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The nature of collegial relationships in nursing: perceptions of novice practitioners

Kathleen Knaack

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THE NATURE OF COLLEGIAL RELATIONSHIPS IN NURSING:
PERCEPTIONS OF NOVICE PRACTITIONERS

BY

Kathleen M. Knaack

A Masters Thesis Project

Submitted to Cardinal Stritch University College of Nursing

In partial fulfillment of the requirements for the degree

Masters of Science in Nursing

Cardinal Stritch University
Milwaukee, Wisconsin
December 1999
We hereby recommend that the project prepared by Kathleen McKaack
entitled The Nature of Collegial Relationships in Nursing: Perceptions of Novice Practitioners
be accepted as fulfilling this part of the requirements for the Degree of Masters of Science in Nursing.

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To my husband, Gene who’s unwavering love and support have made my dream a reality

My interest is in the future, because we are going to spend the rest of our lives there.

Charles Kettering
Acknowledgements

I wish to thank all the members of my thesis committee who have thoughtfully assisted me in attaining my goal, Dr. Lea Monahan (Chair), Sharon Garrett and Donna Jaimason (committee members).

I also wish to thank my mentors who have supported my professional growth over the past twenty-nine years, Paula Lucey, Mary Kay Jiricka, and Lois Pittman.

Honorable mention of Dorothy Bradley Hawley, my grandmother who guided me into nursing.
ABSTRACT

COLLEGIAL RELATIONSHIPS OF NOVICE NURSES

BY

Kathleen M. Knaack

Masters of Science of Nursing

Cardinal Stritch University College of Nursing

Milwaukee, Wisconsin

December 1999

Dr. Lea Monahan, Chairperson
The purpose of this study was to examine the relationship development, the level of support afforded, and the communication style of novice nurses. This study was chosen to assist with clarification of the concept that nurses "eat their young". The study was conducted in a metropolitan health care system in the mid-west with participants from a variety of settings within this system, including acute care and community service. Participants were volunteers from a convenience sample, all with less than eighteen months of experience. The study utilized a qualitative research methodology with semi-structured interviews employed to collect data.

The study was limited by size of sample and location, however consistent themes emerged from the interviews. It is important to note that all participants had both positive and negative experiences to share. The study revealed that participants had an unrealistic expectation of their new role. Participants felt unprepared for their role as professional nurses and the majority of participants felt inadequate when it came to professional communication. The data strongly suggested that they felt unsupported by colleagues, more so by the senior staff. The study revealed information regarding negative offenses committed by senior staff when it came to mentoring and support of new nurses. A strong lack of support and mentoring by senior staff was very evident throughout the data. Many of the participants had difficulty assimilating into their work environments, related to difficulty in developing collegial relationships, and several were already in their second position.

The study does pose some meaningful suggestions for nursing related to professional relationships, mentoring, and education. The need to make the transition from student to practitioner easier was obvious. The level of professional communication could be strengthened and the capability to support and mentor new nurses within the profession needs to be improved.
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Chapter 1

The need for social relationships is basic to all human beings. Very few individuals can live without some kind of social relationships. Satisfaction of this universal human need is the way individuals cope with the day to day events of living. A person’s ability to cope with crisis, change, transition, and stress is directly related to social relationships and support. Providing support to patients as well as promoting health and wellness is the basis for the nursing profession. However, throughout the history of nursing, there has been the perception that nursing has not been supportive of it’s own novice practitioners. The concept of genocide (eating our young) has plagued nursing in perception and in literature. In the pursuit of professional status, nursing needs to re-examine its interactions with novice nurses.

Background Information

Socialization is the lifelong process of acquiring knowledge, skill, and values necessary to function in society. Social support has been shown to buffer the effects of stress and to positively influence health and well being. Interpersonal relationships are needed in today’s world, not only to protect oneself from stress, but they are vital to building collegial relationships. In a study by Cohen & Syme (1985) the lack of development of social support and interpersonal relationships has been directly linked to stress and indirectly linked to health. In addition, healthy individuals were shown to maintain and use support systems adequately. Strong social support was been shown to decrease the likelihood that undesirable events will occur. Social relationships are needed in every aspect of human life, specifically, interpersonal relationships affect the ability of nurses to function in the clinical environment.
One characteristic component of social relationships is communication. Communication and the exchange of information are critical in nursing. Communication is the way we exchange information, ideas, and feelings (Wilkinson, 1999). It is impossible to be productive in society or the workplace without social relationships, which includes communication skills. Information is an asset, and communication is a way of disseminating information. Communication is influenced by the environment and is shaped by current situations. Communication is a vital component in the development of social relationships, interpersonal skills, and self-esteem.

Nursing has always emphasized the value of communication and the power of relationships. There is specific theory and course work involving therapeutic communication with patients (Arnold & Boggs, 1995). An emphasis on the development of trusting, caring relationships with patients has been valued within the profession and is central to the nurses’ role. Students are exposed to broad cognitive principles on communication and relationships throughout their education, stressing the importance of communication with patients. Communication skills with patients are practiced, much like other important nursing skills throughout the educational process. Therapeutic communication is key to the profession, yet interestingly, communication is also associated with the negative side of the profession. The cause of most relationship difficulties stems from conflicting or ambiguous expectations around the professional role. Whenever professionals work together in a stressful environment, conflict is inevitable (Blickensderfer, 1996). Blickensderfer (1996) stated that a certain amount of conflict is healthy and challenges our thinking and lead to better decisions, however it can also have a negative impact on individuals. According to Blickensderfer (1996) nurses have historically not taken the time to resolve issues/conflict productively and leading to ineffective/destructive communication.
The concept of nurses “eating their young” has been ambiguously described throughout nursing literature. The lack of care to other caregivers has been documented in nursing surveys and narratives. Portrayals of mean, cruel cannibals who devour young nurses were reported in the nursing literature. In an article by Meissner (1999), open hostility, not open arms, was the portrayal novice nurses gave to describe their entry into practice. The prevailing themes of the article echo comments like “we are our own worst enemy” and “there is more destruction from within than from outside forces” (Meissner, 1999, p. 43). The author concluded that novices were frustrated by the perceived lack of care and concern from senior staff. The article portrayed nurses eating their young as fact, when the statistics collected in the informal study do not support that conclusion. Seventy-one percent of respondents stated they were fairly or very supported by colleagues, this does not support large numbers of nurses feeling unsupported by colleagues. The article quotes specific negative comments as though they were norm, not the exception.

**Purpose of the Study and Research Question**

Nursing has operated under the belief that novice staff was not supported (Montgomery, 1987). By continuing to support this belief, the potential exists for a self-fulfilling prophecy. Nursing education and nursing students have changed over the years. Changes in education and the increasing numbers of the non-traditional student have led to a new character of novice nurses. The non-traditional nursing student is one with life experience who has developed communication skills. Independent collaborative practitioners, reflective practitioners, and practitioners with previous life experiences should all be contributing to a savvy new practitioner. Yet, reports of cannibalistic behaviors continue to appear in the literature.
(Meissner, 1999). If the reality of cannibalistic behaviors by senior staff still exists today, action needs to be taken to change that environment.

The intent of the researcher was to investigate the perceptions of the novice nurses related to the level of perceived collegial support. Questions related to clinical experiences, communication with colleagues and development of collegial relationships were examined. The type of communication patterns utilized by novice nurses and the perception of novice nurses on their preparedness for collegial communication was explored. Coping strategies and survival tactics utilized when collegial support was unacceptable were included in the study.

