

**NOVICE NURSES IN THE EMERGENCY DEPARTMENT:
THE LIVED EXPERIENCE**

By

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ABSTRACT

In order to overcome current staff shortages and a lack of available experienced nurses, novice nurses are now being hired in emergency departments (EDs). The ED environment can present challenges for the novice nurse and there is very little known about the experience of novice nurses in the ED. The purpose of this study is to explore the experiences of novice nurses employed in the ED. van Manen's (1997) method of phenomenology was used to guide this study and data collection entailed semi-structured interviews with four novice nurses. Four themes were identified from the interviews: 1) Doubting oneself as an ED nurse, 2) Importance of a supportive orientation, 3) Learning through practice, and 4) Recognizing the value of a positive and supportive work environment. The findings from this study provide insight into the experiences of novice nurses in the ED and highlight the importance of providing support to novice nurses through orientation programs, hands on learning opportunities, and ensuring the availability of experienced and supportive nurse colleagues.

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Chapter 1

Introduction

Traditionally, newly graduated nurses have seldom been hired for specialty nursing areas such as the emergency department (ED) and intensive-care units. The fast pace, complexity of patient care required, and often multiple medical diagnoses of patients can be overwhelming and challenging for the novice nurse (Patterson, Bayley, Burnell, & Rhoads, 2010). In the past, nurses generally spent at least two years working on a general medical or surgical floor before transitioning to a critical care setting (Loiseau, Kitchen & Edgar, 2003).

In 2009, the Canadian Nurses Association estimated that unless significant action was taken, Canada would be short the equivalent of 60,000 full-time nurses by 2020. The nursing shortage in Canada is even more acute in specialty areas such as long-term care, critical care, and EDs (Canadian Federation of Nurses Unions, 2008). In order to overcome current staff shortages and a lack of available experienced nurses, new graduates are now being hired in highly specialized environments such as the ED (Reising, 2002; Valdez, 2008). Novice nurses who are looking for diversity and variety in their career are often attracted to emergency nursing and the challenges it may bring (Cronin & Cronin, 2005).

Entering the words “new graduate” and “emergency” into the Google search engine reveals a multitude of institutions across Canada and the United States that are recruiting new graduates to work in their EDs and enroll in new graduate-specific orientation programs. However, there are a lack of published statistics revealing how many new graduates are practicing in EDs and how this trend has evolved over time. On

their website, the Emergency Nurses Association (ENA) (2014) states that new graduates are hired in EDs across the United States, but no further information is given. The Canadian equivalent of this association, the National Emergency Nurses Affiliation has not published anything with regards to new graduates in EDs.

I began working in the ED with less than two years of nursing experience. I often found there were a lack of experienced ED nurses working on some shifts, which left me wondering who to turn to as a resource if I had questions regarding my nursing practice. In my three years of ED nursing, I saw an increasing number of nurses coming to work in the ED with less than one year of nursing experience. Many hospitals in Atlantic Canada, especially those in rural areas, are often left with no choice but to hire new graduate nurses in their EDs due to nursing shortages. The fast paced environment of the ED can present challenges for the novice nurse and at times can be very overwhelming. Novice nurses often experience anxiety and feelings of unease in critical care settings (Stefanski & Rossler, 2009).

While some new graduates may accept a job in the ED because it is the sole opportunity for employment in a particular facility, some new nurses choose to seek out positions in the ED if the opportunity exists. Newly qualified nurses cited reasons for choosing ED nursing as: the prospect of a challenge, advanced skill development and learning, and the opportunity for diversity and variety (Cronin & Cronin, 2005).

Background

Benner (1984) described novice nurses as beginners who “have had no experience of the situations in which they are expected to perform” (p.20). She further stated that not

only are students novices, but any nurse entering a clinical area with no experience in that area may be limited to the novice level of performance. However, despite Benner's definition of novice nurse, I was interested in studying nurses new to the ED who had little prior nursing experience. However, because I anticipated that it might be difficult to find a sufficient number of new graduates that entered ED nursing directly after graduation, for the purposes of this study, I chose to define a novice nurse as a nurse with less than or equal to one year of nursing experience.

There is a period of significant change encountered as novice nurses transition from completion of their undergraduate nursing program to beginning their careers as Registered Nurses (RNs). This transition may affect every part of their lives and can bring forth a wide range of feelings including decreased self-confidence and fear, (Duchscher, 2001 & 2009) but also excitement about embarking on a new career. Novice nurses are often enrolled in formal orientation and support programs during their first year of practice. These programs are even more pertinent for nurses who are hired to work in EDs, as they require specialized training beyond what was achieved at the undergraduate level. Despite the support, ED nurses who have no prior nursing experience may still experience feelings of vulnerability, insecurity, and being ill-prepared for ED nursing (Turner & Goudreau, 2011). While these feelings are not unique to ED nursing, the fast pace and often urgency of patient care required in ED nursing may only augment some of these emotions for novice nurses.

While orientation provides the foundation for future nursing practice in the ED, little is known about novice nurses' experiences after this formal orientation program has

ended such as if they are still receiving the support and guidance from colleagues that proved to be so crucial to success during orientation. Being sufficiently supported during the first year of practice may be even more vital for novice nurses in the ED as they face complexities in patient care beyond their novice level of experience. A lack of support or other negative encounters could influence the likelihood of novice nurses leaving emergency nursing despite the significant time and resources invested in their orientation. Many nurses do not stay in their first nursing job due to a variety of reasons. It has been estimated that upwards of 30% nurses have left their first job within one year of completing nursing school (Bowles & Candela, 2005).

Rationale

There is no published literature that explores the experiences of novice nurses in the ED once the orientation period has ended. While some researchers have used phenomenology to evaluate orientation programs for new graduates in the ED (e.g. Glynn & Sylva, 2013), it would be important to know what novice nurses' experiences are like when they are practicing independently of a preceptor. In what ways do their colleagues continue to provide support, or is there a lack of support now that the formal orientation has ended? There is much time and energy invested in orientating a novice nurse to a highly specialized environment such as the ED. Managers, educators and nursing peers who have invested their time and effort genuinely hope that these new nurses will continue to practice in the ED for years to come.

The information gained from a study that explores and describes the experiences of novice nurses in the ED will provide insight when developing effective orientation programs and also shed light on what can be done to continue to support novice nurses once orientation has ended. Ultimately, nurse managers, educators, and nurses already practicing in the ED want to help smooth the transition for novice nurses into this highly specialized environment and this study will contribute to such knowledge and understanding. For novice nurses themselves contemplating starting out in or moving to the ED, an understanding of the experiences of their peers who have already chose this route may aid in the decision.

Purpose and Research Question

The purpose of this study was to explore the experiences of novice nurses employed in the ED. Interpretive phenomenology was chosen to guide my study. Phenomenology is the study of the lived experience, or the immediate world as it is seen. Interpretive phenomenology seeks to gain a deeper understanding of the meaning of these experiences (van Manen, 1997). The use of interpretive phenomenology allowed insight into how novice nurses experienced ED practice. It was important that this study went beyond the descriptions of experiences and sought the meaning and deeper understanding that was found within these experiences.

In this study I sought to answer the following question: What is the experience of novice nurses employed in the ED?

Chapter 2

Literature Review

A literature search was conducted using the CINAHL, PUBMED, Web of Science and Cochrane Library databases. Various combinations of the search terms “novice nurse”, “emergency”, “new graduate” and “experience” were entered. There was very limited literature found regarding new graduates or novice nurses employed in EDs, therefore, the search was broadened to look for literature pertaining to the experiences of new graduates regardless of practice area and also new graduates or novice nurses employed in critical care. The advanced nursing skills required to practice in critical care areas such as Intensive Care Units (ICUs) and Cardiac Care Units (CCUs) are somewhat similar to those required of ED nurses, and pose the same challenges for the novice nurse starting out in a complex environment which is why the literature search was expanded to include critical care areas. The search terms were also entered into the Google search engine from which a Master’s thesis relevant to the topic was found (Kary, 2012). This also led me to find a researcher who has conducted a similar study but her publication is pending review.

Based upon the review of the literature and for the purpose of this thesis, studies that add to our understanding of the experience of novice nurses employed in the ED have been divided into the following categories and will be presented as follows: experiences of new graduates, new graduates in critical care, and novice nurses in the ED.

Experiences of New Graduates

As the focus of this current study is on the lived experience of novice nurses, the majority of the articles presented here will be studies that are qualitative, specifically relating to the experience of novice nurses who are referred to in the literature as new graduates.

Parker, Giles, Lantry and McMillan (2014) were interested in new graduates' experiences of entry into the workforce. The authors used both qualitative and quantitative methods consisting of both an online survey and focus groups to explore the experiences of new nurses in a variety of practice settings although the majority were working in an acute care hospital setting. The new graduates in this particular study were all enrolled in a new graduate support program of twelve months duration that consisted of two different clinical placements. Two hundred and eighty two nurses responded to the online survey, while there were 55 participants in seven focus groups.

One of the key study findings highlighted a disconnect between the amount and type of support perceived to be necessary by new graduates, and what was actually received from nurse colleagues. Participants felt they would have benefited from more constructive formal feedback. Unless they had made a mistake, or other staff had concerns about their practice, the new graduates reported receiving little in the form of feedback. Participants also felt they would have liked regular contact with a mentor, manager, or educator.

It was interesting to note that new graduates who were working in specialty areas such as emergency or critical care units described a more positive experience related to

longer and more specialized orientation programs. They also stated they were not expected to perform as an experienced nurse in the specialty area in comparison to the new graduates working on general medicine or surgical floors who felt they were expected to take on the full responsibilities of an RN from day one.

The authors were concerned by what they termed to be “horizontal violence” in which new graduates described instances of unfair treatment in terms of workload and scheduling that they felt was related to poor staff attitudes towards new graduates. It was concluded that the pressure placed on new graduates in the workplace is high, yet the support they received from their peers and the health care organizations themselves is often inadequate. Parker et al. suggested that this may be related to low numbers of senior experienced staff nurses in a given practice area and that the development of career pathways to foster skilled and experienced practitioners may indirectly assist future new graduates.

Kelly and McAllister (2013) used descriptive phenomenology to explore the relationship between new graduates and their preceptors. Fourteen new nursing graduates were interviewed at three intervals: one month prior to beginning their nursing careers, and at one and six months-post commencement of employment. It was not specified which areas of practice the new graduates were employed in. “Confidence” was one of the five themes identified by the researchers from the data. Preceptors either contributed to or hindered on the development of confidence in the new graduate. The theme “friendliness” described the approachability of preceptors and the overall friendly atmosphere on the nursing units. Some participants remarked that they had become friends with their preceptors. “Being thrown in at the deep end” referred to the fact that

some new graduates were transferred to a different clinical area three to four months into their careers and received three orientation shifts and little support from a clinical educator. This theme also described the experience of participants who reported that they quickly learned who they could rely on for help. The new graduates believed that some staff perceived them to be a burden. The theme “peer support” outlined the fact that participants found it easier to work in an environment where the staff was familiar with new graduates. Participants also felt that new graduates themselves were a significant source of support for each other. On the contrary, “lack of support” described the fact that new graduates believed they had harder workloads, more night shifts, and fewer weekends off than their more experienced colleagues. Unfortunately, some new graduates felt more supported by hospital support staff such as housekeeping than other RNs.

Using interpretative phenomenology, Martin and Wilson (2011) sought to understand the experiences of new nurses in their first year of nursing practice. The seven participants who participated in semi-structured interviews with the researchers had all been working in acute care for at least one year and had participated in a two-week transitional program designed to ease new graduates into nursing practice. The two theme categories identified from interviews with the new nurses were: “adapting to the culture of nursing,” and “development of my professional responsibilities”. The researchers identified caring relationships with nurse colleagues as potentially playing a role in how well a novice nurse adapts to the culture of nursing. It was further suggested that the difference between a caring and a non-caring preceptor in new graduates’ development in the clinical setting should be explored. With regards to the development of professional nursing responsibilities, the content from the interviews revealed that a

new nurse's personality type and prior life experience might shape the development of professional responsibilities. It should be noted that the study did not indicate at what point the new nurses were interviewed in their career beyond stating they had been practicing in acute care for a least one year. The length of time beyond one year in practice could have influenced the experiences of descriptions that were provided as participants could have had difficulty recalling what was actually experienced that first year if significant time had passed.

Over a period of ten years, Duchscher (2009) extensively studied the new graduate transition period, which she defined as one year in length, and developed her "theory of transition shock" based on an exhaustive literature review and four qualitative studies of new graduates. The term transition shock described the non-linear process of moving from the comfortable student level to the unknown role of practicing RN. There were broad ranges of changes new graduates encountered during their transition to practice, which affected all dimensions of their lives including emotional, intellectual, physical, and social. During the first four months new graduates were seeking how to blend what they learned in undergraduate education with the reality of the workplace.

Some of Duchscher's participants described the fact that supportive statements from colleagues and feelings of acceptance led to the development of their self-confidence and influenced their professional identity. This also allowed them to get through whatever difficulties or challenges they may have been experiencing. Conversely, some believed their colleagues to be intentionally diminishing their self-confidence. The primary fears expressed by new graduates in the beginning of their transition to the workforce were: someone realizing they were not competent, endangering a patient, and

not being able to cope with required duties. As a result of this, they feared their peers would not accept them as valuable and competent team members. Many participants spoke about wanting but not necessarily receiving feedback from their colleagues, managers or educators.

The loss of the support system they had as undergraduates also contributed to the new graduates' self-doubt (Duchscher, 2009). New graduates spoke about their days off of work, when they were consumed thinking about what had happened during the previous shifts and reported sleepless nights dreaming about work. No one told them there would be a transition. There was a sense of shock once they started practicing independently of a preceptor. New graduates spoke about feeling that asking for help would be a burden on colleagues who themselves had a difficult workload. Asking for help also threatened new graduates' self-confidence. Overall, Duchscher suggested that orientation programs should address the transition period from nursing school into the workplace and its affect on every aspect of new graduates' lives.

In an earlier publication, Duchscher (2001) reported on a qualitative study consisting of in-depth interviews with five newly graduated nurses exploring the first six months of practice. The new graduates were employed in unspecified areas in acute care facilities. Some participants described a fear of certain physicians whom they found intimidating. They talked of wanting to please other experienced nurses by completing tasks in an efficient manner, even if the needed time was not taken to think about and understand these tasks. Duchscher concluded that low self-confidence and a need for acceptance by peers often directed clinical decision-making. She further suggested that new graduate confidence levels, skills and intellectual and emotional development should

be taken into consideration when new graduates are considered for highly acute environments such as critical care and emergency departments and stated that this issue demands more study.

Zinsmeister and Schafer (2009) employed a phenomenological research approach and conducted a series of open-ended interviews with nine graduate nurses who had been employed at one particular health care organization in the United States between six and twelve months. The study did not specify in which areas of nursing the graduate nurses were working. Several themes were identified that helped describe the experience as positive for the nurses. These included a positive preceptor experience, comprehensive orientation process, sense of professionalism and clarity of role expectation, with the most significant factor being a supportive work environment.

Johnstone, Kanitsaki, and Currie (2008) explored what constituted support or lack thereof for new graduates in their first year of practice. They were interested in learning how a supportive environment for new graduates could be achieved and what helps new graduates transition to the level of advanced beginner. The authors used an exploratory-descriptive case study approach involving questionnaires, along with individual and focus group interviews over a twelve-month period. All study participants were enrolled in a twelve-month transition program for new graduates. Unit managers, educators, and preceptors were also interviewed as a part of the study. It was found that the new graduates believed it important that they were matched appropriately with their preceptors ensuring they got along well together. Participants commented that being given independence in practice by their preceptors fostered the development of confidence and

competence. New graduates wanted to be able to ask for help when they needed it while practicing independently. It was found that the study participants supported themselves by seeking out staff with whom they felt comfortable and supported.

Poor staff attitudes along with part time, inconsistent, and short staffing all contributed negatively to new graduates being adequately supported. Johnstone et al. considered the elements of support to be: availability and approachability of teaching staff, feeling safe to ask questions, encouraging best practice, and receiving constructive and timely feedback. They also concluded that the length of time new graduates should be formally supported in an orientation program or with preceptorship is an individual matter. Overall, support was defined as a complex process that assists new graduates by giving them confidence and allowing them to strengthen their nursing practice in areas they have been prepared to work.

Bowles and Candela (2005) surveyed 352 nurses who had graduated within the previous five years, about their first nursing job. The majority of respondents agreed with statements indicating that they found work to be stressful. The new nurses also highlighted other concerns including inadequate staffing levels and a lack of time to spend with patients. This sharply contrasted with what may have been their experience in nursing education clinical programs. Respondents who had left their first nursing position were asked open-ended questions as to why they had left. The most frequent reasons were reported as being: stress associated with patient acuity and feelings related to unsafe patient care. Based on study findings, the authors concluded that debriefing sessions for new nurses after work might ease the transition into the workforce.

Floyd, Kretschmann and Young (2005) evaluated a four-month long hospital orientation program for new graduates using a questionnaire. Of the 31 participants, half reported they would have liked monthly contact with a clinical educator. Support from coworkers was identified as being most helpful to them in terms of on-going support. The majority of participants said they would have attended a monthly gathering of other new graduates to discuss their challenges during transitioning to the workplace. When the new graduates were asked how much time they should be with preceptors, they responded that this should be determined based on an individual case-by-case basis.

Casey, Fink, Krugman and Propst (2004) were interested in new graduates' experiences during the first year of nursing practice. While primarily quantitative in nature, the survey tool administered to participants included open-ended questions. Study participants described frustrations with the new work environment and reported a lack of confidence in skill performance. A major finding of this study indicated that it took up to one year for new graduates to become comfortable in their workplace.

Using phenomenology, Delany (2003) explored the transition experience from student to nurse. All of the 10 study participants were involved in a twelve-week hospital orientation program, however it was not clear whether the participants were currently in the program or what length of time had passed since completion. This study failed to indicate in what area of practice the new graduates were employed. Delany identified nine themes from interviews with the new graduates. The theme "mixed emotions" described the pride new graduates expressed as they had completed their nursing program but were also scared or anxious to start a new job as an RN. "Preceptor variability" referred to the

fact that experienced or seasoned preceptors brought forth positive feelings in new graduates, while less experienced or inconsistent preceptors led to negative feelings. “Welcome to the real world” spoke to the differences between work and school that were quickly identified. The theme “stress and overwhelmed” described the increased responsibility and patient load required of new graduates and they identified time management as a frequent cause of stress. “Learning the system and culture shock” referred to the frustration new graduates felt in navigating the hospital system, for example learning the process of how to contact an on-call physician. “Not ready for dying and death” referred to the fact that participants expressed a lack of readiness to handle end of life issues. The theme “stepping back to see the view” described the role that self-reflection played in evaluating new graduates’ progress as they transitioned from student to nurse. “The power of nursing” spoke to the fact that all of the participants recognized the value of nursing and the powerful affect their work had on themselves and their patients. Lastly, the theme “ready to fly solo” referred to the fact that the new graduates verbalized their readiness to progress from the orientation period to practicing independently.

New Graduates in Critical Care

Much of the literature on new graduates or novice nurses in critical care focused on the evaluation of orientation programs at specific institutions (Eigsti, 2009; King, Singh, & Harris, 2009). There were however, two articles that specifically sought out the experiences of new graduates in the ICU setting (O’Kane, 2012; Saghafi, Hardy &

Hillege, 2012;) and one that explored the experiences of nurses new to the ICU setting (Farnell & Dawson, 2006), however their study was not specific to new graduates.

