

Student Paper

Caring for Novice Nurses Applying Swanson's Theory of Caring

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Abstract

Novice nurses face several challenges, including increased clinical responsibilities and fitting in with other staff members, leaving them at risk for decreased job satisfaction, burnout, and possibly exiting their position or the profession altogether. Frequently, novice nurse orientation focuses on the acquisition of clinical skills; it serves the facility's needs, but lacks a caring component that acknowledges the nurse as an individual. Nurse educators are in a unique position to develop orientations that will support and enhance the experience of novice nurses. This paper presents an exemplar of applying caring to novice nurse orientation using Swanson's theory of caring.

Keywords: novice nurse, caring, Swanson's theory of caring, nurse educator

If one were to ask nursing students why they chose their profession, there would be an overwhelming response about the desire to care for people (Rhodes, Morris, & Lazenby, 2011). The importance of caring for patients is underscored throughout the duration of nursing school. However, as novice nurses move from the academic environment to the clinical environment, they are vulnerable and also in need of caring, compassion, and understanding but quickly learn to expect the opposite in practice (Duchscher & Myrick, 2008). Without the availability of a safe place to be heard and understood, the new nurse is often shrouded in loneliness and isolation (Duchscher, 2009). Left to parse through complex experiences and emotions without the help of an understanding guide, the novice nurse is vulnerable to becoming disillusioned, disengaging from work, or even leaving the profession. This paper will examine the application of Swanson's theory of caring to novice nurse orientation as a response to novice nurses' needs.

Literature Review

A search of the literature was performed in the CINAHL database using search terms *novice nurse* or *new graduate nurse*, *transition*, and *caring* or *caring theory*. This revealed a paucity of literature on novice nurse orientation grounded in caring theory. However, there were several articles that discussed the novice transition.

Transition from Student to Professional

The difficulty in transitioning from student to professional nurse has been well documented. Kramer (1974) developed the term "reality shock" to describe the feeling of novice nurses moving from the academic world to the working world. When the aspiring nurse sees that what was taught in school as the right way to care for patients is not how it is executed at the bedside, disillusionment ensues which leads to stress and often results in nurses leaving clinical practice.

Building on Kramer's (1974) work, Duchscher (2009) developed the theory of "transition shock" to describe the experience of the new nurse. In this theory based on a 10-year program of research, including four qualitative studies, Duchscher (2009) posited that the contrast between the "relationships, roles, responsibilities, knowledge, and performance expectations" (p. 1105) of student versus professional nurse creates a state of uncertainty for the new nurse. The expressions of transition shock are divided into four categories: emotional, physical, intellectual, and socio-developmental (Duchscher, 2009). Examples of how these are manifested include fears of failure or incompetence; inability to sleep or if able to sleep, dreaming about work; hypersensitivity to criticism; and fear from being placed in clinical situations outside of their skill comfort level (Duchscher, 2009).

In a study conducted by Dyess and Sherman (2009), novice nurses ($N = 81$) attending a novice nurse leadership institute revealed through semi-structured interviews feelings of fear related to the amount of responsibility they were given. Several novice participants reported a sense of being left on their own to deal with complex clinical situations. Additionally, participants reported difficulty when communicating with other members of the team, specifically physicians and unlicensed assistive personnel. Horizontal violence was also a common experience reported among these novice nurses.

This sentiment is echoed in Clark and Springer's (2012) qualitative study on the lived experience of the new nurse. Participants ($N = 37$) included nurses who attended a nurse residency program. In response to the research question about the most concerning aspects of their practice, *stress from not knowing* and *daily operational conflicts* were themes that emerged. The participants expressed concern about the potential for errors that could result in patient harm due to their inadequate knowledge and inexperience. Additionally, difficulty in communication with other staff members was noted. Finally, lack of support from preceptors added to the already stressful situation.

Furthermore, Laschinger, Finegan, and Wilk (2009) examined novice nurses' experiences of the health care environment. The authors hypothesized that novice nurse perception of the work environment (supportive or unsupportive) would be correlated with civility among staff, feelings of empowerment, and burnout. Questionnaires were sent through hospital mail to 271 inpatient units, and 247 novice nurses responded. Results indicated novices reported high levels of emotional exhaustion (62% scored greater than the cut point for severe burnout). Additionally, significant predictors of novice nurse burnout were emotional exhaustion ($\beta = -0.221$, $p = 0.004$), empowerment ($\beta = -0.245$, $p = 0.001$), and workplace civility ($\beta = -0.18$, $p = 0.003$). The authors concluded that supportive work environments that allow novice nurses to practice according to professional standards and where they can have civil relationships with other staff members can decrease the risk of burnout (Lashinger et al., 2009).

