

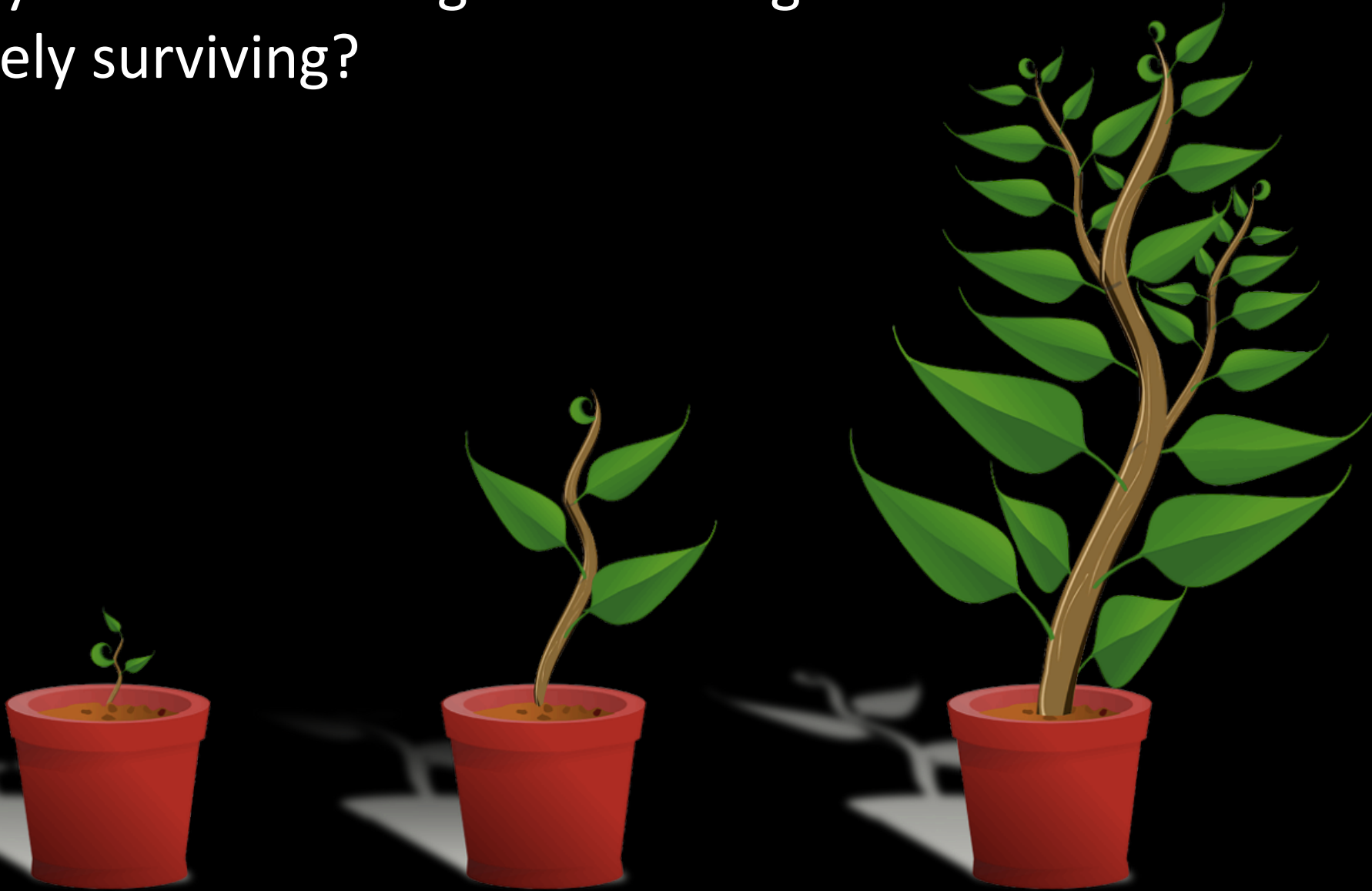
From Surviving to Thriving

Factors that buffer new graduate nurses from the well known stressors endemic in nursing

Shannon Dames RN, MPH, EdD©
Nurse, Educator, Researcher



Why are some new grads thriving and others barely surviving?