Saghafi et al. (2012) conducted semi-structured interviews with new graduates who were part of a new graduate program for one year following graduation. There were different clinical rotations as a part of the program however all participants who were interviewed had between three and a half to six months experience in the ICU as part of the program. The researchers were particularly interested in the interpersonal relationships and interactions between the new nurses and other health care professionals and patients. A phenomenological approach was selected to explore these interactions and experiences. It was found that new graduates described the feeling of needing to hide their level of experience from patients to prevent loss of trust in their nursing abilities. Some new graduates spoke about how other nurses were not aware of the new nurses' knowledge and skills and felt it necessary to explain basic nursing skills, which in turn led to feeling the need to continuously prove themselves as competent. The participants described interactions with ICU physicians as supportive and understanding but also challenging and intimidating. New graduates reported that positive feedback from peers and patients was helpful in increasing self-confidence, however they felt that more formal feedback from managers was lacking and would have been valuable as they progressed through the learning experience.

O'Kane (2012) interviewed eight newly qualified nurses who had been employed in an ICU for less than one year. The purpose of the study was to explore the experiences of newly graduated nurses who were beginning their careers in ICU. Several themes emerged from the data including: expectations, challenges, preconceptions and support.

The new nurses talked of the challenges they faced in ICU nursing which included being particularly focused on tasks and experiencing anxiety surrounding time management. The author concluded that despite initial anxieties, the nurses interviewed seemed to be coping well with the challenges that critical care nurse presents. Overall, the ICU was a good place for newly qualified nurses to learn and provided the necessary support.

Using hermeneutic phenomenology, Farnell and Dawson (2006) explored the experiences of nurses new to critical care at one, three and six months. It is important to note that while the nurses studied were new to critical care they did have between one and ten years of nursing experience in other clinical areas. This was a large study in which one researcher interviewed 42 participants using semi-structured interviews. The experiences described throughout the interviews highlighted four key themes: support, knowledge and skills, socialization, and moving on. Key factors that influenced these experiences were identified as: foundation program, support, preceptors, and staff. This combination of support, knowledge and skills allowed new nurses to move on and progress from novice to advanced beginner. Factors that were found to influence participants' ability to adapt to the critical care environment included length of previous nursing experience, life experiences, and the number of other clinical areas previously worked. The authors concluded that preceptorship programs were effective in easing the transition to critical care nursing but other life and nursing experiences attained prior to practicing in critical care play a significant role in the new nurses' progression from novice to advanced beginner.

The remaining literature found with regards to new graduates in critical care focused on the evaluation of success of orientation and education programs. King et al.

(2009) evaluated a critical care bridging program which consisted of classroom time and a preceptorship on a critical care unit as part of a fourth year baccalaureate program for students interested in practicing in critical care upon graduation. Surveys were administered to the twenty students in the program and their preceptors within the first week of the students' clinical placement and again at the conclusion of the bridging program. The aim of the study was to determine students' perceived ability to care for critically ill patients following completion of the critical-care bridging program. Overall, at the end of the program, students perceived that they had made the most improvements in developing strategies to care for critically ill patients, and had made gains in terms of dealing with ethical issues and clinical decision-making. Students reported that they did not feel that the program improved their abilities to set goals or effect change and their responses indicated deficits in self-development, professionalism and evidence-based practice. Students gave themselves higher confidence ratings in areas of clinical practice than the preceptors' ratings of the students.

Eigsti (2009) evaluated a critical care internship program for new graduates by conducting a survey inquiring about new graduates' perceptions of the program. Prior to the implementation of the internship program new graduates had not been considered for jobs in critical care in the institution being studied. This was a retrospective study and the time lapsed since program completion ranged from six months to seven and a half years. Of the twenty respondents, 76.9% continued to work in a critical care unit. Overall, the majority of participants stated that the critical care internship program was of great importance to their development as a critical care nurse. The author concluded the internship program as being successful based on program satisfaction scores and the high

retention rate. Study limitations included the potential for recall bias, which leads to the question of whether such a varied length of time between program completion of study respondents affected the study results.

Novice Nurses in the ED

There was no literature found that specifically explored the lived experience of new graduates or novice nurses employed in EDs once they had completed orientation and were working independent of a preceptor. In 2008, Valdez set out to write a synthesis of published literature addressing this exact topic and was unable to find any studies that focused on the transition from novice to competent in emergency nursing practice. Kary (2012) identified significant research gaps when she explored the literature addressing the support of new graduates during their transition to ED practice.

Duchscher (2001; 2009) has extensively studied the new graduate transition period and did present her work on the integration of new graduates into the ED at the Canadian Nurses Association biennial convention in 2012, however a transcript of this was unavailable. Duchscher has explored the integration of new graduate nurses to the ED using phenomenology and this research has been submitted to the *Journal of Emergency Nursing* and is currently under review.

Most of the remaining literature found with regards to new graduates in the ED evaluated or explored the experiences of new graduates enrolled in orientation programs (Glynn & Silva, 2013; Loiseau et al., 2003; Patterson et al., 2010; Turner & Goudreau, 2011; Winslow, Almarode, Cottingham, Lowry, & Walker, 2009). There was one study found that explored why new graduates chose to work in EDs (Cronin & Cronin, 2005),

and another which gave an overview of the support provided to new graduates during orientation at a particular institution (Gomes, Higgins, Butler, & Farzaneh, 2009).

Glynn and Silva (2013) set out to evaluate a new graduate internship program using a phenomenological approach. The eight participants had completed a structured internship program, which consisted of sixteen weeks of classroom content along with concurrent clinical experience in the ED. When beginning the program, new graduates were assigned to a preceptor and followed their preceptor's schedule for six months. Interviews consisted of open-ended questions and data were analyzed using content analysis. It was found that the relationship between the preceptor and new graduate was vital to the new graduates' success in the ED. Most participants described their preceptor as an important role model and positive mentor. There were some participants who did not have the same preceptor consistently and they described difficulty in transitioning to ED nursing. Study limitations include the fact that interviews were conducted between one to two years after new graduates had completed the internship program, which could have led to difficulty recalling experiences that were actually a part of the internship program.

Gomes et al. (2009) published an article describing an orientation program in their institution for new emergency nurses developed in response to high staff turnover and an increasing number of new graduates being hired. The orientation program was not solely for new graduates, but for any nurse transferring to the ED with limited prior ED experience; however new graduates made up a large percentage of the orientees. Weekly informal or formal meetings were held with the orientee and four key supporters including: the unit manager, educator, preceptor, and a staff mentor. Weekly reports were

generated as a result of these meetings. There was a process in place to ensure careful selection of preceptors. Ideally preceptors and orientees were matched in terms of teaching and learning style, however this was not always possible. Learning plans were developed as a part of the orientation program and if orientees were successful with skills then they progressed to more advanced opportunities. In this institution, the time completion for new graduates' orientation was seven months. This particular orientation program was deemed successful over a period of time based upon program evaluations completed by orientees at the conclusion of the orientation program. While this was just one example of an orientation program at a certain institution, it provided some insight into the foundation of a successful program.

Patterson et al. (2010) interviewed new graduates who were enrolled in a comprehensive six-month ED education and orientation program. Participants completed an hour-long interview during the third month of their program and again at six months. The ED was described by students as “intimidating”, “scary”, “intriguing” and “exciting” (p. 205). Study authors noted that in the time between the two interviews, perceptions of the ED had changed very little. Some students described how they were nervous about providing patient care, and that they were overwhelmed with information. Some had concerns about being accepted by experienced staff members. Overall, the authors concluded that all of the study participants felt that the program was successful and saw themselves as “competent novice emergency nurses” (p. 208). However, it is interesting to note that participants were interviewed at the completion of the program and they had not practiced independently in the ED for any length of time.

In a similar study, Winslow et al. (2009), interviewed new graduates enrolled in a pilot orientation program developed in a response to a shortage of ED nurses. Participants were interviewed at the beginning, middle and conclusion of the program and overall felt satisfied, supported by peers, and prepared to provide safe nursing care. Again, it would have been interesting to know whether their perceptions would have changed after practicing independently in the ED for some time. Loiseau et al. (2003) also evaluated a four month comprehensive orientation for new graduates in the ED and concluded that “...a structured orientation program can prepare new graduate nurses to function competently in an ED with a satisfactory sense of self-efficacy” (p. 526).

Turner and Goudreau (2011) evaluated a seminar that was held for new graduate nurses in the ED in addition to regular preceptorship and orientation programs. The three-hour seminar held every three weeks for one year allowed an opportunity for debriefing and the discussion of thoughts, feelings, and challenges. The debriefing was followed by education session. The unit manager was often present at the seminar. The study included nurses who participated in the seminars within the past five years and were still working in the ED. Interviews were conducted using open-ended questions to gain information regarding the seminar and the integration of the new nurses into the ED environment. Important study limitations to note include the fact that the sample only consisted of five nurses and there may have been significant recall bias as some nurses participated in the seminar five years ago. Participants described the seminar as providing a great forum for learning and reported that the sessions contributed to feelings of being nurtured. It was also stated that the seminars led to a decrease in initial feelings of loneliness. The seminar allowed for the opportunity to talk to the nurse manager. However despite the seminar in

the first year of ED nursing, all participants reported feelings of loneliness, vulnerability, insecurity, a lack of knowledge, and insufficient preparation for ED nursing.

Using focus groups, Cronin and Cronin (2005) explored why newly qualified nurses choose to work in EDs. On average, the participants had approximately three months of exposure to the ED environment and were still participating in orientation programs. There were five main themes identified by each of the three focus groups and participants ranked the importance of each theme. Teamwork was cited as an attractive aspect when making the choice to work in the ED. The opportunity for challenge was a theme that participants identified, along with the prospect of continued skill development and learning in the ED. Diversity and variety were also cited as reasons for choosing ED nursing. Interestingly, support and confidence was a theme identified by the focus groups. Overall, participants described a supportive, challenging and diverse place to work. It is important to highlight that the participants only had exposure to the ED for an average of three months and were still considered to be orientating to the ED. This study only set out to explore reasons for choosing ED nursing and it would be interesting to find out whether some of these expectations live up to the actual experiences of ED nursing six months to one year later.

Kary (2012) conducted an empirical literature review examining how new graduates' transition into emergency practice is supported. Once articles were excluded due to irrelevance, only eight articles were left; therefore the topic of the review was broadened to include the evaluation of orientation programs for new graduates in acute care areas. Kary identified significant research gaps in the literature. Individual

orientation programs were reviewed and evaluated but no researcher had attempted to synthesize orientation programs as a whole or evaluate multiple orientation programs. The majority of studies did not focus on the transition of the new graduate from student to practicing nurse and how orientation programs influenced this. As a result of the literature review, Kary concluded that the new graduate needs an average of twelve months to transition to practicing nurse but this period could include being paired with a mentor, or following the same shifts as a preceptor but working independently.

Summary

There was no literature found that specifically explored the lived experience of new graduates or novice nurses employed in EDs, however Duchscher has studied the integration of new graduates in EDs using phenomenology but the article is currently under publication review. Much of the literature with regards to new graduates in EDs evaluated institutional specific orientation programs and explored the experiences of new graduates in these programs or used both interviews and surveys to evaluate the success of these programs. The literature did show that positive role models and mentors largely contribute to the successful integration of new graduates or novice nurses into emergency nursing practice. Receiving constructive feedback or participating in debriefing sessions with leaders such as educators or managers was also shown to be very important to new graduates starting out in the ED.

The literature search was broadened to examine publications exploring the overall new graduate experience. There was literature that described the transition period that

new graduates go through as they move from student to practicing RN. Many new graduates were unprepared for how this huge transition affected every part of their lives.

Overall, the literature strongly suggested that new graduates were seeking constructive feedback from their peers, educators, and managers, and unfortunately they do not always receive this feedback. The working relationships and friendships new graduates developed with their preceptors greatly affected the success of new graduates' integration into nursing practice, as was similar to the studies of new graduates in EDs. New graduates quickly learned whom they could turn to for help. Some new graduates reported being treated unfairly in terms of shift scheduling and patient assignments and they were struggling to fit in with their peers. New graduates' colleagues have a strong influence on beginners' confidence levels and they are often looking for acceptance from their peers. Other researchers found that new graduates were well supported in their workplaces. One study found that new graduates practicing in critical care or emergency areas described more positive experiences than their peers who were working in less specialized areas because they were only expected to perform at the novice level and not given as much responsibility.

The literature search was also broadened to include the experience of new graduates in critical care settings, but again the majority of articles focused on the evaluation of orientation programs for new graduates employed in critical care. Some researchers found that new graduates thought it was necessary to hide their inexperience from their patients and peers and sometimes colleagues did not respect the knowledge that new graduates did have. Positive feedback from managers, educators and preceptors was shown to increase the self-confidence of new graduates practicing in ICUs

immensely, which is similar to the studies that explored the overall experiences of new graduates regardless of practice area.

The lack of literature exploring the experiences of novice nurses in the ED confirmed Valdez's (2008) findings when she set out to synthesize the literature surrounding this topic. The gaps in the literature with regards to the experiences of new graduates or novice nurses employed in EDs at a time when novice nurses are being hired to work in this complex environment certainly validated the need for the present research study.

Chapter 3

Methodology and Methods

A hermeneutic phenomenological approach was selected for this study.

Phenomenology is the study of the lived experience, or the immediate world as it is seen. Interpretive phenomenology seeks to gain a deeper understanding of the meaning of these experiences (van Manen, 1997). I chose an interpretive approach to phenomenology, as it was important that this study went beyond the descriptions of experiences and looked for the meaning and deeper understanding that can be found within these experiences. These meanings are not always obvious to participants but often emerge from interview narratives (Lopez & Willis, 2004). The use of interpretive phenomenology allowed insight into the experience of novice nurses in the ED.

van Manen's (1997) "Researching the Lived Experience" served as the study framework. van Manen (1997) wrote that a human science researcher who partakes in hermeneutic phenomenology engages in scholarly activities such as observing details of everyday life and reading relevant texts that relate to his or her research interests. van Manen (1997) identified six research activities to assist the hermeneutic phenomenological researcher. He cautioned that these were not meant to be a mechanical set of procedures to be performed separately but instead they should assist a researcher in selecting appropriate research techniques for his or her particular research problem. The six research activities are: 1) identifying a phenomenon which is of significant interest to the researcher; 2) investigating the experience as it is lived, rather than as it is believed to be; 3) reflecting on significant themes characteristic of the phenomenon; 4) describing the phenomenon by writing and rewriting; 5) remaining true to the phenomenon; and 6)

maintaining balance by considering both parts and whole of the research context in order to identify the essence of the experience.

van Manen (1997) believed that researchers should make their pre-understandings about a particular phenomenon explicitly known, as opposed to setting them aside. Finlay (2008) stated that to understand something, we must recognise what has influenced this understanding and this view of the world. Rather than setting it aside, we need to bring it to the fore to be recognised as influences and biases so we can be open to other people's meanings. I, similar to the nurses in this study, also had minimal nursing experience when I began nursing in the ED, and I also worked with other novice nurses. Before beginning this study I explored my own preconceptions about what I believed was the meaning of the experience of being a novice nurse in the ED. The presuppositions I acquired about the experiences of novice nurses in the ED led me to explore this particular phenomenon and develop the research question. Although no one can avoid being influenced by their life experiences, my aim was to be aware of these experiences and realise that they may influence how I understood or interpreted something.

Methods

Participants

I had originally hoped to recruit at least eight participants for the study, but despite every effort to recruit this number I was only able to schedule interviews with four novice nurses. I did have additional novice nurses contact me and express their interest in the study, but once this initial contact was made I was unsuccessful in

scheduling interviews with these individuals. Many of the participants and potential participants did not hold permanent nursing positions and were therefore working casual or on-call hours with great unpredictability of when they would be called in to work. This led to difficulties when attempting to schedule an interview with potential participants. The time commitment of approximately two hours total for each participant if two interviews were necessary may also have been a deterrent to some novice nurses, especially those hesitant to make a commitment if they were unsure of their work schedule. Additionally, most of the EDs used in recruitment only hired one to two novice nurses each year due to the significant resources that are required when transitioning a novice nurse to ED practice. To allow the richest data to be obtained, I chose to limit the length of time employed in the ED; therefore only one to two novice nurses in each ED I recruited met the inclusion criteria. Had I expanded my inclusion criteria, I potentially could have recruited more participants but I believe this would have affected the quality of the data I obtained.

The participants were four novice nurses employed at three hospitals in two cities in Eastern Canada. All of the participants had less than or equal to one year of nursing experience when they began to practice in the ED and they had all completed orientation and been practicing in the ED for less than six months. The rationale for the inclusion criteria was my own experience in the ED; that it was only when a novice nurse becomes independent from preceptor that he or she can fully experience a practice setting. This contrasted with much of the literature discussed in the previous chapter whereby researchers interviewed participants who were still in orientation programs or had very

recently completed their orientation. I also limited the length of time employed in the ED, independent of a preceptor, to be less than six months. The life-world of the participants is not static. For example, an experience can be something one is explicitly aware of and able to articulate, or it can involve a more tacit, pre-reflective awareness and may be distorted by bringing it into one's consciousness (Gallagher & Zahavi 2008). Therefore, the timeframe allowed the richest data to be obtained, as participants were able to fully describe their recent experiences as true novice nurses. It ensured that participants were still entrenched in the novice experience as opposed to attempting to recall what their experience as a novice nurse was like after some time had passed and they were able to reflect upon it.

Participants were recruited through posters placed in staffrooms at six EDs. In addition to obtaining approval from the appropriate Research Ethics Board, approval from ED nursing managers was obtained prior to placing recruitment posters in EDs. In three of the hospitals where recruitment took place, ED nursing managers also agreed to distribute the poster via email to all of the nurses in their respective departments.

The recruitment poster indicated my contact information and inclusion criteria for the study and potential participants then contacted me for more information about the study (see Appendix A). Once the participant made the initial contact, I ensured that they met the inclusion criteria and then arranged a face-to-face interview with them if they were interested in participating in the study. The study was again explained to participants in person and a consent form was signed prior to beginning the interview.

Data Collection

In keeping with hermeneutic phenomenology, open-ended interviews were conducted with participants. According to van Manen (1997), the interview allows for the exploring and gathering of rich narrative data in the hope of gaining a deeper understanding of a particular human phenomenon. Opening scripts and interview prompts were prepared to assist participants (see Appendix B). Each interview lasted approximately 60 minutes. This length of time was appropriate in that the participants had sufficient time to reflect on and describe their experiences without requiring an unreasonable amount of time. In the event that clarification of any content was required from the first interview, consent for two interviews was obtained from participants prior to data collection. Participants were aware that they may have been contacted for a second interview if necessary. All study participants spoke without hesitation for the length of their interviews and freely shared their stories and experiences. Very rich data was obtained and upon re-reading and further analysis of the interview transcripts it was determined that a second interview was not required of participants.

I personally conducted and audiotaped all interviews. Participants were fully informed that the interview would be audiotaped. I then transcribed all interviews. This allowed me to fully immerse myself in the data. Prior to data analysis, each of the transcribed interviews was again checked with the audio taped version to ensure accuracy.

Setting. All interviews were conducted in a small conference room located at the participants' workplaces. To ensure privacy of participants the conference room was not

adjacent to any EDs. I reserved the rooms, ensuring a safe, private place that was convenient for each participant.

Data Analysis

van Manen's (1997) approach to interpretive phenomenology was used as a guide to interpret the data. I first listened to each of the audio taped interviews as part of the transcription process, thus allowing me to become very familiar with the data. Next, I read through each of the interview transcripts. The selective or highlighting approach as outlined by van Manen was used to uncover the thematic aspects of the experience of being a novice nurse in the ED. In the selective approach to thematic analysis, statements that were particularly revealing with regards to the experience being described were highlighted (van Manen).

van Manen (1997) wrote that themes are "experiential structures" that make up an experience. As the descriptions of lived experiences are studied, certain themes begin to emerge. The task is then to capture the main meaning of these themes in singular statements (van Manen). I attempted to identify the meaning of each significant statement by asking myself: "What is this participant really saying about his or her experience in the ED; what does this statement really mean?" Similar statements within each interview were grouped together and after reading and re-reading these statement, themes began to emerge.