It is clear that novice nurses are vulnerable. This vulnerability puts them at risk for personal and professional issues. Frequently, they leave their first position before having the opportunity to establish a career (Welding, 2011). Rhéaume, Clément, and LeBel (2011) surveyed 348 novice nurses over a five-year span to determine what proportion of novices intended to leave their current job and what factors contributed to their desire to leave. There were seven sections in the survey, including employment status, orientation program, mentorship program, empowerment, work environment, intent to leave, and demographic data. The researchers found a moderate correlation between intent to leave and lower levels of empowerment ($r = -.30$, $p < .000$), with 45.5% of the sample thinking about leaving their job and 4.9% planning on doing so. Novices who perceived the environment as supportive and grounded in a nursing model versus a medical model were more likely to stay.

In the worst-case scenario, patients are put at risk for harm when cared for by novice nurses experiencing an unsupported transition (Ebright, Urden, Patterson, & Chalko, 2004; National Council of State Boards of Nursing, 2009). Ebright et al. (2004) conducted a qualitative study of 7 novice nurses who had experienced a near-miss or adverse event. These events included medication errors and inadequate assessment skills, such as missing the significance of changes in laboratory values. The authors reported time constraints, lack of communication at hand-off, and peer pressure as themes surrounding these events.

The research supports the proposition that novice nurses are vulnerable during transition from student to professional nurse. Factors identified in research as affecting successful transition include: healthiness of the work environment (Laschinger et al., 2009), perceived support from staff and administration (Rhéaume et al., 2011), effective communication with members of the healthcare team (Clark & Springer, 2012), feelings of empowerment (Laschinger et al., 2009; Rhéaume et al., 2011), and confidence in clinical skills (Clark & Springer, 2012; Ebright et al., 2004).

Typically, new graduate nurses go through a generic one-size fits all orientation process, but not all novices are the same. There could be variations in length of the school program (ASN vs. BSN), in their exposure to clinical experiences and in the length of time between graduating school and starting employment. These factors can impact the novice nurses' learning needs during orientation. Therefore, a program that responds to the individual's call is vital for a healthy transition from student to professional. However, there is little research on novice nurse orientation grounded in caring. Novice nurse orientation programs, residencies, and others, built with the goal of coming to know the novice nurse as a person, can address these issues and possibly assuage or prevent the impact of a difficult transition.

Swanson's Theory of Caring

One such theory that is a good fit for grounding novice nurse orientation is Swanson's middle range theory of caring. According to Swanson (1991), "caring is a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility" (p. 165). Swanson's theory of caring was originally derived from research with women experiencing miscarriage, mothers of children in the neonatal intensive care unit (NICU), and pregnant women at high social risk (Swanson, 1991), but has since been applied to multiple populations (Andershed & Olsson, 2009). It is a good fit for application to novice nurses because it focuses on easing transition (Swanson, 1991).

Swanson's middle range theory of caring consists of five processes (Swanson, 1991). These include: knowing, being with, doing for, enabling, and maintaining belief. A discussion of applying these caring processes to the nurse educator/novice nurse relationship follows. Depending on the size of the organization, the direct contact between the nurse educator and the novice will vary. For the purposes of this paper, the term nurse educator is used, however the preceptor, or any other experienced staff member who is facilitating the novice nurse's orientation, can perform these functions.

Knowing

Knowing refers to trying to understand the meaning of an event as perceived by the other person (Swanson, 1991). The nurse educator comes to know the novice nurse by withholding judgment and avoiding assumptions. By recognizing that each nurse comes with individual experiences, skills, and attributes that have an effect on his or her ability to transition into the professional role, the nurse educator can provide learning experiences, support, and feedback that meets the particular needs of each novice. Rather than expecting everyone to progress at the same rate, knowing the novice as an individual allows them to adapt to their new environment at a pace that works for them. This may benefit both the novice nurse and the patients they care for, as providing safe care hinges on the novice working within the scope of their clinical abilities.

Being with

The second process, according to Swanson (1991), *being with*, involves being fully present for the other. It is sharing in their triumphs and disappointments and understanding the other's reality. It also conveys the message of emotional availability of the one caring, now and in the future. The nurse educator can express being with the novice nurse by checking in regularly during the orientation process. During this check-in, the nurse educator can have the novice relay stories about the work experience and transition process. While listening attentively to the stories, the nurse educator can demonstrate *being with* by cheering for the novice's accomplishments and offering encouragement and coaching during times of anxiety or low confidence.

Doing for

The next caring process is *doing for*. This involves performing actions for the other that are protective, helpful, and comforting when the one cared for is unable to do such actions for his or herself (Swanson, 1991). The person who is caring anticipates the needs of the one cared for and performs the actions in a way that preserves the other's dignity. The nurse educator is *doing for* the novice nurse by advocating for him or her to have patient assignments within the novice's scope of clinical skills and also by assisting with clinical tasks the novice is unfamiliar or uncomfortable performing. It is important to avoid making the novice nurse feel embarrassed or incompetent and to realize it is normal to need time to develop nursing skills.