Developmental

Congruence in Childhood

- -Age/life experience to buffer childhood deficits

Authentic/accepting relationships

- -Unconditional positive regard

Self-compassion vs. perfectionism

Undergrad and Work Settings

Nursing School:

- Navigating/Prioritizing clinical complexities
- Self-care amongst pressing obligations
- Personality and preferences: **alignment with specialty area choice**

Work/school relations

- Community of Practice/mentorship
- Manageable emotional labor/a ability to be authentic without being shamed/imposter syndrome
- Physical and emotional violence (especially intense for new nurses)

Workload

- reduced for novice inefficiencies

Safe/stable Learning Environments

- More focus on implicit learning, less on explicit (building cultural congruence)
- Limiting redeployment/ambiguity

Interplaying concepts

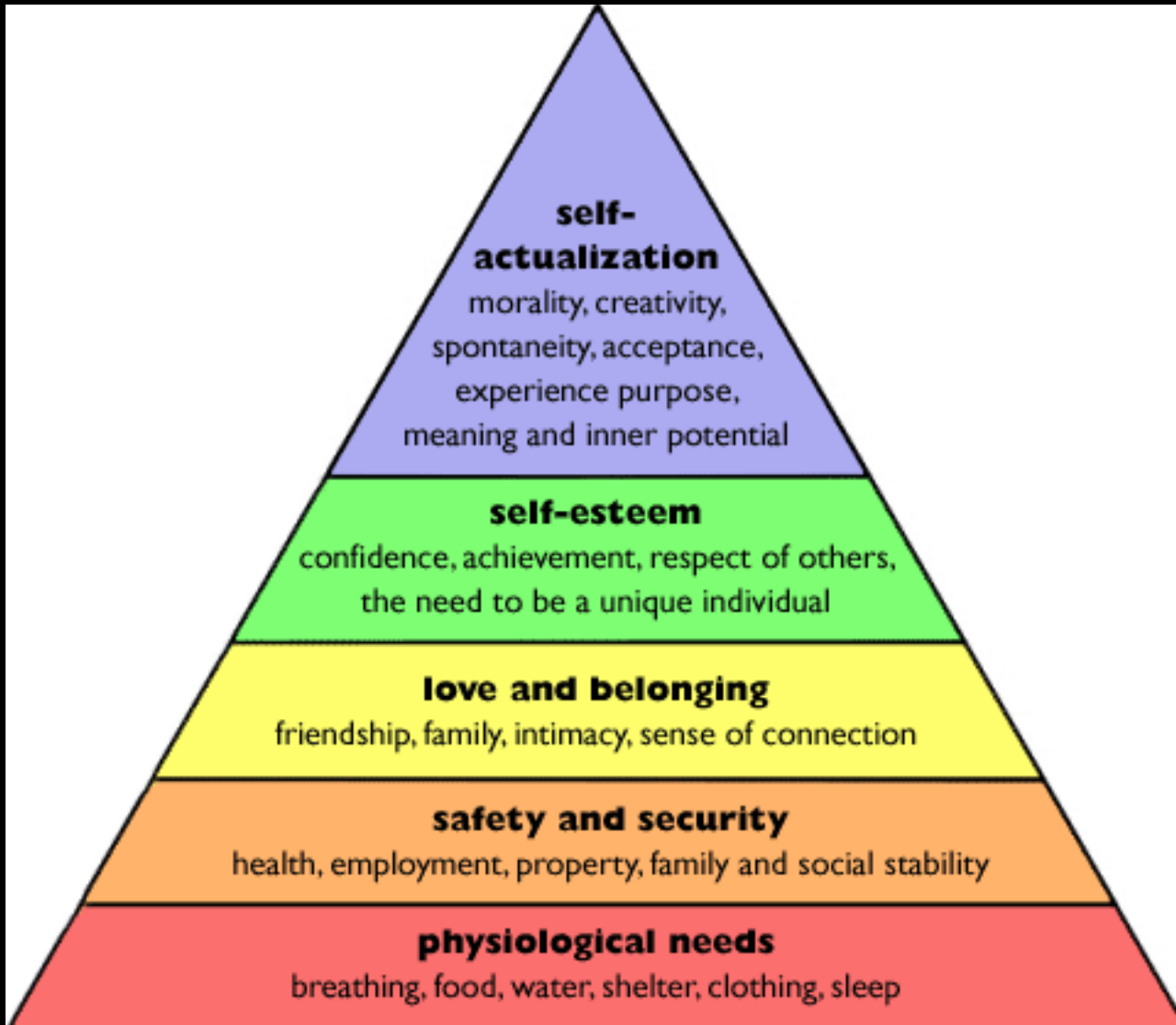
Stimuli as
challenge or
stressor?

