

Better Together

THE POTENTIAL FOR PEER SUPPORT IN
NURSING TRANSITION TO PRACTICE



Introduction



Overview of Presentation

- Background
- Transition to Practice: Personal Experiences
- Challenges New Graduates Face
- Current Support Systems
- The Role of Peer Support
- Future Implications
- Q&A

Personal Experience



- "... there was somebody [a preceptor] there with me for the first 3 months of my career, [but] they just weren't mentally supportive. They were very ... physically there and they showed me how to do things, but there was nobody there to help me out when I was absolutely terrified..." Focus Group A, 2010.

Challenges New Graduates Face

- **Stress**
 - "I get so stressed out...when I get ready to go to work I get so stressed out I can barely breathe" Focus Group B, 2010.
- **Isolation**
 - "I didn't know if anybody else felt the same way so I didn't want to say that I'm scared that I'm going to make a huge mistake and there was nobody asking me if that was a concern" Focus Group A, 2010.

Challenges New Graduates Face

- **Inadequacy**
 - "having the social workers and psychiatrist come to you for nursing related issues and you're like 'oh my god, do I know this?'" Focus Group A, 2010.
- **Low Self-Confidence**
 - "in one way you weren't up to speed with all of the skills and technical and critical thinking stuff you had [to do] and you also felt like you were failing at things that as a student you always did well... so in both ways you kind of felt like you weren't succeeding" Focus Group C, 2010.

Challenges New Grads Face

- **Health Care & Complex Care Environments**
 - “Starting in critical care was difficult. A lot of nurses don’t think you should be there as a new grad ... and again it’s not training you receive at all at school, so it’s like learning nursing all over again ...” Focus Group C, 2010.
 - “The learning curve is huge. You’ve got all the housekeeping side of the ward to learn... and then you’ve got the time management on top of that and you’ve got the ward politics and you’ve got to liaise with other health professionals and learn how to handle yourself there” (Mangone et al., 2005, p. 251).

Challenges New Grads Face

- **Nursing Education**
 - “I don’t think it [school] taught us enough actual clinical skills. Theory great, you write papers galore, but not clinical skills” Focus Group B, 2010.
 - “So much of what the participants had learned during their education seemed unavailable to them now. They could not modify or manipulate their knowledge and thus frequently met with disappointment and disillusionment about the relationship between their nursing education and practicing in the real world of nursing” (Boychuck Duschler, 2001, p. 429).
 - “The term ‘reality shock’ (Kramer, 1974) has been used to conceptualize the difference between the novice nurse’s expectations of and the novice nurse’s experiences of the realities of the ‘real world’ of the health care setting” (Mangone et al., 2005, p. 248).

Challenges New Grads Face

- **Inadequate Workplace Preparation**
 - “Officially we got six months [training] but we really didn’t. Like, we got the regular NICU three month orientation with a year of mentorship which is basically I can email my mentor every couple of weeks or we sit in the lunch room together and gossip about who’s pregnant ...” Focus Group A, 2010.
 - “I felt really, really stupid with the skills I didn’t have... and where I’ve gained most of my knowledge is *youtube*... my catheterizations, my injections, my IV all comes from *youtube*” Focus Group B, 2010.
 - “... appropriate assignments for new graduates should be planned with care, with an increase in difficulty over the allotted orientation period” (Boyle et al., 1996, p.153).

Challenges New Grads Face

- **Unsupportive Environments**
 - “It is the nature of the unit...it attracts really competitive nurses. You can’t tell them that you’re struggling with something because they love that you are struggling with something that they’ve mastered” Focus Group C, 2010.
 - “Just because you are a good nurse doesn’t mean you are a good educator..... that’s an assumption that we make” Focus Group C, 2010.
 - “I was in the ward and pretty much left alone when I first started ... the ward was that big and everyone was very isolated- kept to themselves” (Mangone et al., 2005, p.251).

Challenges New Grads Face

- **Unsupportive Environments**
 - “My clinic, because it is smaller and because I knew and had actual friendships with people there- that was much more supportive, whereas on the [hospital] unit it was definitely not the same. It’s much less supportive” Focus Group A, 2010.
 - “I guess you could call it the ‘New Grad Syndrome’ but [ward nursing staff] don’t bother trying to get to know you or ... include you. Not in a nasty way, but they don’t bother because they know that you’re only going to be there for ten weeks and then you’re moving on to the next [ward rotation]” (Mangone et al., 2005, p.251).

Repercussions

- “Stress-related conditions are one of the most common causes for long term sick leave” (Peterson et al., 2008, p.506).
- 33–61% of new recruits in North America change their place of employment or plan to leave nursing altogether within their first year of professional practice (Bowles & Candela, 2005, p. 135).
- From 2000 to 2009, anywhere from three to nine per cent of a given annual cohort of new RNs did not renew for the year following their initial registration (CNO, 2009, p. 14).
- 3 of 11 focus group participants changed the area of nursing that they worked in and 4 changed jobs within the same area in the first year of practice (Focus Groups A, B, C, 2010).

Current Support Systems

• Preceptorship

- “My preceptor. I felt like I had one person who was at least most of the time on my side. He was hard on me but he told me it was because he thought I could be a good nurse and he wanted me to know all there was to know” Focus Group A, 2010.
- “Precepting variables were associated with high self-confidence, lower anxiety, high commitment to profession, high intent to stay, high job satisfaction, and low role-conflict and ambiguity” (Boyle et al., 1996, p. 152).