Recurring themes common to all participants were then identified and captured by singular statements. Four themes were identified which served as the basis for writing an interpretive summary of the phenomenon. Direct quotations from participants were used to support the themes.

Ethical Considerations

Ethical approval was obtained from the Health Research Ethics Authority at Memorial University of Newfoundland and the respective Ethics Committees at each of the hospitals where participant recruitment was to occur (see Appendix C).

Prior to being interviewed, participants were provided with both verbal and written information regarding the study. After receiving information necessary to make an informed choice regarding participation, participants were required to sign a consent form (see Appendix D) if they agreed to participate in the study. Participants were informed of their right to withdraw from the study at any time. Participants were assured that only my faculty supervisor, the professional transcriptionist (if used), and I would have access to the data collected in this study. Participants were asked to refrain from using names of patients or other staff members during the interviews. Should they have inadvertently called an individual by name they were informed that I would remove the name from the interview transcription.

All participants' identifying information were removed prior to transcription. I only retained participants' contact information in order to contact them for a second interview if necessary. Upon completion of the interview, and once it was concluded that a second interview was not necessary, contact information was destroyed. All data was stored in a locked filing cabinet in my locked office that only I had access to. Electronic files were encrypted and password protected. All data will be destroyed five years following completion and publication of the study as per Memorial University guidelines.

While it was not possible for the participants to remain anonymous, as I conducted face to face interviews with them, confidentiality of participants was maintained at all times. To protect participants' anonymity when reporting findings and using direct quotes, pseudonyms or numbers were not used to label participants; quotes were simply identified as "participant stated...".

No perceived harm or risk to participants was anticipated, as participants were fully aware of the purpose of the research study and the ethical considerations described above. Should issues have occurred during the interviews where participants may have experienced distress or discomfort from sharing their experiences, participants were referred to their unit educator for educational support, or assisted in contacting the Employee Assistance Program (or similar program) for counseling. I will provide any interested participants with a summary of study results at the conclusion of the research study.

Trustworthiness

Guba and Lincoln (1994) have identified a number of terms used to evaluate the trustworthiness or rigor of qualitative research including credibility and confirmability.

Credibility. One of the most effective methods of ensuring credibility of qualitative research is to participate in extensive engagement with study participants (Speziale & Carpenter, 2007). This was achieved by conducting an in-depth interview with each participant where he or she spoke freely about the experience and was actively engaged in the interview process. During the interviews, I attempted to ensure I understood what participants were telling me and asked for clarification if I did not, which further enhanced the data collection process.

Mackey (2012) suggests that the ability of the findings to “resonate” with experiences of nurses in the clinical area is an evaluate criteria for credibility. The findings of my study certainly resonate with my past experiences as a novice nurse in the ED.

Confirmability. Confirmability can be difficult to establish in qualitative research however it is usually achieved by maintaining a paper trail of the interpretation of the data (Speziale & Carpenter). It is expected that if another researcher were to read the paper trail they may arrive at comparable conclusions. Throughout the process of data analysis, I worked closely with my supervisor who had access to the interview transcripts. We discussed the themes and both came to similar conclusions about how we arrived at such themes. A paper trail was maintained in order to demonstrate that another researcher could have reached similar conclusions.

Chapter 4

Findings

Upon analyzing the rich interview data, four themes with subthemes were identified from the nurses' stories of their experiences of being a novice nurse in the ED: 1) *Doubting oneself as an ED nurse*; 2) *Importance of a supportive orientation*; 3) *Learning through practice*; and 4) *Recognizing the value of a positive and supportive work environment*. The following is a discussion of each theme and while presented separately, together they allow the reader to understand the experience of a novice nurse working in the ED.

Doubting Oneself as an ED Nurse

Participants expressed that they initially had doubts about becoming an ED nurse and described some of their hesitations about working in this challenging environment. How their colleagues perceived them appeared to play a role in some of the doubts of these novice nurses. Participants also described their reluctance to identify themselves as novice nurses because they worried they might not be accepted by their colleagues or their patients. It was evident they also felt the need to prove they were competent enough to work in the ED even though they had limited nursing experience. The theme *Doubting oneself as an ED nurse* encompasses the subthemes *Hesitating about ED nursing* and *Identifying and proving oneself as an ED nurse*.

Hesitating About ED Nursing

During the interviews, participants expressed their hesitations about ED nursing. One participant began her nursing practice on a general medical floor even though she

had always aspired to work in the ED. She was approached by her manager a few months into her career and informed that nurses were being hired for the ED. Her colleagues had told her that a nurse required five years of nursing experience before being able to transfer to the ED. This novice nurse verbalized her hesitations but then expressed the fact that she was provided with reassurance about transferring to the ED:

I always wanted to work in the ED my whole life. I really wanted to do stuff as a student in the ER. I just didn't get that in university with a small school in a small town...So no ER or ICU. So I just started off on a medical floor and then...the manager who was my manager of the medical floor...had gone down to manage the ER and she eventually approached me and said, "they're hiring some new staff." I think she liked me and I had told her once I was interested in going down. But...everyone says you can't go to the ER until you have five years experience. Everyone else who doesn't work in the ER scares you away from it so I was really hesitant at first. And then they reassured me that there is a minors side and you stay on the minors side until you're comfortable.

Another participant had heard about experienced nurses being very unsupportive of young nurses coming to work in the ED, which further contributed to her hesitations. She doubted herself and wondered if she would make a critical mistake and if she could handle increased independence in her nursing practice:

Well when I first went in [to the ED] as a student...I found it very overwhelming when I first went. Not so much my ED but the [other ED] has a reputation and still does that nurses eat their young and that they're not as cohesive as workers and that everyone's out for themselves and dog eat dog. So I chose to come here [this ED] to avoid that even though I knew that [the other ED] technically is our trauma center and it might be more of an interesting type of thing to see. And in hindsight I'm very glad that I came here because I ended up getting a job that I love working with people and that I love that kind of thing. But I was really afraid because I wasn't sure how much independence I would get and if I were given that independence would I mess up? Would I be the ultimate factor in causing an error or...? As students we all think that we're going to kill someone. So that was running through my mind.

The hesitations of novice nurses about ED nursing were not just related to initially starting out in the ED. One participant spoke about her fears of moving on to different

areas of the ED with more critically ill patients and increased responsibility. She expressed doubts about her knowledge and experience as she anticipated the move to more complex areas of the department:

...But now what's going to happen probably relatively soon is I'm going to be moved into the chest pain room, so that's the cardiac monitored beds and I think that that will be a new set of anxiety and I don't feel as though I'm equipped to deal with this and I'm hoping that I get a good orientation in that sense. Because I mean they do start you off in the lower areas, like I work in our fast track area so that's just like a doctor's office essentially. People come in and they're seen very quickly by a nurse practitioner or doctor so that's IV antibiotics and stuff like this and I've gotten quicker with all those things and I now understand how long this drug goes over and what its diluted in and all that kind of stuff. But once I get moved up further in the emergency room it will get more difficult.

Even as she was presented with more clinical responsibility, this participant still doubted her abilities to deal with increasing complexity in patient care. She continued to feel hesitant about certain aspects of ED nursing. At that point in time, her supervisor agreed that perhaps she was not quite ready for the increased responsibility. She stated:

Actually when I went in today my name was written on the board to be in the recovery room...and I stood there and I thought I was not allowed to be there without getting my ACLS [Advanced Cardiac Life Support] and being mentored...and one of the nurses looked at me and said "no, you can do that." And I looked at her and that's when I knew I'm not ready, mentally prepared anyways to go in there yet. And I had to go to the charge nurse and say I'm not ready.

Identifying and Proving Oneself as an ED Nurse

The doubts participants expressed about becoming ED nurses often led to feelings of wanting to prove themselves as competent in the ED even with their relative inexperience. One participant felt she could prove herself as competent by acting calm and collected in situations:

I wouldn't really say scared but more of a hesitation; because as a new grad you feel like you want to prove yourself to everyone else kind of thing, so you don't

want to start freaking out over someone that everyone else with experience thinks is normal everyday kind of stuff.

This novice nurse felt there was a fine line between wanting to prove herself as a novice nurse and pretending she already knew everything about ED nursing. She was trying to figure out how to balance this:

It's kind of weird because it's kind of a mix because you want to be able to prove yourself and be like "I deserve to be here even though I don't have any nursing experience." But you also don't want to be to the point "I already know everything I've got all these skills" [because] you don't. That's also not going to be well received and it's going to end up with me messing up too if I try and act like I know everything because in emerg[ency] I definitely don't...like you want to show that you got hired for a reason and that you can nurse just as well as someone else even though you don't have that much more experience.

One participant felt it was evident on the faces of her colleagues that they may have their own doubts about her abilities as a new graduate in the ED. However, once she got to know her colleagues better she sensed their initial doubts about her new graduate status had dissipated:

And I don't like telling people I'm a new grad so I avoid it if I can. Not that I'm not proud of it but I want to be able to prove to people how I am as a nurse before they know I'm a new grad so that they don't judge me immediately on the fact that I'm a new grad. It always makes me laugh when people say, "where are you from?" and I say "well actually I'm a new grad. And their facial expressions always make me laugh because you can tell that they're hesitant about it. They'll be like "oh, that's nice", its like "ya you don't trust me"...Those people, there's only a few people that react that way and I've worked with them a lot since and we've built relationships too. So I don't know if they actually did judge me at that point but they don't now.

This novice nurse also expressed doubts about how patients would feel about her being a new graduate working in the ED and because of this she did not identify herself as a new graduate in patient interactions. She felt as though they would not trust her nursing abilities if they knew of her limited experience:

Because you never want to tell someone that I actually just graduated and have only been on my own for a month and a half. No one wants to hear that ever. So I usually just say around a year. [Beccause] people can tell I'm young because I look young. So it's one of those things that I never really want to tell people the truth but obviously I'm not going to lie to them either. [Because] no matter how good a job that I do, if they find out how young I am and how little experience I have, their trust will automatically, no matter what, will go down even just a little bit...it will go down just from knowing my experience.

Overall, it seemed as though how the participants felt their colleagues or patients perceived them played a significant role in contributing to the doubts they had about being an ED nurse. The fact that the participants may have felt like they had to prove themselves as novice nurses in the ED could have actually led to their improved performance in the workplace as they strove to meet the challenges and demands they were presented with and show that they were capable of nursing in the complex ED environment. *Doubling oneself as an ED nurse* illustrates the hesitations participants expressed about becoming ED nurses and speaks to the feelings of having to prove oneself as competent in the challenging ED environment.

Importance of a Supportive Orientation

Orientation is often the first exposure to the ED for novice nurses and it is intended to provide a solid foundation for future ED practice. When orientation plans for novice nurses are developed it is important to consider that novice nurses have little prior nursing experience when they begin their ED nursing practice. A positive and supportive orientation developed with learning needs in mind can provide a good beginning to a novice nurse in the ED; while an orientation that is lacking important components or is not tailored to the specific needs of novice nurses could leave some novice nurses unsure and ill-prepared. In the present study, all participants reflected upon their orientations to

the ED and it was evident that this was an important topic. Participants shared ways they felt their orientation could have been improved and better supported. The theme *Importance of a supportive orientation* consists of two subthemes: *Identifying areas of orientation needing improvement* and; *Having common ground: The importance of sharing the experience with another novice nurse.*

Identifying Areas of Orientation Needing Improvement

All participants identified areas of their orientation to the ED needing improvement and they provided suggestions regarding how their orientation to the ED could have been improved. Participants stated that a longer orientation time with multiple preceptors, more formal and informal feedback, and an orientation more tailored to individual needs of the novice nurse would be beneficial.

One participant felt that her orientation should have been longer. She believed that because the ED is such a diverse place where a variety of patient conditions are seen, novice nurses would benefit from having more than one preceptor and learning different ways of doing things from each of them:

I think I could have had a little bit of a longer orientation.... I mean you could be on orientation forever and still not see everything. So I understand you have to be on your own eventually but maybe just slightly a longer orientation and maybe have mixed it up with a few different staff. ...because everybody has different ways of doing things so it's nice to pick up different things from different people...Maybe two or three different people...first of all its going to teach you how to work with different people because in the ER you shouldn't say "I want that consistency of one preceptor" because there's no such thing as consistency in the ER... it would have been nice to see how other people do it. There are things that he [preceptor] didn't do that when I started on my own I would have people come up to me, "why didn't you do this?" I didn't know I had to, because my preceptor didn't do that.

Another participant felt that her orientation could have been better supported if she had received more formal and informal feedback. She believed that her knowledge should have been assessed throughout the orientation process rather than just at the end. While she acknowledged that the front-line nurses who were her preceptors were aware of how she was progressing throughout her orientation, she would have appreciated more formal feedback from her unit manager or clinical educator. She continued to look for positive reassurance once her orientation was completed and she was practicing on her own but she received little in the form of feedback. Ensuring that novice nurses are provided with formal and informal feedback is another important component of a supportive orientation:

I also feel as though if we had more feedback as to how we're doing. I don't get insulted when I'm told that I've done something wrong. I want to know these things. I want to know if I could improve upon this skill or this educational type thing. I want to be told these things. I also would like to be tested more. And kind of continuously maybe throughout orientation. Don't just give me the fifteen minute test that I studied for and then put me on the unit for eight weeks and then I'm done. I'd rather be...assess my knowledge at the end of it too, at the end of the eight week orientation and then providing feedback throughout as to what I could improve on, or what I'm doing well or what I need to continue to be doing.

This participant was looking for formal feedback but she also appreciated the informal feedback received from her coworkers:

You always want to hear it [feedback] from the top people, the manager and the charge nurses. But of course they're not always necessarily the ones that see you performing. I mean they could be the ones that are testing you or at least sit down with you and see how you're doing. Co-workers I guess in addition to your managers and your clinical educators and your charge nurses. And for the most part some co-workers did...[because] I was assigned to someone different all the time during orientation and at the end of the day some of them would say "you did a really good job on this and this and this, tomorrow maybe we'll improve on this", that kind of thing and its appreciated.

She continued to seek out feedback from others even after her orientation period had ended:

And even now as a new graduate it would be nice to know if I'm still doing well or things that I could improve on even though the eight weeks is up and I've been out for five months. Before they stick me in a recovery or resuscitative room I'd like to be knowing how I'm doing at this point and what I could improve on and then as I go onto another room still that continuous feedback.

Novice nurses who are beginning their nursing practice in the ED have different learning needs than those of their peers who may have a few years or many years of prior nursing experience when they start out in the ED. One participant's orientation consisted of classroom time, which was shared with nurses who had prior ED experience and were just transitioning from a different facility. For her, orientation could have been better supported if it was more specifically tailored to her needs as a novice nurse. She spoke of how she and another new nurse went home at night and tried to understand what was taught to them in the classroom:

It was thorough in the power points, it was thorough in the notes, it was quick though because where it was so much that they had to cover in such a short period of time, I think it was only five days of classroom orientation, and where most people knew it and a lot of them were even coming from emergencies around the province. So it was just jot as fast as you could, and everyone else understood it and then we moved onto the next thing. And myself and the other new graduate, who is a good friend of mine we kind of had to go home in the evenings and muck it out together and come back with questions. But the educator who did the orientation, it's not that she forgot about us, it's just that we didn't verbalize it necessarily that we weren't quite getting it.

She admitted that she and the other new graduate were hesitant to speak up during the classroom sessions if they did not understand something, as experienced nurses intimidated them. For her, learning occurred best in the clinical aspect of orientation as

opposed to the classroom. A separate and lengthier classroom session for novice nurses would have better supported her orientation and learning needs:

I've definitely learnt more in practice than I did in the classroom because during our classroom orientation, which was still good, it was still a week long, there was eight of us orientating and only two of us were new graduates and several of the nurses there had either ICU experience or previous emergency room experience so things were done quickly. Things were, I wouldn't say they were brushed upon, but when the other six people at the table say "got it" two new graduates aren't going to be as likely to speak up and say well "no I've never looked at this heart rhythm or I've never taken care of a patient with this head trauma." It was a lot. And I'm still learning a lot.

She further stated:

I think it could have been improved...with the classroom more tailored to new graduates in the sense that we were starting off with very minimal knowledge compared to other nurses who are orientating. I think that could have been improved. I think that a longer orientation to be quite honest.

Another participant felt that orientation should not only be tailored to novice nurses, but that individual learning needs should be taken into consideration:

I'm only the second new grad to be hired in emerg at----and they should have told me that they have no idea, like they were making a plan for me, but the first new grad they had, their orientation was kind of screwed up with how they had it all planned out...was a lot longer than mine was because they didn't know what they were doing. So for new grads they don't really have a plan that much. They don't have a set orientation so for me they were kind of making it up as they go along. And I think that in terms of new grad for orientation it really depends on the person...their experience and who they are as a nurse. It's hard to set a general orientation plan for a new grad because it depends on the person.

One participant was very specific with regards to how her orientation could have been improved and better supported, specifically more exposure to triaging patients:

Even though I don't do triage yet, I think spending time in triage would be helpful. I've never done a triage shift ever...Not that I want to work in triage right now or anything but I think it would be good to go out there. I think if I'd have done that in orientation, not with the expectation I'd be working out there; but to kind of help understanding of the CTAS [Canadian Triage Acuity Score] process

and managing a waiting room full of people. If you can do that you can do lots of stuff. So that would have been helpful.

However, despite that most participants identified areas needing improvement, one participant identified aspects of the orientation that were effective, further supporting the suggestions of others. This participant had many positive comments about how her learning was supported as she transitioned to the ED. Initially, she spent a few days with different nurses thus providing exposure to various roles in the ED. She found that this was a good beginning and overview of how the department functioned:

What worked well for me is my first week of orientation instead of just going right in with a preceptor I did a week of just...one day I went with the charge nurse and one day I went with triage and then for three days I spent alone with the educator and I really enjoyed that because I'd never even done a clinical in the ER, I'd done nothing in the ER so the whole department was totally foreign to me. It was nice to do that general overview and understand how the department works a little bit before I start working so that was definitely a good thing about orientation.

She also found that having the ED educator check in on her on a regular basis was beneficial and further supported her orientation:

I found our educator, she's really helpful. I don't really talk to her much now but when I first started she would come up to me when I was working and ask me how it was going and asked me if I had any questions or concerns which is really helpful. I didn't really tell her much but it was just nice to have somebody checking in on you.

Having Common Ground: The Importance of Sharing the Experience with Another Novice Nurse

Two participants discussed the value of sharing their experiences with other novice nurses as a means of further supporting their orientation. One of these participants was the only novice nurse completing orientation in her ED and did not have another

novice nurse to talk to. She believed she could have been better supported during orientation by having the opportunity to share her experiences with another novice nurse:

Just someone to talk to. Because you know it's stressful I think when you start any nursing job let alone something in emergency. It would have been nice to chat with someone who's also doing it with me...but I was one of few in my class and I didn't talk to anyone else who... I didn't know anyone else new in emergency..I'm sure emergencies hired other students but I haven't talked to them. I don't know them.

Another participant was fortunate enough to have another novice nurse start in the ED with her and found it beneficial to compare and learn from each other's experiences during orientation. They learned from each other, shared stories of their mistakes and accomplishments and became friends in the process. Having someone to share in her orientation to the ED was a means of further supporting this novice nurse in her learning experiences:

If it's not every day, it's every second day that she calls me and we have to have that rant over the phone or that "this crazy thing happened". I mean we're still respecting client confidentiality boundaries and stuff like that but it's nice to know that you're not the only new person who's experiencing this and we completely mirror each other in our...the issues that we're having, the pros and the cons, everything we mirror each other even know we're at two different sites. So that might be an idea if there was some kind of support group for new graduates. I mean really every area, I'm sure the girls up on medicine, surgery, all that, they're having their own stresses and I'm sure that they would benefit the same way we would.