Unmet
needs
(Maslow,
1943)

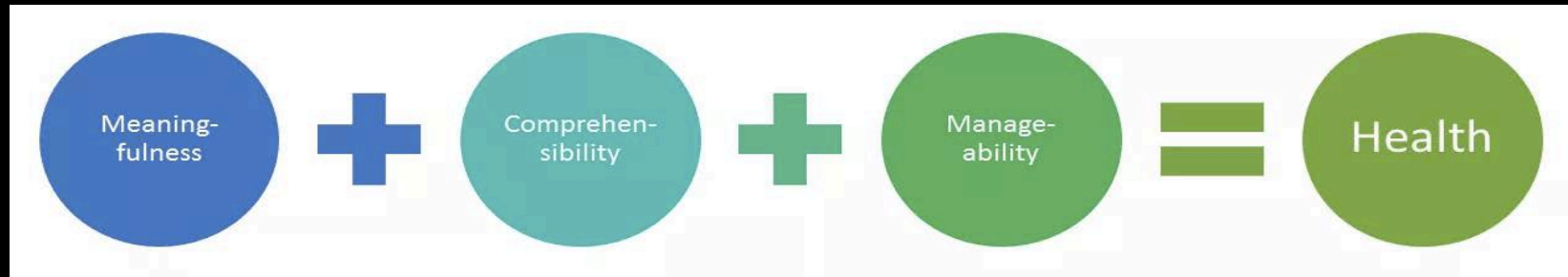
Sense of
Coherence
(Antonovsky,
1987)

Congruence
(Rogers,
1951)

Unmet need → threat/stressor



High Sense of Coherence (Antonovsky, 1987)



Stimuli is not threatening/stressful, thereby no cortisol response



Challenges managed with confidence, and creativity



High Morale, Authentic relations, less sick days and addiction

Low Sense of Coherence (Antonovsky, 1987)

An unmet need is a threat



dis-ease



HIGH CORTISOL RESPONSE




Mental and Physical health conditions, addictions



Low Morale, More sick days

Anxiety

A dark blue thought bubble with a scalloped edge, containing the text "I'm not good enough".

“I’m not
good
enough”

- Easily fatigued
- Irritability
- Muscle tension
- Chronic worry
- Sleep problems
- Difficulty concentrating/minds goes blank
- Restlessness/feeling wound-up or on edge

Interplaying factors that enable new graduates to thrive

- *Living one's calling*

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- *Preventing stimuli from being perceived as threatening/stressful*

Surviving or Thriving?

Self-integrity/self-efficacy
(Workload allowances)

