

WELCOMING NEW GRADUATES

SOME LESSONS LEARNED

I have a confession to make. After decades of being a critical care nurse, I never actually experienced the traditional registered nurse (RN) career phase of being a *new graduate*. This tale of role deprivation can be traced to my youthful membership in the United States Navy Nurse Corps, which—after graciously underwriting my last 2 years acquiring my BSN—now expected me to graciously serve 3 years on active duty. In what seemed like a nanosecond after graduation gowns, mortarboards, diplomas, congratulations, and celebrations, I discovered that I was *not* a new graduate, I had actually morphed into the prodromal stage of becoming a *Nurse Corps Officer*. Instead of a warm personal welcome and a multi-week orientation plan that my new graduate classmates were handed across the United States, I received a cold manila envelope in the mail with orders to get to Newport for 4 weeks of officer training school, where I'd learn to look, think, behave, talk, listen, salute, march, and “volunteer” for the 0300 to 0600 watch as Navy Nurse Corps officers apparently did. Okay, so this wasn't your classical welcome for graduate nurses (GNs), I rationalized. That must occur when I arrive at my first duty station.

Wrong. The day after reporting for duty, I toured the oldest operating US Naval Hospital compound and its tunnels in the morning and reported to the departing nurse in charge of my assigned unit in the afternoon. I was still trying to understand how a 36-bed unit could have a census of 77 when my soon-to-be predecessor related that she would be “around” 1 more day, gave report to the evening supervisor, and declared the day staff relieved of duty. Within the next 24

hours, I would once again bypass the new graduate role and become the charge nurse of ward G. Unfortunately for me, my uniform did not include a headpiece that announced “Brand new at this role, so please adjust expectations accordingly.” As a result, I made every effort to stifle the panic, channel the anxiety, control the uncertainty, learn from any soul kind enough to teach me, read the procedure book very carefully, recall what I had learned in school, and do my best to avoid harming any of the patients under my care.

About 10 months later, long after I had concluded that the US Navy just didn't do that nurturing thing with new graduates, the intensive care unit and critical care unit (ICU-CCU) posted some openings for staff nurses. I requested a transfer, fully expecting another round of that baptism-by-fire mode of self-orientation. Mercifully, that was not the case as I was classified as a not-quite-new-to-nursing-but-new-to-ICU-CCU nursing orientee. As it turned out, that was the closest I came to experiencing the new graduate phase of my nursing career.

Despite the years that have passed, I still recall quite vividly how that welcome endeared me not just to that unit and its staff, but to a lifetime devotion to critical care nursing. The attributes of that process are, I'm sure, as effective and meaningful today as they were 30 years ago and represent some ways to receive new graduates into critical care nursing.

Roll Out Some Semblance of a Welcome Mat

Alert current staff to the scheduled arrival of new staff. Consider posting the name, program

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and school, hometown and state, and picture of new graduates so all unit staff and other members of the patient care team can anticipate their arrival and recognize them right away. GNs might be invited to add their own comments to that notice, for example, relating anything that they would like staff to know about them, identifying special interests, or adding their own greeting to their new colleagues. Unit staff might also prepare a welcome kit for GNs that contains helpful information about the unit such as places to eat, relax, or have fun; social, ethnic, and religious organizations in the area; and contact information, times, and locations of regional chapters of specialty nursing organizations. Welcome kits might also be tailored for expressed interest areas so that GNs who indicate an interest in the arts could be provided with brochures and directions to the major art attractions in the region.

Take the Initiative to Personally Meet Each New Nurse

Rather than waiting for a quiet moment that rarely arrives, go out of the way to introduce yourself to the new graduate as soon as you can. When the unit is especially busy, you may need to make that opportunity happen; if you do, the new nurse will very likely recall that nuance about meeting you as well. Acting as if you are too busy or important to find a few moments to become acquainted can reinforce a GN's feelings of inadequacy or ostracism. Making time to say hello conveys respect and recognition in addition to establishing a social and professional tie.

Include the GN As a Member of the Staff From the Start

One of the most socially uncomfortable and demoralizing experiences of being new to an organization is feeling that you are physically, socially, and/or operationally "in the way" rather than contributing as a member of a cohesive group. Although many slights experienced by new graduates may be unintended or represent misperceptions, others could readily be avoided or minimized by greater sensitivity to the new nurses' social and professional needs for inclusion. If a bit of background explanation is needed to understand comments at change of shift report, provide that background so the GN is not excluded from understanding. Inside jokes are not funny to staff kept outside the information loop, although they are enormously effective ostracizers.

Find Out What Type of GNs You Have

The days of virtually all GNs being 21-year-old, single, white women, born and educated in the United States, with limited work experience and no experience in nursing beyond academics are long gone. The profile of a newly graduated RN has undergone radical transformation to include a wide range of ages; variable marital status and family structures; increasing numbers of men; a proliferation of different races, nationalities, and ethnicities; persons entering nursing as their second, third, or later careers as well as nurses returning to practice after a few or many years in an interrupted career. As a result of this heterogeneity, any assumptions we might make regarding a GN's knowledge, skills, and experiences may be wrong more often than right. Providing new graduates with the opportunity to describe their background is one way we can demonstrate our interest in them as individuals. Inexperienced nurses may welcome the chance to share their fears and concerns, whereas nurses with experience (perhaps from working as a nurses aide or patient care assistant, a corpsman or medic, an emergency medical technician or paramedic, or a licensed practical or vocational nurse) may be equally pleased to relate these accomplishments as a means of communicating that they are not as green in direct patient care as one might have suspected.

