

**Title:**

Practice Assimilation for New Graduate Registered Nurses: A Clinical and Academic Nurse Leader Collaborative

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**Session Title:**

Poster Presentations

**Slot (superslotted):**

PST: Saturday, 18 March 2017: 7:30 AM-8:00 AM

**Slot (superslotted):**

PST: Saturday, 18 March 2017: 9:45 AM-10:15 AM

**Slot (superslotted):**

PST: Saturday, 18 March 2017: 1:30 PM-2:00 PM

**Slot (superslotted):**

PST: Saturday, 18 March 2017: 3:45 PM-4:15 PM

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**Keywords:**

New graduate registered nurse, nursing AND collaboration and nursing leadership

**References:**

Boehm, L. B. & Tse, A. M. (2013). Application of guided imagery to facilitate the transition of new graduate registered nurses. *The Journal of Continuing Education in Nursing, 44*(3), 113-9.

Bull, R., Shearer, T., Phillips, M., & Fallon, A. (2015). Supporting graduate nurse transition: Collaboration between practice and university. *The Journal of Continuing Education in Nursing, 46*(9), 409-415.

Friedman, M. I., Delaney, M. M., Schmidt, K., Quinn, C., & Macyk, I. (2013). Specialized new graduate RN pediatric orientation: A strategy for nursing retention and its financial impact. *Nursing Economics, 31*(4), 162-70; quiz 171.

Haggerty, C., Holloway, K., & Wilson, D. (2013). How to grow our own: An evaluation of preceptorship in New Zealand graduate nurse programmes. *Contemporary Nurse: A Journal for the Australian Nursing Profession, 43*(2), 162-71.

Henderson, A., Ossenbreg, C., & Tyler, S. (2015). 'What matters to graduates': An evaluation of a structured clinical support program for newly graduated nurses. *Nurse Education in Practice, 15*(3), 225-231.

Moore, L. W., Leahy, C., Sublett, C., & Lanig, H. (2013). Understanding nurse-to-nurse relationships and their impact on work environments. *Medsurg Nursing, 22*(3), 172-9.

Sullivan, D.T., Fries, K. S., & Relf, M. V. (2012). Exploring the changing landscape of jobs for new graduates: Practice, education, and new graduate imperatives. *Creative Nursing, 18*(1), 17-24.

**Abstract Summary:**

Transition into practice for New Graduate Registered Nurses (NGRN) on neurological surgical units is intimidating. This poster presentation informs collaborative partnerships between nursing and academic leaders to support NGRN. Nursing and academic frameworks guide an orientation plan to address evidence-based post-operative care guidelines to decrease adjustment barriers for NGRN.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Explore the role of unit nurse leadership in establishing a collaborative work environment.	a. Demonstrates a transformational leadership style b. Encourages and supports professional growth and development
Describe three facilitators to successful role transition for New Graduate Registered Nurses (NGRN) on post-operative neurological surgical units.	Must develop specialized clinical skills with critical reasoning and psychomotor ability to manage nursing care of post-operative neurological surgical patients b. Develop knowledge of nurse sensitive indicators with incorporation of Quality and Safety in Nursing Education (QSEN) competencies
Examine the engagement of unit level nurse leadership and nursing academia for positive assimilation of New Graduate Registered Nurses (NGRN).	b. Promotes an environment of collegiality and team building c. Identifies appropriate nurses to serve as unit preceptors to facilitate integration of NGRN into a new practice setting
Prioritize and outline specific learning needs for New Graduate Registered Nurses (NGRN) on post-operative neurological surgical units.	Familiarizes New Graduate Registered (NGRN) with surgical procedures commonly performed on post-operative neurological surgical units

**Abstract Text:****Purpose**

To bring together visionary nursing leaders to prepare New Graduate Registered Nurses (NGRN) for entry into professional practice.