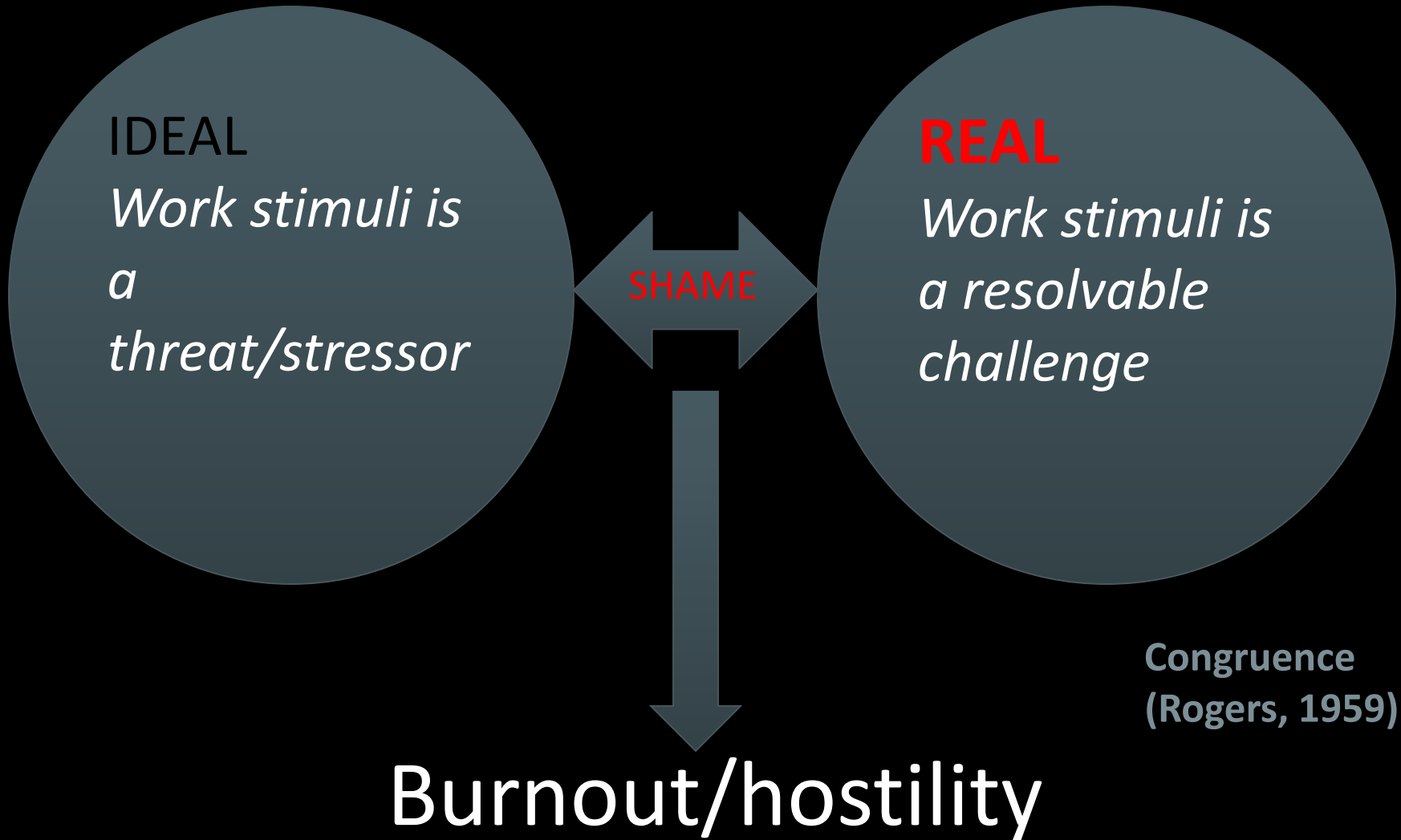
Environments that support congruence

Child centered upbringing and trauma

Relationships of unconditional positive regard

SELF-COMPASSION

DEVELOPMENTAL



#1 quality of congruent people

SELF-COMPASSION

(the antidote to shame and maladaptive perfectionism)

“I make mistakes at work, but I don’t really feel bad about it. There is usually something in the environment that enables the mistake to happen, so it is more important to look at what is happening to cause that to happen in the first place. It isn’t all about me.” (Cherie)

“I know I’m not a superhero, and I’m okay with that...I think part of it is what I have learned about myself and knowing that I’m human and I can’t be perfect.” (Janice)

“[I had] a realization that if I don’t take care of myself, I can’t do as good of a job taking care of my patients.” (Janice)

What factor naturally produces high levels of **SELF-COMPASSION**?

A childhood with **perceived**
unconditional positive regard



Incongruent Cultures

Social shaming/hostility/socially prescribed perfectionism



Low Morale



High Attrition Rates

“If something goes wrong in the room...I automatically think it is my fault somehow.” (Tabitha)

“Whatever happened was my fault in some way.” (Mary)

“I don’t like to confront tension, I guess I’m worried for being called out for being wrong or bad or whatever.” (Rhonda)

“I was terrified of not being what others expected of me, or even what I expected of me...terrified of failing. It felt like it would destroy me.” (Tabitha)

Childhood inequity = Adulthood inequity

Work Context Factors

- **Consistent work environments** and work schedules
- **Workload**, maintaining an effort-reward balance at work
- **Managing hostility** and violence in the workplace

Redeployment

“I don’t feel supported because I don’t know the people. I haven’t gotten a good orientation to the places I’m floated to either. ...I just feel flustered and stressed, and then that impacts how I nurse and how I come across to my coworkers. I feel like I look like this terrible nurse, but I know I’m not. I’m just out of my comfort zone. I just don’t know how they function; I don’t know their routine.” (Janice)

“Staffing is huge, not enough and being redeployed into areas where they don’t have experience.” (Mary)