She also stated:

...we've had those moments, and we have made our mistakes...I'm someone who is very diligent and cautious and double checking and triple checking and all that stuff and I had my first medication error and I thought that it was the end of the world. And everyone assured me that it was something that happened to a lot of people and it wasn't that big of a deal. But it wasn't until I was able to go home that evening and call up my friend who works in the ED and explain to her what happened and then she can say "oh my god I can completely understand how you could do that", not just from the older senior nurses who've been there ten years

just to see it from...and then she shared with me something that had happened to her that day. "I did this thing and I shouldn't have"...so...we kind of benefit from each other's mistakes and she's done things that now when I go to do it downstairs I'm like oh right "[Nurse], she did this before" and I was just about to go do something similar and interpret something wrong or whatever. And we've learned from each other. She's a best friend too so it's good that way.

Orientation was an important area of discussion for the novice nurse participants and rightly so as orientation is the foundation to beginning nursing practice in a new area. Study participants spoke about the ways in which their orientations were well supported or could have been improved. These are important implications for those who develop orientation programs, as they must take into account the learning needs of novice nurses in the ED who have little prior nursing experience.

Learning Through Practice

The theme *Learning through practice* was identified from the nurses' stories of their experiences of being a novice nurse in the ED. It was evident that learning through practice was a vital component of becoming a competent and skilled ED nurse. All of the participants recognized that many dimensions of ED nursing could not simply just be read about in a textbook or taught by a preceptor but had to be experienced through a variety of different personal encounters.

The theme *Learning through practice* consists of six subthemes: *Integrating practice with knowledge; Learning the complexities of prioritizing care; Learning to communicate effectively; Dealing with it and getting through it; Becoming my own nurse; and Learning to work as part of a team.*

Integrating Practice with Knowledge

Integrating the nursing knowledge learned over four years of undergraduate schooling with nursing practice in a busy ED is a skill that may take significant time for novice nurses to develop. Some of the participants found ED nursing practice to be quite different than what they were exposed to in nursing school and most were beginning to understand how important learning on the job was to becoming a competent ED nurse. When speaking with the participant quoted below it was evident she came to the realization that experiential learning coupled with background knowledge was essential to developing ED nursing practice:

I would say experience is huge in learning to work in emerg[ency]. You can read about it all you want. My assessment skills have improved ten fold I would say. Initially like in nursing school, you put your stethoscope on for heart sounds and yep I heard them... but I feel like I can assess that and things like quality of the chest pain: where it is, down the arm, in the jaw...you read that in the book but no, once you really see it you know that these people really do have jaw pain, big ST elevation and you know they're sick and going over to PCI [Percutaneous Coronary Intervention]. You can spot those ones rather than the people who say, "you know I had chest pain for ten minutes and it was sharp and got worse when I took a deep breath but its gone." You really figure out just from experience. I think experience is really everything...

Some of the novice nurses expressed the fact that actually practicing as an RN was very different from their clinical experiences in nursing school or what they had read in textbooks or been taught by professors. One participant even suggested that perhaps nursing students should be taught how things are done in actual nursing practice, as this could be a more efficient way of performing skills than what is portrayed in textbooks:

Like it gets to the point where I can't even think of a specific thing because pretty much everything I've relearned as an actual nurse versus in school. There's a couple little things about stuff that I'm like "oh ya this has to be done with sterile water, this has to be done like that," but for the most part major skills and procedures it's completely the way that I learned how to do it from my mentors. It

all makes sense and follows policy and procedure and aseptic and all that stuff but it's not necessarily the way I was taught in school at all.

She also stated:

I even found going from clinical practice in school like second and third year and then going up on a two or three week clinical rotation it was like night and day. I appreciated Potter and Perry and the way that we were taught but I almost felt like it would be better if in the lab situations we were taught to do it "Potter and Perry way" and then our instructors would say "but on the floors this is another way that they do it." It's not the way that's recommended but it's just as effective and efficient and safe and so on...it's just simple little things, it's just tricks, it's things to...that are still completely procedural completely sterile, all these things but it shortens time, makes things more effective.

Since leaving nursing school one novice nurse believed there was some disconnect between nursing knowledge and practice. While she recognized the importance of background nursing knowledge, she may have at times been struggling to implement it into her nursing practice. For her, the hands-on learning had occurred in the workplace:

[Because] I kind of realized once I've left school, just from talking to the professors, especially when I was in fourth year when you had a lot of fourth year instructors for classes who were teaching labs to the first years and they would straight up tell you "I haven't put a catheter in in ten years and I'm going to teach a bunch of first years how to do it." So it kind of makes you realize a lot of stuff you get a lot of the theory but a lot of your professors don't have the practice because they're not actively practicing. So I think there is a disconnect in some regard. All the theory is really great but you're not really going to learn how to do it in the lab from people who may not have necessarily done that skill very often. The real hands on you're going to learn how to do it is in the workplace. You definitely need all that theory but it doesn't necessarily mean that exact theory is how you're going to do it, not just that it is easier or more convenient but it's just not always practical or safe even in some cases.

One participant expressed how she integrated on the job learning with her background knowledge. For her, the learning did not stop when she finished her shift at the end of the day in a busy ED:

Patients come in on all these different types of drugs and all these different types of medical conditions and even if I had brushed upon it in nursing school anatomy and physiology or pathophysiology in year one or year two I don't remember it and there's no one around at that given moment to say, "oh what is Addison's disease again, and what is... all these different drugs?" When I was there on orientation I used to carry around a notepad and I would jot down the things I didn't understand and then go home in the evenings and spend time, I would end up looking it up on my own. I know that if there was time that they would take you aside and teach you and a lot of them aren't afraid to say that they don't know either and then it kind of spurs them on to then go look it up.

Learning the Complexities of Prioritizing Care

Learning to gather the necessary information to plan a patient's care in the ED and then prioritize this care can often present a challenge for a novice nurse especially as care priorities may evolve over time as a patient's condition changes. A novice nurse may find the task of caring for multiple patients who have changing care needs to be quite overwhelming. Developing the skills necessary to prioritize care for patients in the ED is a part of learning through practice. One participant stated:

I don't know how I cope with it.... It's all about prioritizing and I just tell myself well you had to prioritize; this was more important than doing that. ...I have a patient who has been down there for twenty four hours and has been laying on the stretcher and really needs to be washed up or has an ulcer that needs to be dressed; but in the bed next to them I have somebody who just came in with chest pain and there first trop[onin] was positive I have to get all these meds started on them... well that's more important so you really have to prioritize so I just tell myself, "you did what you could". You've got to do what's the most important. And I see some nurses that I feel like don't have very good organization skills and I mean the newer ones too and they'll be in a room doing a dressing or something when there's something going on that's a lot more acute and they need to be here. And I just vow...I'm always picking up things that other people do. Not picking other people apart by any means but it's almost a reminder, "ok if that was me I would come out and that dressing is not as important as this seizure or whatever.

She also stated:

When I was brand new, sorting through what it is really emergent serious chest pain and what is chest pain that is not likely going to kill you right now type of thing was hard for me because you'd heard people come in with chest pain and to

me all chest pain was really bad and initially I'd get kind of anxious. But as time goes on I've kind of learned what is important; what's not; what's bad; what's not.

This participant also spoke about how she consulted with a physician about a patient she thought required immediate attention but then learned from the physician that the patient's condition was not urgent. The physician explained the reason for this to the novice nurse and this was an important learning point for the new nurse. This participant talked about learning to distinguish between what is important and what is not so important in the ED. This is a skill that improves with time and practice as novice nurses learn to care for and prioritize ED patients. This participant further stated:

So there's one situation that I can recall and I mean I was new, I was not wonderful at reading EKGs and not that I'm responsible for interpreting them for any mean but I saw this EKG and I thought "oh my god, that's really bad, they're having a big MI" and so I go to the doctor and he just looks at it and signs it and was like yes ok, "are you sure?" and he's like "its ok" and he explained that ST elevation in every single lead is not going to be. It's probably a baseline or not an MI. And so you know learning like that was important for me and to not get myself all worked up about something like that. We get a lot of chest pain, its kind of a routine patient now, you get their IVs, you get them morphine, some oxygen, and EKG within 10 minutes they're all the same so basically they become easier as time went on.

Recognizing the instability of a patient's condition is an important part of prioritizing care for ED patients. Patients may appear well upon presentation to the ED, but their health can quickly deteriorate. A novice nurse may not have had prior experience of caring for a patient who suddenly becomes unstable. This too is a component of learning through practice. Her first encounter with a stable patient who suddenly deteriorated and eventually passed away was an eye-opening experience for one novice nurse. She also witnessed physicians disagreeing about the appropriate plan of care for the patient:

...we had a patient being transported from ---- [smaller community hospital] who was going to go to the OR who had a triple A [Abdominal Aortic Aneurysm], and I went in with my preceptor at the time who was fabulous, so hands on... teaching everything and the patient was completely stable...Did his vitals the whole bit and he looked at me and said "I don't feel very well." And within five minutes the doctors were there, surgeons were there, ICU was there, the patient's condition just completely deteriorated. It's funny because that's an elegant way of putting it. He was so tachy[cardic], he was one sixty on the monitor, his blood pressure bottomed out to eighties, clearly he was bleeding internally and his triple A had ruptured. It was really overwhelming because the first hour of the shift this sweet little man in the bed had been completely stable joking around the whole bit...and it was a very chaotic experience as well because you had the ED physician actually arguing with the ICU physicians who were arguing with the surgeons who didn't know exactly the right course of action. They were trying to central line the patient while they were trying to get multiple large bore IVs to resuscitate him and he ended up dying. So it was just...I guess that was an experience you can really see how quickly someone can deteriorates.

Performing a thorough patient assessment is another important component of nursing. A patient assessment is used to develop patient care plans and also to prioritize patient care. The assessment of the patient in the ED can present challenges for the novice nurse, as patients may be acutely ill and require medical and nursing interventions on an urgent basis. Completing detailed patient assessments in a timely manner is a skill that improves with practice and may take some time for novice nurses to become competent in. One participant used the word intuitive when discussing the patient assessment, which showed she recognized that intuition does play a role in an ED nurse's assessment. An experienced ED nurse may have a feeling that something is not quite right with a patient just by visually observing him or her. For example, a nurse's intuition signals that a patient may be more critically ill than his or her blood-work results reveal. An ED nurse's intuition is usually the result of many years of ED experience, therefore a novice nurse may not possess much intuition about his or her patient's condition. Intuition is another example of the complexity in caring for a patient in the ED. The above participant also

explained that she found assessment of patients in the ED very different from assessment on a medical floor, as the patients in the ED were more acutely ill. She came to the realization that her patient assessment was very valued by ED physicians and used to determine medical care. She stated:

So I'll come in any given shift and I'm given four patients... But these four patients are more often than not incredibly acutely ill, they all need pain medications and vitals at one time, and different procedures and there has to be a lot of assessment on my part. One of the biggest things I've found and I still find a little overwhelming is that the doctors down there [ED] work so closely side by side with the nurses that they really respect your opinion, they want to know your assessment, they want a thorough assessment. Whereas when I found I was working up on the floors I would go in and I would do my head to toe, vitals, spend twenty minutes writing it down and realizing I'm only writing it down for me, no one is coming to ask me my opinion most of the time unless something has changed in the patient. But I find down there that where everyone is so acutely ill for the most part, you'll always have your people come in and there's nothing wrong with them in the end but that you have to be really keen. Really intuitive on your assessment and then be able to relay that back to the doctor and work with them to almost kind of do your plan of action so that's much, much different than up on the floor.

This participant also spoke about the value of the nurses' assessment of the patient in the ED in determining initial care for a patient. She talked about how she found this challenging as a new graduate and used the example of reading EKGs. Novice nurses may not feel like they have as much knowledge as their experienced colleagues for collaborating with physicians on patient care plans but this too comes with practice and experience:

I do [feel like my assessment and skills are respected]. And even now I feel as though I'm not that good at it. And I've often second-guessed myself and if I do find something abnormal I usually will go to one of the senior staff that I trust and say to them. And they'll come out and have a look and then if they say that I'm correct in whatever lung assessment, or when we're looking at a cardiogram, which is something that we're not taught in school, if I'm correct then I'll go back to the doctor... Most of the doctors very, very much want to know what you think, what is wrong with the patient. Especially when it comes back to their lab work

and findings. The patients get blood work drawn...sorry we also have all these advanced medical directives so it could be an hour before a patient is even seen by a doctor. We're choosing the test for them, we're basing our assessment on what we're going to do for that patient, what type of blood work to draw, what type of things to order, all these types of things, we're the ones that get the ECGs first, we're the ones that have to read them and then go to doctor and say "this is a new onset of atrial fib. This is a SVT... This is a..." and that's something I find really challenging as a new graduate.

Learning to Communicate Effectively

It is imperative that nurses are adept in communicating well with patients, their families and other members of the interdisciplinary hospital team responsible for patient care. The development of effective communication skills is a central piece of ED nursing and a critical component of interdisciplinary care. The ED may be a challenging place for the novice nurse who may feel that his or her communication skills are not as effective as those of his or her expert peers. ED patients and their families are often stressed due to the uncertainty of an illness or long wait times and this can make communication more complicated and stressful for the novice ED nurse. The art of effective communication is a skill that is learned through practice.

Despite being a novice nurse, one participant appeared to have developed her own approach to communication with regards to difficult situations in the ED. By experiencing different patient encounters, she has learned through practice what communication skills work best in a particular situation. In past encounters she admitted she may have taken a more passive approach but has learned through her experiences that an assertive and reassuring approach may be more effective when dealing with upset patients and their family members:

I've had a lot of angry family members. Which I expected it to bother me more but it really does not bother me whatsoever. Because I feel like once you deal with

one angry family member and you learn the right things to say to calm them down and get them to realize what's going on, it's fine after that. I had someone who was really upset [a patient's family member]...they could not understand the system of the wait time and how people are assessed...I found my best way to deal with family members is to try and explain it and how it works. And if they don't get that and just get angry then just completely abandon that and go with something else. To find what will calm them down. For them they could just not understand what it means to be prioritized... just abandon talking about that because they did not get it and they were just getting riled up and angry. So it was more so just saying "look I'm doing everything I can, I will remind them when I see them that you're here and waiting. We're monitoring you, these are the things we've done for you already, we're not going to let your family member die."

One participant used the word "backbone" to describe developing an assertive approach even though she had a tendency to be more passive in her past communications:

I think the biggest thing is learning to have a backbone. Because I don't let people walk all over me but I'm generally pretty passive. A lot of people...I have mentioned this earlier...I work with ...you have to tell them they can't do that and you're not going to take it. In that regard, I haven't had years of abuse from families so it doesn't matter to me, it hasn't gotten old yet.

She also used the term "abuse" when speaking about communicating with patients and their families:

I mean I've definitely gotten a lot of abuse from families before but like I said in a short amount of time when you deal with so many families you learn how to turn them around really quick.

When asked to clarify what she meant by the term abuse, she stated:

[I consider abuse to be] When people will blame you for the situation and what's going on when it's out of your power. And just like the comments they make, the tone they use on you. It's inappropriate and it just makes you not feel good [because] it's out of my control, "you don't have to be rude to me" kind of thing.

This novice nurse spoke about a time when she ignored a family member who was causing her some difficulty and focused her attention on the patient. The following quote provides an example of how this participant is learning through practice to communicate effectively and take different approaches depending on the situation.

...I had a girl who had renal colic and she was nice. They'd been waiting for a while, they'd been out in the ambulance hallway for a while and she was like fine. But he [patient's family member] was just rolling his eyes and scoffing at things I would say...they're already angry because they've been waiting forever and it's inappropriate; it's not going to speed up the medical care at all. If anything it's going to make me want to ignore them more. But in that case I just ignored him and talked to her. If he wants to scoff me its fine but she's the patient and she's in a good mood so I'm going to focus on her instead.

Patients and their loved ones may experience life-changing situations in the ED such as the loss of a family member or seeing life-saving medical interventions being performed. Nurses are part of this experience and may be there to provide support. Providing support to patients and families in difficult times is a skill that requires effective communication and may be difficult for the novice nurse who has not had many of these encounters. These skills are developed one difficult experience at a time and this is something that cannot be learned solely from a textbook. One participant recalled how she supported a patient's family member during a cardiac arrest and from this encounter recognized the importance of what is verbalized to a patient or family member:

We had a very old lady. She was almost 90. And she came in in respiratory arrest. She was basically actively dying. The granddaughter wanted everything to be done. She didn't want to make the decision you know, do not resuscitate. She didn't . She was there but she didn't want to have to make that decision. So it happened that [the patient] got a few chest compressions and she subsequently did die. But [the granddaughter] stayed the whole time and it was my job to stay in there and talk to her. I explained to her what was happening...She asked a lot of questions about what was happening and she was obviously distraught and worried and wasn't very health literate. She didn't know a lot about what things did...So really communicating with her and making things as clear as I could in that stressful situation because I know whatever I said had to make sense to her because she was having a hard time taking information in in the first place. So that situation I really really learned how to think about what I'm saying and what that means to the family member or the patient and make it as clear and concise. It took me a lot of brain power to explain everything that was going on with her. I really had to think about it. About what words to use...You know but I had to think about what I was saying to make her understand. It took an effort for sure.

Another dimension of ED nursing is trying to determine why a patient has presented to the ED. This is achieved through triage and assessment and asking questions in an attempt to dispel the mystery of what may be causing the patient difficulty. This is often difficult for the novice ED nurse. It is important that ED nurses learn to help patients tell their story and this is a skill that is only developed by practice:

It's not just me that has to be concise, it's the patient who has to tell me clearly what's wrong. It's not that I cut them off but you have to really pull out of them what's the problem today. 'You've have this pain for six months. What made it different today that you're here in the emergency department?' Important questions like that. So I've learned questioning is important. 'Why am I asking this?' 'Is it going to affect the care provided?' ...And so learning what's important, what's not has been big for me...how to tactfully and gracefully put an end to [a]conversation and step out has been a real skill for me because I didn't have to do that before.

This participant has taken some time to reflect on her practice and think about why she may be asking a particular question when attempting to dispel the mystery of why someone has presented to the ED. In stating this, it was evident that she was learning to communicate effectively by practicing these skills and reflecting back upon on what she may have said or did:

I've done a lot about thinking about what I'm asking people and thinking why I am asking that, "is that really that important, like who cares?" You have to, like I said early on, what's important, what's not, what are we going to talk about right now.

Developing the confidence to advocate for yourself and your patients as a novice nurse is an important part of communicating effectively and one that may take some time to develop. A novice nurse may not feel overly confident about his or her ED nursing practice in general and may fear he or she is doing something wrong, or might not be taken seriously by a senior colleague. One participant explained how she had to be

confident enough to tell her charge nurse she could not comfortably handle a particular patient assignment:

But one patient in particular that I remember it was like we didn't know what was wrong with him, the doctor looked at him and put questionable COPD [Chronic Obstructive Pulmonary Disease], questionable MI [Myocardial Infarction], questionable pneumonia. It was just like he had this vague chest pain and all his blood work was out of whack and he was ok, fairly stable and then as my shift went on he started to become confused and his [oxygen] sat[uration]s were dropping and I was just crazy busy, it was a really busy night and there was no beds over on the majors side and I was very nervous. I wasn't used to caring for that and there just wasn't the people around that normally are around when something like that comes up so I had to become really confident all of a sudden and tell that charge nurse I can't handle this person, you have to get the on the majors side. I think he ended up going on Bi-pap and going to the ICU, so it definitely makes me nervous and some shifts are better than others, some shifts I seem to be more focused for some reason and I'm really able to handle it. Then other shifts I could be exhausted or I could have dealt with something really stressful and then taken this patient and I'm not as focused so it's harder I find.