Expected Contribution to Nursing

The researcher intended to portray the perceptions of the novice nurses that participated in the study and examine the amount of support they received in their practice. According to Kremer (1991), socialization of new nurses forms the foundation for personal satisfaction and allegiance to professional standards. Positive collegial relationships are vital to the support of novice staff. Job satisfaction increases with increased positive role relations according to Decker (1997). Feelings of being unsupported and inadequate were barriers to effective professional relationships. This study explored collegial support in an attempt to describe the professional work environment of the novice participants. Understanding the work environment of novice nurse may assist in providing the necessary information to amend the current situation if necessary. The intent of the research was to add to the body of knowledge related to novice nurses and their perceptions of collegial support.
Limitations

This researcher examined the perceptions of seven novice practitioners through in-depth one-on-one interviews. In an attempt to reduce the amount of bias from the study, the individual interviews were taped and transcribed verbatim. The study is limited to the perceptions of the seven participants. All participants were from the same large mid-western health care organization and were selected from a convenience sample, increasing the limitations to the study.

The past nursing experience of the researcher had the potential to bias the study. The researcher has practiced over twenty-eight years and experienced a variety of academic and practice settings. Throughout this career, positive collegial relationships have been developed, leading to a positive view of nursing. To counter this potential bias the chair and a professional research assistant validated all data analysis.

Operational Definitions

This list contains the specific definitions used for the terms in the study. The definitions were offered to the research participants as needed to assist in clarifying the questions on communication and collegial relationships.

A. Communication – “Is a complex composite of verbal and nonverbal behaviors integrated for the purpose of sharing” (Arnold & Boggs, 1995, p.188).

B. Functional Social Support – “Individuals’ perception of adequate support provided by other. Verbal support consists of emotional, understanding, and acceptance. Instrumental support consists of provision of direct help or provisions” (Gibson, 1992, p. 152).
C. Novice nurse – A practitioner with a maximum of eighteen months experience.

D. Nursing – “Nursing is a humanistic science dedicated to compassionate concern for maintaining and promoting health, preventing illness, and caring for and rehabilitating the sick and disabled.” (Marriner-Tomey, 1989, p.197)

E. Occupational socialization – “The process by which the individual learns the skill, knowledge, and behavior of the professional role and internalizes the values, attitudes, and goals integral to the profession” (Hickey, Ouitmett & Venegoni, 1996, p. 33).

F. Socialization – A life long process of acquiring knowledge, skill, values necessary to function as a member of society” (Hickey, Ouitmett & Venegoni, 1996, p.33).

G. Supportive Collegial Relationship – Taking time to talk, give information, demonstrate caring behaviors along with being honest, respectful, and just being there (Wilkinson, 1999).

H. Teamwork – A group with similar aims. A united effort, co-operation.

I. Unsupportive Collegial Relationships – Presenting information in a disrespectful manner, providing demeaning comments, trivializing the situation, discussing situation/person with others, and threatening abusive behaviors.

Assumptions

The researchers belief was that nursing has been relatively supportive of novice practitioners. While the profession has not been flawless with communication skills, the researcher did not believe it differed dramatically from other professions when it came to assimilating new members. Certainly it did not justify the concept of genocide. The cause of
most relationship difficulties revolves around conflicting or ambiguous role expectations, and communication among nurses.

Summary

Positive collegial relationships were thought to be important for professional growth and job satisfaction. Scant research has been done on relationship development of novice nurses. This study was designed to examine perceptions of relationships and support of novice nurses. The assumption being that understanding the perceptions of novice staff is key to limiting their frustrations and easing their transition from student to novice practitioner.
CHAPTER II
LITERATURE REVIEW

The purpose of this chapter was to examine current literature and research related to novice nurses and their experiences with collegial/professional relationships. The review looked for research related to the perceptions of novice nurses with respect to the level of support they received from colleagues. The literature review included education/communication, collegial relationships and any information on nursing genocide. The intent of this study was to explore what was known about novice nurses' perceived collegial relationships. The outcome of the study was to add to the body of knowledge regarding novice nurses' relationships and perceived support from colleagues.

Communication/Education

An important part of relationship development is linked to one's ability to communicate with others. Communication is theory based and can be taught. It seemed appropriate to assume that if one possesses a skillful communication style that one will have the ability to develop strong, successful relationships. Therefore, skilled communication was directly related to collegial relationships.

According to Arnold & Boggs (1995) “Communication is a process through which the nurse can establish a human to human relationship and fulfill the purpose of nursing” (p. 194). The authors describe communication problems as the root of every problem, conflict, or mistake that occurs in the health care environment. The book contains twenty-three chapters, yet only one of those chapters relates to communication among health care professions. While therapeutic communication is a key component to nursing practice, the ability to effectively
communicate with colleagues is crucial to safe, effective care (Oughtibridge, 1998). This supports the researcher's assumption that there was a gap in preparing nurses to collaborate with colleagues. If indeed students were not given the needed skills to develop collegial relationships, they were vulnerable to abuse described by Meissner (1999). This would support the concept of nursing genocide.

Powell (1989) described a concept of reflection in action. This theory proposed the idea of practice being inseparable from theory and concluded that thinking and adding to theory occurs during practice. The author believes much of the professional decision making comes from education, experience, or modeling by colleagues. Without the support and guidance of experienced colleagues, professional growth is limited. In a study conducted by Fagan (1983), eighty-four percent of the protégé participants stated their mentors helped them learn technical skills however, only thirty-one percent stated they helped them learn how to work with others. This data supports Powell (1986) and concludes that role models were spending more time teaching technical skills than communication skills. Assuming you had a role model available and who had the necessary skills to teach. Most often, the mentor is a senior staff member who may possess clinical skills, not necessarily teaching and communicating skills.

In an article published by Wilkinson (1999), the definition of communication was “the imparting of knowledge or exchange of information, ideas, and feelings” (p. 17). The author believes that communication is a vital component of nursing care and can improve outcomes for patients. Communication is a practical skill that can be learned from theory and practice, but takes skill to use in the clinical setting. The author refers to communication as a core skill, and essential to clinical competence. Wilkinson (1999) states “there is growing awareness that despite modern high technology and diagnostic aids, communication is, together with the ability
to listen, the most important aspect of practice” (p. 17). Supporting that belief, Severtsen (1990) believes there is a lack of practical knowledge about communication among nursing students. The author relates student’s concerns about saying the wrong thing and the need to have a way to practice communication skills. Severtsen (1990) describes creating a supportive environment in which students could practice communication skills. The author suggests students need practice with communication just as much as they need to practice injections. The viewpoint is students don’t receive adequate communication training. This would support the belief of nursing genocide and suggest that nurses are unprepared to communicate with colleagues.

Thornton (1997) related feelings of nursing students and their view of what is relevance to the real world of nursing. The study participants were unable to see the practical usefulness of content not directly related the profession of nursing. Comments from participants like “if it’s not relevant why teach it?” or “we have too much theory and not enough practice” were listed in the findings (Thornton, 1997, p. 6). The study concluded the importance on focusing less on technical skills and more on reflection of diverse areas of nursing to emphasize knowledge, critical thinking, and problem solving. Thornton (1997) suggests that strategies to foster a more integrated approach to learning will assist students in learning information beyond nursing. Nursing has an intradisciplinary approach to care with students are exposed to during their clinical experiences. Therefore, communication skills could easily be integrated throughout the curriculum and can be closely correlated to nursing practice.

The latest statistics in an article by Mendez & Louis (1991) indicate that the average age of nursing graduates is now thirty-one years of age. Gimple (1998) states many of the students entering nursing schools are older and nursing is a second career, only 9% are under the age of thirty. They were non-traditional students with family responsibilities, going to school part time
and often working. According to the article, students were taught new cognitive skills, which include team-based practice, multidisciplinary practice, and research based care. The author closes the article with

For professional nursing to survive, to prosper, and to reach its full potential, nursing education and nursing service must work hand in hand to help new RN's 'acquire the beginning skills and to help current practitioners with access to, and thrive on, life-long learning.' (Gimple, 1998).

If the student population is changing, and includes a group of experienced individuals with, then one could assume that that they would have stronger communication skills. However, the current literature presents a picture of poor collegial relationships, the two are contradictory.

