Transitioning from theory into practice in the nursing profession: Challenges experienced by nurses with a CEGEP and bachelor's degree in a long-term care facility in Montreal

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A thesis in

The Department of Education

Concordia University

Presented in Partial Fulfilment of Requirement

For the Degree of Masters of Arts (Educational Studies) at

Concordia University

Montreal, Quebec, Canada

October, 2021

CONCORDIA UNIVERSITY

School of Graduate Studies

This is to certify that the thesis prepared

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Entitle: Transitioning from theory into practice in the nursing profession: Challenges experienced by nurses with a CEGEP and bachelor's degree in a long-term care facility in Montreal

and submitted in partial fulfillment of the requirements for the degree of

Masters of Arts (Educational Studies)

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Abstract

The purpose of this qualitative study is to examine the different challenges individuals face when entering the nursing profession with either a CEGEP (college) or a bachelor's degree. I interviewed two groups of newly qualified/registered nurses: one group with a bachelor's degree the other with a college degree who are currently working in a Long-Term Care Facility (LTCF): seven Registered Nurses (RN), two CEGEP (DEC) and five bachelor (BScN) RNs all of whom agreed that they were not adequately prepared by their education to work in an LTC. Through my research, I identified their individual learning needs based on their educational backgrounds as well as current practice. The research questions that guided the interviews where:

1. How did the entry level competency of CEGEP nursing diploma program prepare you for the workforce in Montreal?
2. How did the entry level competency of the bachelor's degree in Nursing prepare you for the workforce in Montreal?
3. Do you feel that your employer supported you in integrating to the clinical setting?

Based on the information received from the participants lived experience I have made suggestions for designing an orientation program for newly hired nurses by LTCFs that takes into account the educational background of the novice nurses to optimize their learning and explore mentoring opportunities or approaches aiming at integrating them into the working environment of an LTCF.

Acknowledgements

I am grateful to God for his continues blessing and for placing people along my journey to guide, mentor and support me throughout my research and writing process, without them this thesis would not be possible.

I would first like to thank my professor and supervisor Arpi Hamalian whose has been guiding, supporting and encouraging me from the onset of my master's degree studies. I had many life challenges and road blocks along the way, but she was compassionate and understanding, and believed in me. Her expertise and insightful feedback were invaluable in structuring my thesis and bringing it to a completion. I was honored to have worked with you.

I would like to thank the committee members Dr. Ailie Cleghorn and Dr. Miranda D'Amico whose expertise was invaluable as members of my committee.

I particularly like to thank the participants who took the time out of their busy schedule to share their narratives.

I would like to thank Rima who not only encouraged me to complete my graduate studies at Concordia University, but also helped me to edit the draft of this thesis. I would also like to thank Elena for editing the final version of my thesis.

I would like to thank my family members, friends and colleagues for their support. A special thank-you to Marilyn for your kind words and David for your unwavering support.

Dedication

This thesis is dedicated to my children Shanelle and Antoine, you are my inspiration; and you have both helped me to grow into the confident and introspective person I am today. I would like to extend a special thank you to Shanelle for your encouragement and patience throughout this process.

Key Terms and Acronyms

CBI: Continuous bladder irrigation is a catheter tube inserted into the urethra that prevents clot formation by allowing fluid to flow in and out of the bladder

CCU: Cardiac Care Unit, a unit that consists of a specialized group of health professionals that treat critical emergencies relating to the heart.

CSR: Central Supply Room

CBGM: Capillary Blood Glucose Monitoring, a monitoring tool used for diabetic patients

Clinical rotation: periods in which students provide direct patient care under the supervision of a nursing clinical instructor. Clinical rotation/stage or clinicals will be used interchangeably.

Community care nursing: Nursing characterized by a nurse who provides care within the community such as in schools and individual homes.

EKG: Electrocardiogram, a machine that test measures the electrical activity of the heart

ER: Emergency Room

Exuding wound: a wound from which yellowish/greenish substance, indicative of an infection, may drain

F-A-S-T: an acronym used as a mnemonic whose individual letters stand for characteristics to be observed to detect the possibility of someone having a stroke. (F for facial droopiness; A for arm weakness; S for speech which is usually slurred; T for time, the quicker you treat the better the outcome.

Geriatric medicine: Doctors who specialize in the health conditions of the elderly

Gerontological nurse: A nurse who is specialized to take care of the elderly

IV: Intravenous solution

LPN: Licensed practical nurse (typically works under the direction of an RN)

LTCF: Long-term care facility

MSN: Master's in Science of Nursing

NCLEX-RN- National Council Licensing examination, a mandatory examination to become a nurse

NS: Normal Saline solution

Nurse educator: Educator of nurses who teaches and guides the nursing staff particularly the RN, LPN and PAB on nursing best practices

Nurse clinician. A bachelor degree RN/ BScN

Float RN: A nurse who works on all units or temporarily replaces a full-time nurse on a specified unit.

Head to toe assessment: A detailed physical examination of the body system done by health professional in order to determine a person's overall health, such as neurovascular, cardiac and respiratory, to determine a person's overall health condition

MI: Myocardial Infarction (heart attack)

OIIQ: Ordre des Infirmières et Infirmiers du Québec/ Order of Nurses of Quebec

OT: Occupational Therapist

PAB: Préposé aux Bénéficiaires/ Personal Care Attendant

Nurse practitioner: Advanced practice registered nurse who can diagnose and prescribe

Nurse Preceptor: A proficient/ experienced nurse who trains novice nurses

PT: Physiotherapy

Psychiatric approach: a non-threatening- way to approach an individual that takes into account the aging, cognitive, disorders with behavioral and psychological symptoms of dementia BPSD

RN: Registered nurse

SBAR: Situation-Background-Assessment-Recommendation

SICHELD (Système d'information clientèle en centre d'hébergement et de soins de longue durée): A universal electronic data base system used in the residential and long-term care facilities that stores information concerning the resident

SBAR: Situation, background, assessment, recommendation: A tool used by nurses that enables him/her to communicate relevant information about the resident's condition to the doctors.

ICU: Intensive Care Unit, consisting of a specialized group of health professionals who treat critical emergencies relating to the heart, surgical procedures or patients on ventilators.

TL: Team leader, an RN working in the long-term care facility, who is in charge of the nursing team and the functioning of the unit

Team dynamic approach: an approach that aims to foster harmonious collaboration among the multidisciplinary team for the benefit of the resident

UTI: Urinary Tract Infection

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Chapter One: Introduction

I have chosen to write my master's thesis on transitioning from nursing school to the reality of the workforce. It encompasses challenges experienced by newly trained nurses who have received their accreditation either through a CEGEP diploma or a bachelor's degree. I have selected nurses whose first position was in a long-term care facility (LTCF) in Montreal as their narratives deeply relate to my experiences not only as a novice nurse, but also as a clinical nurse consultant and teacher.

In 1993, I obtained a Diplôme d'études collégiales (DEC) in nursing at a CEGEP in Montreal, and shortly after I was hired as a novice nurse in a LTCF. I lacked experience and, after a three-day orientation, was expected to immediately link the theoretical knowledge I gained in my schooling to the demands required in the field. In an LTCF, unlike other health care professionals, all nurses are expected to function as a team leader. This expectation entails working in collaboration with the multidisciplinary team, coordinating the activities of the nursing staff, attending to the needs of the patient and their immediate family. Likewise, nurses need to ascertain that staff members respect the hospital policies and procedures, review the care plan and workload by assigning the appropriate staff to the patient, gather relevant information throughout the day to report to the oncoming shift. In addition, nurses need to perform all these tasks that require *critical thinking*. By critical thinking skills in the context of nursing, we refer to the essential thinking skill that allows us to recognize, gather data, reflect and provide care as per best practice guidelines that most nurses do not acquire during their training (Dehghanzadeh & Jafaraghaee, 2018).

As a novice nurse, I had to perform all these tasks and because of limited experience I lacked critical thinking skills. This allows the professional to make the right decisions or

prioritize, create a step-by-step plan to elicit the best outcome for the patient. As a result of being ill-prepared, I was unintentionally putting the patients' safety at risk. Nevertheless, I realized that my colleagues with a bachelor's degree also had their humbling moments. They had good critical thinking skills, but had other challenges. I believe that as a result of their training, they were better prepared to making judgments on their own.

Unlike me and other CEGEP-trained nurses new to the field, they were able to respond to most emergency situations by autonomously making discretionary judgments. In other words, they were able to link the clinical presentation of the patient to the underlying condition and intervene in order of importance. However, these nurses were not as prepared as I was when it came to performing practical tasks such as nursing procedures and using equipment. My training was more hands-on, and I had plenty of opportunity to learn about particular procedures in the classroom, then perform the procedure with a mannequin in a controlled lab, see how the other students performed, adapt to my methods based on trial and error and perfect the skill in the lab prior to going to a supervised clinical setting. On the other hand, I noticed that when it came to performing such practical tasks for example as, intravenous insertion, blood taking, Foley catheterization, nurses with a Bachelor's degree were not as skilled as a nurse fresh out of CEGEP. Yet I have noticed that, regardless of the educational path nurses take, the transition to the workforce is a very difficult phase.

I have been witnessing this phenomenon also from a perspective of a teacher. In 2010, I obtained my bachelor's degree in nursing at the University of Ottawa and work as a nurse consultant at a LTCF in Montreal. Currently I offer non-formal education sessions to the novice nurses. I have nurses both with a diploma and degree in the three-day orientation. While CEGEP nurses tend to lack critical thinking skills, Bachelor nurses tend to have difficulty handling the

tools and thus are unable to perform essential tasks if they don't know how to use them. Given that both groups experience difficulty in the transition from theory into practice, I have decided to gain deeper insight into these difficulties during transition and offer suggestions to reduce them; hence this study and its specific questions.

Research Question

What are the strengths in different competency areas of CEGEP-trained nurses and nurses with bachelor's degrees? This study is designed to find out what the nurses' clinical experiences are, what critical decision making and technical skills they have and how better to meet their learning needs to provide an optimal orientation program in a LTCF in Montreal.

Background

Nurses are the largest group of health care providers and are one of the few professionals that have different modes of entry into the profession:

> Traditionally, to become a nurse involved taking a three- year course leading to a certificate. The course was based in schools, subsequently colleges, of nursing attached to teaching or non –teaching hospitals and in which student nurses gained most of their clinical experiences (Clinton, Murrells, & Robinson, 2005, p. 83).

With rapid advances in technology and health care, there was a need for nurses to pursue higher education. In the 1980s, the certificate program was replaced by a diploma and in the mid-1990s many nursing orders were encouraging their members to pursue a nursing degree. Due to the prevailing shortage of nurses, Quebec is one of the few provinces that grant CEGEP-certified nurses' access to the nursing profession. According to the Canadian Council of Registered Nurse Regulators, "the competencies of both programs aim to ensure that entry-level registered nurses

are able to function in today's realities and are well-equipped with the knowledge and skills to adapt to changes in health care and nursing" (CCRNR, 2012, p. 5 as cited in Canadian Nurses Association, 2015, p. 12). However, there are gaps in the training provided by both educational paths. Furthermore, irrespective of the mode of entry into the profession, nurses are expected to perform equally well in a clinical setting.

Problem Statement

The transition period in nursing is difficult as it requires intense learning and development from the part of the newly graduate, also referred to as *advanced-novice* (St-Martin et al., 2015). The challenges vary depending on the educational path the newly graduate has taken: Student-nurses who graduate from Collège d'enseignement général et professionnel (CEGEP) have the practical skills but lack critical thinking skills. With their ability to immediately link theory into practice, novice nurses having completed their program at a CEGEP are autonomous in this respect. However, when it comes to making decisions or problem-solving, nurses who have completed a diploma program at a CEGEP do not have sufficient analytical and critical thinking skills (Canadian Nurses Association, 2015).

The situation is reversed in the novice nurse population that has completed a bachelor's degree. Student nurses who graduate from a university can typically solve problems and think critically better than their counterparts who have received their education at a CEGEP. Research suggests that graduate-degree-holding nurses are more critical, research-oriented, and innovative (Clinton, Murrells, & Robinson, 2005). They can easily integrate theory into practice, and are more self-aware and self-directed. Nurses with a degree have an increased capacity to undertake leadership roles than nurses with a diploma. However, these nurses are not proficient with their technical skills. In particular, during the first year of working in a clinical setting, they have more

theoretical training but fewer opportunities to apply their theoretical knowledge into practice. Therefore, their technical skills are weaker than those nurses with CEGEP diplomas.

Despite the gaps in the curriculum of the bachelor's program, the Quebec Nursing Association, Ordre des infirmières et infirmiers du Québec, has agreed with the rest of Canada that the minimum mode of entry be at the Bachelor's level. The underlying principle behind this policy is that if nurses want the profession to be noted as a profession, they must increase educational standards to that of the multidisciplinary team which is typically comprised of physiotherapists, social workers, occupational therapists among others, which solely consists of professionals who have at least completed a bachelor's degree. Furthermore, increasing the standards is believed to provide better holistic care for the citizens nurses are serving.

That said, the laws are not enforced and since there is a general shortage in staff, CEGEP nurses remain in demand particularly in an LTCF as the bachelor nurse tends to be attracted to acute care centers where they can gain experience with patients that require more complex care under the supervision of more experienced nurses. Therefore, taking into account the needs of nurses from different modes of entry into the profession is a necessary strategy to incorporate in the three-day orientation program. Furthermore, in order to enhance and develop the nurses' skills in assessing the mental and physical health of a patient, the Quebec Ministry of Health and Social Services has implemented a mandatory training program entitled the" Health Assessment Project" for nurses who hold a diploma.

The project is supported by the largest nursing union in Quebec: Fédération des infirmières et infirmiers du Québec (FIIQ), and as such, the training is given province-wide on site at each health care facility. The three-day training includes preparatory videos, presentations

and clinical practice in different clinical areas with clinical coaches to help guide the diploma-holding nurses' learning needs. This governmental initiative aims to provide nurses with a common foundation to ensure they have the necessary skills to make accurate health and physical assessment of the symptomatic person: youth, adult and elderly. However, the "Health Assessment Project" does not address the challenges of novice nurses with different educational paths. Neither does it address how to design an orientation program that will meet the learning needs of the novice nurses, irrespective of their educational background.

Purpose Statement

The purpose of this qualitative study is to expand on my observations of the different challenges faced by a group of novice nurses with a bachelor's degree compared to those faced by those with a college degree both of whom are currently working in an LTCF. Through my research, I have identified their individual learning needs based on their educational backgrounds which impacted their educational outcomes. With these data, I have designed a program that takes into account the educational background of the novice nurses to optimize their learning and explore mentoring opportunities or approaches conducive to learning to help integrate these nurses into the working environment of an LTCF.