“The care aids were totally different; there was no communication, they weren’t answering call bells...there is no floor organization, no flow, no consistency, no senior nurses, lots of new graduates, high turnover, it’s super stressful.” (Sarah)

“They can pull us wherever and it doesn’t matter. I don’t feel heard, and I have no control. I feel like we are pawns that they just toss around however they want.” (Sarah)

Workload

“[In the beginning], I was so stressed from work, I would just come home and cry. I would go right to bed...I couldn't add one more thing [to my life apart from work], even if it may have helped, I was too overwhelmed. I wasn't taking breaks; it was just too busy. I was so stressed...we were all just drowning. ...You are so overwhelmed by the need to feel like you needed to prove yourself that I ...missed a lot of breaks. There is this feeling that if you are asking for help too much or bringing things up that you will be viewed like, 'hey, what's not working here, what's wrong with you?'” (Janice)

Co-worker dynamics

Hostility/Shaming/Homogenization

“I’ve had a senior nurse literally say, ‘We always eat our young, I don’t know why we do it, but we do, so get over it.’ The younger nurses were... afraid of being targeted. There is a lot of talking behind people’s backs. I’ve heard on a few occasions that you can’t speak up because you will be busted for bullying.... people are afraid to say anything; they bully behind the scenes now. ...It’s not a safe space at all.” (Tabitha)

“...If they bring a complaint against a coworker and it doesn’t go through...then they aren’t trusted as a coworker anymore.” (Cherie)

“There is one nurse that follows me all the time, and every little thing that she thinks I missed or did wrong gets reported. I don’t think she was doing it to personally attack me, but it is just who she is as a nurse.” (Candice)

“...Even the senior nurses on the floor, watching them as a student, they would get shamed for speaking up or saying something. ...When you’re a student, you just don’t have the right to stand up for yourself. You just...learn it by being around it. ...I fear being publicly shamed. I experienced it as a student; I was publically shamed in the hallway by two nurses. ...One lit into me, and the other stood there, watched, and didn’t say anything. It was because I didn’t chart in a timely manner.” (Mary)

Hurt people
HURT people

- Sandra D Wilson

Mentorship

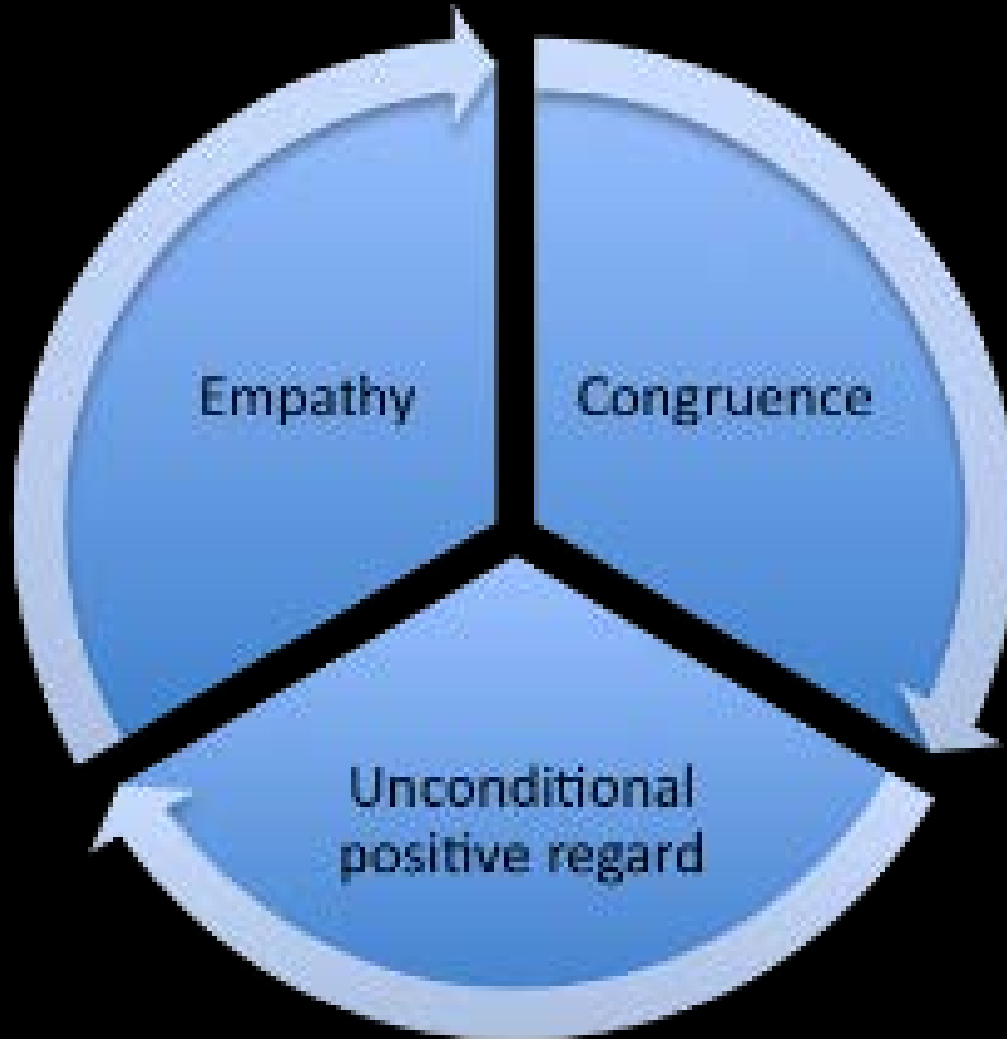
“if it weren’t for [my work mentor], I wouldn’t be where I am today” (Mary).