Arnold & Boggs (1995) describe effective interpersonal skills as dependent on one’s ability to communicate successfully. The failure to communicate clear, complete messages is the biggest barrier to communication. “Nurses must equip themselves with the necessary skills to enable satisfactory resolution for inevitable workplace conflicts” (Arnold & Boggs, 1995, p. 45). The authors give several strategies for conflict resolution and assertive communication techniques. Incorporated conflict resolution into nursing education would be a way to eliminate horizontal violence between nurses.
**Collegial Relationships**

Chapman (1983) describes social systems as a way to defend against anxiety. Chapman (1983) states “nurses are consciously and unconsciously threatened by intense persecutory feelings” (p. 14). Nursing is performed in an environment that contains death, intimacy, and dirty tasks, all of which leads to anxiety. The author contends that social systems serve to bind individuals together around a common task and provides a barrier to anxiety. Menzies (as sited in Chapman, 1983) supported Chapman’s ideas. Menzies describes nursing work as evoking feelings of fear and disgust leading to anxiety. Nursing is described as a social system that keeps outsiders out and maintains privilege status to insiders. This is an environment where intimidation, rational and irrational propaganda, mystification, and manipulation of prestige occur. This type of internal exclusive group would only be supportive after dues were paid. The environment described in this article is certainly ripe for the type of abuses described by Meissner (1999) and support nursing genocide.

Self-identity determines a person’s character and enables the individual to carry out a professional role. An individual self-concept can serve as a barrier or a support to professional self. Strength is derived form a strong self-concept according to Hawking & Thibodeau (1993). A strong self-concept can be linked to motivation and success. Negative self-concepts are barriers to independent functioning. According to the author, too feel good about them selves, nurses need to take care of themselves. Being able to care for others requires the ability to care for oneself first according to Hickey et al. (1996). Current literature portrays a picture of lack of caring to novice nurses from caring professionals as well as their acceptance of this unacceptable treatment.
According to Gibson (1992) very few people can survive without social support. It is a way to deal with day to day events, but also a means to support individuals in times of crisis, change, and stressful situation. Gibson (1992) contends that providing support is a vital part of nursing practice, support not only to patients, but also to the nursing community. Mentioned in Gibson’s article, (Cohen & Syme, 1985) are quoted as saying “Social support has an indirect effect on both stress and health by buffering the effects of stress on health. Social support may intervene between the stressful life events (actual or potential) and the stress response by attenuating or preventing a stress response” (p. 148). The article by Gibson also quotes (Dimond & Jones, 1983) as saying “social support determines the extent to which individuals receive adequate and appropriate social support and include the strength of the bond between individuals” (p. 148). The article further described the need for support and assistance to come from individuals who share similar social situations. Individual behaviors are changed based on support and the perception of availability of support and can affect individual satisfaction. The benefits to social support are clearly identified by Gibson (1992) and close parallels are drawn between support, health, and coping. The premise of this article supports the need for nurses to have strong support systems in place to be successful in the clinical practice environment.

“Socialization is a life long process of acquiring knowledge, skill, and values to function as a member of society” (Hickey, Ouimette & Venegoni, 1996, p. 33). Occupational socialization is described as a process through which the skills, knowledge, and behaviors of the professional role are internalizes with the values, attitudes, and goals integral to the profession. The novice is described as someone with unique learning needs that must learn the technology and terminology as well as the culture of the profession. The authors describe education as a building block for the development of strong professional commitment. The article stated that
"professional identity comes from the interactions with the reference group" (p. 34).

Organizational socialization was described as learning what is required within the organization. The novice must integrate the professional ideals into the bureaucratic structure of the organization. All of these socialization skills were needed to support collegial relationships and without them there can be no profession. This concept could account for nursing's struggle with professionalism and contribute to genocide.

Whenever professional work in a stressful environment, conflict is inevitable according to Blickensderfer (1996). Conflict does not have to be negative, and is a part of all human relationships. Conflict can create challenges and lead to new ways of thinking, but it can also create tension and negative feelings. Nurses historically have not resolved issues/conflict in a positive manner. The lack of conflict resolution is a deterrent to the development of positive collegial relationships. Trust is key to avoiding conflict. If trusting relationships exist between colleagues, honest, cooperative behaviors exist and conflict is avoided. Kerfoot (1998) also concludes that ease and comfort talking with others, frankness, openness, and complete disclosure of motives is key to positive interactions and collegial relationship development.

The literature support that one's ability to develop social/collegial relationships is key to the success of a profession. Senior staff will always hold power over novice staff by virtue of experience and knowledge. However, this does not necessarily mean engaging in destructive behaviors. Continuous change is taking place in health care and this researcher is attempting to clarify the unfinished issues of collegial relationships and support of its members. The research conducted was aimed at exploring the state of collegial relationships of novice nurses so an accurate portrait could be obtained and appropriate action, if any, taken.
Nursing Genocide

Nursing literature contains articles, inferences, and a few studies related to nursing genocide. Since, a nurse's ability to make accurate clinical assessments, identify problems, develop appropriate plans was key to the delivery of safe effective care, collegial relationships were important. According to Benner (1984) there is evidence that expert and novice practitioners differ in what they know in content and what they do with that knowledge. Benner (1984) examined the basis for nursing judgement and clinical reasoning and discovered that experts know more by virtue of experience and can access knowledge more easily. In an article by Meissner (1986) there is talk of the inability of senior staff to accept the beginning nurse as a novice. Meissner (1986) states “Despite the official acceptance given to the role of “preceptor” in the workplace, too many nurses seem to be waiting to smash the novices’ rosy view of nursing and trample their sensitivity to patient concerns” (p. 53). Nazarko (1998) describes experts who fear losing their territory and power as being willing to guard and attack if necessary. Senior staff views the novice who does not agree or challenges as “fair game” and will discredit those who oppose. This environment would be detrimental to the development of strong collegial relationships necessary to ensure safe, effective care.

In an article by Ford (1997), nursing is described as struggling with change. It states that practice has expanded rapidly with the advancement of technology, knowledge advancements, and specialization. All of this puts nursing in the middle of the health care reform and has created a sense of chaos. Nurses are expected to function in this chaos while maintaining the discipline’s integrity. With the added pressures of the health care environment, nursing is being stressed with time constraints and quality issues. According to Graham & French (1995) collegiality was a way of forming vital bridges and enhancing shared decision-making.
However, an atmosphere of hostility between experienced and inexperienced staff would hardly enhance decision making. Leppanen-Montgomery (1987) states "most nurses can recall a situation in which they were unjustly chewed out or yelled at in front of others" (p. 234). This was a description of positions of power being used to intimidate novice staff, novice staff being the object to vent frustration on, and novice staff feeling humiliated. Leppanen-Montgomery (1987) describes the novice practitioner as being hurt, shocked, distressed, and exhausted by treatment form colleagues and carrying this baggage with them into future practice. If this is the reality, it is not surprising the profession struggles with its professional image and has difficulty enrolling new members.

The key article was authored by Meissner (1999). The title "Nurses are we still eating our young" is flashy and portrays a negative image of nursing. Meissner (1999) quotes themes of open hostility, lack of caring by the caring profession and lack of concern by senior staff. However, the result of the questionnaire completed by readers does not completely support the article. The comments quoted in the article appear to have been extrapolated to perpetuate nursing genocide and create a sensational article. The survey results showed that 21% of the respondents stated they were very supported by colleagues and another 52% stated they were fairly supported by colleagues. Only 22% of respondents felt unsupported. These statistics do not support wide spread genocide, but to the researcher portrays a profession growing in the development of collegial relationships. The survey conducted did not claim to be scientifically accurate, it was conducted on-line and accuracy could not be assessed. However, the flashy title is misleading, especially to inexperienced research readers.

Role ambiguity, poor teamwork, poor communication, and limited collaboration are all seen as creating conflict within a profession according to McLead & Sella (1992). Trust, which
holds that honest, cooperative behaviors based on commonly shared norms was key to the success of a community, Kerfoot (1998). Kerfoot (1998) suggests that a high level of positive interactions and relationships produce high performance and morale. It was the belief of the researcher that conflict is mistaken for professional genocide. Nursing views conflicts as negative and they are not skilled at resolution. Indeed, if the article by Meissner (1999) was accurate, nursing needs to take the necessary action to rectify this situation. The intent of this research project to obtain an accurate picture of collegial support as it relates to the novice practitioner.