The research questions that guided the interviews were:

1. How did the entry level competency of CEGEP nursing diploma program prepare you for the workforce in Montreal?
2. How did the entry level competency of the bachelor's degree in nursing prepare you for the workforce in Montreal?
3. Do you feel that your employer supported you with integrating into the clinical setting?

Due to the impending retirement of the aging workforce there is a continuous demand for nurses, particularly in the LTC facilities in Montreal. However, newly graduated nurses are inclined to work in an acute care center where they can continuously learn about highly targeted interventions and from frequent monitoring that provide them the opportunity to reflect on their experience by linking theory into practice under the supervision of experienced nurses. The nursing curriculum is theoretically based and, depending on which mode of educational entry to the profession, there is some emphasis on practical. However, too often the curriculum does not take into account the evolving and complex health care needs of the elderly patients/residents.

The school provides the basics to be able to function on the unit; the onus is on the nurse to gain experience while working on the units or the specialized area. The organizational structure of the LTC in Montreal is conducive to experienced nurses but needs to offer more support to novice nurses irrespective of their entry into the profession. It needs to ensure a smooth transition into the workforce. In order to recruit and retain new bachelor-holding and diploma-holding nurses, this research is necessary; it would be befitting to design an orientation program to support their learning needs and thus facilitating successful entry of all novice nurses into the workforce. Prior to beginning the current study, I conducted a literature review in order to situate the research within the larger context of nursing education both at the CEGEP and university levels.

Chapter Two: Literature Review

In Canada, there are three regulated groups within the nursing profession: RN, nurse practitioners (NPs), and registered psychiatric nurses. Strong critical thinking skills, leadership and hands-on experience are needed to provide safe competent care regardless of the group a nurse find himself or herself in. To that end, many of the CEGEP and university curricula involve having clinical rotations in some institutions. The term clinical rotation refers to periods in which students provide direct patient- care under the supervision of a nursing clinical instructor. However, these are limited to acute, long-term and local community service centres such as local community service centres (CLSC) settings. As a result, only some new graduates are exposed to different diagnoses which, in addition to enriching novice nurses' experience, promote the ability to reflect on work experiences. Another issue occurs when newly admitted nurses are hired into a speciality area or critical care unit: They may not have encountered particular case scenarios as clinical rotations are limited due to the course requirements of the various school curricula. Therefore, the new graduate nurse "may experience a gap between theoretical knowledge learned in basic nursing education and knowledge acquired in actual training and clinical practice" (Kaddoura, 2013, p.10).

Based on the research, in the case that clinical rotations are offered, they are insufficient. They are not enough for novice nurses to function independently on the units. Although they lack skills, novice nurses are exposed to patients with "higher acuities, comorbidities and multi-system disorders thereby intensifying the role and responsibilities of today's graduate nurse" (Ortiz, 2016, p.10). The lack of a well-rounded clinical rotation also leads to lack of opportunities to refine critical thinking skills: While the university nursing curriculum provides the novice nurse with a baseline of critical thinking abilities, this is not enough "as one cannot

think critically without reflecting on their own actions both during a patient encounter and after the situation" (Ortiz, 2016, p.10). In other words, opportunities for reflection are crucial as they allow the novice nurse to improve on their clinical experience by linking theory into practice. As they have very charged schedules and are constantly required to learn new skills, novice nurses do not have enough time to reflect on their experiences. As such, they simply work non-stop without having a moment to think. All these reasons and their cascading effects highlight the importance of providing adequate transition all the more.

Particularities of LTCFs

To gain insight on the complexity of the challenges that a newly graduated DEC or diploma nurse may encounter while working in a long term care facility, it would be fitting to discuss the particularities of an LTC as these particularities demand more of nurses working in these facilities. For instance, while all nurses operate within multidisciplinary teams, nurses in LTC possess specialized training, a higher degree of expertise as well as responsibility. However, prior to outlining the specific circumstances of LTCs and the corresponding demands they pose on nurses, a definition of an LTCF, which will be situated within a continuum of various types of patient care facilities, will be provided.

Long-term care (LTC) has been defined by the Institute of Medicine as a variety of ongoing health and social services provided for individuals who need assistance on a continuing basis because of physical or mental disability such as progressive neurodegenerative diseases resulting from Parkinson's or dementia (National Institute on Aging, 2017 as cited in Ikegami, 2019). However, a continuum exists between the two extremes of living at home and LTCFs. Services can be provided in an institution, the home or community and include informal services such as recreational and social activities provided by professionals or agencies. According to

Evashwick (1989), “continuum of care is a concept involving an integrated system of care that guides and tracks patient over time through a comprehensive array of health services spanning all levels of intensity of care” (p.30).

When patients seek a continuum of care, the services they require are offered in the comfort of the patients’ homes and include all levels of health and personal care services. The various types of housing options can be independent living, assisted living or a day hospital setting: Independent living continuum is designed exclusively for the elderly where all amenities are in close proximity. Assisted living in this continuum of care is intended for the elderly individual who is able to live at home independently but needs help with everyday activities such as hygiene care or cooking. These housing options takes a holistic focus on the elderly person, taking into account their emotional, social, physical and psychological well-being, which leads to maintaining their quality of life. Depending on the level of care needed, these housing options offer a safe and secure environment that are intended for those who do not require the intensity of services offered in a long-term care facility.

Another option is a day hospital which is a short-term outpatient program that provides professional bilingual services for the elderly who require assessment, treatment, functional and physical rehabilitation. In this continuum of care, patients are treated in the comfort of their homes. Examples of complex problems for which a patient may seek a day hospital may be cerebellar vascular accidents or Parkinson’s disease, both leading to problems with walking, balance or coordination.

Accredited homes, termed intermediate and family type resources (RI) or/resource type familiale (RTF) are situated on the other end of the continuum in which patients reside in

supervised home-like environments for the elderly who can no longer care for themselves in their own home. Intermediate resources are the next step in the continuum of care. They are ideal for individuals who can no longer live independently or in the network of accredited homes and do not require the high level of care provided at a long-term care center in Montreal. The RI-RTF, are in partnership with a designated acute care center thus providing professional services as needed.

Long term care facilities are the last trajectory in continuum of care. The multidisciplinary team at LTCFs includes gerontological nurses and many other professionals specializing in geriatrics provide the best quality of care to the residents while preserving their autonomy to the extent that their capabilities allow it. LTC is not restricted to the elderly as disability may occur at any age. However, since it generally increases with age, the need for LTC typically increases as the population ages. Typically, residents at LTC facilities are unable to maintain independence in their activities of daily living (ADL) such as personal hygiene care, grooming, bowel or urine incontinence or instrumental activities of daily living (IADL) such as meal preparation, using a telephone or financial planning. In addition, some common clinical conditions that are encountered in a long-term care lead to the acute or chronic management of cognitive impairment or behavioural and psychological symptoms of dementia, diabetes, risk of fall and pressure injuries. Many of the elderly who are admitted to the long-term facility are clinically stable but need permanent around the clock nursing interventions. Therefore, living in a long-term care facility is the last trajectory to the continuum of care; ideally, the elderly will live there for the rest of their life.

According to Statistics Canada (2013), the majority of the elderly population lives in the community, and only seven percent live in special care, such as a long-term care facility. As the

body ages, gradual changes in the body structure and function occur, which increase susceptibility to persistent illness, injury, and disability (Sorrentino, Remmert, & Wilk, 2016). Adults who are 65 years old or older are more susceptible than younger adults to chronic diseases such as osteoarthritis, cardiovascular diseases, atherosclerosis, and major neurological disorders such as dementia related behaviours. Many elderly individuals may have more than one chronic disease, resulting in a gradual decline in fine and gross motor skills; cognitive skills as well as lung function may become limited. Given that these comorbidities manifest themselves gradually, most adults are able to adjust to them and live on their own.

While it may sound remarkable to realize that most elderly live on their own, doing so comes with great risks. When the elderly decline in functional capacities due to multiple comorbidities, they may be at risk for complications resulting from single events such as a fall. If they have existing conditions, the fall can easily lead to a major complication such as a hip fracture. Similarly, cardiac, respiratory issues such as pneumonia can exacerbate into chronic obstructive pulmonary disease (COPD). The likelihood of these potential complications that increase when the elderly live on their own are not to be taken lightly as they often lead to hospitalization and characterize “a transitional event for the elderly people that may culminate in disability or death” (p. 1) if their functional and cognitive abilities are not maintained (Barnes et al., 2012).

Similar to in acute care, nurses in LTC facilities, who perform gerontological nursing, also work in a multidisciplinary team; however, the staffing levels and goals of the multidisciplinary team are different from those in acute care and the role of the nurses demands the provision of a highly personalized service as well as greater expertise and responsibility than nurses in acute care.

The members of the multidisciplinary team for both acute and long term care typically consist of physicians, nursing staff, social workers, physiotherapist, occupational therapists' and other professionals as needed. When residents are admitted to long-term care, they are assessed by various members of the multidisciplinary team which empowers the residents to take an active role in their plan of care. In order to make a sound decision about health care, the residents need to be informed about their "clinical status, progress and prognosis" (O'Neill, 2015, para.5). While the resident is at the center of the process, the multidisciplinary team in a long-term facility recognizes that the involvement of family, friends and community as well as social services is paramount to their well-being (O'Neill, 2015). Each member provides specific services and work simultaneously to improve the quality of life of the resident. Similar to the acute care center, these interdisciplinary teams provide care as per best practices and follow a reference framework and standards set forth by the Minister of Health and Social Services (in French: Ministère de la Santé et des Services Sociaux, MSSS).

The team dynamics in an acute care setting are the same as that in a long-term care facility; however, the staffing levels in a long term care settings are significantly different. As per the MSSS, the recommended ratio of Registered nurse (RN) per resident care per shift is one RN for 32 residents in the day, 1 RN per 64 residents in the evening and 1 RN per 100 residents in the night. Ideally, in an acute care center in Montreal which is affiliated with the LTC the ratio is one RN per four patients. The one to four ratio does not imply that nurses working in an acute care center get to establish a personal relationship with the residents, but they are expected to perform or suggest highly targeted interventions and monitoring.

In contrast to acute care facilities, one of the objectives of the multidisciplinary team in long-term care facilities is to foster a therapeutic relationship with their patients and get to know

them as well as their families holistically. Given Quebec's overcrowded emergency rooms, particularly during flu season, the multidisciplinary team in acute care settings does not have the time to get to know the patient, his or her family nor establish a therapeutic relationship. Thus, while essential elements of patients care in long-term care facilities such as assessment and maintenance of cognitive skills, mobility as well as skin integrity are at the top of the priority list in long-term care faculties, they are not in acute care, in part due to the shortage in healthcare staff, overburdened emergency rooms and increased emergency wait times. The increased wait times are particularly concerning as it can result in the rapid deterioration in cognitive function or skin integrity of the elderly particularly when immobilized on the hospital stretcher for an extended time thus leading to pressure injuries (Vigliotti, 2019; Philip, 2016).

Unlike in acute care settings, the members of the multidisciplinary team have various approaches to treating the ailments experienced by the resident. For example, if the resident is experiencing pain, the PAB can provide non-conventional methods of pain relief such as distraction with music, engagement in physical activities, application of warm packs to the affected areas, repositioning the resident. If the pain has not subsided, the LPN can administer medications that are prescribed by the MD. However, if it's a new pain, the resident must be assessed by an RN and she/he will determine if the doctor needs to reassess the need for a different type of medication. The social worker can provide counselling particularly if the resident experiences psychological or emotional pain. The dietitian can provide foods rich in fiber so the resident does not experience pain from constipation. The chaplaincy can provide spiritual guidance and hope for a brighter future.

Most importantly, the long term care facilities involve the resident and the families in all aspect of care, and this includes respecting the resident's choices. Even though a resident

experience some type of cognitive disorder such as Alzheimer's, they have the right to refuse treatment. For instance, the physical expression of continually removal of an intravenous (IV) solution by a resident with cognitive disorders signifies a refusal of treatment in a LTC facility, and in this case an alternative mode of treatment must be considered. This is not the practice in an acute care center where, in this very same case, the patient is more likely to be restrained so that the IV fluids can be administered against his or her will. Newly-hired nurses need to recognize and adhere to the different approaches in LTCs.

Another goal of the multidisciplinary team in long-term care facility is to preserve autonomy when the elderly is admitted for evaluation and/or treatment of an acute illness. The multidisciplinary team aims to treat and stabilize the acute symptoms in order to prepare the elderly to return home or to be transferred to a rehabilitation or long- term care facility. Rehabilitation centers are intended for a temporary stay and provide holistic care for the elderly; however, the main goal is once again to restore their physical and mental capacity back or close to baseline.

Specialized Roles of Gerontological Nurses

As has been implied, gerontological nursing is a speciality that pertains to caring for the elderly; it is an essential aspect of long-term care and a multifaceted field. Caring for a geriatric patient is much more complex than caring for an adult younger than 45 years of age due to the normal aging process and the physiological and pathological changes that occur. The elderly patient admitted to an acute care center for cardiac issues will experience a much more complex presentation; they may have multiple co-morbidities and display atypical signs such as delirium. Likewise, there is a greater prevalence of cognitive diseases and sensory loss; consequently, there is a risk of rapid functional decline (E. Levinoff, personal communication, June 30, 2020).

As a result of these factors, a newly graduated DEC or diploma nurse may feel overwhelmed, even more so than a newly accredited nurse in an acute care facility, and need to be aware that a specialized approach to and training in geriatric care are needed in long-term care facilities.

Many gerontological nurses have specialized academic training and are certified to deliver enhanced care specifically for the elderly while helping them maintain functional independence. These gerontological nurses are trained to deliver care to residents in a safe and secure home-like living environment where the residents' values, beliefs, physical and psychological needs as well as decision-making capabilities are respected. This "milieu de vie" philosophy of care is outlined in Picker's eight principles of patient- centered care which not only recognize that each resident is unique with strengths and limitations but also encourage to maintain a resident's autonomy, individuality and identity (O'Neill, 2015). Furthermore, gerontological nursing also addresses the needs of the families of the elderly by educating and promoting their health (Canadian Gerontological Nursing Association, 2014). With the involvement of the significant other or family by taking into account their general wellbeing and ability to enjoy life despite the prevailing circumstances of physical or mental limitations. Certifications are not mandatory but are specific to gerontological nursing and supplement the academic curriculum. The role of the gerontological nurses extends well beyond providing basic care or comfort for the elderly as it focuses on the patient's quality of life; functional autonomy and support decision-making of the elderly (Gouvernement du Québec, 2018).

The organizational structure of a LTC facility is conducive for the residents to maintain normalcy by providing adaptive equipment/materials when needed that enable a resident to continue participating in the things that bring them joy. Thus, a paraplegic resident who does not have any motor function of the lower extremities can play tennis virtually through a console like

the Nintendo Wii. In addition, the LTC factors in the time needed to enable a resident to maintain autonomy such as dressing and eating independently. While the nursing staff in an acute care center has difficulty supporting the elderly's autonomy due the shortage of staff, time constrains and the severity of their illness, gerontological nurses are required to devote to the complexities of caring for older adults such as their spiritual, functional and social issues. To that end, preserving the residents' cognitive abilities and maintaining their social interactions by helping them keep in touch with their families and friends via telephone, internet services or setting aside time within their hours of work to engage in entertainment such as playing a game of dominos or chess with the resident are extended responsibilities of a gerontological nurse with which their counterparts in acute care are not concerned with in the least.