Current Support Systems

• Workplace Training

- “I think one of the strengths was just the length of time [of the training]. Three months is classroom time and then you're buddied one to one,and then ...your preceptor has a patient and you have a patient but someone in the room knows you're new and is helping you” Focus Group C, 2010.
- “Attention must be given to adequate lengths of orientation as determined by ongoing assessment and communication of needs between orientees, senior nursing staff and management” (Boychuk Duscher, 2001, p. 436).

...But, What About Peer Support?

- “The idea at the heart of peer support is that people who share a common problem have a unique resource to offer one another” (Hughes et al., 2009, p. 397).
- “Peer support, and the integration of peer relationships in the provision of health care, is a concept of substantial significance to health scientists and practitioners today as the focus shifts from the treatment of disease to health promotion” (Dennis, 2003, p. 321).

Peer Support in Health Care

- E.g. cancer survivor groups, diabetes support groups, chronic kidney disease groups, mental health support groups



Benefits of Peer Support

• Connecting with Peers and Building Relationships

- “Helpful knowing that you are not alone. I think that was the most important piece....some people out there are dealing with it the exact same way...and I think a lot of people found this first year a lot more stressful than I think any of us had imagined really” Focus Group A, 2010.
- “The availability of an individual to discuss personal difficulties with is a strong interpersonal resource to counteract the effects of self esteem threats ... such exchanges foster the experience of feeling accepted, cared for, admired, empathized, respected and valued despite profound personal difficulties” (Dennis, 2003, p. 325).

Benefits of Peer Support

• Develops Confidence

- “... it will either empower you knowing that more people in that group feel the same way as you and then you'll be able to go back to your workplace and say 'I'm not going to stand for this!' and you know then that if you know five other people feel the same way it gives you the support so that you can bring things to your own manager” Focus Group C, 2010.
- “I'm only new ... in the last intake, and to go to the debriefing [session] and see all these new grads on their second rotation [and hear what that] was like and I think, they've survived! They were still having similar problems but they've got over the first ones and I'm kind of going, cool, I'm going to be like them, it's going to be good” (Mangone et al., 2005, p. 253).

Benefits of Peer Support

• Normalizing

- “So when you were trying to benchmark yourself to someone else, it was helpful to hear that other people who had the same training I did, also thought that they were struggling, even if their workplace was completely different from mine” Focus Group C, 2010.
- “I think for me it was helpful to have, um, have another new grad in the same area ... and [to know that we] are struggling with the same stuff, so you can sort of take the time to uh, talk outside of work and kind of debrief on your OWN” Focus Group B, 2010.

Who Is A Peer For NGs?



- No one clear definition
- Often based on outcome desired from the support:
 - Skills-Based Support
 - Emotional Support
 - Support in Initiating Change

Who Is A Peer For NGs?

• Skills-Based Support

- “I think if I’m working at a clinical skill or something, my peer would be who I am working with, who I can ask that question to, where I can get information to do my job properly” Focus Group B, 2010.
- “[A peer] doesn’t even have to be another nurse. So I found RT very helpful, OT, the social workers, physiotherapists who have actually shown me how to ambulate a patient getting in and out of bed” Focus Group B, 2010.

Who Is A Peer For NGs?

• Emotional Support

- “In terms of peer support on a psychosocial level it would be someone who I connect with on more of a friendship level, so they can understand how I am feeling, giving me a way to get through that or a way to deal with it” Focus Group B, 2010.
- “Some of the other new grads that you could actually sit down and would totally understand what you are going through” Focus Group A, 2010.

Who Is A Peer For NGs?

• Support In Initiating Change

- “when I’m in my professional environment when I open up and talk about things I really want there to be an outcome of some sort, ... so in trying to form that group [new graduate nursing group at work] we felt that it was a nice, structured way that would play into the hierarchy of the company I work for ‘cause you kind of have to play by their rules if you want to see results come from them” Focus Group C, 2010.
- “one of the things we were hoping is that we would take minutes [at a new graduate nurse meeting] and then they would get read, because we would be very honest with one another... about the challenges we have with preceptors and about hierarchy in the system ... our hope was that these issues would filter up to managers who could and would do something about it or at least come to us ” Focus Group C, 2010.

Implications

- No one type of peer support group will meet everybody’s needs



What Peer Support Could Look Like

- “I would suggest, and I don’t like having the divide necessarily but maybe a community peer support vs. hospital based because I think the issues – we may have some similarities in general, but there’s going to be specific(s)” Focus Group A, 2010.
- “Like a group setting where you’re given like not tasks, but like formal ‘this is what we’re going to discuss’, like topics, or just something kind of to do maybe even” Focus Group A, 2010.
- “...for me, the less structured the better... I don’t know if I would attend a peer support thing that’s very structured” Focus group C, 2010.

What Peer Support Could Look Like

- “I like the idea of the online forum ...there’s no set place and time and having to get time off” Focus Group A, 2010.
- “To have one that you can access in your organization as well as outside of your organization. I mean, potentially something for RNAO, like they have all the different interest groups why not a new nurse interest group?” Focus Group A, 2010.
- “...a [anonymous] telephone line for any nurse, new grads, whatever, where you can actually call in and actually ask to speak to someone and they are calling it a peer support line” Focus Group B, 2010.

Future Implications



Q & A

- “you know it’s interesting because transitioning from being a student where you know you have other people that are in the exact same situation, you’re connected with them. You talk back and forth and you study in the same area. So, you know, suddenly you’re separated from these umbilical cords, um and it would be good to be able to connect with other new grads and be able to bounce things off and you know you learn so much from others” Focus Group A, 2010.

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