Summary

The review of the literature supported the researcher’s belief there is no statistical data to support widespread nursing genocide. The articles in the literature related to nursing genocide appeared to utilize isolated comments by individuals and generalized the belief of nurses “eating their young”. The specific statistics from the article by Meissner (1999) do not support widespread nursing genocide. Throughout the history of nursing, there have certainly been struggles with collegial relationships. However, novice nurses entering practice today are less traditional students with life experience and savvy. The literature is ambiguous and does not give enough information to support either perspective. The intent of the study was to determine the reality of collegial relationships as seen from the perspective of the novice nurse, whatever that reality is.
Chapter III

METHODOLOGY

The researcher chose qualitative methodology to explore the collegial relationships of novice nurses and their perceived level of support. The rational for utilizing a qualitative approach was the need to collect data that is subjective and contains the individual views and experiences. Qualitative research was the ideal way to capture the process of social support. Through qualitative research methodology, the researcher had the ability to capture the individuals meaning of experiences. Current literature portrays a negative view of the support provided to new practitioners. The purpose of the study was to directly gain the perceptions of novice nurses and the level of support, the types of relationships they have developed with colleagues, and their ability to professionally communicate in the practice setting.

Data Collection

The participants in the research project were novice nurses. Participants needed to be graduates of nursing schools and to be licensed to practice in the state in which the study was conducted. No other specific educational requirements were required. Data were collected on the specific educational backgrounds of participants to determine if that affected perceptions of support and relationship building. For the purpose of this study, novice nurse was defined as a practitioner with less than eighteen months of clinical experience. Participation was on a voluntary basis and perspective participants were contacted through letters eliciting their support for the research study (see Appendix A & B). Perspective participants were novice nurses working within a large health care system in a mid-western metropolitan region. The initial intent was to exclude nurses from one of the hospitals within the system to avoided possible bias created by the researcher’s connection with that particular health care facility. However, the
convenience sample was limited and no qualified participants were excluded based on employment location. Complete anonymity and confidentiality was afforded to all participants. The convenience sample included eight novice nurses, one was later eliminated based on length of practice. Additionally, there was a focus group of six to ten novice nurses selected from the same qualified respondents, however the sample did not yield enough respondents. All participants were required to sign a consent form, which included a brief description of the study. The consent form also had information on the researchers need to audio-tape.

Research Methodology

The intent of the research was an in-depth analysis of the experiences of novice nurses related to their perceptions of support and collegial relationships. The utilization of a qualitative research methodology was needed to assist the researcher in accomplishing this goal. Individual semi-structured interviews were conducted with the participants. The interviews were conducted away from a health care facility and range in length from forty-five minutes to ninety minutes, based on the participant’s responses. The researcher and participant mutually agree upon the time and location of the interview. All participants were asked the same six open ended questions (see Appendix C), to ensure uniformity. A pilot study was conducted to evaluate the questions. Additional information provided by the participants was acknowledged and encouraged through active listening on the part of the researcher. Participants were encouraged to speak openly about their experiences with colleagues. All interviews were tape-recorded and transcribed verbatim to ensure the accuracy of the data collected. Transcribed interviews were shared with a research assistant for validation of findings.

The individual interviews yielded sufficient data to provide the researcher with a consistent view of the subject. A consistent theme emerged from the interviews and was
repeated from all the research participants. The consistent themes varied in intensity from participant to participant but were evident in all interviews. The utilization of a research assistant was used to minimize researcher bias. The research assistant reviewed all transcribed interviews to validate the researcher’s findings. All research data collected, whether written or audio taped will be kept in a locked file cabinet accessible only to the researcher.

Data Analysis

Data was collected through individual interviews. Data was audio taped and transcribed verbatim for analysis. Themes and patterns were extrapolated from the data and categorized for organizational purposes. The Benner (1984) theory of Novice to Expert was utilized to assist in the analysis and categorizing of data. The research associate validated data to minimize researcher bias. The analysis of the data is presented in chapter four of this study.

The utilization of qualitative research for inquiry in this study provided the researcher with rich, enlightening data on the subject of novice nurse’s perceptions of collegial relationships and support. This data may provide educators, clinical practitioners, and nursing leaders with insight into the perceptions of the participants.
Chapter IV

STUDY FINDINGS

Data were collected through a series of individual interviews with novice nurses that agreed to participate in the study. The open-ended questions allowed participants the opportunity to speak candidly about their experiences. Participants were encouraged to reflect upon experiences and give specific examples. A convenience sample was used to collect data with a sufficient amount of data was collected to reveal emerging themes. Data analysis was done using Chenail (1995) as a basis for presentation. The data were divided into five categories, which related to the study questions, giving shape to two major themes. The use of the Benner (1984) "Novice to Expert" has been woven throughout data analysis along with the concept of emotional intelligence Goleman (1998). Data triangulation (person) was utilized to verify the findings of the data from interviews. Reduction of comments was done to assist in establishing categories. To facilitate data organization, data were placed in tables related to the category to which it corresponded. Each table contained a sampling of responses from participants with positive and negative comments being separated. A colleague, not involved in the study, reviewed the raw data to confirm the study findings and assist in minimizing researcher bias.

The research participants were selected from a convenience sample of respondents. Letters were sent to prospective participants employed in a large metropolitan health care system in the mid-west. The system consisted of five hospitals, numerous outpatient and urgent care clinics, a psychiatric facility and a home health agency. A total of three hundred and twenty letters were sent in June and another three hundred and twenty-four were sent in August. Letters were sent to nurses employed from December 1997 through July 1999. There were twelve
respondents who met the criteria; eight of those agreed to be interviewed and of these eight, one was dropped related to length of practice. The sample consisted of females whose length of experience ranged from two months to fourteen months. Six of the participants graduated with bachelor degrees from private and public universities and one participant held an associate degree from a private college. Two participants were employed in medical-surgical acute care units, two were employed in critical care units, one was employed in a psychiatric facility, one in a rehabilitation unit and one in home care. Six of the participants had previous work experience in health care. Three of the participants were in their second place of employment since graduation.

Collegial Relationships.

According to Kozier, Erb, & Blais (1992), socialization was the lifelong process of acquiring the knowledge, skill, and values necessary to function effectively as a member of a group. Occupational socialization is the process through which an individual learns the skills, knowledge, and behavior of the professional role and internalizes the values, attitudes, and goals integral to the profession. Benner (1984) believes that learning comes from actual practice situations which includes following the actions of others. All of the participants made contradictory comments; they would start out with either positive remarks or negative remarks and then convert to the opposite view during conversation, (see Appendix D).

The positive statements were general in nature and were centered mainly on fitting into the group. “for the most part I get along with people, so it’s fairly cordial”. “I mean just six months into it I have some great friends on the floor. We have a good time”.

The negative responses were more specific and detailed. These responses carried the theme of punishment. There was little warmth in the response to the new nurse and the new
nurses felt like they were intruding when they needed to ask questions. They were made to feel unwanted. “Sometimes I’d feel bad I was bothering them”. “Oh look at her, she’s just out of school and she’s on days, she should be on nights for five years like I was”. “There isn’t a lot of sympathy because they figure they went through it before and they had to struggle and you’re going to struggle”.

An unexpected theme emerged relating to the length of experience of nurses. Nurses with less than five-years of experience were felt to be more accepting than more senior staff. “most of the nurses with less than five years are a lot more helpful”. “Younger people seemed to explain things and take more time with you. They were in your position not that long ago”. These statements verify that these nurses were in the competent stage and wanted to demonstrate their competency (Benner, 1984). “People who’ve been there longer, you would think would be more knowledgeable, but they’d always give you a shorter answer and went on their business”... “nurses near the ten year mark really had no patience for you. They told you once and their expectations were you knew”. One participant commented “they’ve done this too long and they’re tired of teaching new people”. Although this is supposition by the participant, it creates a new layer in forming collegial relationships. If these nurses are in fact tired, is this attitude just directed to new colleagues or are the patients also seeing and hearing this? Are the more senior nurses intimidated by a new nurse with a broader range of knowledge and their enthusiasm for the profession?

