we can not deny the magnitude of change that exists.

Although the environment and legislation require reaction, the survival of the acute care hospital demands proaction as well. To accomplish the necessary adaptations to practice patterns, the cooperation of the staff nurse is essential.

To meet this goal, workshops with experienced nurses were held. The objectives of these workshops were to gain cooperation, decrease frustration, and increase adjustment to change.

The principal expectation was to promote kaleidoscope thinking, described by Kanter as the kind that puts pieces together to create new pictures, not microscope thinking used by specialists or telescope thinking used by dreamers.[1] This thinking is imperative in an environment where employees are encouraged both to initiate and participate in change.

One of the principles of change theory is involvement of the participants prior to change. The rapidity of change today often makes this impossible. Meetings with staff enable the administration to explain recent decisions and the decision making process.

The nursing administrators responsible for the patient unit (ie, Assistant Director and Head Nurse) were the group leaders. These line people were used versus educational (staff) because the concept was viewed as a management issue. It is feasible that the staff development department could incorporate this program into its curriculum. Experienced staff nurses from the patient unit were the participants for the 1-day workshop. The content of the program included both informational topics (ie, DRGs and change theory) and discussion.

A key point in the discussion of change was the recognition of the feelings of anxiety, uncertainty, confusion, discomfort, and resistance. The fact that these reactions were normal, universal, and "ok to have" was highlighted. Although impossible to avoid, it was stressed that indeed these feelings could be managed.

Both positive and negative changes that actually occurred in the organization were addressed. This included the acknowledgment of poor decisions and possible alternatives that may have been employed.

The group cited the following examples related to each objective:

The cancellation of a proposed new program was viewed as causing frustration to a staff who had prepared and looked forward to that change. Although the decision was final, the opportunity to discuss the situation with the administrators allowed them to ventilate both personal and professional options.

The rationale for the physicians assigning a discharge diagnosis as related to reimbursement under DRGs is an example of gaining cooperation through understanding of the process. The role of the experienced staff nurse in helping others to adapt by communicating information was emphasized. Other personnel look to these individuals not only as a resource, but also for interpretation of this information.

The participants chosen to attend the program are viewed as role models. They are comfortable with their roles and therefore find it easier to change one aspect of procedure or policy. Their experience enables them to provide pertinent feedback to the group and the administration. As expert care givers they are in an excellent position to provide direct input to originate change. Staff nurses were challenged to be proactive and creative in adaptation to practice patterns.

The nurses were encouraged to seek out necessary information to increase understanding of organizational changes. Today, efficiency and cost consciousness are necessary for survival in the business of health care. Since the nurse is traditionally the patient advocate, the worst thing that could happen is for him/her to distrust the system and try to undermine it to protect the patient.

In the workshop each nurse was encouraged to look at his/her own degree of flexibility and adaptability to change. An analogy is the nurses' need constantly to adapt patient care to the changes in the level of acuity.

It is the assumption that nurses in an acute care setting are required to alter their routines regularly. Providing positive feedback to the nurse for demonstrating these skills in clinical performance helps to increase his/her confidence in transferring these abilities to organizational situations.

This workshop was the first step in an ongoing process in helping the nurse to adapt to change. In summary, it did not convince everyone to accept the process of change as a reality. It did however increase understanding of the current state of health care, encourage active participation in the process, and define his/her role in the communication of change. It also served to increase the individual's confidence in his/her ability to adapt and provided the opportunity to talk openly and discuss feelings about recent issues with the administrators. Feedback from the workshop was positive from both leaders and participants. The workshop will be continued for each patient care unit. It is hoped that by talking and sharing, the pieces of the kaleidoscope will come together to create new and innovative pictures.

References

1. Kanter, RM. The change masters. New York: Simon and Schuster, 1983.

Source: Charlene Stanich, M.N., R.N., Associate Vice-President, Medical Nursing, Presbyterian-University Hospital Pittsburgh, Pennsylvania and Kathleen Hays, M.N., R.N., Head Nurse, Hematology Teaching Unit, Presbyterian-University Hospital, Pittsburgh, Pennsylvania.

Education Day for New Graduates

Our hospital is a 359-bed community hospital with a relatively stable nursing staff. Our nurses do not rotate shifts, and for the most part, our new employees in nursing fill vacancies on the evening and

night shift. The new graduate nurse is no exception. We practice team nursing and the goal of our 12-week orientation program for the new graduate is to prepare the new graduate nurse to assume the role of team leader—able to function independently on evenings and nights.