Gerontological nurses have a wide range of responsibilities one of which is to serve as an expert in conducting triage processes. When the elderly are admitted to long-term care, the gerontological nurse evaluates how well the resident functions with the effects of their diagnosis or disabilities, determines how autonomous the resident is and the type of services required for care. More specifically, the gerontological nurse evaluates the residents' functional autonomy termed Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) which allows them to determine the resident's cognitive functions, level of mobility and how much assistance he or she requires in order to preform daily activities.

While each member of the interdisciplinary team continually re-evaluates the needs and services required of each resident and deliver care based on their clinical presentation, it is the gerontological nurse who performs the initial evaluations and communicates the needs of the patient to the interdisciplinary team. The gerontological nurse is also responsible for assigning the appropriate member of the multidisciplinary team to be directly involved in the resident care.

For example, the PAB can provide basic care such as assisting the resident with hygiene care, the recreational therapist can adapt a physical activity like bowling to the resident's capabilities and the occupational therapist can provide adaptive eating utensils so the resident can eat independently.

While residents are the central element in LTCs, gerontological nurses are aware that their families play a significant role in the adaptation of the residents to the long-term facility. As such, an additional role of the gerontological nurse and the multidisciplinary team is to foster close bonds with the families of the elderly. It is understood among many health professionals that family members' reactions or responses to the decline in the elderly's functional or mental capabilities are likely to strongly influence the resident's behaviour as the resident may react positively or negatively to those stimuli. In other words, the events that have impact on a resident throughout their life compounded with family dynamics may influence the way they adapt to the restrictions caused by their medical condition.

Since families are an important stimulus in the resident's adaptation, it is important for the multidisciplinary team to work with the families to help them adjust to the resident's situation, either on admission or if there is a change in health status. For example, a resident may need to have a leg amputation due to complications of diabetes. This is a difficult situation that brings with it major adjustments. If the resident experiences positive reactions from the family and encouragement from the multidisciplinary team, it is likely that the resident will have a meaningful quality of life while residents who do not find support from their families in such situations, their chances of failing to adjust and experience devastating emotional and psychological effects resulting from such a drastic change may be greater. Newly-hired nurses need to recognize that gerontological nursing in a long-term care facility not only takes the

residents' comorbidities into account, they also involve the resident and their family in their plan of care respecting their individual needs and values which is the resident-centered approach to care. Essentially the role of the gerontological nurse is fundamentally central, given that he or she orchestrates the provision of various services.

Conceptual Framework

Using Kolb's (2005) learning theory, Mezirow's transformative learning theory (1997), Fillier and Kirychuk's (2015) theory on peer-to-peer learning and engagement, I have pointed out the different ways a novice nurse with a Bachelor's degree compared to a novice nurse with a College degree can learn and enhance their skills as well as the skills of their peers so they can experience a smooth transition from theory to practice in a LTCF.

Experiential learning is learning through reflection on experiences. Drawing on the foundational theories of John Dewy and Kurt Lewin, Kolb's *experiential learning theory* (ELT) for effective learning to occur, a learner has to experience each of the four phrases of cyclical learning: concrete experience, reflective observation, abstract conceptualization and active experimentation (Boyatzis & Kolb, 1995). Furthermore, the learner must go through each stage: experiencing, reflecting, thinking and acting (McCarthy, 2016). These four-phrases of cyclical learning depict "two dialectically related modes of grasping experience: concrete experience and reflective observation and two dialectically related modes of transforming experiences- reflective observation and active experimentation" (Kolb & Kolb, 2005, p. 194). Both nurses who have completed CEGEP and who have a bachelor's degree would benefit from Kolb's ELT.

The CEGEP nurse would benefit from reflective observation and active experimentation by learning how to link a patients' clinical presentation to pathophysiology thus intervening

chronologically according to the priority of the problem. The bachelor's degree-holding nurse would benefit from concrete experience and reflective observation through hands-on experience in clinical procedures and manipulation of various medical machines. Furthermore, "the ELT is a holistic theory of learning that identifies the learning style differences among different academic specialities" (Kolb & Kolb, 2005, p. 196) and can be applied to different multidisciplinary teams such as the nursing profession by taking into account their individual learning needs, whether through critical reflection such as linking a clinical presentation to a particular illness or practical hands on experience such as doing a nursing procedure.

Researcher Positionality

When I was novice nurse working at an acute care hospital, I felt that the nursing program at Dawson College had adequately prepared me to function on the units when it came to the practical aspects of my profession. It incorporated concrete experiences and reflective observation which are part of the ELT model. For instance, many of the CEGEP curricula involve having clinical rotations in various acute care settings, providing direct care for patients and being exposed to different working environments including obstetrics, emergency room, intensive care units, pediatrics and more. As a result, the student is exposed to different diagnoses, learns how to communicate with the patients, the culture of the units, various treatment options, and tools to help them with their nurse assessments while learning how to document clinical assessments. The students learn the basics to function on the unit and are encouraged to work both autonomously and with the multidisciplinary team members.

However, the curriculum for college-nurses has less of a "reflective period" which might explain their lack of critical thinking skills. Novice nurses who graduate from CEGEP are prepared to work on the unit as the curriculum is geared towards enhancing practical skills. This

pedagogy, which is based on competency, allows the student ample laboratory time to practise and perfect their skill. They are able to perform tasks which require manual dexterity due to their extensive hands-on experience during their clinical rotations. Bachelor's-degree-holding nurses have less concrete experiencing and active/adjustment periods because their education is more theory-based and not so hands-on. Novice nurses who graduate from a university typically can better solve problems and think critically than their counterparts who have received their education at a CEGEP. Once in a clinical setting, they are able to reflect what was taught in the classroom. In other words, they are able to link pathophysiology to syndrome and intervene accordingly.

In my opinion, Kolb's experiential learning theory complements transformative learning theory. Mezirow's (1997) transformative learning theory is a process where individuals "learn together by analyzing the related experiences of others to arrive at a common understanding that holds until new evidence or arguments present themselves" (p.7). My understanding is that not only can other individuals' knowledge transform our vision, help us find common ground, but remind us to be open to new discoveries. Transformative learning requires collaboration and is a framework that helps understand our environment, our belief system and individuals who we perceive to be different from us because they have different experiences.

Mezirow's theory inspires me to structure my training in such a way to further enrich the experiences of novice nurses. Firstly, as a nurse consultant, depending on the learning needs of the units, I meet with the multidisciplinary team individually and as a group. The dynamics of each member of the multidisciplinary team is different as it is made up of doctors, nurses, dieticians, social workers, occupational therapist, pharmacist, and other related professions. We often get together to examine our views, exchange information and explore different ways of

thinking to protect our staff and for the benefit of the patients we serve. In addition, I appreciate the openness Mezirow's concept necessitates. Furthermore, it focuses on the process of how we re-evaluate our perspectives to generate new beliefs and opinions to guide our actions. This focus entails that nothing is absolute in the sense that ideas and concepts may evolve. In fact, in nursing best practice guidelines are constantly evolving and procedures change. When it comes to the orientation program and the training of the degree and diploma nurse I try to incorporate the most recent guidelines and procedures given to our staff in the three-day orientation program.

Mezirow's concept also inspired me to create different teams with the novice nurses based on their critical thinking abilities and their ability to perform various nursing procedures. The third day of orientation consists of case scenarios and the novice nurses are arranged into groups for a few hours to see if they can integrate what they have learned in the first two days into practice. Some exercises test the nurses' critical thinking ability. For example, in terms of hazardous medications, sudden cough or wheezing could be indicative of a pulmonary embolism (blood clot in the lung). Others test the nurses' technical skills such as how to prepare a hazardous solution for an intravenous line. Using this theory, if I put them in pairs, one can teach how to link a clinical manifestation such as sweating, dizziness and anxiety to hypoglycemia and the other can demonstrate how to accurately use a Capillary Blood Glucose Machine to obtain an accurate blood sugar reading.

The transformative learning theory is much like Fillier and Kirychuk's (2015) theory on peer-to-peer learning and engagement. Peer-to-peer learning and engagement is an interactive style of learning where students learn from each other and are responsible to enrich their learning by being actively engaged in each other's learning. The teacher assumes that the student has basic knowledge on the current topic. This means that I need to target the weaknesses of each

novice nurse and plan learning activities that promote the novice nurses' engagement and understanding of the material presented to them. I need to optimize their learning by pairing the groups to accommodate the novice nurses with strengths and weakness in different competency areas given that they will learn from one another. Peer-to-peer learning is based on Piaget's cognitive theory of constructivism as he believed that experiences were a "critical part of the learning process… as the mind developed, experiences helped individuals construct an understanding of the world around them" (Piaget, 1932, as cited in Fillier & Kirychuk, 2015, p.109). This concept justifies the need for the LTCF in Montreal to continue providing a thirteen-day orientation program for the novice nurses.

During the three-day orientation with the clinicians, the novice nurse is able to collaborate, socialize and learn from the other members of the orientation group and also reflect in pairs on the realistic case scenarios. When they arrive on the unit they can integrate what they have learnt into practice under the supervision of a nurse preceptor for another ten days. After the three- day orientation with the nurse consultants, the novice nurse is provided an additional ten-day clinical orientation to the units. During the clinical orientation, the novice nurse provides direct patient care under the supervision of a nurse preceptor. The novice nurse also learns about various treatment options and tools to help her with their nurse assessments while learning how to document clinical assessments. Essentially, the novice nurse learns the basics to function on the unit and is encouraged to work both autonomously and with the multidisciplinary team members. In peer-to-peer learning, the novice nurses are able to build on their experience with other novice nurses through reflection which in turn strengthens their critical thinking skills and ability to perform various nursing procedures.

According to Fillier and Kirychuk (2015), peer-to-peer learning also draws on Lev Vygotsky's Social Development Theory; specifically, the "connections between people, their sociocultural context, and their shared experiences" (p.109). He asserts that for every learning process there is a More Knowledgeable Other (MKO) and the learner. In the nursing profession, the novice nurse is paired with a preceptor who is an experienced registered nurse that is willing and able to impart their knowledge. This partnership is important because the preceptor has strong critical thinking skills and is proficient in manipulating medical equipment. Since novice nurses are dealing with the life of a human being, it is important to have a more experienced nurse, an example of an MKO, on the unit to guide their learning process.

Two novice nurses working on the same unit may not have enough experience to take care of a patient whose clinical presentation suddenly becomes acute. The novice nurse does not have time to research the information or read the procedure while the other novice nurse executes the manoeuvre. A novice nurse needs to learn from an experienced preceptor as having strong critical thinking skills and being proficient in manipulating medical equipment could be a matter of life and death. Designing an efficient and engaging orientation program that will both enhance critical thinking skills for the novice CEGEP trained nurses and provide hands-on practice for the novice bachelor trained nurses will be a rewarding experience as I would be the MKO in the orientation program.

Fillier and Kirychuk (2015), also highlight that "peer-to-peer learning promotes student engagement and deeper learning" (p.108) because the peers are in charge of refining their research on the topic of a given seminar. Unlike the traditional method of education where the teacher transmits their wisdom to the students, in peer-to-peer learning that excludes the presence of an MKO, the students cannot rely on the more experienced teacher to just give answers.

Instead, they need to rely on each other. As a result, they retain more information; they internalize the topic, and therefore gain a deeper understanding. For example, when I was a novice nurse, I learnt about taking care of a patient who has a gastrostomy tube feeding by my instructor, and I remembered practicing the procedure on a mannequin. When it was time for me to perform the procedure, I realized that I had not retained the information. I then discussed it with my colleague who was hired a week prior to me. My colleague had not had the opportunity to provide care to a person with a gastrostomy tube feeding since she was in her first year of a three-year nursing program, so she was eager to help. I was more at ease with executing the task and my colleague was more comfortable with the theoretical part, so she read, and I performed. As a result of our combined effort and learning experience, we managed to perform a procedure that we could not have done on our own.

I have considered using Fillier and Kirychuk's (2015) method of peer-to-peer learning and engagement to design an orientation program that will meet the learning needs of novice nurses from different modes of entry into the profession because it is grounded in critical pedagogy, constructivism and social constructivism. John Dewey (1935; 1938) founder of critical pedagogy and constructivism believed that education is a part of daily living and that people learn through real experiences (as cited in Fillier & Kirychuk, 2015). Dewey's philosophy validates the necessity and design of the three-day orientation program offered to the novice nurses by the LTCF. The first two days consist of theory; this includes learning the philosophy of the LTCF, policies, procedures and use of medical equipment. The third day is designed for the novice nurses to apply theory to practice. It consists of realistic clinical case scenarios which summarize and allow the students to test their understanding of what was learnt in the first two days. These realistic case scenarios are an example of what Dewey calls "real experiences" (as

cited in Fillier & Kirychuk, 2015), and they are central to the training of novice nurses. Lecture style learning is engaging, but it does not test the students' level of understanding. More importantly, students do not get an opportunity to relate what they have learned to their everyday lives as professionals. These realistic case scenarios are crucial as they help novice nurses summarize what they have learned in theory and integrate this knowledge into practice by making it meaningful and relevant to their day-to-day reality.

Proposed Solutions

Based on Fillier and Kirychuk's (2015) peer-to-peer learning and engagement strategies, I have arranged both novice degree and diploma-nurses in pairs during the third day of orientation with the nurse consultants. In other words, the peers themselves are responsible for filling in the gaps. Furthermore, I have assisted in designing an orientation program to ensure that both novice bachelor-holding and diploma-holding nurses will equally participate in the task assigned to them. On the third day of orientation with the clinical nurse consultants, I see how well the novice nurses integrate theory into practice by having them create the case scenarios which test the critical thinking ability and the technical skills. Each group exchanged their scenarios with another group, answered the questions then later discussed the case scenarios as a group. The novice nurses that had experience in critical thinking skills were paired with the novice nurses who had experience both in manipulating medical equipment's and preforming various nursing procedures. Thus, each student becomes an MKO based on their skillset. It is imperative to structure the orientation program to enrich the experiences of the novice nurses by encouraging them to collaborate with their peers and fill in each other's gaps of knowledge. The nurse consultants and the preceptors certainly have to guide the learning process as it is lives that they are taking care of. It is crucial that an MKO be present as well.