She verbalized the importance of self-advocacy when realizing that a patient's care may be too complex for her experience level:

...one thing I'm learning now that I sort of have the department down and stuff... I've had my orientation and I'm kind of getting comfortable is that you just really have to be like... you can't be shy...you have to speak out. I mean a lot of times the charge nurses are great and they know what are patients like, they know your load and other times they get busy and they sort of don't realize that you're drowning, so you have to speak up. That's what I've learned recently.

This novice nurse recalled feeling nervous when first starting in the ED, especially because she had not taken a specialized ED nursing course. She then stated she became more comfortable over time being vocal and advocating for the patient. This statement provided an explicit example of how, over time, novice nurses develop effective communication skills:

I'd say at first I was very nervous because I didn't have the emergency course and I didn't know if I'd do the right thing, but the good thing is we have a minors side and a majors side and I still only work on the minors side. So as I got more

comfortable working I'm a lot more vocal about being...like if I don't think a patient should be...you know if I see an EKG and it's really bad I send them off to the majors side.

Dealing With It and Getting Through It

All of the novice nurses that were interviewed spoke about learning to deal with feelings of intimidation, having bad experiences, making mistakes, and feeling overwhelmed, as well as how they had now moved past these tough times. In essence they were learning how to deal with difficult situations in the ED and get through them. This is another component of learning through practice and is not something that can be read or taught. There are different ways that the novice nurses interviewed chose to cope with the fear of intimidation in difficult situations. Internalizing and reflecting upon past encounters in the ED helped some participants deal with experiences that were perceived as overwhelming. Others sought out support from their colleagues to get through a difficult time and continue on with their nursing practice.

One participant spoke about how in the beginning, she would often go home and cry after her shift but went on to say she has since learned to cope better with some of the work experiences. She mentioned that learning to deal with the emotions that may arise from difficult experiences in the ED is something novice nurses must deal with and get through:

I just remember my first couple of weeks going home every shift...not to make it sound awful... but I would cry...because I wasn't used to it... I would go in and there would be a resus[itation]. And somebody would die and I'd come back out and there's someone who just overdosed and I was just so overwhelmed because you see so much within one shift and...you can't really prepare yourself for it and I would come home and I was just so cranky everyday. I feel bad for my boyfriend because I was a mess the first few weeks and I really didn't think I was going to stay and then it all turned around. It's a lot better now, it's still hard but I

feel like I cope with it a lot better. I feel like I'm better at... I don't take things home with me if something happens at work and if it's really sad I like to talk about it with my coworkers and then come home and leave it... not talk about it at home because it's hard to. So just learning all that on top of learning everything else in the department. It's definitely a big learning curve.

Although improving, learning to overcome feelings of intimidation and being able to advocate on behalf of patients was difficult for one novice nurse. She reflected that she was probably not doing this as best as she would have preferred when starting out in the ED. In the example she provided, she referred to being intimidated by physicians. She believed the process of overcoming her feelings of intimidation to be most difficult because it is not something that can be learned from a textbook; it only comes with experience. A novice nurse cannot simply be told what to feel or how to respond in different situations:

The hardest for me out of everything isn't so much the actual nursing care, the actual things, because everything is learnable. Even if I get a new patient with this med I never gave before its pretty simple to look it up or to ask somebody. So it's more sometimes I'm really intimidated by some of the doctors or certain people. So I think that was the hardest thing for me is knowing... advocating for my patients sometimes. I probably didn't do the best of it when I first started and probably not even now because I'm literally intimidated; but then other doctors I get along great with and I feel comfortable to say anything to them if I think they're doing something wrong, not wrong... I have no problem saying to them and we have a great... but then other doctors just their personalities... Ya, I think it's definitely a personality thing. I see myself every week getting better at it. I'm not a super authoritative person by nature. I'm kind of easygoing so it's probably going to be hard for me no matter where I work. But its definitely a personality thing, some of the doctors are ...it's not that they're not nice and I don't mind talking to them, I'm not terrified to talk to them but there's certain things I'm scared to say or bring up to them because I don't know if they take me seriously enough or if they...

This participant provided an example of when she wanted to advocate on a patient's behalf to a physician and did so, but her suggestion was poorly received. In this instance the nurse in charge stepped in to support her. This novice nurse dealt with the

situation and got through it with the help of an experienced colleague. Perhaps with this experience behind her she would feel more comfortable advocating on a patient's behalf to this same physician in another situation:

There was a lady who came in and she'd been abused by her husband and she basically came in to get checked over to make sure she didn't have anything broken... she was really I felt like mentally unstable. It was a Saturday so we didn't have social work or anything on. So I was like trying to bring up to the doctor... "so do you think we should do some follow-up, some sort of social work or something with her?"...and the doctor was looking at me like I had ten heads. He was like "we don't have social work here, its Saturday night." Just sort of acted like I was so stupid. "I realize there's no social worker here...right now but can we do an outpatient something, refer her somewhere, anything?"...And he just wasn't interested...I was lucky enough that the charge nurse was sitting right there eavesdropping and she sort of stepped in, explained what I meant...I think it's more just getting my confidence up and understanding that if a doctor is outspoken then he's outspoken to everyone and not just to me.

This participant also initially felt uncomfortable advocating for herself to her colleagues. The example she provided was related to a patient assignment she did not feel she was capable of handling. When looking back on the situation, she reflected on how nervous she was at the time. But now with experience and practice behind her, she feels more comfortable in such situations. As a novice nurse in the situation she had no choice but to deal with it and get through it:

I think it's all about getting comfortable with your coworkers. When I was brand new and first started on my own I didn't even know anyone, I didn't meet everyone. It's a huge staff and one of my first nights on my own I remember the charge nurse put a post tonsillectomy bleed in my bed. Which she wasn't that bad, she wasn't bleeding extremely bad but those have the potential to go really bad really fast and I never had a patient with a post tonsillectomy bleed before at all because I came from a medical unit and we didn't have anything like that. She was like "I'm going to put this person in your bed. It has the potential to go bad really fast so you really have to watch her." And I was like "should she be on this side?" I didn't know. And she's like "well ya we'll just move her over if she starts to hemorrhage or anything." And I was freaking out, that was one of my first shifts. I was like "ok". I remember I was just really stressed out and so nervous and I couldn't get blood from her because I was so nervous. Looking back now

I'm way more confident and I know all the charge nurses now and I know all the nurses I work with so I'd be way more comfortable but the first couple of weeks were rough.

The following quote is particularly enlightening with regards to how novice nurses are affected by negative encounters with their colleagues or patients. The participant continued to speak at length about "developing a thick skin" and how she tried not to let things bother her too much. While this was her approach to dealing with it and getting through it, this might be different for another novice nurse. While she admitted to "holding it together" at times, she has learned "not to let things bother her":

No, not really, I don't think about it [thinking about things that happened at work when you are home]. I think you need to in emerg[ency], because people yell at you all the time. That's why I think a lot of new grads couldn't survive in emerg[ency] either. It's not always a happy healing place where you have people for three months and you see them get better and they leave with smiles and come back and give you chocolate. A lot of people have terrible experiences in emerg[ency] and you will get destroyed if you let everything bother you. You have to take all the stuff that happens. Especially with the frequent flyers. They will destroy you. There is one frequent flyer that comes in all the time...I've had her four times before, its exhausting, but she leaves and its like "that's the last thing I'm going to think of when I'm home, just get over it." I always did that. Which I think is one of the reasons I am still surviving in emerg[ency]. You have to be able to take people even if its your coworkers, people get cranky and angry and snippy that work in emerg[ency] all the time too and you just need to be able to have a thick enough skin to not take stuff personally and not think about afterwards which I think it hard for a lot of new grads because you're still unsteady on your feet and unsure bout yourself. You kind of need that support and positive reinforcement which isn't always possible in emerg[ency] so you need to be not necessarily confident enough but secure enough that you're not going to have a breakdown in the middle of the department. Don't get me wrong, I've had days where I've been like garbage because of something but you just hold it together.

One participant told of an experience she had in which a colleague actually yelled at her in front of a patient to put on gloves. She recalled feeling scared of that particular nurse. She dealt with it and got through it by internalizing the incident and coming to the

realization that it was not her issue but rather the other nurse's personality that was at fault. She remarked that generally she has had more positive experiences than negative experiences with her colleagues. However, she did learn from this negative experience and is now always reminded of it when she is putting gloves on to start an intravenous (IV):

...I can think of one [encounter] that was sort of negative but it was when I ... was still orientating and...one of the other RNs had a really sick guy come in on the majors side. She's like 'oh come in and help me' and there was three or four of us in there because I think he had a stroke and we were trying to get a line [IV] on him and all that stuff...I went to one arm to try and get a line [IV] and I couldn't feel his veins at all. I always wear gloves but I had ripped my fingertip out a bit so I could feel a bit better and it was in front of the doctor and a bunch of nurses and she [other nurse] yelled at me "you don't do that, you could get diseases"...but yet the other nurses weren't even wearing gloves and she obviously wouldn't say anything to them. I remember she was really hard on me and there was something else I was doing that I didn't think I was doing that wrong... she... sort of yelled at me. But you get really strong personalities in the ER so I didn't really take it to heart. Either deep down she's trying to test me or trying to help me. That was probably the first time I'd met her and I haven't worked with her since because our rotations are totally opposite but I definitely got a little bit scared every time I see her...it's probably just her personality and I didn't really take it to heart and nobody else seemed to notice to mind her. It's just her....I kind of gave a negative example but it's usually [positive experiences]... that's the really only time the negative thing but I just remember that a lot, every time I put gloves on to start an IV I think about it.

Another novice nurse told a lengthy story about something that changed her nursing career. When she was an inexperienced nurse in the ED she failed to complete an important part of an assessment that impacted her patient's care. She made an assumption that the physician had taken care of something but did not outright ask him. It appeared that she had spent significant time reflecting upon the situation. One of the ways that helped her get through this difficult encounter and better deal with it was by confiding in a colleague about the incident. This is the story she told:

It was a young mother she had a two-year-old baby and she was I think 17 weeks pregnant and of course less than 20 weeks come to our emergency department. They don't have to go to the Children's/Maternity hospital. Emergency health services had brought her in and they had delivered a still-born 17 week old fetus, baby. And but they had not yet delivered the placenta. They told me that in their report... And I got her changed and asked her if she was bleeding but I did not physically look at that point because I knew that he [the physician] was coming right in behind me. She said "no I'm not bleeding right now" so I documented my little assessment on my chart and I had to step out because the physician wanted to come in and do his assessment which he did. And he was in there maybe five minutes, came out, and he said "ok you need to do a really good fundal massage, ok?" And I said "ok". And he said just to prevent the uterus.... you want the uterus to clamp down and prevent bleeding. I went back in and again asked her. I said "are you bleeding?" "No." And I measured the height of the fundus where it is and of course this is not my area of expertise you know I kind of managed my way through maternity in nursing school and that was it. And so I massaged the fundus and it was below the umbilicus and to me it felt firm but goodness I don't know what a boggy uterus feels like. You hear the term in the textbook and I don't know. So that was that. Made sure she had pads, comfortable, like everything I knew how to do but at that point I still did not look. Later I went in and she said she was having some cramping so I said "ok let me see if you're bleeding" and I looked at that point and there was a cord with a clamp on it still hanging there. He [the physician] did not look and he did not deliver that placenta. I mean it was like the worst day of my life. This was 45 minutes to an hour later, I don't know how long it was and I looking back on it I was feeling really bad about the care I had given her. I was feeling horrible. Like awful, awful, awful. You know that I did not, I did not care for her the way I should have. And to make matters worse she didn't speak English so the husband was translating. I chopped it up to poor communication, like I knew the placenta was there. He [the physician] obviously didn't because he didn't bother to look. I should have told him before he went in, that the placenta was there. It was documented on my chart but, does the doctor really read the nurses notes? No. So I mean he came out and he said "I think everything's ok, she needs a fundal massage". I took that at face value thinking well duh, of course you delivered the placenta and I did not confirm that. You would think that that would just be. So the physician didn't give good care either. He didn't even look. I mean someone just delivered a 17- week-old baby and I mean that's traumatic enough for the poor woman. Even now sometimes this is what five months later and I still think about it. Awful. And I mean the feeling of loss for her to lose her baby and then to have these two individuals who didn't look after her. I just could cry thinking about it.

She further stated:

I was intimidated. I got a new physician to come back. I got a different doctor and another nurse to help me. She bled a lot. She was sick. Very sick. It was terrible.

That was probably my worst experience in Emergency. I love my job, I really do and I like to think that I do a good job at it but that day I really didn't. I feel like I was giving terrible care.

This participant admitted she felt too intimidated by the physician to go back and talk to him about what had happened and what could have been done differently:

And I mean our gynecological rooms, both of them are on the minors side so it was part of my assignment that we would get gynecology patients, they can be quite sick. Anyways (sigh) I was intimidated... I'm a three month brand new nurse, what do you do? We should have talked about it, we still haven't and probably never will. That was one experience. That was my worst experience. I hope I don't ever have any like that again.

Even though time had passed between this event and the interview, this novice nurse said she "could still cry thinking about it". This would have forever altered her career and perhaps because of this event she has become a better nurse. Mistakes are often part of learning through practice but it is difficult if these mistakes have a negative outcome on patient care. This is why it is important for the novice nurse to reflect back on experiences and see what could have been done differently. In this case, the novice nurse confided in a colleague about what had happened and rationalized about the factors that complicated the patient's care. These were the coping strategies she used to better deal with the experience and get through it:

I talked to someone who really helped me kind of look at it with a different perspective. I was putting all the onus on myself and I was feeling really bad about what I didn't do...really I mean eventually I did look. I should have looked right away but he [the physician] was coming in right behind me. She said "you would think the physician of all people would be looking for that. I mean she just delivered a baby for heavens sakes"...I know now that I will never ever do that again but it's not right that something like that had to happen for me to. I think there were a lot of complicating factors. It was a cultural thing... There really wasn't anyone else available. It was crazy, crazy busy; that's why I got the patient in the first place, they had no choice but to give her to me. So she didn't speak English...I felt uncomfortable looking, it shouldn't have mattered, but I initially was thinking, "he's [the physician] coming right in behind me."

The unpredictability of the ED may present challenges for the novice nurse in terms of the patients that may be assigned to them and the acuity of their illness. One participant described a particularly difficult patient assignment entrusted to her and how she made it through that particular day. In this instance she stated that she would not have done anything differently an experienced nurse would have done and that sometimes in the ED you just deal with it and get through it:

One time I had a stupid assignment. It was ridiculous, it was too much for me, I was struggling. I had a broken hip, which was really controlling pain, she was not operable. I had a Tylenol overdose; that we were doing the NAC [acetylcysteine] protocol...They could be quite sick. And unstable angina in the next bed. And I was running. That was like, you know they're all ringing at once. The one with the hip wants some pain medication. And the Tylenol overdose was sad. And the unstable angina. It's like what do you do first? Well go to the chest pain. It was quite the assignment for a new nurse really. For any nurse I think. It will keep you running...I mean normally those people would be kind of split up, but just the acuity on that day... we were so busy. I did ok. I feel like I gave good care.... with what I had to work with. I don't think I'd have done anything different that an experienced nurse would have done. You just deal with what you've got and get through it.

Becoming my Own Nurse

Developing one's own process of nursing and way of doing things is another element of learning through practice. How does a novice nurse with little prior experience develop his or her own way of nursing? One way this is achieved is by learning from and observing nurse colleagues, as peer influence does play a role in becoming one's own nurse. Different experiences and encounters shape and influence the beginning nurse's career. The process of *becoming my own nurse* closely aligns with the subtheme *integrating practice with knowledge* as the novice nurse must consider his or her background knowledge when developing his or her own way of nursing. *Becoming my*

own nurse may not be a conscious and deliberate practice, it often just happens over time. However, study participants appeared to have given the process of developing their own ways of nursing careful thought and consideration, which was evident when they discussed their ED experiences as novice nurses.

In describing the process of developing her own way of nursing, one participant mentioned that as a novice nurse in the ED she could often only focus on her own patients. She reflected on the fact however it was beneficial to observe other nurses in their practice so she could learn from them:

I think I'm still in the phase of trying to develop my way of doing things because every nurse does things differently and sometimes you don't get an opportunity to see once you're on your own and not with a preceptor. You're so focused on your own patients and your own charts that you don't really get to observe how other nurses are doing things. So it's nice if I... if a nurse happens to go on break and I have to do something with their patient or look through their charts, or if I'm taking over a patient from someone else it's nice to kind of look and see how they do things and see how they chart or... to pick up new things and tricks. I think it just comes with time and what you're comfortable with. I'm starting to develop my own organization method, which changes all the time. "This works better than this." So it really is just a process.

This participant had some limited nursing experience in an area outside of the ED. Upon comparison she found that the ED nurses were practicing more evidence based care. She felt as though she may have developed some bad habits in her previous work environment and often did things just because that is what she observed other nurses doing. This participant made a conscious choice to become a better nurse and follow best practice guidelines. This is what *becoming my own nurse* meant to her. Novice nurses are very easily influenced by their peers. They are in the process of becoming their own nurses which is only achieved by learning through practice and seeing what does and does not work and questioning why something must be done a certain way:

But you know what? I find I picked up more bad habits at my past job than I do at this job...the people that work in the ER are more up on evidence based research and more up on the proper way to do skills...I found when I worked on a different floor it was a lot of older nurses who still did things the older way and didn't do things even close to how I learned. When I came to the ER it was a little closer to what I learned in school. Its just not realistic that you're going to do things exactly how you learned in school because you would be in there for forty five minutes doing one thing. But you definitely see that things aren't done the way its necessarily taught; but for the most part I try to do things as appropriate... So I found lately I'm just trying to...push myself to make sure I'm doing things the proper way...because I was picking up bad habits on the floor I worked on before because nobody really seemed to do things like you're supposed to and it was almost like if you did them the way you're supposed to I was scared they'd make fun of me. And I find now that I'm down in the ER my coworkers...just seem to be more up on education and stuff like that I don't know why. And in general it's sort of a younger staff that I work with now so they were taught to do things the same way I was taught to do things as opposed to working with people who had a totally different education...

Another participant spoke about how other nurses were eager to share their way of doing things with her because she felt they believed she did not have her own way of doing things as a new graduate in the ED. Despite this advice, it appeared that this novice nurse did things her own way and chose whether or not to take the input from her colleagues when developing her own way of nursing:

One thing I've noticed is that...everyone has their own ways of doing things even skills and everything like that. Everyone says you're a new grad they assume you don't have your own kind of way of doing it so they always want to share their way of doing it: "I find it to be the best this way."...no one really does that anymore now that I've been here for a little but also I get funny little bits of wisdom from people. It's funny, it doesn't bother me and I think if anything if just makes other people happy because they feel like they get to share things. It always just makes me laugh especially when it came to skills early on with them validating the fact they can tell me how to do things because I'm a new grad. Which is funny because I had been in emerg[ency] before [during a clinical rotation] so I've had lots of different input from different people so I've kind of gotten to that point where I've developed my own ways of doing things.

