Embracing the Difference Caring Makes: Implementing Caring Groups in a New Graduate Orientation Program

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Embracing the Difference Caring Makes:

IMPLEMENTING CARING GROUPS IN A NEW GRADUATE ORIENTATION PROGRAM:

Embracing the Difference Caring Makes:

INTRODUCTION

* Self Care
* Loss of a Patient
* Conflict Resolution
* Change Management
PURPOSE OF THE STUDY

Explore the experience of participating in Caring Groups for new graduates hired at a large healthcare system.

THEORETICAL CONTEXT

BOYKIN AND SCHOENHOFER’S THEORY OF NURSING AS CARING

Caring is

“an altruistic, active expression of love, and is the intentional and embodied recognition of value and connectedness” (Boykin et al., 2010, p.372)
APPLICATION TO PRACTICE: THEORY OF NURSING AS CARING

- Intention is to teach nursing as caring

- Learning is facilitated when faculty help students to come to know both self and “other” as caring persons (Boykin et. al., 2010)

- Caring groups added to residency program to provide teaching/learning activities related to caring

“REFLECTION ON PERSONAL EXPERIENCE”

- Process of learning caring “requires intention, formal study and reflection on personal experience” (Boykin et al., p. 377)

- Activities within caring groups:
  - Importance of caring for self
  - Competent nursing practice
  - Opportunity to gain support through sharing stories of their experience transitions as new graduates into nursing practice

LITERARY CONTEXT

- Residency: Dyess & Sherman; Duchscher

- Caring: Kalisch; Birx et al.
RESEARCH DESIGN

METHODOLOGY
* Interpretive phenomenology
  * Van Manen (1990)
  * Modified Colaizzi (1978) approach

PARTICIPANTS
* Purposive Convenience Sample
  * Caring Groups as component of an internship program for new graduates hired into a large healthcare system.
  * Willingness to share their stories with the researcher
* Description of Participants
  * 6 participants
    * 3 Caucasian, 3 African-American
DATA GENERATION

- Research Question: “Tell me your experience as a new nurse participating in Caring Groups as a component of your new graduate residency program.”
- Additional questions as the interviews unfolded to encourage dialogue
- Semi-structured, audio-recorded interviews
  - 3 Individual
  - 1 Focus group
    - Verbatim Transcription
    - Member checking of transcripts for approval of data

DATA ANALYSIS

- Modified Colaizzi’s (1978) 7 step process
  1. Listening to audio recording and reading transcripts multiple times.
  2. Written summaries of transcripts by each researcher.
  3. Multiple team meetings to validate interpretation of findings.
  4. Identification of significant statements to illuminate the participants’ stories
  5. Discussion among team members as theme categories evolved
  6. Creation of a rich and exhaustive description of the phenomena
  7. Validation of interpretation of findings with participants

METHODOLOGICAL RIGOR

- Lincoln and Guba’s (1985) trustworthiness criteria
  - Credibility - peer debriefing and member checking.
  - Dependability and Confirmability - careful record keeping, reflective journaling and member checking.
  - Transferability - rich and exhaustive description of the phenomenon,
Findings

1. “RUNNING UPHILL” BUT NOT ALONE
2. GAINING PERSPECTIVE FROM THE TOP OF THE HILL
3. TRANSFORMATION: ON THE DOWNHILL SIDE

“RUNNING UPHILL” BUT NOT ALONE

* Jessica “running uphill with me”
  * Guilt for not doing a good job
  * Worry about mistakes
  * Feeling alone together

ELLA: GUILT AND WORRY

* “one of my big feelings was a feeling of guilt that I would have at the end of my shift. Because I felt like I couldn’t get it all done, maybe I didn’t do the best thing I could for the patient”.

JESSE: “ALONE TOGETHER”

“the main things that I really take away from the caring group is to know that I’m looking across...to other people who are going through the exact same thing that I’m going through, and I’m not alone..”

GAINING PERSPECTIVE FROM THE TOP OF THE HILL: MAKING SENSE

• Learning not to be hard on oneself
• Coming to understand what they didn’t know
• Valuing the importance of collegial caring and teamwork.

MAKING SENSE: LEARNING NOT TO BE HARD ON ONESELF

• Apple: [we] “didn’t need to be so hard on ourselves”.
• Ella: “Don’t beat yourself up...that was a huge message of the caring group, do not beat yourself up”.

MAKING SENSE: COMING TO UNDERSTAND WHAT THEY DIDN’T KNOW

ELLA: “You can’t worry about those things you may or may not have missed or may or may not have known to do”.

JESSE: “You go from coming out of school thinking that your job is to fix everything to realizing that if something is going wrong, to tell somebody...that’s big...You will get the expertise in years and years”

MAKING SENSE: VALUING THE IMPORTANCE OF COLLEGIATE CARING AND TEAMWORK

Adam: “The most important thing I learned about in the caring group is always remember that I’m in a team environment”.

Claire: “the caring group experience helped show me that nursing can, and should be, a team approach...I’ll always be working with someone who may have more experience than I do...know that you will always have someone to turn to”.

TRANSFORMATION: ON THE DOWNHILL SIDE

Coming to Understand You Cannot Do It Alone

• Having support: Knowing "you will always have someone to turn to".

• Collegial caring
ELLA’S TRANSFORMATION

* HAVING SUPPORT:
  • Orienting as a nurse there were 3 things you had to know...
    • 1. Book smart stuff (nursing knowledge)
    • 2. Logistics (where all the little bits and pieces are)
    • 3. Relationships. She “felt like the caring group aspect helped me” (with that piece, which was hard for her.)

ADAM’S TRANSFORMATION

* HAVING SUPPORT:

  • “as powerful as you think you are, and as smart as you think you are, if it’s your turn to face the music, if whether you like it or not, you can’t do it alone.

JESSE’S TRANSFORMATION

* COLLEGIAL CARING

  • “Instead of having that feeling {of being a burden to the staff} you get the feeling of “I have other people here who will help me...other people who have gone through what I have gone through”.”
DISCUSSION
References