The literature review presented in the beginning of this chapter suggests that irrespective of the educational path nurses take, the transition to the workforce is challenging; particularly if they have not been exposed during their school curriculum to patients with higher acuities, granted the luxury of reflecting on their critical thinking, leadership and practical skills. Due to the aging process and the long-term nature of care the elderly receive in an LTCF, tending to their needs is more complex than taking care of a younger adult. These needs are not only physical but also emotional, psychological and spiritual; unlike in acute care, the aim of the LTCF is to enhance the quality of life and autonomy of the resident.

Lack of scope of exposure and clinical rotations can have more devastating effects for the residents given that nurses in LTCFs are expected to have greater expertise and responsibility as they need to be able to offer holistic and highly personalized care to the elderly. In addition, given higher expectations, newly trained nurses may also experience in higher levels of "stress, role adjustment and reality shock" (Casey, Fink, Krugman, & Propst, 2004, p.303) if they enter into the profession in an LTC facility. An implication of this issue is reflected in the tendency of novice nurses to work in acute care centers as opposed to LTC facilities. Therefore, it is necessary for LTC facility in Montreal to make strategic recruitment and retention incentives. One such strategy could be the appropriate use of pedagogical approaches in nurse education.

Regardless of the MSSS recommended ratio of RN to resident, the employer can, for instance, encourage application of the transformative learning philosophy from the beginning of employment by encouraging them to rely on their fellow newly hired colleagues to execute a new task and normalizing the use of a mentor when a more experience nurse is needed. Based on my professional experience, Kolb's (2005) experiential learning as well as Fillier and Kirychuk's (2015) peer-to-peer learning are valuable pedagogical approaches as well because the former fine

tunes the novice nurse critical thinking skills as it helps them reflect on their related experience and the latter helps novice learners expand their knowledge base and practical skills by collaborating with one another.

Given the importance of adequate training of nurses, I conducted a qualitative design for this research to gain a deep understanding of the lived experiences of nurses that have had less than two years' experience working in a LTC facility. My intention as a nurse educator is to understand what the most practical strategy to undertake would be as a nurse educator.

Chapter Three: Design of the Study

This study is qualitative in nature and based on interviews. I decided that qualitative inquiry was best suited for the current study as it enables me to understand the behaviour of the individual through their perspective in a familiar setting to them (Bogdan & Biklen, 2007). The goal of this research is to deepen my understanding of this topic by comparing my initial observations with the themes revealed in interviews and also to gain insight into the lived "experience and perceptions of each participant" (Glesne, 2016, p. 290), examine potential recurring patterns and potential differences in the novice nurses' experiences.

Setting

The participants for this study were chosen from an LTCF in Montreal. The audio-recorded interviews, based on prior consent, were conducted on an individual basis at a mutually agreed upon time and location. Each interview lasted an average of 60 minutes, and was delivered in English. However, English was not the primary language of many of the participants, which made careful transcription somewhat challenging. Moreover, the answers of some of the participants were longer than expected. Thus, more time was allotted in order not to disrupt the flow of the interview. Consequently, I had to edit a few of the responses in order for them to make sense to the reader.

Research Relationship

To conduct a backyard research for my thesis, I was careful to avoid any biases. Since I am associated with nine conglomerate hospitals, it was easier for me to be granted permission to interview nurses from another mission than the one where I work. I was granted prior permission and ethics clearance from the mission where I conducted my study

Data Collection Methods

I provided the participants with a consent form and assured them that the interview was going to be confidential and that pseudonyms would be used instead of their real name. I also obtained their permission to contact them after data had been transcribed by phone or e-mail in case their recorded utterances needed clarification (see Appendix A). Data for this research study consist of interviews lasting approximately 60 minutes per interviewee. Five nurses with a bachelor's and two nurses with a diploma were interviewed. The interviews were audiotaped and transcribed for the participants to review and make clarifications as needed (see Appendix B). The framework for the interview was based on Stewart's (2007) earlier research into nursing education, but the questions are different. I used open-ended questions to give the participants the opportunity to reflect on their experiences. Each interview question had three sub-questions. I also collected demographic data: gender, country of birth, number of years living in Canada, educational status, history of work within the health care system (see Appendix C). I assured the participants that the audiotapes and any notes taken from the interview would be stored safely either in a locked cupboard or on my computer at home under pseudonyms and protected by a password. I also informed them that the interview would be for research purposes only and would only be shared with my thesis supervisor at Concordia University.

Risk and Benefits

As a reflective exercise, I believe that this study was potentially beneficial to the participants. The long-term benefit to the field may be that, through their story, an orientation program may be designed for future novice nurses and that it takes into account their educational background and potentially launch a mentorship program to better assist nurses entering the profession.

Participant Narratives

Table 1

Participant Demographics

Name	Educational Status	Years as an RN	Years as an RN/Team Leader in LTC
Alison	BScN	2	2
Gordon	BScN	3	1
Silvia	DEC	2	2
Claudia	DEC	6	2
Maria	BScN	1	1
Roxanne	BScN	13	5
Fredrick	BScN	3	1

Alison

Alison is a 28-year-old RN who has an undergraduate degree in nursing and two years of experience working in an LTC. Prior to her university studies, Alison completed a two-year RN Diploma program at Vanier College in Montreal but decided to transfer to Memorial University of Newfoundland where she graduated with a Bachelor's degree in Nursing. Nursing was her first job that required a professional training, and working in an LTC was her first experience operating as a nurse. While being exposed to a geriatric setting during her clinical rotation in Newfoundland, she noticed that, especially in geriatric care, nursing meant much more than providing basic care. Therefore, she became increasingly interested in geriatric nursing, with a specific objective of cardiac health. However, she was undecided if she wanted to pursue a teaching career or work in the hospital in geriatric medicine. She was not interested in working as a community nurse, because working as a community nurse was her only option in

Newfoundland so she returned to Montreal after completing her bachelor's degree.

When asked about what the deciding factor to work in an LTC facility was, she laughed while she responded:

> Opportunity. I knew I wanted to work in geriatrics, but I wasn't sure if it was going to be geriatric medicine or geriatric clinic-type situation and then I just fell into the fact that there was a job available in long-term care.

Educational Status

Alison describes what she learned both at CEGEP and at the university:

> Going back to my clinicals at CEGEP, they were more in-depth than I would say than [...] my University degree because the first clinical we ever did as a student was a long-term care hygiene and our [physical and verbal] approach and then..[when I transferred to the university] it kind of just got pushed to the side with a big emphasis on community nursing in Newfoundland.

Even though Alison felt that the diploma program prepared her to work in an LTC setting, she was not prepared for being a Team Leader (TL) and dealing with the intricacies of working with the interdisciplinary team:

> So getting hired and finding out that I was a Team Leader about two months after writing the OIIQ exam was, oh…,. Okay... [laughter]...That was really my reaction because again, as a student, I find that we're not really prepared for team leader. We are prepared for the acute care setting or the Community Care setting which are two different approaches in general. The community person does their Community thing, and the acute-care person, well. There's always somebody more experienced that you can rely on, lean on and coming here(LTC.). I have a part-time permanent position, and I am essentially one of the only two RNs on the floor in the evening shift.

Schooling Type and Work Preparedness

I asked Alison to reflect on the two modes of entry into the nursing profession, and based on her experiences, how well she was prepared to work in an LTC facility.

> I almost completely finished the degree before I got sick and maxed out the five years that you could take, I was not exposed to geriatric care the fact that they did the long-term care (clinical rotation) last. They were really emphasizing the dynamics of a team that I found interesting and then...When you go to university, which is based on clinical judgment (decision making), you had to focus on what resources you had because we were like in an isolated Community for most part. When we did a community (clinical rotation), we had at least three years of practice...When I was in the community, the nursing [experiences] was almost the same thing. In terms of vaccinations, you had the community, which was the home visits and the public, which was the vaccination. So, I was in the public which was the vaccination; nothing really changes there....I got pretty good at knowing,(the task) so when my colleague or classmate was talking about their experience [in geriatrics].. where someone else like my friend was doing, like I know that mister so-and-so, he has this type of a situation, and this is the level of care that he should be experiencing, so I have to talk to this LPN, an instruct her what to do and I think it's really over my head...

Alison continues,

> As I come here (LTC) after doing a lot of community, a lot of acute care, a lot of teamwork based nursing- and as teamwork based nursing I'm almost at the top, but my classmate says "Oh boy this is a very different than the experience we are getting.." but when I went into geriatric.... There was myself with my go-to person, a student and she had her go-to person. So there's this big hierarchy of things, so my friend was instead of doing a community rotation, was doing a long-term care rotation in the community setting. I was the only person beside the actual RN that was in the building working as a nurse because it was mostly a licensed practical nurse LPNs and PABs. So their Community was more of a team approach, while I was like in this pyramid...I was in an acute care rotation, so they were treating me as if I was a brand new RN … you have your six people you have your little team of PAB that work with you. But then something's wrong with Mr. So-and-So; I can't put my finger on it, the RN who's been working 10 years, you feel safe because the RN guiding you is right next to you. I started at the current long-term care facility that I'm working in, and my permanent part-time position, and I discovered that the RN working evening shift with me was suddenly off sick, and she was being replaced by an LPN, so you've got this brand new RN probably about 2 weeks out of orientation now in charge of 70 something residence. It was fun (sarcastic tone).

When asked how the school system prepared her to work in a LTC facility Alison responds,

> The school system is preparing you for acute care; let's be honest. They're preparing you for the ER. They're preparing you for the medical floor or as in Newfoundland's case, they're preparing you to be clinical nurse. Honestly, the structure of Newfoundland, that's how it goes. You are either going to be acute care nurse or you're going to be in the community. So, coming here and going to this long-term care, it's kind of not one of those two areas. It wasn't a struggle because I know different aspects of nursing... It was more like, "oh my, I'm in charge?" |What a brilliant idea is it that someone with no experience is the team leader? (in a sarcastic tone) How could this come to be?

> Preparation-wise, I felt fine. I passed the exam (OIIQ). I knew that was what was going on. Health-wise, oh my person can't breathe, so kind of make sense that they would have CHF(congestive heart failure) issues, so let's do this first before calling the doctor type thing. Again, I think...education-wise I felt confident. Team-leader wise I didn't. The answer is definitely no. So like I said, it is a bachelor degree, so they prepare you to have a higher understanding than college pathophysiological-wise versus someone with a DEC, and I felt fine with knowledge-wise, but there was a lack of practicality when it came to nursing.

Experiences during Clinical Rotation

In response to the question on negative experiences Alison said:

> So in my last 4 rotations, I rarely saw the instructors. It was kind of relying on the preceptors, so my last rotation was all independent… It was basically whoever the staff was, so if I was working on the day shift, there was the head nurse who took care of it, which was fine. But if I was doing the night shift, because we did 12-hour shifts, I would have to rely on the coordinator of the building. The weekend was the same thing. If you are doing day shift and if it is a holiday, there's a coordinator for the hospital and if your floor is stable, you don't see that person. So basically, you're picking up on your co-workers (nursing team), I guess I will call them co-workers for lack of a better word, are doing but the last time I saw my teachers, it was in an acute care rotation two years previously.

Alison did not feel that her teachers were readily accessible as they had to oversee many students working in various locations. Thus, she relied on the nurses in the establishment to supplement the practical requirements of her school curriculum. As a result, her learning experience was based on the knowledge of her preceptor and the patients in the clinical setting:

> Your typical everyday procedure, you are going to see on a daily basis: blood work, Foley etcetera that would be covered within our first 2 years of schooling, and hopefully you actually got a chance to do them within the first two years of schooling. My first actual IV unfortunately was not within those two years. It was actually done on a poor cancer person. I had an amazing preceptor for this particular rotation, and she made me practice on herself because I explained to her that I hadn't had the opportunity to insert an IV and I have to (and that I had to) stick this on this guy and just to find his veins [which are] actually nonexistent. She said "try me first, try me".

Alison continued to explain:

> I realized that in terms of schooling there was a slight problem there, particularly [when] it depends on who the preceptor is. Really? Rely on them? We have about a hundred and

> fifty students going through, and 1 teacher in charge of us. I saw that teacher maybe once, but luckily in my final grade, I did pass.

Alison found it difficult to link clinical presentation to theory as she thought that the textbook's explanation of pathophysiology was insufficient:

> The real emphasis is on theory, and let's be real: Theory is not always reality. They can say that this is what you are going to see, then when you go in and then you go back to your theory class you realize that is not really happening. The textbook tells me that I should be seeing this, and ideally yes I would love to see that, but it's just not what we're seeing. So, I think the difference is that the teachers had some type of degree and usually Bac and Masters. A lot of my instructors were PhD candidates or had a PhD, so there was a disconnect with reality. I would be talking to my teachers, and I would say Doctor. So and So, I saw this on the unit, but according to my text book, I should have seen something else. I did not feel that they could help me because they have not been on the unit, (in many years) let's say, 20 to 40 years. All this is going through my head, but I think that there is a major disconnect there because they are talking about leadership and how the RN should be assessing. Yes, we do that, not as well as… (the nurses) in the acute care. We're teaching Mr. So-and-So about his cardiac disease as best as we can, trying to involve our coworkers for following up. We are trying to make sure that everyone is doing it. But then again at the same time, oh you are with the team that you're supposed to get help with Plan B. When you're trying to do teaching, but at the same time you have at least six people (from the multidisciplinary team) who you need to provide teaching to them. You also have to do important steps in cardiac, otherwise you're everywhere at once, and I think that's a problem. Again, especially if you're (the instructor) not seeing your students, relying on others (nursing staff) so they (the instructors) have this ideal mindset of what should be happening, but in reality you're not being taught by the teachers on the floor. You are being taught by the nurses who have been there 10 ,15, 20 years, and they themselves may not be updated in certain things.

In response to whether or not she was adequately prepared by the university to practice as a TL in a LTC Alison said:

> In terms of LTC, I realized that I had an education gap because my specialty was (in cardiology), but it was easy to learn because that's the population; they all have cardiac issues. They all have dementia. But I should probably focus on other things at the same time. It's actually, if you're on a cardiac unit and an off-unit patient comes in with liver disease, you're like... I'm on my cardiac rotation, and I have a guy with liver disease. There's not just one diagnosis. Then you have to struggle to find one RN who is familiar. Basically, when it comes down to it, book is different than reality.

Experiences as a Novice Nurse

Being the new, very young person with no experience outside of schooling, Allison claims that her experiences changed positively over time as she states that,

> there has definitely been a change as time progressed. The coordinator who [mentored] me when I first started can see a massive difference from two years ago compared to today. The new coordinators come and say "you're such a good RN".. That's because the one with whom I did my probation taught me. Team Dynamics starts to come together, and they start to trust that little RN with whom they just started working, including the guy who's been there 30 years...They say that this RN knows what she's talking about as opposed to the RN who's only been here for three weeks… Meanwhile I have only written their nursing exam two months ago. Your LPNs trust you because they know you; your PABs trust you because they know your supervisor trusts you. So when you get a new RN or a new PAB on the floor, they say to you "oh you're such a good RN" because you know how to make a good assessment, and then they say to you "you've already called the doctor? Oh, you made a good judgment.". So I say to myself I had to undergo changes and grow.