While the participants did begin to make friends socially, overall they felt unsupported professionally. “Everyone seemed so cold. I’d ask questions and they’d say I’m sick of answering your questions. Go ask someone else”. “I never felt as comfortable asking for help”. The development of collegial relationships must focus on professional relationships. The Benner
Novice to Expert model of nursing practice is based on the belief that a novice practitioner expends knowledge from "knowing that" to "knowing how". She believes that clinical practice is an area of inquiry and knowledge development. Part of this knowledge development comes from collegial relationships. Clinical dialogue between practitioners on what is found in practice and what was expected from theory assists in knowledge development. If collegial relationships are as not supportive, as this study indicated, the possibility of slowing down the acquisition of "know how" is high. The importance of collegial relationships must be stress and in both the academic and clinical settings for the profession to advance.

This data was a sample of the participant responses to the question of relationship development. By no means did the participants have all negatives or all positive information to share, they all had a combination of experiences and to generalize in one direction over the other would be biased. The negative experiences, however, did outnumber the positive experiences shared. It is human nature to share more bad than good. Business has a 'Rule of Ten' philosophy, customers share bad experiences with ten friends and good experiences with only one friend. That could account for the disproportional number of negative responses to positive ones. Another possibility is that the study attracted participants who wanted to have forum in which to air complaints and frustrations. An assumption could be made that the novice nurses with good relationships did not come forward because they were satisfied. The study indicated that novice nursing staff are not receiving the support they felt they needed. It also indicated that staff with only a few years of experience were viewed as being more supportive that senior staff.

**Mentoring**

The study participants clearly were uncertain when it came to mentorship (see Appendix E). The quotes demonstrate clear confusion around the role of a mentor; it was often depicted as
a preceptor. “I did, actually three. When I started they worked with me”. “All of my mentors were very very helpful”. “No not after my initial orientation”. A few of the participants were aware of the difference between a mentor and preceptor and clearly stated they did not have a mentor. “No I wouldn’t say I have a mentor at all”. “I had a preceptor, I don’t think I found anybody in my nursing practice really, that I would say has been a mentor. “A preceptor is very different than the commitment to be a mentor”.

All of the participants stated they were able to get questions answered; however they did appear to carefully choose whom they went to for answers. “A couple of my mentors, one in particular, I would hesitate to ask her questions”. “she really didn’t like mentoring people. ‘I was stuck with you’.” The theme of seeking newer staff over senior staff was once again present in responses, which validates the data received in question one. “Yes she was wonderful, I basically worked her shift. She had only been a nurse for two years and she still remembered what it was like to be new”. “One had three years experience who I considered to be a pretty good nurse, who was very helpful to me and I can ask anything”.

Hickey et al. (1996) describes occupational socialization as the process through which professionals learn the skill, knowledge and behaviors of the profession. If novice nurses are met with the attitudes uncovered in this study, professional development is definitely being curtailed. Benner (1984) believes that clinical expertise is gained through experience. A large part of experience is developed through role modeling other professionals and mentoring relationships. This study provided a bleak picture of professional mentoring, both from the lack of support felt by novice nurses and by their lack of understanding of mentoring.
Teamwork

Once again all of the participants had a combination of opposing statements. “I would say teamwork is pretty good”. “They’re there to help to a point, but a sort of resentment for your needing help”. It was evident from the participants they felt they received the help when a crisis occurred, but that it took a crisis to sometimes get the help needed. “I felt there was not a lot of teamwork at the start of a problem for me and then when there was a crisis a lot of people came to help”. “People worked as a team when they really needed to work as a team”. None of the participants felt patient care was ever compromised by their inexperience (see Appendix F). Which raises the question, could a crisis have been avoided with earlier intervention from knowledgeable staff or teamwork? Once more the theme that senior staff were felt to be less supportive than the newer staff was evident. “I find more teamwork on second shift than first shift. First shift is more fend for yourself. Second shift is more younger, more younger people than days”. “Second shift has better teamwork. A lot of Florence Nightingales are on day shift, a lot of ego’s, this is how you do nursing”.

This researcher believed that with the change in the nursing students population to more non-traditional students an improvement in teamwork would have occurred based on the premise of increased interpersonal communication skills. This was not supported in the study. Many of the participants were non-traditional students and on a second career, yet their responses were similar to the traditional students and this is supported by their responses. Benner’s (1984) theory describes knowledge as being built on experiences. However, the theory does not address the issue of experts being unable or unwilling to support another generation of practitioners. The term expert relates more to clinical knowledge than emotional intelligence. Emotional intelligence refers to one’s ability to build relationships. According to Goleman (1998)
emotional intelligence is learned and continues to develop from our experiences, much like Benners (1984) model. Emotional intelligence skills are cognitive and can be learned. They are based on five elements; self-awareness, motivation, self-regulation, empathy, and adeptness in relationships. Possessing a high skill and knowledge level does not make a person emotionally competent. Goleman (1998) describes the emotionally intelligent individual as one who presents in a manor that will lead to trust and respect. This appeared to be evidenced in the study. The descriptions of participants related to senior staff and support lacked trust and respect.

Communication Strategies

Only one of the participants stated she never had a problem with communication. She described herself as blunt. “I’m really blunt, if I feel something is not right or I’m being taken advantage of I say, you will not do this to me”. This particular individual shared that some of her colleagues thought she was rude and she had a difficult time establishing relationships related to her bluntness. The other participants felt they had room to grow in communication skills, particularly because they became less assertive and increasingly passive when they did not feel supported. “I’m not very assertive, that’s my own flaw”. “I never said you know I think it’s really unprofessional of you, or I never really got involved, I guess because it didn’t involve me and I didn’t want to make enemies”. “I never felt supported enough to say anything”. The participants showed a general lack of strong communication skills. All but one of the participants felt they had to be quiet and uninvolved to remain on the good side of colleagues. If novice nurses are to grow in knowledge from experience, they need the guidance of senior staff. “I would ask them a question and then get out of their way”. This is not the way to gain support from colleagues. This is a description of minimal survival (see Appendix G). It is unfortunate that only one of the participants had the ability to speak up and receive the guidance needed.
"Well I'm really blunt. You will not do me this way. Don’t think I’m going to put up with it.”
This individual was perceived as rude by some of her colleagues. Perhaps because she did not want to play by the rules of tolerating abuse. She certainly could polish her communication skills and still be effective in getting assistance but she appeared assertive not aggressive to the researcher. This does not demonstrate effective communication.

Educational Preparedness

The theme of receiving conflicting comments from all participants continued with this question. “they did give me a good knowledge, like a base to work off of”. “They (educators) briefly talked about collaboration with physicians and other health care providers, but they didn’t really focus on that”. However, the majority of participant felt that professional communication was a skill that could not be taught, it was something that you developed with experience. “I don’t know how they really can”. “Personally I don’t think that is something you can teach people”. None of the participants had a formal class on collegial relationships (see Appendix H). Communication is theory based and certain aspects can be taught in a formal academic setting. Since Benner (1984) believes that experience leads to expertise, a large part of professional communication would be gained from experience learned in the clinical setting. Role modeling by experienced professionals would augment personal experiences. The lack of strong professional role models evident in the study, especially by senior staff, would perpetuate the continuance of poor collegial relationships.

