships;
- ❑ Impact of coping strategies/approach to stress on experience;
- ❑ NGN level of energy is predictive of coping – stability, consistency, predictability, familiarity and success;
- ❑ Problem solving, conflict and time management are occurring IN high levels of complexity and chaos;
- ❑ Are we preparing students for the environment they are entering?

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Questions?

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