Orientation Program at the LTCF

Based on Alison's experiences orientations are insufficient:

> The orientation program in general, it sounds like a book study. It was a good review. When I was looking over the topics, I said to myself oh yeah I've seen this before. It makes sense. I wasn't too impressed with the actual orientation itself. I forget I think it was a 5-day shift a few evenings and one night. So being hired into an evening position and then getting the majority of my orientation on day shift was very different because the day shift has four RNs and four LPNs, whole bunch of people. When I had orientation and something was wrong will I have a doctor for the floor? We have OT (occupational therapy) PT (physical therapy) dietitian. We have got the head nurse, we've got that we've got this. On the evening shift, we have the doctor until about 5 o'clock, and everyone else is gone (multidisciplinary team). You're in charge of your side plus the other wing, and if there's not an RN on the other side, you're also in charge of that site as well... okay I think I've got this... and then something goes wrong and then it's like I know Mr. So-and-so on, let's say, the D wing because he's the one I'm in charge of and I'm kind of okay with Mrs. So and so that's not doing so well in the C wing. But then you're telling me that there's something going on with Mr. so and so in the B wing. And then there's a fear of what is going on with her but when you look at her chart, go back to her make sure that she's stable, go tell the LPN and the rest of the team to do this do that get oxygen whatever and then you got to figure out who you're calling. You've got to call the coordinator; you've got to call the doctor. They don't tell you this in orientation.

Experiences with the Multidisciplinary Team

Alison was not adequately prepared to work autonomously on the unit and describes her first experiences working as a TL with the multidisciplinary team as follows:

> My first evening shift was fine, but this was my first actual on the job evening shift, and..oh my goodness. There was an emergency, so I wondered… Who do I call? … I actually turn to the LPN -who am I calling? And she went "You are going to call the coordinator" Okay, (I asked) what is their number? You would think that the first day that they would tell you "you know this is the coordinator's number" and then the LPN looks at me and says: "I don't know. RNs always know, and then I said to myself: "okay, I need to find out". So, I just called the operator then I tell her that I need her [coordinator] up here badly because Mrs. X is not doing well. This is my first day on the floor, and I have to transfer someone to the ER.

It is common practice that most members of the interdisciplinary team finish their shift before 5pm on the weekdays and have the week-ends off. The RN will have to perform clinical evaluations and follow-ups in their absence. In this setting, each doctor is responsible for their own unit, and they know the residents' medical history. After the regular working hour, which is between 5pm and 8am, the doctor is rarely on site. Thus, a designated doctor will be available via phone to provide medical consultation. They will prescribe treatment based on the clinical evaluation of the RN.

Alison states that the major challenge that she experienced as a novice nurse while working on the units was having the doctor and nursing coordinator trust her clinical judgment. She describes one of her experiences as follows:

> I've got someone known for seizure activity in this wing, call Doctor X because this and this is going on. I say no... I think we can manage him (resident) here. (I need to) call the doctor on call before 5pm or the doctor on call who does not know the floor will say send them (to ER). Yes but this is the baseline. I'm only calling you because the coordinator on call is telling me to call you. I say okay, I'll send them. When I started, you don't know how this evening (routine) goes.

Accessibility of Resource Person/Mentor

With regard to the accessibility of a mentor, she replies:

> Luckily, I was working with the coordinator who was able to guide me to the nurse I am now. She was the coordinator on duty for my entire probation. She is the one who told me "this is who we call; this is the communication binder. You should have learned this on day shift". There's a structural problem here. "This is where you find the doctor on call, but just the basic stuff that I probably should have been told during orientation...". The coordinator that I had during my probation period was phenomenal. She gave me the tools so that I could do my job.

When I asked Alison to describe her working relationship with the multidisciplinary team, she responded:

> [in the evening] okay when I actually see them ... On day shift, phenomenal. When I first started, they were all 100% evening shifts. I had 72 people (residents). I did not know the names of the dietitian, the PT and OT. I knew that they existed; I could not tell you what they look like. I knew my head nurse was B… I could not tell you what she looked like. I left a message with her; I had to get SICHELD (on-line nursing application that stores imputed data). We had Head nurses who were temporarily in charge of another unit in the absence of the permanent head nurse. When you first start, there is different PT/ OT on the floor

Through Allison's various clinical experiences, which involve brainstorming with the multidisciplinary team and receiving support from her nursing mentors, she feels more confident in her clinical assessment skills and in her ability to work as a TL. She describes her ability to work both autonomously and methodically as follows:

> …when I first start(ed)…. I was a little afraid to call the doctor… I would have said you (LPN) get the vitals, and I'm going to call the coordinator now I go in. How is Mr. Xon the evening? We have a plan for him, but it's not the right plan because it involves him being in a wheelchair which is a possibility of having skin breakdown. And then you need to talk to the dietitian because his appetite is not great. Trust me, I have come a long way since starting. I actually know who the occupational person is. We don't really see the doctors because they come once a week, and it's usually in the daytime so when you call in the evening time all they know is your voice, and they just rely on what you're telling them is the truth so with the doctor approach it's okay because they trust my judgment.

When asked if the doctors always trusted her clinical judgment Alison replies "yes" then

she gives an example of the time when she felt confident to execute the full duties of a TL, while working in collaboration with the multidisciplinary team.

> When I first started, (if the resident was clinically unstable) the first thing I used to do is just go to the coordinator. Now I'm more confident. Six months ago, I walked into the room because the RN was on break and somebody else (from the interdisciplinary team) was kind of freaking out because there was blood then I walked in... Well that person is going to the hospital, [I said] ... He was having a massive GI bleed (gastrointestinal bleed). There was no way that this person was staying in [LTC]... Okay, I need to get the vitals. I'm going to call the coordinator. I call 911 and then I told the doctor that I sent the person to the hospital (without having consulted with the doctor first) because I had more confidence.

Challenges as a Novice Nurse

Through her various clinical experiences, Alison gained the respect of her colleagues as a competent and confident TL,

> One of my major issues was I'm a young RN that started in her early twenties. When the staff see me, they want to cut corners but… I will report them… and they know that about me now. At the beginning it was hard…because you don't want to be perceived as ineffective (nor) ... that we're always on top of them, the evil person… you have to find that niche... I found (understanding) the team dynamics so hard at the beginning. They try to push your buttons especially when you've never been in charge of a group of people… at least four other people (including the LPN's) … you just want everything to function well. You want to make sure everybody (every resident) gets good care.

Pursuing Higher Education

> With regard to feeling pressured to pursue higher education she said,
>
> there's a part of me that kind of wants to go into a nurse practitioner… Nobody has actually pressured me. The head nurses would never say to me, "you know you should go into acute care" (CCU/ICU/ER). I've had coworkers say to me "you're young you should go into acute care," but they never said to pursue higher education. It's only something within my head that I say, you know you should go into nurse practitioner.

Perception of an Effective Orientation Program for New Nurses

In relation to the effectiveness of the orientation program that is designed to facilitate the transition of new nurses to the workplace, Allison says,

> I was being hired to work in the evening shift, and yet my entire orientation was mostly on the day shift… I would have loved a more in-depth evening shift orientation especially in regards to …our resources on the evening shift, where things are. The coordinators' number. For example, here is a card, a list of the coordinators' numbers you will need… You can't really teach somebody to be a leader; you can give them all these theories, but it's kind of a trial and error. It can go well or it can go bad…Someone who got hired at the same time as me got hired into a night shift position, and she was happy that she was an LPN versus an RN because the RN did a lot of explaining what goes on during the night… Again, because one-night orientation makes things hard. I feel that a few nights of orientation would be better (because) after the night orientation comes probation… I kind of just got thrown into it…night orientation. Then, oh my goodness, I'm actually on the floor in the evening.

When asked for recommendations for educational strategies to include in the orientation program to integrate new employees to the LTCF, Alison mentions that training should not just be geared towards the day shift but to evening and night shifts as well:

> Base the orientation program in the area that [the nurses] will be working in. You can't do this if they are afloat because they'll just be all over the place. But if they're going to be working as an evening RN or a night RN …., their orientation should be geared towards that because in evenings and nights, we don't have the same resources as in a day shift. And 90% of the orientation is geared towards the day shift. Day shift has more skills like those feeding tubes. The new RN is going to be in charge of 70 patients, and I believe that is something that we're missing. And I don't know how it's going to change with the big switch over that's occurring within the CIUSSS involving less RN's. So, if it's going to be 1RN for the day shift, they still need the same resources as let's say 1 RN for the evening shift. I would like to say if someone was hired tomorrow, and let's say, September [next month? I don't know how far away September is from the first day of the hire. Instead, translate it into weeks or months.] they will be working the day shift, give them a few evening shifts because at least they will have... experience.

LTC Preparation for Practical Skills

With regard to how the LTC could prepare a newly hired RN for practical skills she raised issues regarding the availability of nurse educators during specific periods of the day only:

> I know that we have the 3 days (orientation in a classroom setting), and I know that the nurse educators are always available to help you in your skills. But I don't always want to come in early to practice before I start to work. It would be nice if they could be available on the unit…It would be nice that nurse educators be available once in a while throughout

> the night so that we can get some practice and other skills like (IV insertion, blood procurement and foley insertion) because when we go through our head we know the theory of Foley's. We know the theories of IVs; we may get one every now and then (on the evening shift). So I feel like skill-wise, there are some things that we can make … at the other shifts, not just day shift, just to get the opportunity because I don't want to come in on my day off. I don't want to come in especially if I'm doing overtime…. That's just how I feel personally.

LTC Preparation for Problem-Solving and Critical Thinking

Alison felt that problem solving and critical thinking skills can only be obtained through experience, she said,

> I don't know if there is a thing that they can do to help you with or is this just something you kind of figure out with practice… A few weeks ago, I had to replace a Supra pubic catheter [which is a tube that drains urine from the bladder] and I didn't know how…After seeing it, [on the patient], I said I think this looks simple… I checked the online method de *soins d'infirmier* to review the procedures, but I said with my luck speaking sarcastically may go wrong [if done on my own] … I found an RN to show me how to do the procedure, and he said "that's not complicated at all" … But how is this a skill that we missed; this would have been a stupid reason to send somebody to the ER.. because this is what I would have needed to do if I didn't know how to perform a supra pubic catheterization, I am thinking it's a massive complicated thing …It's a simple thing but, …you have to try to figure out.

Alison continued to talk about her experience with problem solving with the help of her peers:

> I do enjoy those learning sessions where you kind of make us work [participate]. I went to one [information session] recently based on wound care [which] make you think. But then again, [the nurse educator] can say that you have an exudating wound that looks like this, and what would you put on it? But when you get to the actual wound, exudating but it has necrosis [death of tissue] here, it has healthy skin here and you say, oh my... what am I doing with this thing [pressure injury]. Who's got experience? You ask the RN, who has 15 years' experience to look at it, and my colleagues who say this is what we've been doing for at least two weeks but the regular RN is on vacation. We really don't want to change it [the treatment plan] but it's getting worse... I know that [nurse educators] do these... learning teaching sessions but then again theory is not reality.

Employer Support

Alison felt that her mentor and coordinator helped in integrating her to the clinical setting, but it would have been beneficial to have training available for all shifts. In terms of

whether or not she received support from the head nurse and the coordinator, she responds as follows:

> well the head nurse, no. I didn't know who he was for the longest time, but the coordinator, yes. It really depends on where you're going with the word employer because both of those people are technically my supervisor at the same institution that's paying me. One of them just really didn't exist in my knowledge, and the other one was just good presence. …. Also training sessions in the evening usually benefits the full-timers…. Everybody's saying or we're going to have training, and I'm saying oh really I'm going to go, and then I realized I'm not even on the schedule (that day). I hope I can go because I have a new admission, and there's no other RN on the other side...

Skills Lacking

In response to the skills Allison feels she may be lacking, she says:

> I'm still working on the teamwork skills…. Now that I've got… a solid permanent team, I can rely on them to accurately report things to me… and I can do my assessment based on what they're telling me; I can get an accurate overall picture. There are skills that I have not done [such as] just a couple weeks ago with this thing (supra-pubic catheter), but there's other type of skills that you need to be a nurse that are not really practical skills. I'm thinking the technical vs. non-technical skills.(not directly related to nursing but a nurse should possess)You need years of experience so that you kind of won't get stuck in the niche.

Technical Competencies. Alison shows concern about her competency in technical skills:

> Physically doing something that I've never done before…. Not too good at that. I'm really glad that I don't encounter with a lot of that on my unit. On my unit, it's wound care, but that's a day shift thing. So when I have to do a dressing..., I have no idea what I'm doing. Because I work at night

Skills Mastered

With regards to the skills she readily possesses, Alison says:

> I'm rather good at putting things together. [For example,] my person who presented with chest pain did not have your typical presentation, and he couldn't verbalize what was going on because he was a non-verbal person. My initial reaction was let's see if the

> Tylenol works first... [but] now they're not getting better; they're getting worse…I see that they're holding the left side; let's do an EKG. Those are the [critical thinking skills] that I am good at. So and so has got a little bit of difficulty breathing, [I ask myself] why. They have CHF (congestive heart failure), and they have been on IV fluids. So, let's do a quick assessment: There is fluid in the lungs, so I can hear sounds. I check their O2 saturation to see what oxygen level they are at. Critically, I think I can put clues together.

Pre-Service Training Needs

Alison talks about the psychological aspects of nursing a resident that should be included in the school curriculum:

> Based on my experience in University- critical care or acute care technical type emergency situation versus relatively stable long-term care, we have that psychiatric approach or team dynamics approach. [My educational experience] lacked for preparation in long-term care; there was an educational gap there. It's one thing at my University to teach you pathophysiology, physical care – how everything relates. How do you teach the person it affects? When you come to long-term care, there should have been more emphasis on family dynamics and a psychological approach, but not based on a psychiatric unit. Because family members have a lot of anxiety and you're trying to calm them.

Summary

Alison states that her confidence of working as an RN has improved with experience and the support of her colleagues. She needed to make important decisions on her own; in addition, she felt unprepared and did not know how to navigate through the hierarchy or protocol involving the order in which to contact the multidisciplinary team and the appropriate person to call. Based on her experience, she is now able to take charge of a clinical situation and make better clinical judgments. In addition, based on her assessments, she executes the necessary actions to provide a better outcome criterion for her residents. She has earned the trust from colleagues for both her practical and critical thinking skills but feels that the schools should have better prepared her for working in an LTC facility while paying particular attention to the psychological and behavioral aspects of working with the elderly population. Alison feels that in

order for the LTC facility to offer an optimal orientation program to the new employee, the nurses should be orientated on the shift and unit that they will be working on after training.