**Background**

Nursing literature is replete with facilitators and inhibitors to work environments affecting the transition of New Graduate Registered Nurses (NGRN) into practice. Growing evidence suggests that a positive workplace greatly impacts role integration and retention of NGRN. New graduate RN retention in the first year of employment is a challenge for hospitals, ranging from a low of 25% to a high of 64% (Friedman, Delaney, Schmidt, Quinn, and Macyk, 2013). New graduate registered nurses require an effective preceptorship process in their first year of practice (Haggerty, Holloway, and Wilson, 2013). Nurse leaders have a significant and obligatory duty to provide transformational leadership and to ensure a constructive work environment for NGRN. Moore, Leahy, Sublett, and Laning (2013) conclude that nursing leadership at the unit level establishes the tone for interpersonal relationships among nurses. In this work, the Nurse Manager Leadership Partnership Learning Domain (NMLPLD) and Quality and Safety in Nursing Education (QSEN) (Table A) frameworks are utilized to inform dual partnerships between unit level nurse

leaders and nurse academic leaders. This coalition will establish a productive, collaborative, and affirming practice environment for NGRN. The sustainability of a structured orientation plan for NGRN is dependent on support from nursing leadership and all nursing staff. This shared decision-making should address the development of clinical skills and clinical decision making, and describes the NGRN orientation plan implemented on a post-surgical neurological unit.

The formation of healthy work settings necessitates robust collaboration among health system support, nursing academia and nursing leadership. Retention of NGRN is enhanced when healthcare organizations partner with nursing academia in the implementation of QSEN competencies that mirror actual clinical workplace expectations. (Sullivan, Fries, and Relf, 2012). A resilient infrastructure that supports healthy workplace behaviors is influenced through the buy-in from internal and external stakeholders, and increases retention of NGRN.

Henderson, Ossenberg, and Tyler (2015) note that novices placed importance on the need for emotional support and collegiality. Nurse leaders who are attentive to signs of poor adaptation and decreasing morale among NGRN are more likely to intervene and provide support to reduce the strain of role transition among these nurses, thus preventing early resignation among this population. Nursing leadership in collaboration at the unit level requires a transformational leadership style that manages up nurses identified as having an interest and appropriateness for the preceptor role. Furthermore, true collaboration with nursing staff can identify nurse preceptors and convey the benefits of the role to nurses who may not self-identify as emerging leaders.

## **Methods**

The Nurse Manager Leadership Partnership Learning Domain and Quality and Safety in Nursing Education (QSEN) frameworks to inform the development and implementation of a structured orientation manual to prepare NGRN in the post-operative care of patients with neurologic conditions. This project will employ a descriptive design utilizing a pre and post survey developed by the nursing unit leadership, NGRN who have completed orientation on a post-operative neurological surgical unit, and nursing faculty. Inclusion criteria for NGRN includes less than one year licensure as a registered nurse assigned to work on an acute care neurological nursing unit. Inclusion criteria for preceptors includes the completion of a hospital-based preceptor course and two years of continuous full-time employment on an acute care neurological surgical unit. This orientation plan will require that all NGRN attend a 90 day preceptored orientation plan during their transition into practice on a post-operative neurological surgical unit. Unit nurse leaders and selected preceptors will utilize a comprehensive orientation manual developed by a new graduate registered nurse, specific to post-operative neurological nursing care for the NGRN orientation plan. This manual serves as supplemental instruction to be utilized with hands-on preceptored orientation. The NGRN orientation plan will assist in the development of specialized clinical critical reasoning and psychomotor skills pertinent to this specialized unit. Furthermore, NGRN will be supported and assessed in their ability to manage nursing care of fragile post-operative neurological surgical patients who demonstrate a high acuity level. In addition the NGRN orientation will promote the development of knowledge of nurse sensitive indicators with the incorporation of Quality and Safety in Nursing Education (QSEN) competencies.

## **Discussion**

This ongoing project aims to present evidence of successful role transition for NGRN. Project findings further aim to report positive emerging themes in post survey responses in areas of job satisfaction, intent to remain in the practice setting, decreased early resignation, improved critical reasoning, decreased anxiety, and acquisition of technical skills of NGRN.

## **Implications for Nursing Practice**

True collaboration among all stakeholders can translate into greater familiarity with specialty units, delivery of QSEN competencies and enhanced adaptation to organizational culture for NGRN. A reputation for excellent leadership, care provision, unit culture, and mentoring are key drivers that attract NGRN. Healthy work environments impact retention of NGRN. Preceptors help to bridge the gap between the classroom and clinical practice settings. The need for an orientation plan for NGRN that specifically targets complex nursing units is essential to practice; however, the facilitation and implementation of these programs remains elusive (Boehm and Tse, 2013). Currently there are no nationally agreed upon standards of expected new graduate performance (Bull, Shearer, Phillips, and Fallon, 2015). Therefore, healthcare institutions in partnership with nursing academia can link theoretical content with expected nursing praxis to ease role transitions for NGRN on complex post-operative neurological surgical units.