One participant learned the importance of talking to and observing different nurses as she came to realize her preceptor did not do something other nurses thought was

significant. This was an important learning point for her and illustrated the fact that there often is not a right or wrong way to practice nursing and it is prudent to develop one's own process of nursing and consider why something is done a certain way. Becoming one's own nurse is a process and different experiences may shape this process and influence a nurse's career and who they eventually become as a nurse. A novice nurse has to learn through practice that there is not necessarily one way to perform a skill or help a patient and they have to find their own way of doing what works best for them:

I find when you're a more experienced nurse you don't really get called out on stuff. The other nurses don't call the other experienced nurses out on not doing something. But they call me out on it, which I totally understand because I'm learning and I appreciate that they do, I want them to. There are just certain things... we chart like every hour to two hours on a patient...He [my preceptor] didn't chart that much...and so he never stressed to me, "you need to chart every two hours", nothing like that. So when I started on my own somebody had done something with my patient and I hadn't charted on them in like three hours and they brought it to my attention, "you're not charting enough, you need to be charting at least every two hours."

Peers may influence the clinical decision making of the novice nurse who ultimately has to decide which of these influences, if any, will guide his or her own practice. This takes time and learning through many experiences. One participant spoke about how she had been told not to do something a certain way by a colleague who had been taught the skill twenty years ago. She realized she had to make her own clinical decisions and be able to justify why she had done something a certain way. *Becoming my own nurse* means accepting accountability for one's own practice decisions. It may be difficult for a novice nurse in the ED to do this in the beginning and they may do something because they were told to do it a certain way. With time, more experiences,

and learning through practice, the novice nurse will become their own nurse with their own way of doing things and be able to justify why it is they do what they do:

I think for the most part, of course again there's a few that stick out in your head who have not so much anything against new graduates or me per say its just that they're old school, if I go to do something that I've been taught a certain way for the past four years in nursing school and they were taught it a way twenty years ago they'll point it out to you, "you shouldn't do it this way" and then you kind of have to make your decision of whether you do it the way you were taught or you go with the... to make your co-worker happy to do it her way or his way whatever...

Learning to Work as Part of a Team

Learning to work with other members of the interdisciplinary team is vital when working in the ED. One participant reflected that there was more teamwork evident in the ED, even though nurses had individual patient assignments, than there was on the surgical floor she had previously worked. For her, becoming a member of the ED team required quite a learning curve. Learning to work as a team member is yet another skill that is learned through practice. Novice nurses may not have previously felt like part of a team if the time they worked on a surgical floor was short or they frequently changed clinical placements in nursing school:

The most positive thing is most definitely learning so much. It's a huge learning curve but I feel like I...tripled my knowledge within a month that I was there. You really learn a ton... just developing better skills with patients and with coworkers. I feel like there's a lot of teamwork down in the ER...I came from a floor where you used a team model and I felt like there wasn't that much team work. And then coming down to emerg[ency] where you have your own individual patient assignment and there's so much teamwork it was really great learning how to work as a team, that was a big learning curve.

One participant described the time she and another novice nurse cared for a critically ill patient. They were able to support each other in caring for the patient and it

was obvious that this nurse felt very satisfied with the treatment they gave this patient. Teamwork played an integral part of the situation. From the following story, it was evident that she was learning to work well as a team with other ED staff and felt supported by her colleagues during most shifts:

Our department is really good for it [teamwork]...So last week, myself and a new graduate last year, so she's been there one year longer than I have; we had a patient that was brought in and needed to be isolated...and she had decreased [level of consciousness] LOC, she was just unwell. But by the end of the night...we had her intubated in there and central lined and...we [other nurse and I] completely had to do everything together and completely rely on each other...At the end of the night I think we just hugged each other and just realized that with that commitment towards that patient that we had both shared we were able to do everything and we were able to do it well as new nurses....Most shifts are like that...

This participant also observed a situation in which teamwork was not being used effectively to coordinate a patient's care. As an observer to the situation, she learned the importance of documentation and also reflected on how better interdisciplinary collaboration between physicians would have improved the situation. Sometimes in the ED, there is little time for novice nurses to observe and reflect upon situations. The following is a good example of how this benefited the participant and how she learned through practice the importance of teamwork in the ED:

Big time I learned the importance of teamwork and interdisciplinary collaboration because I think most of the scenarios that I've seen it's worked really well. Everyone has listened to each other and very hands on approach working together side by side whereas this was, I mean it was argumentative and going against each other and their medical opinions about what was necessary for the patient at the time. So I definitely... learned how key nurses are in these scenarios when it comes to documenting because this was such a feud per say. My nurse [preceptor] said to me after that she'd never seen anything quite like it "but the importance of this is the documentation because if it ever were to come back and the doctors said this is what happened and this is what caused the

patient's death... well you have to say in your notes what you observed and that kind of thing." ...

This novice nurse commented on the fact that she had observed several nurses taking their individual patient assignment and perhaps not working well within the team. However, she highlighted the fact that the ED where she worked is excellent for teamwork and collaboration. As a novice nurse learning to become her own nurse and developing her own practice and way of doing things it would be important to reflect on what is effective and what is not so effective when it comes to teamwork so this is an important observation. She also had some positive statements about being a new graduate in the ED:

Down there [ED] is excellent, excellent for the most part. I mean you will always have the several nursing staff who aren't as team orientated and they kind of go off and do their own set of work and they worry about their own patients but from what I see...99.9% of the time everyone really works well together...and it's a really respectful environment, there's not a lot of cattiness and like you know cliché nurse eating their young. I haven't felt that way, rarely, rarely have I felt that way where I've been belittled because I'm new and everyone really works well together.

Learning through practice is an important part of becoming a competent and skilled ED nurse and the subthemes that emerged as participants shared their stories and experiences were all components of learning through practice. Many of the experiences shared will forever impact and shape the participants' nursing careers and influence who they become as nurses. These are not skills that can simply be read about in a textbook or taught in a simulation lab. They must be learned through practice.

Recognizing the Value of a Positive and Supportive Work Environment

When nurses support each other in their practice they are likely to have positive feelings regarding their work environment. Working relationships can define how a nurse may feel about coming to work each shift but it does take time and effort to build relationships with colleagues. Fostering a positive and supportive work environment for novice nurses is extremely important. Novice nurses who feel supported by their coworkers and receive positive feedback may be more likely to seek help from colleagues when they require it. It is imperative that novice nurses have competent preceptors and mentors who they can ask for help and it is beneficial if these colleagues get along well with the novice nurse. Novice nurses must feel comfortable enough with their coworkers to feel safe to ask for help in a situation that may be beyond what they are capable of handling. The theme *Recognizing the value of a positive and supportive work environment* consists of the subthemes: *Recognizing the value of supportive co-workers; Recognizing the importance of developing good relationships with preceptors and mentors; and Knowing who and when to ask for help.*

Recognizing the value of supportive co-workers

It was evident that the novice nurses in this study recognized the value of working in an environment that was positive and supportive. One novice nurse highlighted the importance of having understanding and supportive coworkers. She confessed that she expected her coworkers to be “harder” on her because she had little prior nursing experience. However, once she got to know them better, she realized that many of her

colleagues actually did not have much more experience than she had when they came to the ED. This appeared quite reassuring for this participant:

No not at all because most of the nurses that I work with started off in the ER or didn't work very long before coming to the ER so most of them...I think they understand. I'm so thankful for my co-workers. For the most part they're amazing because they could probably be harder on me or a lot less helpful and I'd probably be drowning every shift but they're so... I feel like they evolve in there too because most of them started off in the ER and they probably know exactly what I'm going through.

This novice nurse believed her coworkers were much more comfortable working with her once they got to know her better. She felt her age and the fact she looked young may have played a role in what her coworkers' impressions of her were and she stated that who she worked with played a huge role in the ED work environment:

And they all think because I look really young, I am really young but I look even younger...Now they're getting to know me, it's a lot better but it was a lot about just coworkers, it's a lot about who your coworkers are I think for sure.

This participant gave an example of a time she was thankful to have a supportive charge nurse who made an appropriate decision when she realized one patient's condition had deteriorated too much to be cared for in the area this novice nurse was assigned to:

...I was so thankful for having an awesome charge nurse that night because it was twenty minutes into my shift and I was going through all this lady's paperwork and I was trying to figure out what to do with her and I was looking up all these meds I'd have to give her, and like cardiac meds I haven't given before and she just came over and was like "we're taking her and putting her on the majors side, she shouldn't be here. I didn't realize she was here." So I was thankful for that.

One participant heard of new graduates being poorly received by experienced ED nurses and this was quite worrisome for her. Despite her initial fears, most colleagues she worked with thus far have made ED nursing a positive experience. Those who she worked with have fostered a supportive environment for her to begin her nursing career in

the ED. She also received positive feedback from her colleagues which was very reaffirming for her:

I got really lucky. I was very hesitant and worried about, because I know there's a lot of people who have not had good reactions to that of new grads being in emerg[ency] yet . The people that I work at least on my line have all been really good and have made it a good experience for me.

She also stated:

So now that I'm done orientation I know people better. A lot of people at this point forget I'm a new grad, which is nice. I don't know if that's my skill or that they just don't remember I'm a new grad because there's a lot of new people...I had four different people last night ask, "when are you going to start working in [the more acute patient area]? We think you're ready to move on." Which has been nice to know that you're doing well ...in emerg[ency] as a new grad I don't think you can rely on it [feedback] because you're not necessarily going to get it [feedback] but its definitely helpful. It reaffirms the fact that I got this job for a reason and that I can do it, which is nice.

One participant had extremely positive things to say about her coworkers in the ED. It was quite evident that she loved coming to work in such a supportive environment:

We have an amazing group of staff. They're my friends: they're trustworthy, smart, really good nurses. I love working with them. I've learned a lot from them. They're all great. Really and truly. There's no one there that I don't feel I want to work with. I think that's a rarity for a workplace... that I go to work and I don't feel like there's someone there that I don't want to work with.

Another participant explained that there were always new staff in the ED due to high rates of turnover and because of this she believed that her ED colleagues were used to teaching nurses new to the ED. As she reflected on her experience of working in an area outside the ED, she remarked that the nurses there performed some skills that did not necessarily reflect current evidence based practice. She compared this to the ED, where she observed current research influencing the nurses' practice. The ED colleagues she worked with provided a positive and supportive learning environment for her:

I think that in the ER there is a really high turnover right and there's always new staff so they're really used to new staff, they're really used to teaching, there are always students there... whereas on other floors its more like the staff seem to stay a really long time, they don't hire as many new people... the [medical] floor I worked on was very set in their ways and they had specific ways of doing things that didn't make sense to me, things that they did them because they did them for so long. That's just the way they did them. And coming out as a new grad I was so confused. But in the ER, there's new things all the time... It's better.

Another participant spoke about the nurses who have supported her and informally mentored her. She provided an example of another nurse taking an interest in her and letting her know when an opportunity for hands on learning arose:

So I was on orientation for a while since I was a new grad so I was paired with another RN for a few months and it was great... Near the end of my orientation I did a of couple shifts with some other people that work there just to get used to working with other people before I was on my own; and I've only had positive experiences... They've all taken an interest in the fact that I'm a new grad; even now that I'm out of orientation... Last night we had a pretty interesting trauma come in and one of the girls came back to the back of the department to come get me to show me... they'll pull me out to see stuff that they know I've never seen. So it's all been really good. I've been really lucky.

Another novice nurse spoke about how the nurses in the ED mentored her and were excellent teachers. They would research information for her, information they may not have known the answers to themselves. This participant was very fortunate to have wonderful nurses to work with:

One hundred percent [you can ask questions]. And it's usually for the most part not a short and simple answer you'll get, unless they're too busy, I mean I've had nurses take me aside and draw out heart rhythms. I've had nurses say "I'm not quite sure of the answer to that" and all of a sudden they'll come back to me twenty minutes later with a printed off Google pages and Wikipedia pages and say "lactic acid is actually this" and they're learning stuff from us in the process too. Ninety nine percent of them down there [ED] are excellent for it.

This novice nurse believed that working in the ED was less frightening and overwhelming if there were supportive colleagues with which to work. She provided an

example of a co-worker taking an interest in her and teaching her a skill she had not previously practiced:

Going to the ED is a lot less frightening and a lot less overwhelming if you work with good staff. If you work with nurses that identify you as someone who's new, who sees learning opportunities and then grab you and say "come and observe this, watch me do this." I've had nurses who've come to me and said: "have you ever done an NG tube?" and I'm like "no that's not something that's common in the ED." So they'll let you do that and they'll mentor you through that or they'll say "have you ever seen this type of labwork or...?" And I've found that to be very helpful when you are given the opportunity to be mentored in that respect by someone who has been there a long time who is very educated and who could kind of just teach you. I found that to be really helpful. Good people, good workers.

Recognizing the Importance of Developing Good Relationships with Preceptors and Mentors

Developing a positive working relationship with either an assigned preceptor or informal mentor may largely define the success of the novice nurse. Some individuals may naturally have personalities that are compatible and when a novice nurse is paired with a preceptor he or she gets along with well, this may in turn lead to a positive working relationship. Outlining a learning plan together with a preceptor to meet the needs of the individual novice nurse is another component of developing a productive working relationship. Once preceptors or mentors and novice nurses get to know each other better a certain level of trust develops which may lead to increased independence in ED nursing practice for the novice nurse.

One novice nurse spoke about how the preceptor she was paired with had a similar personality to hers and while she attributed this to the luck of the draw, she was very thankful for a preceptor with which she was able to develop an excellent working relationship:

...I think it depends on who you get paired with and the nurse I got paired with was great. He was very friendly. He was very easy to learn from, very easy going, which goes well with my personality. I think we had similar personalities for sure and he let me do my own thing...So I think it all depends who you get paired with which you really have no choice with.

Another participant provided an example of how her preceptor took the time to explain a complicated protocol to her. She was extremely enthusiastic about the care they were able to collaboratively provide to the patient. It was evident that this novice nurse had an incredible amount of respect for her preceptor and the positive learning experiences she provided:

This one particular nurse...she was my preceptor in my clinical. She's one of my best friends, she's fantastic, she's so smart...I have her on a high pedestal, she's a great nurse. She and I cared for a very, very sick DKA [Diabetic Ketoacidosis patient]. I felt like we did such a good job...they [patient] needed to be intubated, they were so sick, and they got better, and I thought: "wow, we did a good job."...this is the first time I had ever done it [worked through the DKA protocol]. It was a great experience. She [preceptor] showed me how it [DKA protocol] works, why you do it...it was so interesting to me. I love learning and feeling like I understood, she helped me do that, it was great. The patient got better...

Another participant found that developing a plan with her preceptor based on strengths, weaknesses, and learning needs was very helpful for her. She was able to form a good working relationship with her preceptor and believed this nurse understood her needs, as he was once a new graduate in critical care himself. Their working relationship was based on developing a certain level of trust for each other, which she believed allowed her a certain level of independence when caring for patients:

We [preceptor and I] got along well in the first place. I've found that with other preceptors I've had too it's just them getting to know you and your strengths and weaknesses and limitations because then you can just kind of plan out the orientation based on me and my skills and find what I need to work on instead of just following some generic routine; which was nice because I could move faster or slower depending on how I was doing...

She further stated:

...If I even had a problem I would go to him [preceptor]. The relationship and bond I formed with him, he was not just a preceptor but became a friend. I know that he will be unbiased if I just need to vent and be upset about something he'll always be supportive whether or not he needs to take a side. He was a new grad in ICU when he graduated so he knows what its like to be a new grad....

Participants spoke about developing a certain level of trust with their preceptors.

This emerged over time as the novice nurse and preceptor got to know each other better as nurses. A positive and effective working relationship is built on trust. Novice nurses who trust their preceptors may be more likely to turn to them for help when they need it, and preceptors who trust the novice nurses they are mentoring may encourage the novice nurse to engage in more independent nursing practice:

I think the biggest thing that helped me is really getting to know my preceptor and getting to that point where I trusted them and they trusted me and when we both knew that I didn't know how to do something or I didn't feel comfortable then I would tell them. Because that kind of helped me be able to get a certain level of freedom because they knew that they could let me go and do whatever and not worry about me potentially messing it up or not knowing what to do or just kind of guessing because they knew that if I had questions I would come and ask them. So really just working with the relationship with them and getting to know them so we could work at my pace so that we're not moving too fast or too slow with increasing my patient assignment. So I think the biggest thing for me was the relationship with my preceptor and just having the trust there.

This novice nurse credited the preceptors she had in the ED as being two individuals who have had a great influence on her limited nursing career. This illustrated the point that ED colleagues are extremely influential to new impressionable nurses who are embarking on ED nursing:

...My preceptor that I had...is a very strong nurse who I had a close relationship with and trusted. She was an amazing nurse...I'm the nurse that I am today from my preceptor[s]...And so most of the things that I do are direct referral of what they taught me because I've seen that it works and it makes the most sense. But

them sometimes I'll see someone else too, someone that has taken an interest or that I've had mentoring me in some way and I'll prefer that and it works better for me and I'll adapt that as well. For the most part it's the two most influential people [two preceptors] that I've had in my life that I aspire to be as a nurse.

Knowing Who and When to Ask for Help

It is important that novice nurses who are beginning their ED nursing practice know which coworkers they can easily approach for assistance and are comfortable enough to ask for help. Certain coworkers may be more approachable and more willing to assist novice nurses and the new nurses usually figure out pretty quickly whom they can turn to for help. One participant liked the consistency of working with the same people on many of her shifts, as it allowed her to get to know her colleagues better and anticipate whom she could turn to for assistance. She stated:

...It's good to know the people you're working with and have worked with them more than once, so you know, "I can go to this person for this", or "I know this person's really smart and I know they're help me with this." "This person I probably won't go to for help." So it's nice and it gives you a sense, especially when you're new it kind of helps you get to know people better because you're with them consistently. I like how they do that [schedule the new nurse with the same nurses every shift], I don't know if it's on purpose or just the way the schedules go. It definitely works out well.

Another participant described how she identified a few nurses whom she trusted and knew she could turn to these colleagues for help. Having these informal mentors to work with is an important part of helping novice nurses to succeed in the ED. It really speaks to the importance of who novice nurses work with:

... for me it's really important to identify a few people who know what they're talking about and I like their nursing style. I like their judgment. I trust them... You need them to know for you because I don't know... Not to say that I'm totally incompetent and don't know a lot... I'll go to one of them, a trusted nurse colleague and they'll help me. They're happy to see that. No one likes

seeing a new nurse running to the bedside and trying to conceal what they don't know and thinking that they can heal all...

For this participant, her preceptor continued to be a mentor to her even after the formal preceptorship role ended. She verbalized the importance of asking for help when patient care became too overwhelming. Her mentor was someone she felt comfortable seeking out guidance from as she began to practice independently:

And even after that [orientation] I work on the same line [schedule] as my preceptor. So even though we're not officially paired... I have my assignment, she has hers... but she's still my mentor. I think for any new nurse whether you're in emergency or anywhere, finding someone who knows you, knows your capabilities and your limitations and recognizing that in yourself as well... put you on the same page and you'll have that person to go to... I think is super important or you will sink. If you can't ask for help you're going to totally fail in emergency. It doesn't work if you can't ask for help and you can't accept help it's not going to work. And I think people who have been there for 30 years still do that. It's important.

This novice nurse was also fortunate enough to have never experienced a time when she could not find anyone to help her. Obviously her colleagues recognized the importance of taking a few extra minutes to help a novice nurse who is just learning to work in the ED. This participant felt well supported by her colleagues and spoke to the character of those she worked with:

You just holler and people will come. They're never that busy that they can't come help you with something like that. I don't think. I haven't experienced that yet that they're so busy that they can't help you with a patient circling the drain. You know what it's like in emergency, there's priorities. Nothing is as important as someone losing their airway, people will come help. If anything was truly bad they would help you.