Gordon

Gordon is an RN who holds a bachelor's degree. He is originally from the Philippines and has been living in Canada for the last six years. He obtained a BScN followed by an MSN majoring in medical surgical nursing from the Philippines. Even though Gordon was practicing as an RN for 10 years prior to arriving in Canada, he could not practice in this country. Like many internationally educated nurses who want to work in Canada, he had to show proof of credentials. The process to obtain the RN equivalence for some international nurses is a lengthy one and can take upwards of two or more years. In the meantime, he worked as a PAB for two years in the LTC facility as he needed to support his family. Part of the educational requirements involved attending a six-month nursing integration program at CEGEP followed by passing the NCLEX-RN. Thereafter, the Ministry of Education evaluated his credentials and granted him the equivalent of a BScN to work in Canada. He has been working in the LTC facility as a TL for one year. Gordon chose to work in a LTC facility as he is passionate about the elderly population. He wants to be their advocate, particularly for those vulnerable individuals who are not able to defend themselves.

Educational Status

Gordon describes what he learned in the nursing program both at CEGEP and while in the Philippines at university,

> [The CEGEP] incorporated some of the geriatric subjects and concepts during the integration program and, when I was in the Philippines as well, they were teaching geriatric concepts. [The CEGEP] didn't give me a lot of stress per se or difficulty in dealing with elderly clients because I already had those backgrounds and theory.

One would assume that an experienced RN would have sufficient knowledge to practice as a TL in a LTC facility, but this is not always the case as when asked if an experienced RN has sufficient knowledge to practice as a TL in a LTC facility Gordon says:

> Theoretically yes but skill-wise not really because I have to familiarize with the system that's going on in the long-term care like how the things are being done, what the routine is. But eventually I was able to overcome those circumstances.

Schooling Type and Work Preparedness

When asked, what the teachers did in the clinical rotation to help or hinder his growth as a nurse, he answered,

> I don't think that the teacher has hindered my growth what I think is that they help me grow professionally.

In addition, he responded,

> I think it's a little bit tricky at first but as days went by, I was able to manage and adopt those competencies in the workplace… It's a different healthcare system. There's a lot of factors to consider; this is why I told you it's a little bit tricky. Because at first[it's] a different healthcare system, a different environment, different types of equipment to deal with, which we do not have in the Philippines... Also [I needed] to deal with different kinds of people from different [cultural] backgrounds. I think yes, [CEGEP prepared me] because I was able to handle the situation and adapt very quickly.

Experiences during Clinical Rotation

Because of his clinical experiences in his country, Gordon felt comfortable working as a TL. However, he felt that the orientation program needed more structure and should be extended over a longer period of time:

> For me honestly, [the orientation program] it's inadequate because I thought that the two or three days was a little bit short for me. My suggestion is that it should be at least five days of [classroom] orientation aside from the orientation on the floor.

Experiences as a Novice Nurse

Gordon summarizes his experiences as a newly-hired nurse as follows:

> The good experiences [are] that you can work independently on the unit, and if you don't know something you have a resource person to speak with and to ask for help. Difficulty- I think, how to deal with your colleagues, especially at times when you're missing staff because some of the PABs (are reluctant to reorganize the workload). When a staff is missing, I will take one of their residence and eventually wash the resident. Which is not part of my responsibility as a nurse. But it's a teamwork and we're there for the residents, you have to be there for them.

Changes in Experiences over Time

> As time went by [my colleagues] helped me grow professionally, and I know how to deal with the [challenges of working as a TL], the floor doctor, problems on the floor, how to manage or how to deal with your staff and how to deal with the multidisciplinary team.

Orientation Program at the LTCF

In terms of the educational strategies to be included in the orientation program, Gordon says that a workshop would be beneficial.

> I know in the orientation program they have things like how to use the CBGM, the different parts of setting up the IV (machine). I think there was an insertion of the IV using the mannequin. Maybe [it would be good to] include a course on head to toe assessment by (body) system to refresh the knowledge of the new staff.

Experiences with the Multidisciplinary Team

Gordon said he felt hesitant at first to approach the multidisciplinary team regarding the plan of care for the residents, but with experience he gained more confidence to collaborate with the team. He describes his experiences as follows:

> At first, I don't think it was discomfort per se but a little bit of hesitancy to approach them because you're new at the facility. But as time goes by…, it becomes much easier and comfortable to talk with them or to deal with them. The multidisciplinary team at [the LTC facility] are amazing. They're very helpful, very cooperative and approachable anytime you need their suggestions or follow-ups with your residence…Those people are amazing…

Accessibility of Resource Person/Mentor

Gordon says the nurses in the LTC were extremely welcoming, and they readily shared their knowledge with him:

> The nurses were extremely welcoming and said don't hesitate to ask us questions when I'm working on the units, there are a few mentors… nurses with more seniority or who have worked for a long time in the facility. I ask them, but if they don't know the procedure, I try to call the nursing consultants or the head nurse.

Challenges as a Novice Nurse

> I think one of the major problems that I have encountered working on the unit is sometimes when you float; you have to deal with different [nursing staff] on different floors. And sometimes there are [nursing staff] that are not very open (to reorganizing the workload in order to render care to more residents) especially when you're missing staff.

Pursuing Higher Education

With regard to feeling pressured to pursue higher education he said,

> I don't feel pressured, but I do have plans in pursuing my Masters or getting a Bachelor's in education I have aspirations to teach

Perception of an Effective Orientation Program for New Nurses

> Gordon responds as follows:
>
> My recommendations would be instead of [offering] 2 or 3 days [classroom] orientation, make it 5 days. [The content should include] discussing the different routines on each floor [and] certain (clinical) procedures that are commonly being performed on floor. Paperwork like how to fill in the incident report, how to organize things on the floor, how to handle the team on the floor…all of which would serve as a contingency plan in case of missing staff …should be discussed during the orientation. I think that it's really important that we have paper that says this is what you're going to do when you're alone or you're missing people [or] what you going to do when you have an emergency when you have a code involving a fire or a missing resident. I don't know if every floor has its contingency plan, I know that the unit [where I occupy a part-time position] has a contingency plan which is good, so that we're able to know what to do.

LTC Preparation for Practical Skills

With regard to how the LTC could prepare a newly hired RN for practical skills he said,

> I think …I was skilled enough to perform those things, like IV insertion, and extracting blood because I knew those things before.

LTC Preparation for Problem-Solving and Critical Thinking

> I think there should be seminars or education sessions for nurses in long-term care facility to get updates every year to learn the current trends of Nursing.

Employer Support

Gordon felt that his employer supported his integration to the clinical setting.

> Gordon felt supported because the LTC facility provided practical and theoretical trainings in the facility and sent many nurses to various seminars outside of the work force.

Skills Lacking

> Maybe I just need some refreshers. I know that (in the nursing practice) we have a lot of nursing procedures, but we cannot rely on them in the long-term care… We don't have the equipment to perform them. For example, EKGs: I know how to put the leads but to interpret them I was not trained. I know how to perform a CBI, but I just need a refresher, and I know that I needed (the refresher particularly) when we had a client (that required a CBI and) I didn't have (the equipment) for a CBI. A resident on the floor was bleeding (blood draining from his catheter) and one of the floor doctors told me we can perform a CBI. But when I looked for the equipment we didn't have it…I went to my head nurse and I even went to the person in charge of the supply room, he scrambles and look for things. I went to another floor to discuss that with one of my other colleagues because I never did this procedure, and she was able to perform it. (She explained the procedure) and she told me to go to the CSR (to get the equipment) When I went there, there was nothing. I had to improvise; they had a three-way Foley, and a two -liter bag of NS and a special tubing.

These were tools that were not usually used for a bladder irrigation but he improvised and was able to performed the procedure with the equipment at his disposal. I asked Gordon if he had to be resourceful and he responded:

> Exactly, you have to be proactive in fact. I went to my head nurse, and he says okay we're going to order [the equipment], and the floor doctor was a little bit upset that time because [he questioned] how come we didn't have [the CBI kit]. We're supposed to have that on the units. After that the person in CSR was able to locate the equipment and [purchase it for our LTC].

Skills Mastered

Gordon is good with technical skills and states that his colleagues usually consult him for technical skills such as IV insertion or blood extraction especially when it is difficult to find the residents veins.

Summary

Even though Gordon had experience both working as a BScN/MSN and teaching medical surgical nursing for 10 years in the Philippines prior to working in Canada, having a degree did not fully prepare him for the challenges involved while working as an BScN in an LTC facility. He had to learn how to be a leader, which involved working with the different members of the interdisciplinary team that have many years of experience in their field of study. He strongly believes that in order to have an effective orientation program that will teach both practical and clinical thinking skills, the three day orientation should be extended to a few weeks. The extended orientation would allow the novice nurse to learn about all the different tools and how to be a leader. Gordon states that he chose to work in a LTC facility because:

> Taking care of elderly people is one of my passions because I want to be their advocate or their voice because, for me, I consider them as very vulnerable individuals. So, that's why my heart goes to the elderly people.

Silvia

Silvia graduated from a CEGEP in Montreal and has been working as an RN in an LTC facility for two years. She did not always have aspirations to become an RN. In fact, she was pursuing a career as a magistrate in Cameroon but never had the opportunity to work as a lawyer as she decided that she would have a better livelihood in Canada. She was born in Central Africa and obtained a Master's Degree in law from Cameroon. However, after she got married, she moved with her husband to Canada. Her intentions were to continue a career in law; however,

she did not speak French, which she needed to master as it is the official language in Quebec. In addition, she was not willing to undergo the lengthy process to become certified to practice law in Quebec as she wanted to start a family. She worked in a LTC facility as a PAB for nine years after which she decided to pursue a nursing career. Working in the LTC was Silvia's first job as an RN. Silvia chose to work in an LTC facility for nostalgic reasons; she was raised to respect the elderly. She states that in Cameroon, they value the elderly as they were the heads of their families. Consequently, when Silvia was young, it was ingrained that she was morally obligated to take physical and financial care of the elderly as they once took care of her. When Silvia came to Canada, she realized that it was possible to have a career doing something she was and still is passionate about.

Educational Status

> Silvia describes what she learned in the nursing program at CEGEP as follows:
>
> There have been a lot of theory in my nursing school, a lot of concepts and theories… so much information to get in three years. They gave me a lot of things for the mind, but practical there was just so much to do…It was kind of overwhelming the first time [in hospital]. For example, you may come in and then the patient is crashing and you have… [other] patients to take care of… and there's so much paperwork to do.

Silvia felt that she had sufficient theoretical knowledge but lacked practical skills, she said

> I had the theory nursing knowledge, but the real practice is in the setting with all the paperwork that we are responsible for. I really must ask a lot of questions like "what paper do you have to fill in when the patients go to the hospital" or in case of a fall "which papers do you need?". When I had to call the family [of a resident], it was stressful. There are so many things that you actually don't know. The theory at school won't tell you [how to do] some of the procedures. There were so many things that you have to learn practically, and then you have to ask the people with whom you are working with.
>
> Silvia states that she did a nursing internship in geriatric, surgery, psychiatry etcetera, but

she was not prepared to work in the LTC setting. She continues

> I had a broad knowledge on theory but each institution has their own policy (method of doing procedures). The studies we had were very little on [the atypical signs such as when elderly have pain, some of them can't even talk. Did stage in all the field of nursing, Geriatric, surgery, psychiatry etc. You are prepared (for an acute care setting) but not specifically in geriatrics.

Experiences during Clinical Rotation

> During the clinical process, I felt that the teachers put a lot of fear in me because they were asking too many things at the same time. Which made me nervous and at a loss for words when they questioned me about the patient's health. They were asking what the school expected. Each student is different, like me for example, when I see somebody who's really sick, I get affected emotionally. I[need to] take some time to know that I don't have to take that emotion with me, and most of the teachers they do not really like that kind of feeling because you're supposed to be disconnected.

Silvia felt that a few of her teachers hindered her growth as a nurse, but the vast majority helped her grow as a nurse through providing assignments specific to her clinical rotation she describes as follows:

> They would give you assignments that are specific to help each student. When you do the assignments, you realize that they are helpful the day of internship in hospital. You'll be able to do, for example, pediatrics stage or even community nursing…The assignments were very helpful so that you will have more time to study and think about things When I came back to the hospital, I felt more comfortable. After the homework, I felt more comfortable applying the theory.

Experiences as a Novice Nurse

Silvia says although the RNs were willing to help integrate her to the units, when she was a novice nurse, some of her colleagues would point out that she was new which made the families question her abilities. She describes her experiences as positive since 80% of the time her RN colleagues come for help. In terms of her negative experiences, she states that:

> some family members freak out when they hear that you just started, and it's your colleague who most of the time tell them that you just finish school. [The nurses] make them believe that you don't know so many things, and so the family comes and asks you "Are you sure what you are doing because I heard you just started?" One day, I was working evening for the first time, I had the medication cart and was still half way distributing meds. It was 5pm, and I had not given a med for 4pm, another RN went and

> told a family member that this is actually my first day on the unit, and the lady went straight to the nursing coordinator [to complain].

Her experiences changed positively overtime because her attitude changed

> Now when somebody says that I am new, I don't take it personally because you can't expect me to know what a nurse of 35 years [of experience] knows. Now I know it's a process, and with time, things will change. I will gain experience; it really doesn't bother me so much now like before.

Orientation Program at the LTCF

Silvia describes her experience with the three day orientation. At first, she felt overwhelmed by the 120-page document sent by the nurse educator, but afterwards she realized that it was sent as a nursing guide that she could refer to when needed.

> I find that (the orientation) was very short, just too much theory information for 3 days. [The orientation with the nurse educators] was actually very good. I mean the documents that we saw during the three-day orientation was very important because when I started I did not know the documents at (LTC) or about the policies at the (LTC)…. That document that [the nurse educator] sent prior to orientation, there were so many things on it. That's important, for example, connecting the peg for feeding. When I got that document, this was the first time I knew how to do that peg tube.

Experiences with the Multidisciplinary Team

> You know when I first started working with the doctors, the physical therapy, the social workers, all the professionals; I was not very comfortable [because I questioned my assessment (skills)... Now when I have an opinion many people respect it…When I say something to the dietitian that the patient does not like this type of food for example, when the patient has a wound in his mouth, and he's drinking orange juice, it's too acidic (I tell them to provide another choice and they agree). I felt accepted by the multidisciplinary team. Even with the doctor, when I suggest that there's some medication that the patient doesn't need, like giving regular Tylenol when the patient's not complaining of any pain and if they have it their chart forever, the doctor will take it away. I really felt happy that I have an opinion [that] pushing back…The relationship with the multidisciplinary team was good from day one.

Accessibility of Resource Person/Mentor

Silvia attributes her growth as an RN to the nurse managers and nurse educators at the LTC facility and says,

> the clinicians (nurse educators) are always there, and the head nurses are always there. There's always somebody if you cannot manage. Especially on evenings and the weekends, the coordinator is available to assist.