Speak With (Not Down to or at) the New Graduate As a Colleague

Military protocol for communication—even among officers—recognizes the relative differences among ranks in a plethora of "Yes, ma'am"s, "Yes, sir"s, with a few, "Yes, Commander" and "Yes, Admiral" replies when warranted. Just as I was becoming accustomed to who-refers-to-whom-how-and-when-and-where, I was pleasantly surprised to find that once outside of patient care and administrative areas of the hospital, senior nurses in the ICU-CCU related to us newbies as colleagues, asking us what our "real name" was and where we hailed from, answering a multitude of our settling in questions, helping us to distinguish between issues safely ignored and those requiring our utmost attention. It was wonderful to feel accepted and respected, even though I hadn't really earned either as yet. The blanket acceptance and openness of the unit staff gave me a foundation to build on rather than an obstacle to overcome. R-E-S-P-E-C-T can be extended in many different ways. One of my favorite senior nurses used to portray

teaching episodes as pacts—that is, after she taught me how to complete a procedure or provide a therapy, I'd have to teach her something I had learned in school. Who knew that learning could involve so much teaching?

Demonstrate Maturity in Managing Problems and Conflict

In addition to death and taxes, one of the certainties in a new graduate's life is that he or she will eventually encounter bad moments, unfortunate situations with patients, displeased family members, angry or belligerent coworkers, arbitrary decisions, and other assorted unpleasantnesses owing to their own or others' behavior. Rather than taking the easier routes—for example, bad-mouthing the noise-maker behind their back, avoiding encounters with that patient or family, or contributing to the volume of grumbling—staff can capture those instances as teachable moments perfectly designed to demonstrate to the GN how to effectively handle those inevitable circumstances. Although I had been admonished about one of our orthopedic surgeons who had a penchant for expressing dissatisfactions at a decibel level that could be felt as easily as heard, I hadn't actually met the man until one morning when report was suddenly interrupted by His Loudness. Rather than allowing me to remain safely in place, my preceptor said, "Let's go" and quickly speed-walked to the source of the noise. Within 45 seconds of her arrival, she used whispering to iterate and reiterate the necessity for quiet at 0635, elicited the nature of the problem (corpsman could not locate I & O sheet for previous 24 hours), directed the corpsman on where to find the culprit sheet, and held the smallest pinch of the 6'5" surgeon's sleeve and led him quietly across the open ward to her office. There often is no way to sidestep disappointments, to escape responsibility for missteps, or to sugarcoat circumstances we would prefer not to confront, but showing GNs how to deal directly with the inevitable negatives in the work place affords valuable concrete illustrations of professional maturity that remain ingrained when the next challenge appears.

Extend a Bit of Protective Doting on GNs Whenever Possible

Every now and then, it is nice to have other staff who are not your preceptor stop by to ask if you need anything, if you have any questions, or just to say hello. Admit-

tedly, this was much easier to do in the big open ward layout of yesterday's critical care units than in the separate cubicles or individual rooms used today. When it can be accomplished, however, this gesture helps reinforce not only camaraderie as another member of the unit team, but also an interest in protecting the GN from situations that could cause harm to the patient, the GN, or other staff. To an inexperienced new graduate, nothing is quite as frightening and disconcerting as finding themselves in circumstances where they perceive a desperate need for their preceptor and cannot summon them. Having you just pop your head in the door to say you are across the hall may be all the reassurance they need to manage on their own or to ask that burning question.

Save Your Most Lurid War Stories for Later

All critical care nurses who've practiced for a few years have their stash of work-related war stories, recounting frightening, disastrous, embarrassing, distasteful, ugly, treacherous, or reprehensible episodes of incompetent, immoral, insensitive, or otherwise unprofessional behavior or inconceivable confluence of circumstances. Although sparring over who can detail the most compelling recital of terror may be considered a competitive sport in some circles, it too often precipitates a seemingly endless round of "In my unit..." that escalates the level of lurid to new heights. Since GNs may yet be testing the healthcare waters to see if they like critical care nursing, it would probably be best to stifle the urge to regurgitate all of the gory details of the worst day of your 25-year professional career. I'm sure they'll still be impressed with your escapades at their 2-year anniversary, so perhaps it can wait until then.

Give GNs Some Time Away From You

One of the nicest things about meal times when you are a GN is that they can offer a chance to get away from your assigned unit and get together with other GNs. During orientation, GNs can feel as though they are constantly subjected to observation by everyone around them. If their meals are scheduled to include meeting other unit staff, the new nurse can feel as though they are still under the microscope. Planning some time for new graduates from all areas of the facility to get together affords them time to receive and lend peer support, share concerns, problems, and issues in a confidential and nonthreatening environment, and—if a staff liaison

can be appointed—communicate feedback and common needs without fear of reprisal.

When You Look at a New Graduate, Try to See Yourself

Empathy and sensitivity are less intellectual than they are social entities; neither can be conveyed convincingly without sincerity. If staff interactions with GNs are viewed as sincere efforts to respect them as individuals while embracing them as new colleagues, that reflection can facilitate new graduates' assimilation and development. If those interactions communicate indifference or annoyance, however, GNs will readily see through that, too, and may then look elsewhere for a more inviting and hospitable work environment.

Staff RN shortages cannot be solved quickly or completely, but every 6 months when new graduates appear, we have another opportunity to welcome new hands, heads, and hearts into our profession. If we sense a genuine kindred spirit in that new graduate, we might begin to let them in on why critical care is the best arena in which to practice nursing. But please, make them wait just a while longer before parceling out those great war stories they need to hear.



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