“I found that just having a mentor or someone you can go to, even just to vent about staff members...even just to ask questions that you might not be comfortable asking” (Sarah)

“I was calling in sick often...because I dreaded going into work. I got put on probation because of it. It was a really unsupportive environment. I was super stressed out and burned out. There was no support there. There was no teamwork. There were no resources or senior nurses to ask questions. Now that I’m on floor [#], I feel safe, and it is so much better. No matter what happens, I can call for help, and someone will be there to help me. I don’t call in sick now. I feel supported and excited to go to work now.” (Jessica)

“I’m becoming more and more comfortable in my surroundings and I’m trusting my peers more and more. My CNL has become more of a mentor to me to, which has really helped. Having an authority figure really accept who I am. I feel like she sees who I am, accepts me and encourages me, encourages my growth.” (Candice)

Core conditions of **mentorship**



Undergraduate Factors

- Integrate self care practice into the curriculum
 - Often feels like a token concept
- Career Advice – more transparency
 - Personality, viable options outside of med/surg
- Awareness of incongruence and evidence-based tools to address it
 - Congruence as the roots of relational practice

Self care

“In emerg, my preceptor would say, ‘are they really sick? Can it wait? Yes, it can wait, go on your break!’ I always thought more practice would be better in that way because you get to apply what you’re learning, including self-care. The application is what really nails it in.” (Sarah)

“There is always lip service to self-care. ...It could definitely be incorporated into the curriculum more.” (Cherie)

“The sheer amount of work in the program did not jive with self-care. It didn’t feel like you could succeed in the program and make time for self-care.” (Mary)

Career Advice

“I did not want to be a bedside nurse. I hate bedside nursing...I was told that I wouldn't get a job unless I went into acute care. So, I went into acute care, and I totally regret it. Everyone seems to say you can do whatever you want with nursing but in the same breath they say, but...you have to go do the shit jobs.” (Cherie)

“There [is] just too many options. It's hard to know where to start.” (Rhonda)

“Most [faculty members] told me straight out or hinted to the fact that it was a mistake because I needed to put my time in on med surg, that my time would be better served consolidating my skills, that I would regret my decision to do OR, that I wouldn't be able to go anywhere else, that I would be too specialized. ...I'm so happy I ignored them!” (Tabitha)

Congruence development

“Nursing school allowed me to see it [childhood adversity] in a more positive way, how it got me here today, how it even helps me in my job. ...I did a lot of that work in nursing school because it’s such a reflective process. ...Nursing school forced me to look at myself and then I went and figured it out. It puts you in different situations where you have to deal with other people, which can either bring out the best or the worst in you.” (Rhonda)

“Nursing school did a lot of shaping of me. I learned a ton about being okay with who I am. I found a lot of support through my nursing friends...It opened my eyes.” (Sarah)

“Horizontal violence is given such lip service, but the same teachers that talk about it are also the same ones that abuse the students and don’t respect their mental health.” (Cherie)

“Just being aware of it and seeing it in writing and doing the self-exploration has really helped me cope with it...it has really helped me grow.” (Candice)

“It is nice to know that I’m not the only one that who is dealing with this stuff.” (Jessica)