All of the data collected was funneled down into two major themes, first the lack of support and mentoring from senior staff, and second the lack of educational preparation on communication. It is interesting to note that all participants found newer staff more supportive
than senior staff. They all believed that senior staff held the knowledge but found them unwilling or unable to share that knowledge. The question arises do senior staff hold as much knowledge and expertise as new graduates give them credit for? The possibility exists that senior staff were not supportive because they were intimidated by the broad knowledge base of novice practitioners. The possibility also exists that indeed they were bitter and that they engage in ritualistic behaviors based on traditions that they themselves experienced. This could validates their feelings that they are the gatekeepers of the profession.

Participants identified two reasons for senior staff not being supportive, first they were tired of training new staff and second felt new staff had to suffer to pay their dues. The majority of support received by novice nurses came form staff with less than five years of experience. The perception of participants was that newer staff remembered how it felt to be new. They enjoyed helping and teaching. Comments like “they seemed to remember the orientation phase” and “nurses with less than five years were the most helpful” supported this theme. Perhaps newer staff were educated in a similar manner to the novice nurses and did not feel threatened by them. Possibly they had just not been in practice long enough to have developed bitterness towards newer nurses.

The next theme that emerged was the belief that education can not prepare one for collegial communication. None of the participants felt that they were unprepared to communicate with patients, they all acknowledged class content on therapeutic relationships. They all believed their therapeutic communication improved with experience, but felt that they had been given the necessary skill to build upon. However, all of the participants felt they would not be able to learn collegial communication in the academic setting. Comments like “I don’t think that is something you can teach people, you’re either able to do it right or not” and “I don’t
think they can teach you in a way that’s most applicable to a nurse” supported this theme. Even though all but one of the participants had previous experience in health care, none felt prepared to communicate with colleagues.

According to Benner (1984), skill acquisition is a key to progressing from novice to expert. Benner (1984) talks about ‘knowing that’ and ‘knowing how’. The conversion of knowledge from theory into clinical practice takes place over time and consists of building upon causal relationships and experience. A part of experience is mimicking role models. While the skill and knowledge level of expert nurses may be high the study revealed a lack of emotional intelligence in both participants and descriptions of senior staff. Perhaps the descriptions were clouded by the participant’s lack of experience, although quotes appear self-explanatory.

The study revealed that participants had an unrealistic expectation of their new role, even though six of the seven participants had previous health care experience. Some of the participants were unaware of the difficulty of knowledge progression and expected to leave school an expert. The data suggests that novice staff felt for the most part, unsupported by senior staff and they took the path of least resistance when looking for support, going to newer more supportive staff. The data also demonstrates an inability on the part of novice nurses to communicate effectively and get their needs met. The Benner (1984) model relates to the equation of communication skills. Communication theory can be taught but experience and role models take it to an expert level. It was interesting to note that all of the participants were taught therapeutic communication but collegial relationships were skimmed over.

The participants, for the most part, were fairly satisfied with their jobs after an initial adjustment period (see Appendix I). Again all participants had both positive and negative comments about employment. “I thought I wouldn’t stay in my position for very long, now it’s
great". "I'm like why am I a nurse"? Three participants were on their second job since graduation and all expressed greater work satisfaction in their new position. It is interesting to note that 42% changed job within the first eighteen mounts of graduation. Another fact noted was that 85% of participants had previous health care experience, yet they found their role different than anticipated.
Chapter 5

CONCLUSIONS

While the transition from novice to expert takes place over time and through experiences, the process does not need to be painful. The belief that nurses ‘eat their young’ is a disconcerting portrayal of the profession. Analysis of this data indicates definite lack of support by senior staff. Some of the comments from the participants were very sad as well as disheartening and none of the participants felt prepared for this clinical environment. Findings supported the need for growth in collegial relationship building and communication skills within the profession. Not only was a lack of mentoring evident, even the understanding of the concept was lacking. Most professions have an initial training period with a certain amount of testing that goes on during the initial training period, however none appear to have the disturbing traditions of nursing. The affect of cannibalism may have a negative affect on the ability to recruit new members to the profession.

This study provides insight into the experiences of the seven participants and is limited by this small number. The study is further limited by the location and working affiliation to one health care organization of the participants. The study was intended to be a small snap shot in time that examined the complex question of collegial relationships in nursing. However, the study does suggest further avenues of exploration. A replication of this study in other areas of the country and with larger numbers would be beneficial in validating the findings. A study to examine educational curricula that involves communication skills would be beneficial. Use of literature on emotional intelligence relating to professional growth would be helpful. Definitely a qualitative study of senior staff and their perceptions of relationships with novice nurses would be helpful. This would help in understanding some of the behaviors described in this study.
More work on mentorship and its role in developing relationships is needed. Education for existing staff on collegial relationships and changes in nursing education appear to be needed.

There is great opportunity for nursing to grow from improvements in education and strengthening of mentoring networks. With the predicted upcoming nursing shortage, the profession needs to portray a positive image if it hopes to recruit nurses for the health care profession. This study concluded that there is need for improvement in relationships and communication. With nursing in the process of examining school curricula to include critical thinking and outcome based practice, this is the ideal opportunity to evaluate communication and mentorship. This researcher's hope is that others will further the knowledge base of the profession by examining communication and mentorship. Possibly these senior staff posses skill and knowledge but lack emotional intelligence. Possibly they are insecure in their skill and knowledge level.
References


Appendix
Appendix A

Research Participant Solicitation Letter

August 15, 1999

Dear --- Health Care Nurse,

My name is Kathleen M. Knaack and I am a graduate student at Cardinal Stritch University. I am currently conducting a qualitative research study for my graduate thesis. The Internal Review Boards of Cardinal Stritch University, --- Medical Center, and --- Medical Center Research Committee have approved the study. The purpose of my research will be to obtain information about the level of support afforded to new nurses by their nursing colleagues. Your participation is an exciting way for you to assist in furthering the development of nursing knowledge.

Participation will be strictly on a voluntary basis. Participants need only to work for --- Health Care and have been a practicing nurse for eighteen months or less. The study format will be individual interview, approximately 30–45 minutes in length. All interviews will be audio taped for later transcription. The tapes and transcriptions will be destroyed after three years in compliance with federal guidelines. Participants agreeing to the research study will be granted complete confidentiality, with no names or other identifying information being used.

If you are interested in assisting me in a quest for nursing knowledge, please contact me at the voice mail number listed below. Leave your name, number, and a convenient time I can contact you to discuss the study and make arrangements of the interview. Thank you for your time and consideration.

Sincerely,

Kathleen M. Knaack, RN

VOICE MAIL: 414-425-4247
Appendix B

Research Participant Consent Form

Kathleen M. Knaack is conducting a research study on the perceived levels of support provided to new nurses from their nursing colleagues. The qualitative research study will utilize individual interviews to collect data. All interviews will be audio taped and transcribed verbatim for data analysis. All data collected, both written and taped will be secured in a locked file to ensure confidentiality. Audiotapes and transcription will be kept for a minimum of three years in compliance with federal guidelines.

Participation is voluntary; refusal to participate will involve no penalty or loss of benefits to which the participant is otherwise entitled. As a volunteer in this research study, I understand that I may withdraw or ask to have the audiotape turned off at any time. I understand that withdrawal from the study will have no penalty or consequences and the data collected will be destroyed at that point I withdraw. I also understand that confidentiality is a basis for my participation in the study. I understand that there is minimal risk and no possible discomfort to me from participation in this study. If I have questions regarding the research I will contact the researcher listed below.

Kathleen M. Knaack
12751 west Beloit Road
New Berlin, WI 53151
414-425-4247

If you have any questions regarding this research, please call or write:

Dr. Lea Monahan (Theses Chair)
Cardinal Stritch University, Department of Nursing
6801 North Yates Road
Milwaukee, WI 53217
414-410-4402

If you have any complaints about the study as a participant, please call or write:

Dr. Asuncion Austria (Chair)
Institutional Review Board
Cardinal Stritch University
6801 North Yates Road
Milwaukee, WI 53217
414-410-4471
While there are no immediate benefits that can be expected from participation in the study, the information derived may be beneficial in advancing nursing knowledge.