Another participant shared a similar story. She had yet to have a moment where she felt uncomfortable asking for help. She also reflected on the fact that she had become quite comfortable with her coworkers and would not hesitate to ask a question:

Like I said the people that I work with on my line [schedule] have been really good to me and they always tell me that I can ask them anything, even if it's stupid it's totally fine. And I've got to know them to a level too that I know that even if I had a question that's really stupid I know that I can find them and ask them and I know that there's people around that I can ask. Even all of the charge nurses on my rotation too are people that I've become close with and I trust and they trust me kind of thing. I've never really had a moment where I feel I can't ask someone because everyone has taken an interest in me to the point that they know they may need to help me or step in and they're totally fine with that.

In the beginning, novice nurses may question when they should seek out help or may feel uncomfortable asking for assistance from their colleagues when a situation becomes too complex for them to handle. One novice nurse commented that she was scared of looking stupid when calling for help:

I mean when you first start, it's not really scary but you just feel hesitant when something bad happens to call for help because you want to...you don't want to look stupid and start calling for help when you don't really need it. So it was just one of those things where you do it and get the experience doing it and you feel less scared when you do need help to call for help next time.

She described her process of deciding to ask for help from colleagues:

For me, from what I've learned it's more gut reaction almost... when I feel like I'm over my head and don't know what to do and there's nothing I can think of to do at that point... this person is threatened somehow... that's kind of my signal that I need help. Even little things like... we had someone the other night who had gross hematuria... he had a huge three-way [catheter] in and it was still getting occluded with clots... and he was in insane amounts of pain. Even that wasn't technically a medical emergency... obviously it needed to be tended to soon but just the fact that I was constantly irrigating it [catheter]... I called my partner in and was just like "I just need you to be here to help me out because I don't know what else to do... I'm irrigating this guy constantly." It wasn't necessarily something that was life threatening at that moment but it was still something. I was just like "I don't know what else I need to do right now", so I need someone else to kind of get their opinion too.

Coming to the realization that it is appropriate to ask for help from colleagues is also important for novice nurses. One participant reflected on the time that she recognized that it is sometimes necessary to have another nurse help with patient care and that she

did not always have to handle everything on her own. Her preceptor expressed appreciation to her that she was there to help her during a particularly difficult shift. This may have helped to validate to the novice nurse that it is okay to ask for help:

...during one of my shifts on orientation we had a patient who...[may have had a] small bowel obstruction...but he was [initially] asymptomatic...[but then] he started vomiting coffee ground emesis which then turned into fecal matter...So it was really just interesting just seeing how she [preceptor] handled it and how we worked together...she just immediately grabbed the suction and started suctioning him... I had never had anyone who was throwing up like that and couldn't really protect their airway...I would have never thought of that and that is the most obvious thing to do is to suction them so they don't die...that was one of those things that I saw and will never forget to do in that case ever. When we left...she [preceptor] ...said to me, "oh I'm so glad that I had you with me today because that would have been crazy trying to do that on my own." ...I was kind of worried at that point because it was early on in my orientation, like how it was going to feel to not have that extra person to give you a hand if you need it....sometimes you do need that extra [help] and it's ok to need someone else to help you with a patient which is nice.

Once novice nurses gain the confidence to ask for help, they may find it is a lot easier to seek assistance than to struggle with patient care on their own as one novice nurse reflected upon:

...There was another patient...he was having seizures and he'd come in post-ictal and he was sitting in the ambulance hallway and he wasn't seizing at all, he was fine, his vitals were fine and we were super busy and he was probably there for an hour with EHS [Emergency Health Services] and so we weren't really taking him in [to the ED] and all of a sudden he starting seizing in the ambulance hallway and we couldn't get him to stop and...they [paramedics] put him into my [assigned area]. So he was quite sick...But I felt like I did really good with him because, even the last few weeks I feel like I'm doing a lot better. I was just more confident, more on top of it and I asked for help and there really wasn't much to it...But I imagine if I had him one of my first shifts out or even my first month I would have been totally stressed...

The theme *Recognizing the value of a positive and supportive work environment* speaks to the importance of working in a positive and supportive work environment with colleagues who are receptive to having novice nurses begin their nursing practice in the

ED. Another vital component of this is the availability of preceptors and mentors who are compatible with individual novice nurses. Novice nurses will then be more likely to develop effective working relationships with their colleagues and begin to succeed with the help of their mentors. Knowing who and when to ask for help is a process that novice nurses must develop when they start out in the ED and as was evident from the interviews, novice nurses were more likely to seek out help if they felt comfortable with and respected by their colleagues.

Chapter 5

Discussion

This study explored the experiences of four novice nurses working in Emergency Departments (EDs) in Atlantic Canada. Each of the four participants shared their stories and thoughts with me during one face-to-face audiotaped interview. Four themes were identified in the accounts of these novice nurse's lived experiences of working in the ED. These themes were: 1) Doubting oneself as an ED nurse; 2) Importance of a supportive orientation; 3) Learning through practice; and 4) Recognizing the value of a positive and supportive work environment. In this chapter, each of the four themes will be discussed and related to current literature. Finally, the essence, that is the nature (van Manen, 1997), of the experience will be discussed.

Doubting Oneself as an ED Nurse

The participants in this study expressed hesitations about becoming ED nurses. One participant recalled hearing how nurses in the ED were unsupportive of novice nurses, and this contributed to her fear about working in the ED. Another participant had heard stories about the ED that scared her. Patterson et al. (2010) reported that new nurses who had completed three months of an ED orientation program still felt that the ED was an "intimidating" and "scary" environment. The hesitations novice nurses in this study identified are certainly justifiable, as new nurses regardless of practice area, have experienced poor attitudes from their colleagues leading to unfair treatment (Parker et al., 2014). New graduates in another study spoke about how they believed other nurses saw them as a burden because of their inexperience (Kelly & McAllister, 2013).

The novice nurses in the present study wondered if they would make a critical mistake and worried about handling increased independence and complexity of patients as they progressed through their orientation. These are both valid concerns, as Parker et al. (2014) found that the pressure placed on new nurses is high, yet adequate support during orientation is not always available.

Participants felt an overwhelming need to prove themselves as competent and capable in the ED even with their inexperience. Remaining calm and collected in the chaos of the ED was a strategy that one novice nurse employed to demonstrate that she was capable of practicing in the ED. While the novice nurses in my study may have believed it was necessary to prove they had the required skills and knowledge to practice in the ED, they may have been putting undue pressure on themselves. New nurses in another study who were practicing in critical care units or the ED stated they were not expected to perform as an experienced nurse right away (Parker et al., 2014).

The participants in this study highlighted the need for acceptance by their peers, as they worried how others would feel about them being novice nurses in the ED. The need for acceptance by peers was also of concern to participants in a study of new graduates in the ED (Patterson et al., 2010). Recognizing and accepting novice nurses as valuable team members is important not only for the novice nurses' self-confidence, but also positively influences his or her professional identity (Duchscher, 2009). This has a direct impact on patient care as confidence levels may influence clinical decision making of the novice nurse (Duchscher, 2009). This however, raises an important question. At what length would novice nurses go to prove themselves competent and gain acceptance from their peers? One participant in my study spoke about the balance between appearing to have

expert knowledge and skills, and frequently seeking out assistance from colleagues. She did not want to appear as though she was incompetent, but knew it was necessary to balance this with seeking help when appropriate. Duchscher (2009) found that it threatened new graduates' self confidence to seek assistance from colleagues. In another study, experienced nurses in an ICU felt it necessary to explain even the most basic nursing skills to new graduates, which led the novice nurses to feel as though they had to continually prove themselves as competent (Saghafi et al., 2012). A novice nurse in the present study stated she "deserved" to be working in the ED even with her inexperience, and it was clear she was seeking validation from her peers.

Another participant worried whether patients would trust her abilities if they knew she was a novice nurse. Because of this, she hesitated to identify herself as a novice nurse to her patients. This finding is supported by Saghafi et al. (2012) who found that new graduates in ICUs felt it was necessary to hide their level of experience from patients to prevent a loss of trust in their nursing abilities.

Importance of a Supportive Orientation

The orientation process was discussed by all of the participants in the present study and it was evident they recognized the value of an orientation that provides a solid foundation for ED nursing practice. Orientation programs for novice nurses in the ED can vary greatly in terms of content and length. Individual institutions usually determine the course of the orientation program for novice nurses in the ED and not much is known about how orientation programs affect the transition of the novice nurse from beginner to competent ED nurse (Kary, 2012). One participant in the present study felt she would

have benefited from a longer orientation while others believed that orientation should be individualized and tailored to the learning needs of the novice nurse. Comprehensive, specialized, and lengthy orientation programs were found in the literature to be related to more positive experiences for new graduate nurses working in a variety of practice settings (Parker et al., 2014; Zinsmeister & Schafer, 2009). Johnstone et al. (2008) reported that the length of the orientation for the new graduate should be tailored to individual participants, while the new graduates interviewed by Floyd et al. (2005), believed that the length of time spent with preceptors should be assessed on a case-by-case basis.

One novice nurse in the present study believed she would have benefited from more informal and formal feedback from others involved in her orientation process. The receipt of timely and constructive feedback has been shown to be a significant source of support for new nurses in their first year of practice (Johnstone et al., 2008). While feedback from patients and nursing colleagues has been shown to boost the confidence of new nurses, formal feedback from managers is often lacking but would be valuable (Saghafi et al., 2012) as was stated by one participant in the present study. The literature suggested that scheduled contact with educators or managers in the form of debriefing sessions, meetings or seminars may help to ease the transition of new graduates into nursing practice (Bowles & Candela, 2005; Floyd et al., 2005; Gomes et al., 2009). Parker et al. (2014) found that new nurses often only received feedback when something went wrong. One novice nurse in the present study was looking for validation from others as to her progress and how she could improve her nursing practice. Other novice nurses wanted to feel validated in their nursing practice by regular contact with an educator or manager

(Parker et al., 2014). A novice nurse in a busy ED may desperately be seeking some form of formal feedback. The findings from the present study help to highlight how important feedback is to the orientation process and transition of the novice nurse.

One participant in the present study was the sole novice nurse completing orientation in the ED and did not have any other novice nurses to talk to. Another participant benefited from having the support of another novice nurse who was completing the orientation process at the same time she was. Participants in the present study felt that having contact with other novice nurses working in EDs would have further enhanced their orientation. Kelly and McAllister (2013) also found that new graduates themselves were a source of significant support for each other. New graduates who participated in regularly scheduled debriefing seminars reported decreased feelings of loneliness and feeling nurtured as a result of the sessions (Turner & Goudreau, 2011).

Learning through Practice

Many of the participants in this study spoke of how they came to realize that actually practicing as an RN in the ED was very different than what they envisioned it to be when they were nursing students. The novice nurses who were interviewed recognized the value of the knowledge attained in undergraduate education but were also beginning to understand how important on the job learning was to developing into competent ED nurses. One participant expressed a disconnect between what she had learned in nursing school and what she observed in the workplace. Duchscher (2009) found that during the first four months of practice, new nurses were attempting to blend what they learned in undergraduate education with the realities of the workplace.

Benner (2001) wrote that clinical practice is always more complex than what can be captured by theory alone. She believed that an experienced nurse finds differences between theory and actual practice. The fact that the participants in this study spoke about the differences they recognized between knowledge and practice demonstrates critical thinking on the part of these novice nurses. Sometimes the novice nurse can become so task oriented and inflexible they fail to contextualize prior knowledge. Benner has stated that situational and contextual encounters lead to the refinement of theory or preconceived ideas.

The novice nurses in this study spoke about how it was initially difficult for them to prioritize patient care. Benner (2001) wrote that novice nurses must gain experience necessary for skill development, however she cautioned that new nurses may not be able to identify what is most important with regards to patient care. This is why it is necessary for novice nurses to have preceptors when they begin in a clinical area in order to ensure patient safety. One novice nurse in this study reflected back on one of the first times she cared for a seemingly stable patient whose condition quickly deteriorated. Fortunately, her preceptor was present to guide her through this challenging experience.

The participants in the present study spoke about challenging situations they encountered and how they overcame these difficult experiences. One novice nurse spoke about how she did not feel she could have prepared herself for what she saw in the ED. When she first started in the ED, it affected her life outside of work and she confessed to crying and feeling overwhelmed. Duchscher (2009) has studied this period of transition in new nurses as they move from undergraduates to novice nurses. The new graduates in her study reported sleepless nights and feeling a sense of shock as they were totally

unprepared for the transition. Support from colleagues allowed new graduates to better cope with difficulties and challenges they were currently facing in their practice (Duchscher).

One novice nurse in the present study reflected on the fact that she had a harder time dealing with feelings of intimidation than the actual nursing care she was providing. Another participant in this study was yelled at by a nurse colleague in front of a patient. Duchscher (2009) found that colleagues could intentionally diminish a new nurse's self-confidence. Kelly and McAllister (2013) reported that a poor atmosphere on a unit could lead to stress and self-doubt in new nurses. Fortunately, the participants in the present study appeared to have few encounters like this and shared many overwhelmingly positive stories of their colleagues, which will be further discussed in another section.

The novice nurses in this study appeared to have given thought to the process of developing their own way of nursing. Different experiences shaped this process, along with observing and learning from other nurses. The literature suggests that personality and prior life experiences may shape the development of professional responsibilities and play a role in the progression of a nurse from novice to advanced beginner (Farnell & Dawson, 2006; Martin & Wilson, 2011). The participants in my study did not refer to their prior life experiences or their own personalities as having an affect on who they became as nurses. For them, learning from and observing other nurses was more of a factor in the process of developing their own way of nursing.

Learning to become a valued team member in the ED was an important part of learning through practice for the novice nurses in this study. One participant saw a huge difference between the level of teamwork in the ED and the lack of teamwork she had

experienced on a surgical floor. Cronin and Cronin (2005) found that teamwork is one of the reasons that new nurses are often attracted to the ED. Benner (2001) wrote that working as a team is crucial to providing patient care and maintaining good morale amongst staff. She further stated that patient care is too demanding and complex to be handled by oneself. Teamwork played an integral part of developing into competent ED nurses for many of the participants in the present study.

Recognizing the Value of a Positive and Supportive Work Environment

All of the novice nurses in this study spoke at length about their work environments and the majority of the stories they shared reflected very positively on their colleagues. Participants were hesitant about how they would be received by their colleagues as new nurses in the ED, when traditionally novices have seldom been hired for this specialty. Several participants spoke about the support they received from their colleagues which was reaffirming for them. “Amazing, smart, and trustworthy” were some of the adjectives one participant used to describe her colleagues. This translated into an overall positive experience for the novice nurses and will have a lasting impact on their careers. Zinsmeister and Schafer (2009), along with Floyd et al. (2005), found that a supportive work environment was one of the most important factors in ensuring a smooth transition from student to practicing nurse. The overall atmosphere on a nursing unit can have a huge impact on the morale of the new nurse. A negative environment can lead to stress and self-doubt (Kelly & McAllister, 2013).

One of the participants in this study expected her co-workers to be “harder” on her because she was a novice nurse in the ED. This turned out to not be the case but other

researchers have found that new nurses were given harder workloads, more night shifts, and had more pressure placed on them with inadequate support (Kelly & McAllister, 2013; Parker et al., 2014). From the stories they told, it appeared that all of the participants in this study felt well supported by their colleagues and were a part of a positive work environment.

The novice nurses in this study spoke about how their colleagues took an interest in them by demonstrating new skills or suggesting they observe a new experience. One participant stated that the support she received from her colleagues allowed her to feel “less frightened and less overwhelmed.” This is consistent with Martin and Wilson (2011) who found that the development of caring relationships with nurse colleagues played a role in how well new nurses adapted to their work environment.

The development of an effective working relationship with a preceptor was very important to the participants in this study. All of the novice nurses interviewed had very positive things to say about their preceptors. Other researchers have found that the development of a good relationship with a preceptor positively impacted the experiences of new nurses during their first year of practice and was vital to their success (Glynn & Sylva, 2013; Zinsmeister & Schafer, 2009).

One of the novice nurses in this study found that she had similar personality traits to those of her preceptor and she believed this contributed to their excellent working relationship. Another participant formed a learning plan with her preceptor based on strengths and weaknesses, which was extremely effective for her. Johnstone et al. (2008) found that new nurses who were appropriately matched with their preceptors exhibited increased confidence and competence in their nursing practice. Gomes et al. (2009) wrote

about the process put in place in one ED to carefully match preceptors with new nurses based on teaching and learning styles. The novice nurses in this study also spoke about having friendly preceptors or making friends with their preceptors. This is consistent with the findings of Kelly and McAllister (2013) who wrote that friendliness and approachability was a vital ingredient in a successful preceptor experience.

While the literature does indicate that a positive preceptor experience is extremely beneficial during a new graduate's orientation, an ineffective relationship with a preceptor has the potential to create a negative outcome for the new nurse. A less experienced or inconsistent preceptor could contribute to a negative experience and hinder the confidence of a novice nurse leading to a difficult transition period (Delany, 2003; Glynn & Silva, 2013; Kelly & McAllister, 2013). ED nurses themselves may be in need of educational support programs from clinical educators to more formally prepare them to take on the role of preceptor (Tavenor, 2013). Fortunately none of the novice nurses in this study appeared to have a negative experience with their preceptors and all spoke very positively about them.

The novice nurses interviewed for this study spoke about the process of knowing when to ask for help and learning which of colleagues they could turn to if a situation became overwhelming. Kelly and McAllister (2013) found that new nurses quickly learned whom they could ask for help and who perceived them to be a burden. The new nurses studied by Johnstone et al. (2008) wanted to be able to ask for help when they needed it while still practicing independently. Most of the participants in the present study indicated that they could find someone to assist them in a time of need. This is in contrast to Duchscher's (2009) study, which found that some new nurses felt like too much of a

burden to ask for help from busy coworkers. It also threatened their self-confidence to ask for help. Tavenor (2013) found that nurses who were preceptors to new graduates in the ED felt as though they had double the workload in a hectic ED environment. It is quite reassuring that the novice nurses in the present study felt safe to ask for help and could always find someone to assist them in a busy ED.

Walking the Line: The Essence of the Experience

According to van Manen (1997) the essence of an experience means the “inner essential nature of a thing, the true being of a thing” (p. 177). *Walking the line* describes what the experience of being a novice nurse in the ED was really like for the participants of this study. The novice nurses in this study were continuously trying to do no harm and to provide their patients with the very best care in spite of the many emotional and intellectual challenges they were faced in the ED. They were very mindful of the consequences of making a mistake while working in a very stressful and challenging environment. They were continuously trying to find a balance between two opposing situations. These novice nurses doubted themselves yet wanted to prove to others that they were competent. They wanted to please their colleagues while at the same time recognizing they needed the help of these same colleagues to provide safe care to their patients. The participants in this study were learning to perform clinical skills the best way while at the same time developing their own ways of doing something and becoming their own nurses. They often dealt with feelings of intimidation and difficult circumstances yet overcame these feelings and were able to move on. During the first few months of independent practice in the ED these participants were constantly *walking the*

line and encountered many situations that shaped their experiences as novice nurses in the ED and influenced who they will become as future nurses.

Summary

The findings from this study suggest that there are many factors that contribute to a novice nurse's experience of practicing in the ED. Despite initial hesitations about going to work in the ED, the participants in this study had developed supportive relationships with their colleagues and preceptors, which contributed to overall positive feelings about practicing in the ED. Apart from a few stories about difficult encounters and feeling overwhelmed in the beginning, the novice nurses in this study did not appear to have many of the negative experiences found in the literature regarding new graduates' transition to practice. The novice nurses in the present study were beginning to develop their own way of nursing and seeking to blend the knowledge of their formal education with the hands on skills they were practicing in the ED. It was recognized that a solid orientation to the ED provides the foundation for a successful transition to ED practice, and some of the participants provided suggestions as to how their orientations could have been improved. Many of the study findings were similar to the current literature studying new graduates' experiences regardless of practice area, as there have been few studies that explored the experiences of novice nurses in EDs. The findings from this study provide insight into the experiences of novice nurses in the ED and highlight the importance of providing support to novice nurses through orientation programs, hands on learning opportunities, and ensuring the availability of experienced and supportive nurses colleagues.