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Common goals

Quality patient care delivered by thriving nurses

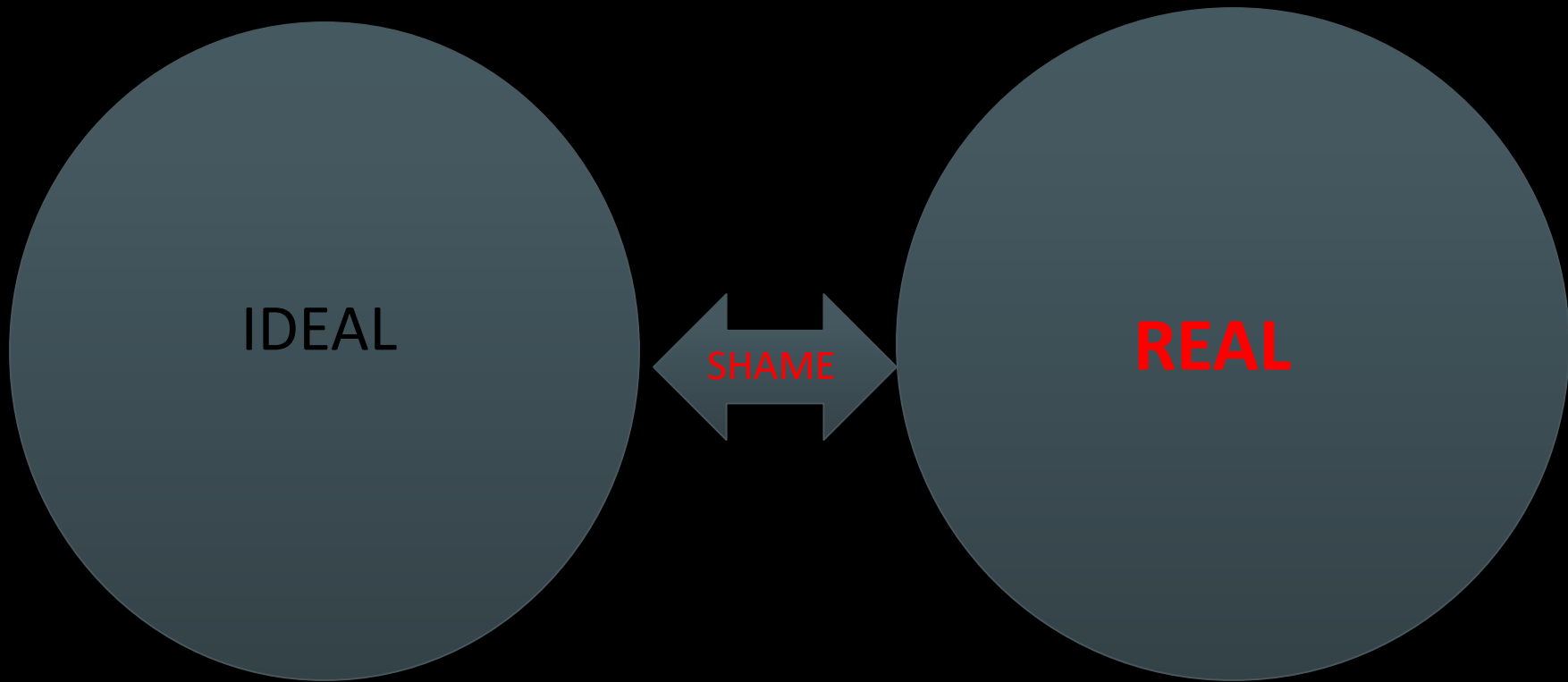
Retention of nurses

- Cost-savings
- Ensuring a healthy mix of experts/novices

Improving the nursing culture – making for emotionally safe/authentic communities of practice

Synchronizing Efforts





Congruence
(Rogers, 1959)

So...can we get **REAL**?