I have received an explanation of the research study and agree to participate. By signing below I am stating that I am a registered nurse with less than eighteen months of experience and work for --- Health Care. My signature allows permission to audiotape the interview.

[Signature]

Participants signature Date

This research study has been approved by the Cardinal Stritch University Institutional Review board for the protection of human participants.

This research study has been approved by the --- Medical center Research Committee’s Institutional Review Board.

This study has been approved by the --- Medical Center Research Institutional review board.
Appendix C

Research Questions

The research questions will be utilized for the individual interviews. All interviews will be audio taped and transcribed verbatim.

General Information

When did you graduate from nursing school?
What school did you graduate from?
What is your current employment?
Did you have previous health care experience prior to graduation?

Research Questions

1. Give a detailed description of the type of collegial relationships you have developed in your first year of practice? Do you have a mentor, if yes describe that relationship?

2. What is your perception of teamwork on the unit?

3. Give some detailed examples of the type of support you receive from colleagues.

4. Reflection on this past year, describe some communication strategies you have used when communicating with colleagues.

5. Do you feel your nursing education adequately prepared you for communication with colleagues?

6. Do you look forward to going to work?
Appendix D

Collegial Relationships

Question: give a detailed description of the types of collegial relationships you have developed in your first year of practice.

Table D1

<table>
<thead>
<tr>
<th>Collegial Relationships</th>
<th>Positive</th>
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<tbody>
<tr>
<td></td>
<td>“They’ve been pretty good for the most part”</td>
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<td></td>
<td>“Many people are there to lend a hand”</td>
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<td></td>
<td>“I feel pretty free to ask them questions”</td>
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<tr>
<td></td>
<td>“for the most part I get along with people, so it’s fairly cordial”</td>
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<tr>
<td></td>
<td>“there was no ‘I’m too busy’, if I had a question I felt I could go to</td>
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<tr>
<td></td>
<td>anyone to get an answer”</td>
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<tr>
<td></td>
<td>“I’ve found very supportive nurses for the most part.”</td>
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<td></td>
<td>“I mean just six months into it I have some great friends on my floor.</td>
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<tr>
<td></td>
<td>We have a good time.”</td>
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<tr>
<td></td>
<td></td>
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<tr>
<td>Negative Quotes</td>
<td>“If you asked them more than once, they told you, ‘I told you once</td>
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<tr>
<td></td>
<td>already’.”</td>
</tr>
<tr>
<td></td>
<td>“Sometimes I’d feel bad I was bothering them.”</td>
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<tr>
<td></td>
<td>“Oh look at her, she’s just out of school and she’s on days, she</td>
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<tr>
<td></td>
<td>should be on nights for five years like I was.”</td>
</tr>
<tr>
<td></td>
<td>“They were much more of that back biting kind of stuff and that was</td>
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<td></td>
<td>hard for me.</td>
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</tbody>
</table>

(table continues)
“It’s sort of the more venerable you act the worst you get it. There were a couple girls on the unit with no experience, just there clinicals, and they really got hit.”

“Telling each other and gossiping, that’s I think a big issue. I would listen and think in my head this is so stupid.”

“You’re going to be a nurse, so now you have to suffer for the next five years and work nights. Now your penance is really starting.”

“There isn’t a lot of sympathy because they figure they went through it before and they had to struggle and you’re going to struggle.”

“there are a few people I feel safe going to and asking any question, no matter what it is.”

“one of my preceptors was someone I felt I couldn’t go to. “

“I did not feel I could go to the manager, she hired me and then never even said good morning to me after that. There was no relationship at all.”

“I ended up talking to other people on the unit asking for support. Because I did not feel safe going to any of those people. The manager ended up hearing in a round about way, I had no intention of spreading, it was quite an experience.”

“A newer nurse told me ‘don’t do anything don’t say anything, just be quiet. I did and got shot down.”
<table>
<thead>
<tr>
<th>Experience Related</th>
<th>“Everyone seemed so cold. I’d ask questions and they’d say I’m sick of answering your questions. Go ask someone else.”</th>
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<tbody>
<tr>
<td></td>
<td>“I have to say anybody with less than five years was probably the neatest individuals.”</td>
</tr>
</tbody>
</table>
|                     | “most of the nurses with less than five years are a lot more helpful, with one exception, she’s been a nurse over twenty years, and probably the most helpful individual”.
|                     | “Younger people seemed to explain things and take more time with you. They were in your position not that long ago.” |
|                     | “nurses near the ten year mark or greater really had no patience for you”. They told you once and their expectations were you knew exactly where it was and you knew what to do, who to call, were the forms were after one time”.
|                     | “The younger nurses, or people who haven’t been there as long were more helpful to me.” |
|                     | “People who’ve been there longer, you would think would be more knowledgeable, but they’d always give you a shorter answer and went on their business.” |
|                     | “They’ve done this too long and they’re tired of teaching new people” |

Note. Data gathered from semi-structured interviews. Conducted by researcher from August 3 – 27, 1999. Printed with the permission of study participants.
Appendix E

Mentoring

Question: Do you have a mentor, if so describe that relationship?

Table E1

<table>
<thead>
<tr>
<th>Mentoring: Participant Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Comments</td>
</tr>
<tr>
<td>&quot;the CNS, she’s been very good to me&quot;</td>
</tr>
<tr>
<td>&quot;I stay in contact with two people I go to school with.</td>
</tr>
<tr>
<td>&quot;All of my mentors were very very helpful&quot;</td>
</tr>
<tr>
<td>&quot;We had a preceptor during orientation, I feel comfortable going to her and I’ll get correct answers, but she was also tough.&quot;</td>
</tr>
<tr>
<td>&quot;It would be nice to be able to reach back to relationships I had in school and say I’m having this kind of a problem.”</td>
</tr>
<tr>
<td>&quot;Yes, and she was wonderful. I basically worked her shift. She had only been a nurse two years, and she still remembered what it was like to be new.”</td>
</tr>
<tr>
<td>&quot;Not per say, I’m beginning to know all the PM staff better. One that had three years experience who I considered a pretty good nurse, who is very helpful to me and I can ask anything.”</td>
</tr>
<tr>
<td>&quot;No, I wouldn’t say I have a mentor at all. I’ve gotten much more comfortable with everyone on the unit that if I have a question I can really go to anyone.”</td>
</tr>
</tbody>
</table>

(table continues)
| Negative Comments | “she really didn’t like mentoring people. ‘I was stuck with you’ and that was pretty much her philosophy”
| | “I did, actually three. When I started they worked with me she found out she was my mentor and said ‘I don’t want to do this’”
| | “A couple of my mentors, one in particular, I would hesitate to ask her questions.”
| | “No, not after the initial orientation.”
| | “I had preceptors, I don’t think I found anybody in my nursing practice really, that I would say has been a mentor. A preceptor is very different than the commitment to be a mentor to someone.”

**Note.** Data gathered from semi-structured interviews. Conducted by researcher from August 3 – 27, 1999. Printed with the permission of study participants.
Appendix F

Teamwork

Question: What is your perception of teamwork on your unit?