Enabling

The fourth caring process is *enabling*. This process of *enabling* facilitates the other person's passage through unfamiliar territory while he or she is going through transitions (Swanson,

1991). It involves focusing on the other's experience and providing support, explanation, and validation of feelings. The caring person also helps the other work through their emotions and facilitates the generation of alternatives. The nurse educator may demonstrate enabling when she allows the novice to vent concerns and helps him or her to work through the situation while providing emotional support. For instance, if a novice were to make an error the nurse educator will listen and help the novice figure out what led up to the event and if it could have been avoided. By working through these difficult moments of transition in a safe, understanding relationship, the novice nurse's confidence in his or her skills can be preserved while growing as a professional.

Maintaining Belief

The final process is known as *maintaining belief*. This involves maintaining a hopeful attitude and believing in the other person's ability to make it through the transition (Swanson, 1991). The one caring does not give the other's life meaning but enables the other to find the path to a meaningful life. As novice nurses experience the transition from student to professional nurse, their self-confidence can increase or decrease several times throughout the transition. The nurse educator stays cued to the novice's need for and provides adequate encouragement during the times of low self-confidence. The nurse educator *maintains belief* for the novice throughout the process until he or she is able to complete nursing orientation and work independently.

Swanson's theory of caring provides a framework for a novice orientation that may be beneficial to the novice nurse. By coming to know the novices as individuals, engaging in their experiences, advocating for them when they need it, supporting them as they explore new clinical territory, and believing in them when they have trouble believing in themselves, the nurse educator can set up an environment primed for caring and learning. This environment will hopefully maintain patient safety and satisfaction and keep novice nurses from leaving their positions.

Nursing Situation

A nursing situation is presented below as an exemplar of a nurse educator applying Swanson's processes of caring.

Lucy was a new graduate nurse that I met during the hospital orientation. She was bright, eager to learn, and humble. As coordinator of new nurse orientation, part of my job was to follow her progress for the first 8 weeks. The nurse manager on her unit liked her very much and was pleased with her work. We would meet on the unit and discuss her patients on a weekly

basis. While her practice was progressing appropriately for her level of experience, she recognized the huge responsibility bestowed on nurses and it made her anxious.

The nurse educator in this nursing situation comes to know and listens to the novice nurse as she expresses her concerns and provides support and comfort.

After 3 months of working with a preceptor, she was now working independently. She was informed she was now eligible to float to other units that had a staffing need, and there was a need. She was sent to a specialty unit that required a completely different skill set than the one she was training on. The manager requested I visit her during her shift, as she had been repeatedly calling him for help and crying. Upon arriving to the unit her facial expression and body language told me she was frazzled. I saw her run into a patient room so I waited outside for her.

Here the nurse educator expresses *being with* the novice as she goes to her in a time of need and lets her know she is available and hears her call for help.

When we finally did get to speak, she gave me the litany of issues she was facing: No orientation to the unit, no information on how the surgical teams were set up or how to reach a physician, nobody checked on her after giving her an assignment, and the assignment was made without consideration to her level of skill and experience. By the time I got to her, the shift was almost over and she had not gotten the chance to eat or drink anything. After listening to her, I invited her to the nurses' lounge to find some refreshments.

Eating and drinking are vital components for life. Often when nurses get busy they neglect to care for themselves. In finding something for the novice to eat and drink, the nurse educator is *doing for* the novice.

I let her know that I heard her story and understood what she was feeling. I reassured her that her skill set was where it needed to be for the amount of experience she had. I expressed regret that she had to work under such difficult conditions.

At this point in the nursing situation, the nurse educator is *enabling* by providing encouragement and validation of the novice nurse's feelings. This interaction helps the novice through this difficult phase of transition, giving her the opportunity to process it and feel strong enough to continue on her path.

By the time I left, she looked a little more relaxed. We made a plan to look into the hospital floating policy to see what could be

done to make it more conducive to a safe and satisfying work environment.

Finally, we have *maintaining belief*. The nurse educator provides the novice nurse an opportunity to be part of the solution for the future so others will be spared a similar experience. They part with the novice nurse feeling encouraged, validated, and more confident.

Conclusion

Novice nurses are vulnerable by virtue of being in transition. This vulnerability puts them at risk for incivility from other staff members, stress, and burnout. Grounding novice nurse orientation in caring provides education based on the needs of the nurse versus the traditional form that focuses on the needs of the facility. This paper demonstrates how nurse educators can apply Swanson's (1991) theory of caring to novice nurse orientation. The five processes: knowing, being with, doing for, enabling, and maintaining belief work well with transition and thus are a good fit for novice nurses.

The examples of applying the process given here are one way this could be done. However, depending on the facility it may not be feasible for a nurse educator to have a predominant and direct role as described here. Programs could be developed that involve applying the five processes to additional methods of education in the orientation program. One way could be to train the nurse preceptors in Swanson's theory of caring. Other orientation activities could also be utilized that incorporate the five processes; these may include the use of peer support groups, mentors, and periodic retreat days.

Ultimately, the treatment of novice nurses has and will continue to affect turnover rates and patient outcomes. It is up to experienced nurses to lay the foundation for a successful transition for them.

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