“Real” nurses thrive, “ideal” nurses survive

R

- **Relationships** of unconditional positive regard through mentorship (vs. shaming, scrutiny)

E

- **Empowering** voice via flattening the hierarchy (vs. suppressing dissonance because it feels unresolvable)

A

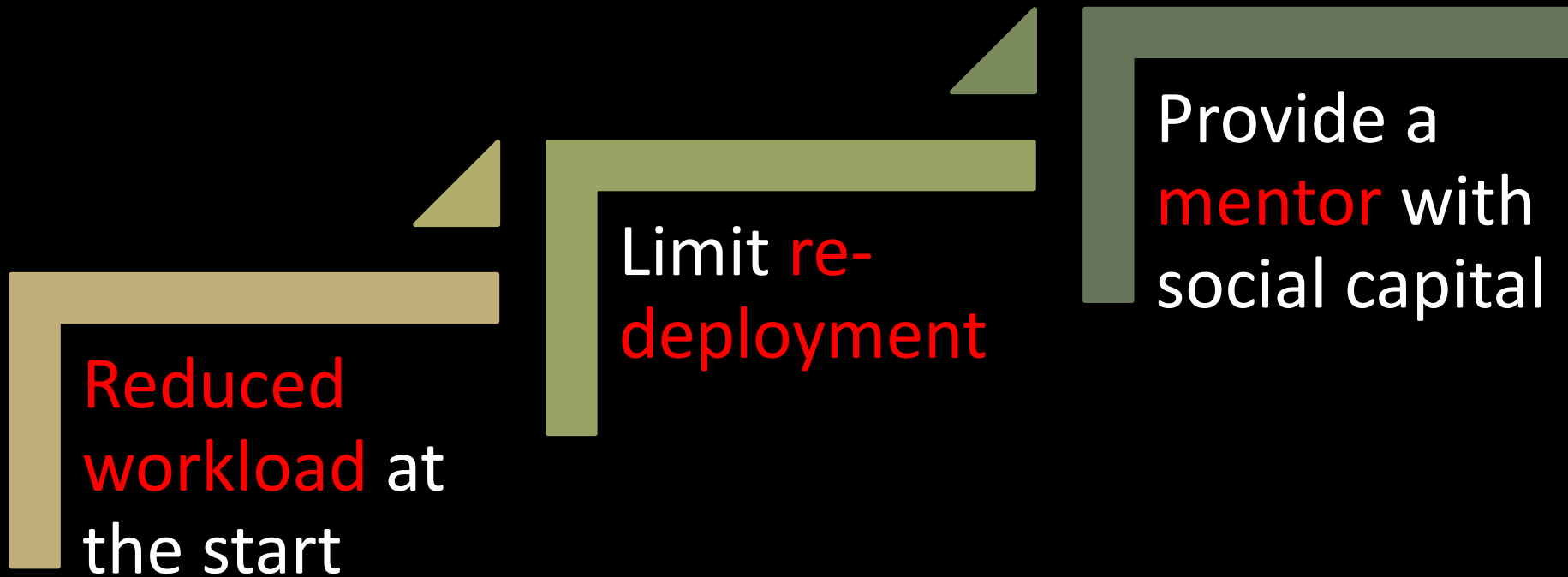
- **Articulating** developmental vulnerabilities

L

- **Living a calling:** well-suited, supportive, and predictable work environments (vs. deployment, ill suited personalities to the high stimulus environment, workloads that exceed expertise).

Top 3 Employer Recommendations

From new graduate participants to employers



Top 3 Undergrad Recommendations

From new graduate participants to educators



Other common areas of unresolved stress

PHYSIOLOGICAL NEEDS: NOURISHMENT/REST

- “Those times when you are like, ‘do I take my lunch break and go eat my sandwich when it is so busy or do I...?’” (Cherie)
- “By the time you leave you are so tired...and my kids are like Mommy, Mommy, Mommy! Then I feel guilty for not having any energy left.” (Tabitha)

SAFETY: PHYSICAL VIOLENCE

“It’s sad that violence feels so normalized now. ... The amount of violence I see is so much more than I was expecting.” (Cherie)

ESTEEM: MORAL/ETHICAL DISSONANCE

- “We push people out the door because the hospital is exploding...knowing they will fall and come right back...the guilt for me is a product of an overwhelmed system.” (Candice)
- “There is just such a general lack of resources. It can feel like sometimes there is just nothing you can do for them.” (Mary)

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For More Information

Shannon Dames

Vancouver Island University, Shannon.dames@viu.ca

(250)732-7215/text friendly

<https://www.linkedin.com/in/shannondames/>

Shannon Dames Thesis – In process

*A Study of the Interplay between New Graduate Life Experience, Context, and the Experience of Stress in the Workplace:
Exploring Factors towards Self-Actualizing as a Novice Nurse*

University of Calgary

Vancouver Island University
Island Health