Table F1

<table>
<thead>
<tr>
<th>Positive Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>“For the most part pretty good”</td>
</tr>
<tr>
<td>“People work as a team when you really need to work as a team.”</td>
</tr>
<tr>
<td>“It’s very helpful”</td>
</tr>
<tr>
<td>“PM’s was calmer so there was more teamwork. It seemed like you could ask for</td>
</tr>
<tr>
<td>more help, and people would ask you for more help.”</td>
</tr>
<tr>
<td>“Do you need anything, kind of making sure everyone was done with their work</td>
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<tr>
<td>for the shift.”</td>
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<tr>
<td>“There’s a lot more teamwork and I think a happier environment in outpatient</td>
</tr>
<tr>
<td>than inpatient.”</td>
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<tr>
<td>“They’re pretty good on this unit, going around and asking each other ‘do you</td>
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<tr>
<td>need help’ so that people can get out on time.”</td>
</tr>
<tr>
<td>“If things hit the fan, people were there for each other.”</td>
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<tr>
<td>“Once I had the crisis of the day, and like no one left. They were there for</td>
</tr>
<tr>
<td>me throughout the whole process.”</td>
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<tr>
<td>“It was just no big deal for some nurses, ‘I’ll do your meds’, I did it for</td>
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<tr>
<td>nurses and they did it for me.”</td>
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</tbody>
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(table continues)
<table>
<thead>
<tr>
<th>Negative Comments</th>
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</thead>
<tbody>
<tr>
<td>“It’s wonderful (new unit) I’m extremely impressed by it. The nurses will come up and are you doing OK?”</td>
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<tr>
<td>“I would say teamwork is pretty good.”</td>
</tr>
<tr>
<td>“People stop in the room and say ‘do you need anything? What do you want me to do for you?’”</td>
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<tr>
<td>“She stopped in the room like three times to make sure everything was going all right.”</td>
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<tr>
<td>“There are a few nurses who like to work by themselves and do their own thing.”</td>
</tr>
<tr>
<td>“I felt there had to be a lot of teamwork, but I really didn’t feel that.”</td>
</tr>
<tr>
<td>“If you wanted someone to take your pager so you could take a break, it was really hard to do that. Forget it, I’m busy, I can’t take your pager.”</td>
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<tr>
<td>“I never felt as comfortable asking for help.”</td>
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<tr>
<td>“I felt there was not a lot of teamwork at the start of a problem for me and then when there was a crisis a lot of people came to help. So in the space of serious emergencies, you got help.”</td>
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<tr>
<td>“The staff meeting sort of became a large complaining session.”</td>
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<tr>
<td>“You’d ask a question, and no one knew, and they left you in the lurch.”</td>
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<tr>
<td>“They’re there to help, to a point, but a sort of resentment for your needing help.”</td>
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*(table continues)*
| Senior Staff Relations | “It depends on the shift, so you either see a lot of cooperation, or not that people won’t help you, but you really have to ask for it.”

“Sometimes I’ve gotten help, but I think they’re probably more examples of lack of help. I wouldn’t say lack of help, because they’ll pitch in at the end.”

“I find more teamwork on second shift than first shift. First shift is more fend for yourself. Second shift is more younger, more younger people than days.”

“I’d go back and have a bad day where you know … it seemed like the people who’ve been there the longest time are sometimes the biggest trouble makers.”

“I go to the newer one’s for help.”

“Second shift had better teamwork. A lot of Florence Nightingales are on day shift, a lot of ego’s, this is how you do nursing.”

“Actually, I think that would be something that I wish nursing schools would do is how to be a better mentor.” |

**Note:** Data gathered from semi-structured interviews. Conducted by researcher from August 3 - 27, 1999. Printed with the permission of study participants.
Appendix G

Communication Strategies

Question: Describe some communication strategies you have used when communicating with colleagues?

Table G1

<table>
<thead>
<tr>
<th>Communication Strategies: Sample Quotes</th>
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</thead>
<tbody>
<tr>
<td>Positive Comments</td>
<td></td>
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<tr>
<td>“I never have a problem saying, what do you think?”</td>
<td></td>
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<tr>
<td>“I kinda give them a quick scenario and ask their opinion.”</td>
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<tr>
<td>“If you have a problem, you should deal with them directly, how else are you going to get anything accomplished.”</td>
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<tr>
<td>“Is there a problem, let’s fix it and move on to the next thing.”</td>
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<tr>
<td>“I just don’t like secrets”</td>
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<tr>
<td>“Let’s have a meeting and talk like adults about it and not sit here and complain.”</td>
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<tr>
<td>“I deal with a lot of things with humor.”</td>
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<tr>
<td>“I’m very assertive but not rude.”</td>
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<tr>
<td>“If I have a problem with someone I go to that person. Just be kind of open and friendly.”</td>
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<tr>
<td>“I’m a pretty passive person, non-confrontational”</td>
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<tr>
<td>Negative Comments</td>
<td></td>
</tr>
<tr>
<td>“I’m not very assertive, that is my own flaw.”</td>
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<tr>
<td>“There’s really a conflict, I kind of just ‘oh well, it doesn’t bother me.”</td>
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(table continues)
"The only time I ever said anything curt, I don’t have time for this. I know pain is a priority verses a sheet of paper."

"I never said You know I think it’s really unprofessional of you, or I never really got involved, I guess because it didn’t really involve me. I didn’t want to make enemies. I’m not going to defend anybody, that’s their position, they need to take for themselves, but I wasn’t going to join in."

"I never felt supported enough to say anything. I was not connected enough to say that."

"I would ask them a question and get out of their way."

"I always went to the staff who were nice before going to those other people."

Note. Data gathered from semi-structured interviews. Conducted by researcher from August 3 – 27, 1999. Printed with the permission of study participants.
Appendix H

Educational Preparedness

Question: Do you feel your nursing education adequately prepared you for communication with colleagues?

Table H1

<table>
<thead>
<tr>
<th>Nursing Education/Preparedness: Sample Quotes</th>
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<tbody>
<tr>
<td>Positive Comments</td>
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<tr>
<td></td>
</tr>
<tr>
<td>Negative Comments</td>
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(table continues)
"I think they tried to incorporate communication into the program. Personally I don’t think that is something you can teach people, you’re either able to do it right or not.”

“In school there’s always this clique that nurses eat their young, we use this like a joke. Didn’t feel supported enough to talk to instructors. There were leadership and management classes that would have been appropriate to address that in.”

“I don’t think you can teach communication, I think you have to experience it and figure out what works best.”

Note. Data gathered from semi-structured interviews. Conducted by researcher from August 3 – 27, 1999. Printed with the permission of study participants.
Appendix I

Work Satisfaction

Table I1

Work Satisfaction: Sample Quotes

<table>
<thead>
<tr>
<th>Positive Comments</th>
<th>“I look forward to coming to work about 95% of the time.”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“I can’t fathom being paid to do something that people give me so much.”</td>
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<tr>
<td></td>
<td>“I like my second job.”</td>
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<tr>
<td></td>
<td>“Yes, more in my new job than my last one.”</td>
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<tr>
<td></td>
<td>“Much more so at my new job.”</td>
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<tr>
<td></td>
<td>“I thought I wouldn’t even stay in my position very long because it was so horrible, now it’s great.”</td>
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<tr>
<td></td>
<td>“I wasn’t confident in myself, when I became more comfortable I switched to PM’s and now work is not that big a deal, most days”</td>
</tr>
<tr>
<td>Negative Comments</td>
<td>“I like the families, more so, than most of the nurses.”</td>
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<tr>
<td></td>
<td>“I would say I’m not really excited about going to work everyday, but I don’t dread it anymore, so I guess that’s a step in the right direction”</td>
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<tr>
<td></td>
<td>“It seems that work is very frustrating and hard at times”.</td>
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<tr>
<td></td>
<td>“I’m like, why am I a nurse?”</td>
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<tr>
<td></td>
<td>“Things weren’t what they seemed to be in the interview process”</td>
</tr>
</tbody>
</table>

(table continued)
"My first job I dreaded it. I hated going there, but the mortgage had to be paid."

"It was just a crappy place to be sometimes."

"That is what I used to call work, my penance. This is my penance."

"No, not right now I don't, no."

"I was literally sick every day, but I showed up."

"I specifically asked the manager, are the preceptors paid more? Do they want to be preceptors? Are they forced to do it? And she said no, they weren't forced and generally wanted to be there. She said, I wouldn't tolerate the nurses eating their young, I didn't even use those words, she did. So I felt comfortable taking the job and then when I got there it was much different."

"It's very different from what I thought. If I would have known I had this much responsibility, I don't think I would have chosen it. Some days I feel fourfold after work and other days I think is this what I really to do with my life."

Note. Data gathered from semi-structured interviews. Conducted by researcher from August 3–27, 1999. Printed with the permission of study participants.