Our graduate nurse orientation program relies primarily on preceptors, who continue to function in the role of team leader on their nursing unit. Preparation of the preceptor is the responsibility of the Nursing Education Department. The new graduate nurse is matched up to a full-time preceptor, and they work the same schedule, including weekends. Together they work through six modules designed to increase progressively the graduates' experiences and responsibilities. The preceptor functions as a teacher, role model, and facilitator of socialization for the new graduates while they still fulfill their team leader responsibilities.

Evaluation of the program by all involved consistently demonstrated that the preceptors were feeling "inadequate," "guilty," and "anxious," because they felt they "lacked time" to teach the new graduate. As a result, the preceptors feared the new graduate would be inadequately prepared to assume the role of team leader at the appointed time. The new graduates, although grateful for all the attention paid to them, still felt their educational needs were not specifically addressed when the unit got busy.

Evaluation of a program is of little use if the findings are not acted on. The many roles the preceptor was attempting to fill were creating stress and conflict, and we needed to address the issue of the lack of time available for teaching the new graduate.

Theoretical Background

Role is commonly defined as expected or actual behavior that is determined by a person's position or status. The preceptors had the additional role of teacher or facilitator of learning for the graduate nurse. Hardy and Conway define role stress as a "social structural condition in which role obligations are vague, irritating, difficult, conflicting or impossible to meet," one type of which is overload in which the individual experiences difficulty in meeting role demands within an allotted time framework.[1] We found this theory particularly relevant to our situation. The preceptors acting as team leaders and facilitators of learning for the new graduate were experiencing difficulty in the many roles expected of them within the allotted time frame. The preceptors frequently focused their priorities on supervision and direction of patient care to the exclusion of providing learning experiences for the new graduate nurse.

We determined that if we provided an extra measure of time within the program, facilitation of the teaching-learning process would take place and therefore decrease role overload.

Education Day

With the support of Nursing Adminstration, two 8-hour blocks of time were set aside and designated "education days." The preceptor and the graduate nurse were relieved of their unit responsibilities. This time was then designated to learn new skills, to practice skills only seen in the classroom, to observe new procedures, to catch up on checklists, and in general to devote the entire 8 hours to each other. The preceptors and the new graduates wrote mutually agreed upon objectives for the education day. The objectives were then submitted well in advance to the Nursing Education Department. In turn, Nursing Education sought out equipment, videotapes, procedures, experiences, and individualized the education day for each preceptor and graduate nurse according to their objectives. The preceptor was responsible for the most part to teach the clinical skills utilizing appropriate resources as necessary. The teaching strategies used in the education day were based on adult learning theory.[2] The education day allowed each graduate nurse and preceptor the opportunity to meet their own identified needs. In this particular environment, free from the stresses of the nursing unit and the responsibility of the role of team leader, the preceptor was better able to facilitate learning, and as a result, the new graduate nurse was able to assimilate the knowledge.

Evaluation

Evaluation of the education day, as a component of the graduate nurse orientation program, consisted of both verbal and written responses from the preceptors and the graduate nurse. Comments were expressed such as, "by allowing the preceptor more time to spend with the graduate nurse, a relationship of mutual trust and cooperation developed." The education day allotted time for formal discussion of progress within the modules and joint planning of future experiences. Most procedures and experiences included in our checklists and modules were completed prior to the graduate nurse's moving to permanent shift and team leader responsibilities.

Finally, the evaluations reflected a decrease in the perceived "role stress" of the preceptor as evidenced by a willingness to participate as a preceptor the next year.

References

1. Hardy ME, Conway ME. Role theory: Perspectives for health professionals. Norwalk, Connecticut: Appleton-Century Crofts, 1978:76.
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Source: Diane Plante, B.S.N., R.N., Nursing Education Instructor, Marilyn Asselin, M.S.N., B.S.N., R.N., Nursing Education Instructor, Irene K. Weaver, B.S.N., R.N., Nursing Education Instructor, Elaine Barber, M.S.N., R.N., Director of Nursing Education, and Dorothy A. Mannarino, B.S.N., R.N., Nursing Education Instructor, Kent County Memorial Hospital, Warwick, Rhode Island.