Silvia was asked if her RN colleagues were available to guide her, she says

> Some of them [are]. Sometimes with the RN colleagues when there's something to be done, people don't like a lot of work. They feel that you're the one that is creating the task, and they push back… For example, if the patient is not feeling very well and (the PAB) put the patient in the chair, I tell my colleagues [that they] need to put the patient back to bed after two hours. They [get upset and] ask "why did you allow us PAB's to put him in the chair when you know that they were sick in the first place." So those types of situations are very difficult. When I complain about it to the other RNs, it just gives me a funny type of feeling. But I know that that's what I'm supposed to do because it's not good for the patient to sit up too long especially if they're not comfortable just like it's not good for the patient to stay in bed for too long. The colleagues don't like that; they don't like you pushing too much work on the team… [To them, it's] like you're inventing work [...]

Challenges as a Novice Nurse

Silvia describes how it can be challenging accommodating the wishes of the family while respecting the routine of the establishment

> The main challenges that I experience are pleasing the family and the team. The family will sometimes ask for something that I know that the team cannot do. For example, this family asked that their parents be toileted every day at the same time, and I tried to explain to them that it's hard for it to be done at a specific time. For example, you could say 12:00pm, but sometimes they're not toileted until 12:30pm. Then you try to tell the team that we're going to try to make it for 12:00pm because the family wants it to be done for 12:00pm, but the team cannot do it at that time [because they are with other residents].you have to meet them in the middle most of the time. Also, there is lots of paperwork like the mini mental examination Maybe it's wrong, but I just realized that when I came to the job that there were a lot of things I didn't know.

Pursuing Higher Education

When I asked Silvia if she feels pressured from someone to continue her educational studies, she responded,

> I actually wanted to do a university degree, but … I wanted to have more kids, and I didn't want to have that pressure while I'm in school. I really want to continue… If I get help with the house and get someone to help me with the kids, then I'll go back [to

school].

When asked if someone is pressuring her to pursue higher education Silvia responds:

> Actually, that's coming for me because I already have a (Master's) degree (in law), but I can't use it in Canada, I feel like I'm under my level. I am working with a CEGEP diploma, but I actually have a Master's. I have the desire to get myself back to the standard that I was used to when I was back home. Coming to Canada is like I push myself down. So I have that desire to go back… I realized that the more you learn the easier the job becomes. Most of the time, I go back, and I read just to make the job gets easier for me.

Perception of an Effective Orientation Program for New Nurses

Silvia responds as follows,

> I felt the orientation could be a little bit longer and it should (take place) on at least three (different) floors in (LTCF). You can do an orientation, for example, on the second floor, on the fifth floor and one of the other floors 3, 4 or 7 at least…Four days of orientation on each of the 3 units. The RN who's doing the orientation should not be given any other task because sometimes there's a lot of pressure and there's too much work for the RN to do. And [the newly hired employee is] asking a lot of questions, so many questions [go unanswered] because the job is too much [to complete within an eight-hour period]. They should put an LPN to actually do the work, and then the RN preceptor will not be under pressure and can be with the new nurses to just show them all their work.

Silvia adds,

> if it's a unit that I have worked in for a long time, I feel comfortable. New employees should remain on one unit for some time before they start floating…. [On the other hand,] floating is good because you learn [different skills].

Silvia continues,

> Another thing that I want to say for the process of integration of the new nurses in the long-term care is that the managers have a very big role to play. If they are collaborating with, assisting, and encouraging the new RN, it makes integration into the workforce in long-term care easier. Working in an (LTC) is like a family setting. You have the same patients for a very long time; after a while it becomes less stressful. The family and residents develop trust and confidence in the RN, which makes the job easy.

LTC Preparation for Practical Skills

With regard to how the LTC could prepare a newly hired RN for practical skills Silvia said,

> There is a lot to do, but some procedures are not really frequent such as blood works…or

> blood transfusion which I did only once, and since then I've never done it [again]. [We should be taught] things that you do a lot like changing Foley, taking blood. But there are certain things that we should know but we just don't do for example [doing a dressing of] a wound for somebody that just had surgery and then [taking]out the stitches. Those kinds of things I've never seen since I left school.

LTC Preparation for Problem-Solving and Critical-Thinking

Silvia feels that the onus is on the RN to develop her critical thinking skills and she responds as follows.

> I think there is a huge space to learn because you are the team leader; the doctors are not always available except by phone call. Before you call the doctor, you really need to think and do your nursing assessments. You really need to know why you are calling. I think they have a big role to play like having to work with the team, the doctor and the team leader, and you must ... connect things together all the time. Critical thinking of nursing is really there like a blood transfusion decision before transferring the patient to the hospital, the critical thinking of why this person is having this, when you have to talk to other specialists like the dietitian, how often to change a wound dressing. The RN really need to put on the critical thinking cap.

When asked whether or not she felt prepared by the LTC to think critically, Silvia continued to explain:

> You have the responsibility to do those things... This is really one of the important things in long-term care. It's not like working in an acute care or in an ambulance. The important things is connecting the dots together. Before you meet in an ITM, you need to know], what is going to be the focus of this ITM. The health goal for the patient. The doctors are not always there, so as an RN you must be able to connect…. You have to be the one to understand what the problem is ... Is it physio that the patient needs? Is it OT to change the wheelchair? Why is there a problem? Is it because they are not turning and positioning the patient properly, is the patient quiet because the patient needs more activity? All that is critical thinking. It's like you are the core.

Employer Support

Silvia felt that the employer supported her through offering many information sessions

> Yes, [I lack] …certain skills like nephrostomy care. I've never changed the dressing of the nephrostomy. I had to learn on the spot, at that time. So, after two years, it's the first time that I had to do the dressing. There are so many skills that [we need to know], there are certain things that you just do not do for a long time, for example, the PICC line. I

> had the lesson two years ago, after that I never did it. If you asked me "Can you handle the PICC line?" I don't even know what to say. Maybe I'll have to get a little training and do it again. It is not like this in the acute care hospital where the patient comes with different things; you learn different skills.

Skills Mastered

Silvia says she has good communication skills, especially in talking with the patient to understand what they're going through.

> I really connect with the patient, and after a certain time, they [appreciate] the way I communicate with them. And I see an improvement in their health. Communication between me and the patient in particular is very good.

Pre-Service Training Needs

Silvia felt that CEGEP nursing should not only have taught about the pathophysiology of wound healing but should also have focused on the factors that influence the selection of a particular product to treat a wound. She stated,

> They really don't teach you that much about [wound care], so when you go on the job you have to figure it out most of the time from the colleagues because you really don't have the experience... Sometimes you have to ask the staff…like the LPN... that are lower [in hierarchy] than you. They look at you like you're stupid, [but] instead of doing something stupid, it's better to ask…so that you can do the right thing. When you ask the LPN "What do you think [the treatment is] for this type of wound because I tried some treatments but it's not improving?", …they look at you like …you should know. As a team, we need to discuss this together and try to make it efficient.

Summary

Silvia feels more confident working as an RN than she did when she first started working in the LTC facility. She attributes that to her experience and the facility allowing her to grow professionally. She states that CEGEP provides the basic requirements to become a nurse, but the onus is on the individual to gain more experience at their craft either through self-directed learning or higher education. Moreover, she shares Gordon's thoughts in that in order to have an

effective orientation program a longer orientation day is needed. Furthermore, similar to Alison, Silvia claims that the nurse should be assigned to the same unit until they become experts in their craft. In Silvia's case, being assigned to the same unit would have given her colleagues, the residents and their family an opportunity to become familiar with her both as an individual and as a nurse. As a result, she may not have felt the lack of comradery she experienced in which her colleagues would tell the families that she was new, which stressed the families. In conjunction with lack of comradery, it is important for the managers to remind the workers, resident and family that it is a teaching facility which promotes growth of their employees. Silvia also states that critical thinking skills are crucial and they remain a challenge for her.

Claudia

Claudia has been working in the LTC facility as a diploma-holding RN for the last two years. She obtained a Bachelor's of Nursing from the Philippines and worked there for four years prior to moving to Canada. She has been living in Canada for five years. Similar to Gordon, she went through an accreditation and integration process that involved a six-week stage at a LTC facility. After she passed the OIIQ exam, the Ministry of Education evaluated her credentials and granted her the equivalent of a diploma nurse to work in Canada. Working in the LTC facility is her first paid occupation in Canada. Claudia chose to work in an LTC facility because she likes the humanistic approach that it entails as it provides continuity of care, and she also likes getting to know the particularities of the residents and their family.

Educational Status

Claudia describes how the educational system in the Philippines supplemented with the stage mandated by the ministry of education offered at a CEGEP in Montreal prepared her to

work in a LTC facility as follows:

> Having been enrolled in a nursing course, we have been equipped to practice either in an acute or in a long-term care. We also had geriatrics/ gerontology subjects, so I think it has prepared me a lot for the experience in a long-term care. When they assessed my credentials (OIIQ), they didn't ask me [to study] for more which is a good thing. That means that the courses I had made me equipped with all the knowledge that I needed to be able to cater to the long-term care residents or patients who are in the long-term care.

Claudia continues;

> We had stage in a long-term care…The course at (CEGEP) gave me an idea of what to expect in long-term care. I think it's not really complicated, I have to learn about the system or how it works, but the rest of the job is actually the same. It's more of the application of the nursing knowledge, giving medications and knowing what they are for. It's the same thing all over wherever you go…You just have to learn the system [which is the policy of the establishment]. [The government integration program] provided to us is actually to integrate what we have learned to introduce us to the system. With introduction to the system, they have done really good job for us because the rest of the job is just the same wherever you go… I think the CEGEP integration program has given me the steps to learn more about how you do things here [in Canada].

Claudia states that even though the OIIQ deemed her qualified to work as an RN, she did not feel adequately prepared to work in an LTC facility

> At first, I wasn't sure because I didn't experience long-term care when I was back home. When I came here, I only had my stage at [a CEGEP in Montreal]; I was sent to a [sister LTC facility]. When I got employed (at LTCF) I wasn't really sure; I wasn't confident enough. I know that I could do the job, but I didn't expect that I knew everything because I know that I still have to learn a lot.

Experiences during Clinical Rotation

> Claudia stated that her clinical instructor at CEGEP helped her growth as a nurse.
>
> Based on my experience, during the five or six weeks of stage, we had one teacher- I think she was good… She taught us procedures even though we knew them, she reinforced the reason why we were doing a certain procedure. She took the initial call when we were not confident enough to talk to the doctor. We had the opportunity, even if we were students, to inform the doctor about the changes that we saw in our residents. For example, we were assigned to two or three (residents during stage). We had three residents to take care of, so whenever we saw something new or something that needed to be reported, it gave us an opportunity to talk to the doctor... There's a system that we called .. It's easier to relay the information when you call the doctor, so that it's not going to be complicated for the doctor to understand.

I asked Claudia if she is referring to the SBAR, which is a communication tool used in some of the LTC facilities for the handover of information between the doctor and the nurse. She responds,

> the SBAR Method yes, she taught us that in stage…She practiced with us how to be able two concisely describe the situation so that the doctor could fully understand when he's on the other line and that he was be able to understand the situation and able to give the ... correct order for the residents. It was advantageous [and] very helpful.

Experiences as a Novice Nurse

> I think that being able to practice my profession, to practice my profession with compassion, is a good thing, I'm a people person. To be able to have that experience of being a team leader, to be able to handle different cases of residents with different kinds of illnesses/ diseases, being able to understand them, being able to be with the family, having wonderful colleagues to work with, [are all] good things, all positive things.

Changes in Experience over Time

> At first, I had technical difficulties of establishing my role as a team leader, but after I was able to weather it out. I was able to adjust to the system; I was able to mingle with everybody. I was able to get mutual respect, trust, so I'm happy with that. The fact that I was able to touch lives, my residents' lives, I was able to help them, get to know them. For me, it's a good thing. It's a positive experience.

Claudia continues:

> I'm more confident in my work. At first, it's not like you question your skills, but you still have a lot of questions. I got to learn the procedures. In the two years, I've learned a lot, so I became more confident in my skills. I'm able to work more independently now. The rapport that I established with my residents and the multidisciplinary team gives me more confidence in myself. When I come [to work], it's like second nature, it comes naturally. At first…when you're new, you say "Am I doing it correctly, is there something I missed?" When you do it constantly for the past two years, you get it. The experience that I had within the two years has really given me a lot of confidence in dealing with the people, with the clients and their family and the team.

Orientation Program at the LTCF

> The three-day [in class] orientation program really helped me. It gave me the confidence to be able to start working. The floor [8 day-] orientation with another RN also helped me. I think the orientation, especially when it comes to filling out the documentation, the incident report and doing the basic procedures that I will encounter in the clinical setting, like the tube feedings, was able to refresh my knowledge about filling out

documentation… was really good.

Claudia states that she was able to work autonomously after the LTC facilities orientation and says,

> in general, after the orientation with the RN, I was very lucky to have been mentored by very good RNs. Whatever I learned from them, I was able to apply it in my autonomous practice as a nurse, and it helped me do my job correctly.

Experiences with the Multidisciplinary Team

> They find me young. It's hard to demand respect from people, to have people really respect your ideas, when you communicate with them because they look at you and say …. "you're young, do you know really know what you're saying?" They don't know that I have experience. I have a background; I have my studies. It's hard to establish that trust at first especially when you're new and some of them believe I'm a baby. I know that I'm the team leader, but how do I make them believe in me? But that's just at first. When you get to know them, and they get to know you, you establish trust, and you establish respect... The transition was easier.

When asked how long it took to establish respect/trust among the multidisciplinary team she said,

> When they saw that you had some sense in what you were saying, it really didn't take them that long, maybe a couple of months.

Accessibility of Resource Person/Mentor

Claudia says that she is blessed to be working with a nursing team that helps her growth as a nurse. She said,

> I have the two nurse educators; I have the senior nurses in the unit. Whenever I feel that I forgot about a [tool or procedure], or when there is something to do that I've never done before, I can ask them. I have the head nurses. Whenever they're there, I can ask them for certain things.

Challenges as a Novice Nurse

Claudia describes the challenges she experiences when she does not have the necessary equipment readily available on her unit and having to work with strong personalities:

> When the resource needed is not there [on the unit], …like a central catheter or something that is rare, I have to order the supplies. Also, the attitude that you have to deal with [and] different types of people, the different types of characters. You'll have to deal with the team [members whose] characters are challenging sometimes. Other than that, it's okay. Maybe with different patients and their family [is another challenge] that you have to deal with. If you're working in the day, and it's doctors rounds Families come and they have questions for you. They're not satisfied with your explanations. They're not happy with the care that you're providing, and you have to talk to them [about the patient]. Another challenge that I have encountered is because my position is float RN, when I go to a different unit and I see a wound, there's always a difference between what the regular full-time nurse wants to be done to that wound [and what I do]. When I see a change because do a different type of treatment, they get mad at me because I'm changing [the procedure] …. That's one of the challenges. It's not like you're contradicting. You don't agree with the treatment that they put because who knows what's happened to that wound [since they last saw it] Maybe what [the full-time nurse] saw was different from what I saw. There's this dilemma of how to confront the "old timers", especially the ones with experience and pride. They say "you're disagreeing with me. How come? You're just new; you're a junior. You don't know the situation and then you change it" …We have different ideas of how to treat the same wound.