Chapter 6

Limitations, Nursing Implications and Conclusions

This final chapter presents the limitations of the study, implications for nursing practice, nursing education, and nursing administration, recommendations for future research and conclusions based on the study.

Limitations

There are potentially some limitations to the present study. Although the in-depth interviews yielded a wealth of data from the four participants, the small number of participants recruited may not have allowed me to fully describe the experiences of novice nurses in EDs. It is possible that other novice nurses may have had different encounters and stories to tell than those in the present study that would have revealed different insights into their experiences. Participants in this study volunteered to be interviewed and tell their stories of the experience of being a novice nurse in the ED. This may mean that their experiences may have been different than those who did not wish to be interviewed. It was noted however, that substantial similarity existed among the experiences of the four novice nurses.

All of the study participants were employed at hospitals located in urban centers. This was not intentional, but I do believe that there are few if any novice nurses practicing at rural hospitals in the health authorities where recruitment was conducted. Novice nurses working in rural areas may have had very different experiences than those of the participants in this study. There may also be variations among novice nurses of other cultures and other ethnic groups.

As a novice researcher, this was my first time interviewing participants for a qualitative research study. I did prepare an interview guide should it be needed to prompt participants. There were times of silence during the interviews and if this silence continued and the participant had nothing new to add I did use the interview guide. There is the potential that this may have influenced the participants in what they told me and may have led them in a different direction than if they were not prompted.

Finally, each participant was only interviewed once. I do believe that the interviews garnered rich data as all participants freely shared their experiences, however additional interviews may have provided a different or more complete picture of what it is like to be a novice nurse in the ED.

Implications for Nursing Practice

The findings from this study revealed that support from nurse colleagues plays a huge role in shaping a new nurse's career in ED nursing. The participants in this study felt their work environments were supportive ones. This helped to dispel their fears and initial hesitations about coming to work in a challenging and fast paced ED environment. Providing a welcoming and friendly environment for novice nurses goes a long way to helping novice nurses transition to ED nursing. Participants from the present study appreciated experienced nurses taking the time to show them a new skill or seek out a new experience for them. It is important that ED nurses realize how influential their support of new nurses really is. One way to ensure this would be to encourage novice nurses to provide feedback to clinical educators or complete formal evaluations at the end

of their preceptorship experiences, which could then be shared with preceptors and ED nurses.

The novice nurses in this study were learning to develop a process of when to ask for help. The ED can present challenges for a novice nurse who may become easily overwhelmed, so it is very important that novice nurses feel like they can turn to their colleagues for help. This also helps to ensure patient safety. Many of the participants in the present study had never experienced the feeling of not being able to find someone to help them even when the ED was very busy. One novice nurse did however worry that other nurses might look down on her inexperience if she asked too many questions. ED nurses who are working with novice nurses should ensure that novice nurses know they can turn to them for help even when the ED is very busy.

Perhaps an experienced ED nurse could be assigned to mentor a novice nurse every shift once the preceptorship experience has ended, so that novice nurses know they always have someone to turn to for help. The participants in this study wanted to prove that they were competent enough to be practicing in the ED and by doing so this also helped them to overcome the initial doubts they felt about ED nursing. One way they proved themselves to be competent was by meeting the challenges and demands placed upon them. Ensuring a mentor was always present even after the orientation period has ended would help novice nurses to meet the demands placed upon them while ensuring patient safety, in that there will always be an experienced nurse they can turn to for help.

Participants in the present study had developed good working relationships with their preceptors and spoke of positive experiences with their preceptors. Preceptors may not realize the huge impact and influence they have on novice nurses' experiences in ED

nursing. Those who volunteer for the role should be aware of this and it should not be a task that is taken lightly. Formal recognition of preceptors should also be a consideration for clinical educators and nursing administrators. Preceptors have the ability to shape a novice nurse's future career in the ED and a preceptor's positive attitude and dedication can help to ensure the success of the novice nurse in the ED.

Implications for Nursing Education

The findings from this study along with previous research indicate the important role that preceptors play in transitioning a novice nurse to ED nursing practice. One of the novice nurses in this study attributed the pairing of preceptors and new nurses to the luck of the draw, something she had no control over. In recognizing the valuable role of a preceptor, clinical educators should carefully select ED preceptors and if possible match preceptors and new nurses based on personality traits and teaching and learning styles. While this may be time consuming, it would ensure novice nurses coming to the ED are well supported and receive a solid foundation to beginning ED nursing practice. For the most part, the participants in the present study were consistently paired with the same preceptors and this consistency allowed them to build a trustful working relationship. Other participants would like to have had multiple preceptors, as they believed it would have given them exposure to different experiences and different ways of performing skills as no one nurse practices exactly the same. However, new graduates in other studies experienced negative outcomes from having inconsistent preceptors and I have personally experienced this in ED nursing practice. Ensuring consistency of capable and positive

preceptors can go a long way in enhancing a novice nurse's practice in the chaotic environment of the ED.

One of the participants in this study participated in classroom time as part of her orientation that she felt was not tailored to novice nurses. She also did not feel comfortable speaking up in front of the other more experienced nurses when she did not understand the material that was being covered. While it may not have been feasible to provide classroom time solely for that novice nurse so that she did feel comfortable, clinical educators should keep the specific learning needs of novice nurses in consideration when planning orientation programs for them to the ED.

There is no standardized orientation program for novice nurses who are coming to work in EDs. In Nova Scotia, there is an Emergency Nursing Program that nurses can enroll in, and in some institutions this may be a mandatory prerequisite to ED nursing, but is not in all cases. This raises the question of whether there should be a standardized orientation program specifically tailored to nurses who have little prior nursing experience. This is definitely an area that warrants further study. Perhaps a study could be undertaken to compare the experiences of those who completed a formal Emergency Nursing Program and those that did not. What were their experiences like with the transition to ED nursing practice?

The findings from this study suggest that peer support from other novice nurses transitioning to ED nursing would be very helpful. This is something that ED clinical educators should consider. If it is not feasible to hold debriefing sessions due to low numbers of novice nurses practicing in EDs, perhaps novice nurses could be assisted to informally connect with novice nurses in other EDs. With the technology of today,

geographic distance should not be an issue, as Skype sessions could be facilitated for novice nurses as a means to support each other and just have someone with whom to share their experiences.

Novice nurses in this study felt they would have benefited from more formal feedback from educators and managers. This is well supported by the literature and should be easy enough to implement but other more urgent issues often take priority and the novice nurse is left wondering if they are succeeding in their practice and how they can make improvements.

Study participants recognized the importance of effective communication skills when they spoke about difficult encounters with patients and their family members. Adequate communication skills are also necessary to work as an effective team member. It may be helpful for clinical educators to include a learning module on effective communication skills when designing an orientation program for a novice ED nurse. Perhaps there would be a role for a patient simulation lab in this instance where new nurses could practice using effective communication techniques. This should also be considered at the undergraduate education level as well.

Some of the present study participants spoke about the disconnect they felt between nursing education at the undergraduate level and actual nursing practice in the hospital setting. One participant described the difference between undergraduate education and clinical practice as, “night and day.” Further investigation as to why novice nurses believe there is such a difference between formal education and clinical practice is warranted. ED nurses who preceptor new graduates have noted that the new nurses often lacked basic nursing skills (Tavenor, 2013). Based on those findings, Tavenor suggested

that there is a need to critically examine nursing education. One strategy would be to ensure that clinical nursing instructors are still actively practicing in a patient care setting. This would go a long way in lessening the disconnect that the novice nurses in this study described.

Lastly, the present study also raises the issue of the transition period for new nurses, which has been extensively studied in the literature. One study participant reported going home and crying everyday as she felt totally unprepared for what she was experiencing in the ED. This issue of a difficult transition period for new graduates is not unique to the ED setting. Duchscher (2009) has suggested that orientation programs should help prepare new nurses by acknowledging this period of great transition and offering coping strategies. As was previously suggested, debriefing sessions or support groups for novice nurses in the ED would also help these new nurses better cope with the transition period.

Implications for Nursing Administration

In several instances, participants in this study verbalized feelings of intimidation they were left with after an encounter with another team member in the ED. In one case it was another RN who yelled at the novice nurse and in two instances it was encounters with physicians that led to these novice nurses' feelings of intimidation. In one situation the novice nurse did not feel comfortable speaking up to the physician about a particularly difficult situation that had occurred with a negative patient outcome. It would be important for those in nursing administration to acknowledge that novice nurses may feel particularly intimidated by certain individuals in the ED. The relative inexperience of these novice nurses and their own self-doubts and lack of confidence may be contributing

factors. Some thought should be given as to how nursing administrators can work with physician colleagues and other interdisciplinary team members to ensure that novice nurses feel comfortable to approach them in situations warranting their attention. Would other ED team members such as physicians and experienced nurses benefit from some sort of education session regarding novice nurses and their experiences?

Implications for Nursing Research

All of the participants in this study felt well supported in their work environments and there were few stories shared that were not positive in nature. In the past, new nurses have not always reported feeling supported by their colleagues regardless of area of nursing practice. As the sample size of this study was very small, it would be interesting to know what the experiences of more novice nurses in the ED has been like. Future research could compare practice areas. Are novice nurses in the ED more supported than their counterparts working in less specialized areas? Why might be the reasons for this? With more and more novice nurses beginning to practice in EDs, and little literature exploring their experiences, this is an area that continues to demand further study.

Conclusions

This phenomenological study explored the lived experiences of novice nurses working in EDs. There were four novice nurses who participated in unstructured face-to-face interviews in which they described their experiences of what it was like to be a novice nurse in the ED. Each participant had their own unique experiences to share however there were some recurring themes that emerged from the data, which were: 1) Doubting oneself as an ED nurse; 2) Importance of a supportive orientation; 3) Learning

through practice; and 4) Recognizing the value of a positive and supportive work environment. The findings of the study contribute to the understanding of what it is like to be a novice nurse working in the ED. This knowledge can better help their nurse colleagues and nurse educators understand the novice nurses' experiences and may lead to better support as novice nurses transition to ED nursing practice.

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Appendix A



Novice Nurses in the Emergency Department Study

Be part of important nursing research!

- ***Did you have less than one year of nursing experience when you began working in the Emergency Department?***
- ***Have you worked in the Emergency Department for less than one year?***

If you answered YES to both of these questions, you may be eligible to participate in this study.

The purpose of this research study is to explore the experiences of new nurses working in Emergency Departments (EDs). This research will provide valuable insight to nursing leaders, educators and ED nurses about the experiences of novice nurses in the ED.

Study participants will be asked to participate in one to two interviews with the study researcher, with each interview lasting approximately one hour.

This study is being conducted as part of a graduate nursing program through Memorial University of Newfoundland School of Nursing.

Please contact Jessica Robar, RN, BScN for further information:

Jcm010@mun.ca

(709)242-0349

Appendix B

Interview Script and Prompts

Opening script: Thank-you for agreeing to take part in this study about the experiences of novice nurses employed in Emergency Department. You may stop the interview at any time. Please let me know if you have any questions. I am interested in your experiences of nursing in the emergency department. Please try to refrain from naming other staff members or patients by name. Should you inadvertently do so, I will immediately remove the name from any records.

Interview Prompts:

- Tell me about an experience you had caring for an emergent patient with a potentially life threatening condition such as chest pain or shortness of breath.
- Tell me about an interaction you had with a family member whose loved one was experiencing a potentially life-threatening condition such as chest pain or shortness of breath.
- Tell me about an interaction you had with another Registered Nurse colleague when caring for a patient together as part of a care assignment.
- How is caring for an Emergency Department patient different than caring for a patient in your previous practice area (or clinical area as a student if you came directly to the ED after your nursing education)?
- What do you feel worked well for you during your orientation to the ED?
- How do you think your orientation to the ED could have been improved?

Appendix C

Health Research Ethics Authority

Ethics Office
Suite 200, Eastern
Trust Building 95
Bonaventure Avenue
St. John's, NL
A1B 2X5

January, 23, 2013

Ms. Jessica Robar
4 Clipshot Court
Middle Sackville, NS B4E 0C1

Dear Ms. Robar:

Reference #12.276

RE: Novice Nurses in the Emergency Department: The Lived Experience.
This will acknowledge receipt of your correspondence dated January 20, 2013
This correspondence has been reviewed by the Chair under the direction of the Board.
Full board approval of this research study is granted for one year effective January 10, 2013.
This is to confirm that the Health Research Ethics Board reviewed and approved or acknowledged the following documents (as indicated):

- Revised Opening scripts & Prompts
- Cover letter

MARK THE DATE

This approval will lapse on January 9, 2014. It is your responsibility to ensure that the Ethics Renewal form is forwarded to the HREB office prior to the renewal date. *The information provided in this form must be current to the time of submission and submitted to HREB not less than 30 nor more than 45 days of the anniversary of your approval date.* The Ethics Renewal form can be downloaded from the HREB website <http://www.hrea.ca>.

The Health Research Ethics Board advises THAT IF YOU DO NOT return the completed Ethics Renewal form prior to date of renewal:

- *Your ethics approval will/apse*
- *You will be required to stop research activity immediately*
- *You may not be permitted to restart the study until you reapply for and*

receive approval to undertake the study again

Lapse in ethics approval may result in interruption or termination of funding

It is your responsibility to seek the necessary approval from the Regional Health Authority or other organization as appropriate.

Modifications of the protocol/consent are not permitted without prior approval from the Health Research Ethics Board. Implementing changes in the protocol/consent without HREB approval may result in the approval of your research study being revoked, necessitating cessation of all related research activity. Request for modification to the protocol/consent must be outlined on an amendment form (available on the HREB website) and submitted to the HREB for review.

This research ethics board (the HREB) has reviewed and approved the research protocol and documentation as noted above for the study which is to be conducted by you as the qualified investigator named above at the specified site. This approval and the views of this Research Ethics Board have been documented in writing. In addition, please be advised that the Health Research Ethics Board currently operates according to *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans; ICH Guidance §6: Good Clinical Practice* and applicable laws and regulations. The membership of this research ethics board is constituted in compliance with the membership requirements for research ethics boards as defined by *Health Canada Food and Drug Regulations Division 5; Part C*.

Notwithstanding the approval of the HREB, the primary responsibility for the ethical conduct of the investigation remains with you.

We wish you every success with your study.

Sincerely ,

Dr. Fran Brunger



Chair, Non-Clinical Trials

Health Research Ethics Board



Eastern Health

October 10, 2013

Ms. J. Robar
7 Summerwood Place
Portugal Cove-St. Philip's, NL
A1M085

Dear Ms. Robar:

Your research proposal *HREA Reference# 12.276: "Novice nurses in the Emergency Department: The lived experience"*, was reviewed by the Research Proposals Approval Committee (RPAC) of Eastern Health at a meeting dated: October 10, 2013, and we are pleased to inform you that the proposal has been approved.

The approval of this project is subject to the following conditions:

- The project is conducted as outlined in the HREA approved protocol;
- Adequate funding is secured to support the project;
- In the case of Health Records, efforts will be made to accommodate requests based upon available resources. If you require access to records that cannot be accommodated, then additional fees may be levied to cover the cost;
- A progress report being provided upon request.

If you have any questions or comments, please contact Donna Bruce,
Manager of the Patient Research Centre at 777-7283.

Sincerely,

Appendix D

Consent

Jessica Robar, BScN, RN
Memorial University School of Nursing
Master of Nursing candidate
Jcm010@mun.ca

Consent to Take Part in Research

TITLE: Novice Nurses in the Emergency Department: The Lived Experience

INVESTIGATOR(S): Jessica Robar, BScN, RN

You have been invited to take part in a research study. Taking part in this study is voluntary. It is up to you to decide whether to be in the study or not. You can decide not to take part in the study. If you decide to take part, you are free to leave at any time. This will not affect your status as a working professional.

Before you decide, you need to understand what the study is for, what risks you might take and what benefits you might receive. This consent form explains the study.

Please read this carefully. Take as much time as you like. If you like, take it home to think about for a while. Mark anything you do not understand, or want explained better. After you have read it, please ask questions about anything that is not clear.

The researchers will:

- discuss the study with you
- answer your questions
- keep confidential any information which could identify you personally
- be available during the study to deal with problems and answer questions

1. Introduction/Background:

In the past, novice nurses were rarely hired in specialized areas such as the Emergency Department. To deal with the current nursing shortage, nurses with less than one year of nursing experience are now being hired in Emergency Departments.

The Emergency Department can be an overwhelming and challenging place to work. It is important that nursing educators, managers and nurses who work in Emergency Departments understand the experiences of novice nurses who are working in Emergency Departments as this may lead to better support for novice nurses in the future.

2. Purpose of study:

The purpose of this study is to explore the experiences of novice nurses working in the Emergency Department.

3. Description of the study procedures:

You will be asked to participate in an interview with the researcher. She will ask you about your experiences working in the Emergency Department. The researcher will ask you to participate in one additional interview which will take place one to four months after the first interview. In this additional interview the researcher will ask you to clarify some points from the first interview or ask you to describe new experiences you may have had at work since the first interview. The interviews will be audio-taped and then transcribed by a professional transcriptionist.

4. Length of time:

You will be asked to participate in two interviews over the next four months at a place of your convenience. The interviews can be conducted over the telephone if that is more convenient for you. Each interview will last approximately one hour.

5. Possible risks and discomforts:

It is possible that you may experience discomfort when describing a difficult experience you may have had while working in the Emergency Department. Should this occur, please contact the Employee and Family Assistance Program for counselling. This service is provided confidentially and free of charge to all Eastern Health employees. You can obtain more information about this assistance program by calling (709)777-3153 or visiting <http://www.easternhealth.ca/WebInWeb.aspx?d=2&id=1592&p=1747>

6. Benefits:

It is not known whether this study will benefit you.

7. Liability statement:

Signing this form gives us your consent to be in this study. It tells us that you understand the information about the research study. When you sign this form, you do not give up your legal rights. Researchers or agencies involved in this research study still have their legal and professional responsibilities.

8. What about my privacy and confidentiality?

Protecting your privacy is an important part of this study. Every effort to protect your privacy will be made. However it cannot be guaranteed. For example we may be required by law to allow access to research records.

When you sign this consent form you give us permission to

- Collect information from you
- Share information with the people conducting the study
- Share information with the people responsible for protecting your safety

Access to records

The members of the research team will see study records that identify you by name. Other people may need to look at the study records that identify you by name. This might include the research ethics board. You may ask to see the list of these people. They can look at your records only when supervised by a member of the research team.

Use of your study information

The research team will collect and use only the information they need for this research study.

This information will include your

- information from study interviews

Your name and contact information will be kept secure by the research team in Newfoundland and Labrador. It will not be shared with others without your permission. Your name will not appear in any report or article published as a result of this study.

Information collected for this study will kept for five years.

If you decide to withdraw from the study, the information collected up to that time will be destroyed.

Information collected and used by the research team will be stored in a locked filing cabinet at the home of the researcher. Jessica Robar is the person responsible for keeping it secure.

Your access to records

You may ask the study researcher to see the information that has been collected about you.

9. Questions or problems:

If you have any questions about taking part in this study, you can meet with the investigator who is in charge of the study at this institution. That person is: Jessica Robar

Principal Investigator's Name and Phone Number

Jessica Robar, RN, BScN (709)242-0349

Or you can talk to someone who is not involved with the study at all, but can advise you on your rights as a participant in a research study. This person can be reached through:

Ethics Office
Health Research Ethics Authority
709-777-6974 or by email at info@hrea.ca

After signing this consent you will be given a copy.