Pursuing Higher Education

Claudia feels pressure from within and from her peers to continue her educational studies:

> I have an internal struggle: I want to pursue my career, but we have different priorities at the moment. I do have that pressure…coming from my peers and my superior. They say to me "how come you're a young nurse, why don't you pursue higher education?" I see that the more you pursue higher education, the more job opportunities [you get]. It is really good; it's more managerial [opportunities] and I've been wanting to have that. But …because of the circumstances, my priorities are different for now. For me it's kind of hard to juggle everything because I have to prioritize things, but I do feel pressured.to go back to school

Perception of an Effective Orientation Program for New Nurses

Claudia responds as follows:

> I was lucky because the orientation that I had prior to starting on the unit made me well equipped with how to face the clinical setting in the long-term care. If I was to make a suggestion, maybe more training when it comes to wound care. It's hard because when you're presented with wounds in the long-term care, it's very common to have some pressure sores on the residents. How do you fix that? How do you confront that? What are the treatments especially when there's a lack of wound care nurses, like a specialist?

> You have to do it yourself; you have to make the decision. I had the challenge of determining what is the correct treatment for this wound so that it would heal fast. For me, I think its wound care [because] then I think we'll have more uniform ways of approaching [it] and maybe the computer, and [the training] would be perfect.

Claudia adds,

> I struggled with the computer, with the system -the one that you're using for documentation (SICHELD) because it took a while to have that training. I think if you introduce that earlier, before the nurse starts working on the unit, it would be very helpful for her. It took a while for me [to get the course]. Whenever I do a long-term replacement, I have …to [enter the info] manually. Sometimes I put it in [a word document on] the computer. So, at least I won't forget [to tell] the one that I'm replacing. At least it won't be hard for her to know what the changes were. I think the rest is good; the orientation program really helped me a lot. The orientation for a long-term care facility is really good.

LTC Preparation for Practical Skills

With regard to how the LTC could prepare a newly hired RN for practical skills Claudia said,

> Long-term care is really different from acute care, so you can expect a lot of procedures to be done in the long-term care, but skills I learned while working in LTC helped me a lot. There were some procedures that I was not able to do even in the acute care in my home country. When I came to the long-term care, I did not expect to see a lot of procedures. But with the procedures that we are currently doing in the long-term care, I think it made me an expert…Mostly all of the courses in the Philippines are the same, maybe with some special procedures. There are some special procedures that come up, the nurse educators schedule a time with us to provide some individual trainings or to refresh [our memory] with some individual training. If it's a really new procedure, they train us how to manage it.

LTC Preparation for Problem-Solving and Critical-Thinking

> When I had the CEGEP integration program it was just five months. I think five to six months is really not enough to teach critical thinking but it was able to give me adequately the idea of how to apply my nursing assessment to a resident, or how to be able to know what's going on with the resident. but not everything just the basic ones. Every patient presents symptoms in a different way for the elderly people when they have UTI they present differently so it's still a challenge but I'm still able to adequately differentiate and able to know what's going.

Claudia wanted to talk about her experiences with the BAC and recounted:

> I have experience working with a Bachelor nurse with no experience, and the long-term care is also her first experience versus [there is] me who graduated from CEGEP with experience from my home country. When it comes to situations when they have to apply [critical thinking] to a clinical setting, they still don't have confidence. They will still ask you, and I say "You're supposed to be a Bachelor nurse, and you're asking me, only a CEGEP graduate, what to do." When you're confronted with the situation that is happening, maybe in theory, they are good. But sometimes when it's a life-threatening situation happening in front of you, they panic and they ask you because they say you have more experience. I don't know what to think or say because "I know you are a Bachelor nurse; you should know what to do when that happens. You don't need to call me. You have your own unit and site to take care of. You call me to think for you when you should know what to do." Then they say "no, you have more experience". Maybe they have the theory, but when it comes to real life experience, so, I agree with the statement that CEGEP nurses, especially when they have experience back home, are better practically when it comes to situations like that... But it depends because there are some Bachelor nurses [who] are good. Sometimes when you're a Bachelor nurse, and it is your first experience and you're confronted with the situation that you haven't experienced in your stage, you panic and you ask for more help from more experienced nurses even though they are CEGEP nurses. Educationally, they are superior to you. I experienced this first hand in my long-term care…

Claudia also felt that the employee supported her through offering many information sessions.

Skills Mastered

Claudia feels that she has the skills to work in a LTC:

> Maybe if I go to an acute care, I will need to be refreshed because there are skills that I'm not able to practice in a long-term care… I think I need more practice in the SICHELD system which is the system that the establishment is using. But when it comes to the skills that I need in the long-term care, I think I'm confident.

Pre-Service Training Needs

> Theory sometimes doesn't apply in real life, so you have to be resourceful [and] innovative... with a particular situation: What do you do if you don't have the resources? You can't expect to just stay there and do nothing. You have to think...When I had the CEGEP integration program, it was just five months. I think five to six months is really not enough for everything, but it was able to adequately give me the idea of how to apply my nursing assessment to a resident or how to be able to know what's going on with the resident. But not everything, just the basic ones, because every patient presents symptoms in a different way. For the elderly people, when they have UTI, they present differently. So it's still a challenge, but I'm still able to adequately differentiate and able to know what's going on.

Summary

Claudia states that not only is working with the elderly her passion, but she also easily integrated to working in the LTC facility as a diploma nurse. She attributes this easy transition to her education and clinical experiences that she obtained in the Philippines prior to working in Canada. She states that she was fortunate as the Ministry of Education gave her the equivalent of a CEGEP nursing diploma. Thus, she only had to do a stage/clinical rotation coincidentally at the same facility where she is currently employed. Consequently, she had an advantage over most other newly qualified nurses as she learned how to use some medical equipment and tools and had the opportunity to meet the staff during her training. She felt that the LTC facility should provide the newly-hired nurses with leadership workshops so that they can effectively work with the multidisciplinary team, which is a suggestion that echoes Gordon's. In addition, she recommends that newly trained nurses complete the electronic database course SICHELD and a wound care course prior to working on the units. In Claudia's experience, the bachelor-holding nurses were not as equipped as she was in terms of critical thinking and that she owes her critical skills to her experience. According to Claudia, theory does not always reflect reality. Similar to many of the nurses interviewed, Claudia struggled with being respected because she is young and feels pressure from her colleagues and supervisor to pursue higher education. Furthermore, she claims that her colleagues, residents and their families make it quite clear that new nurses are not or less welcome because the quality of the care they offer is worse than that offered by experienced nurses. The new nurses are not given adequate time to gain experience; they are expected to perform as an experience nurse upon entering the profession.

Maria

Maria was born in Cambodia and has been living in Canada for the last 16 years. She pursued other career opportunities prior to working as a BScN and has been employed as such for one year in a LTC facility. Maria first obtained a Diploma in Health Science from a CEGEP in Montreal; thereafter, she enrolled in a university in Montreal and obtained a BAC in Finance with a minor in Accounting. She worked as a bookkeeper for one year but did not like the profession, so she resigned and enrolled in a university in Montreal pursuing a degree in Nursing. At that time, the university had a course entitled nursing the elderly. Part of the curriculum was assigning the student to a clinical setting in an LTC facility. Consequently, her practicum was her first experience working with the elderly. It is there where she found her calling and worked as a PAB until she obtained a BScN. She chose to work at the LTC facility in Montreal as she is passionate about working with the elderly.

Educational Status

Maria describes how she supplemented her nursing knowledge while attending school and working as a PAB in the LTC facility:

> At the beginning, I thought that I didn't have enough knowledge to be a team leader. While I was working as a PAB, I was learning [because] I observed many RNs to see how the other nurses work so I could learn from them. When I started to become a team leader, I just took from the nurse that I had observed while I was a PAB so I learned from day- to-day…At the University level, they provide a lot of theory and also practice. So they expose the students to ten different settings so that we can know, we can see some problems that we learned in clinical settings.

Experiences during Clinical Rotation

Maria talks about her positive experiences as follows:

> As the program comes to the end teacher gives the students more patients so that we feel that we can work as a real nurse not like a student.

Maria's response to the accessibility of the instructor as follows:

> [At first], they were on site to help. But basically, if we needed help, we just ask the nurse that we were assigned to… Towards the end of the rotation, the teacher was not on a site. They just let us go with the assigned nurse. When we had an assignment, we just sent it to her.

I asked Maria if the nurse that she was assigned to accurately represented the realities of nursing.

> Some of them, they were really good; they guided us. They also taught me that when you [go into the workforce], it's not the same as being a student.

Experiences as a Novice Nurse

Her experiences changed positively overtime. Specifically, she said,

> It was quite challenging to be a leader at the beginning because, as a PAB, we have to work quickly with our time because we have many people to take care of. So when [I became an RN], I did everything in a rush. But my preceptor told me that when you become a nurse, you have to take your time because you have to assess the residents. At first, I had a challenge directing the PABs. For example, [I had to tell my former equals] "you should have your break at this time. The person needs to get up and did you feed this person?" They recognized me [in my new role] as I just told them, and they followed. I feel that I'm more confident now. I can go from one floor to another, and I don't have any problems. When you're floating all the time, you get to know the residents, and you get to know the routine. You get to know the staff that you're working with, and they know you. They know that you're coming in, and they look at you and they know that it's RN-Maria.

Orientation Program at the LTCF

> I think the orientation program was enough for me because I already knew the setting at [the LTCF]. For example, I already knew most of the staff because I worked there as a PAB for one year, and I wasn't scared to ask questions. But I noticed that for new staff, I think it's quite challenging for them because 10-day orientation is short so they have to be autonomous [quickly].

Experiences with the Multidisciplinary Team

I think I work well with everybody, but there's one thing with the doctors: Some doctors,

> at least one or two, are really not easy to work with…|They don't allow us to ask questions or it's just quick and finish. Some doctors make me not want to call them, so I check to see who's on duty and even if there's something [wrong with a patient], it still makes me not want to call them. But some doctors, I can ask and they guide me so I can learn from them, and some doctors just tell me what I have to [do] and then finish. I felt welcomed by the rest of the multidisciplinary team. This includes my fellow PAB colleagues that I used to work closely with. Even though I have an RN title, I don't try to intimidate them. I look at everybody as a team. It's a title, but I don't want to use it. When I first started working as a nurse in the long-term care facility, I would rely on my colleagues [on the team] to tell me what discipline to call for certain thing. But now that I have experience, I know exactly who to call.

Accessibility of Resource Person/Mentor

Maria had the support of her colleague and stated:

> I had my colleague because she's been there for a long time. In terms of office work, she knew all the tools to use. She helped me, and she was accessible whenever I needed her.

Challenges as a Novice Nurse

Maria describes the challenges she experiences as follows:

> The only thing that I have so far is that I'm too friendly, and the staff take advantage of me… The orderly I work with… leaves without telling me. [I spoke to]) him, but he didn't listen. At some point, one of my colleagues went to speak to the Head Nurse, and now [the orderly] changed the floor [to work on another unit].

Pursuing Higher Education

Maria states that she feels pressure from within to pursue a higher education:

> Sometimes my colleagues say to me that I should go for my Master's. I want to, but I don't want to work in the management position... But sometimes I feel like I want to do something more medical. I want to go into perhaps nursing practitioner. This is not coming from others; this is just coming from myself.

Perception of an Effective Orientation Program for New Nurses

> I think I would like the nurse educators to tell the staff to be more patient with the new staff. Also, to provide us refresher courses every 3 months, for example tracheostomy care. Because sometimes when we work on one floor, we are called to another floor for a patient who has trach care. It's really challenging because it's been a long time that we practiced. It's better that you provide the refresher courses to all the nurses so that they can know [what to do].

Maria adds,

> For new nurses, they need to be more open to the staff's advice. For me, sometimes the senior nurse still tells me what to do. I learn from them; that helps me. I don't [take it] personal. Don't think that because you are the RN, you know everything. It's not true.

LTC Preparation for Practical Skills

With regard to how the LTC could prepare a newly hired RN for practical skills Maria said,

> I had an advantage because I used to work as a PAB for three years [in an LTC] and was able to see certain procedures. I was in nursing, and knew where I was going to work. So I paid more attention and I [observed] certain procedures.

LTC Preparation for Problem-Solving and Critical Thinking

Maria felt that she lacked critical thinking skills and that the LTC should provide courses to help fine tune critical thinking skills.

> I feel that the hospital should provide a course on the most common symptoms the elderly person has so that they can know [how to handle them]. Some type of teaching method that lists the symptoms, and you would have to match what it could it be.

Skills Mastered

Maria felt that the employer supported her in her new role as a BSCN and by offering information sessions to supplement her knowledge.

Maria stated that she is able to update her knowledge with the help of her peers or through researching the information either through a nursing best practice website or and said,

> The skill that I lack is drawing blood because I only work in the evening. So I don't have the chance to do the blood drawing and also the trach care. Yesterday, I was supposed to be working on 7th floor, but I got called off the unit to work on second floor where there is lots of trach care. So I didn't know; I just asked my colleague to be with me. It was an LPN, and it was her regular floor.

Maria also said that she is good at researching information:

> In terms of procedures, for example, when the doctors ask about the skin, they will ask if they have some kind of redness. If they ask and I feel that I'm not sure, I will do some research. Once, after [the doctor] talked to me, I was able to go online to get that information for the first time…When I need help, I ask the one who is regular on the unit… If I'm not comfortable to go to the patient alone, I asked somebody to go with me.

Maria continues:

> Communication, I can say now that I can communicate with all the team, within the multi- disciplinary team. Also, the nursing skills that I'm doing in the evening like IV insertion and tube feeding. I know all those stuff, the PAB skills I know, so I help the PAB lot.

Pre-Service Training Needs

> For me, school gives us the tools, but they don't give the skills to work in a long-term care facility. They just give a little bit of everything. It's up to you as a person to develop your practical and critical thinking skills because they just send you to different clinical rotations. What I heard from my colleagues; they say that DEC nurses have more practice than university students because they have more hands-on [experiences with] the patients. But for us (BScN), we have more theory. We have a lot of theory with paperwork but less clinical skills.

Summary

Maria feels more confident working as an RN in the LTC facility. She expressed that even though she is a novice nurse with a BScN, she had an advantage over the other newly hired nurses as she had the experience working as a PAB in the LTC facility. Therefore, she was familiar with many of the residents and the multidisciplinary team members. In addition, she had the ability to observe how the RNs worked and interacted with the staff and residents. When she started to work, she just mirrored the RNs who were her preceptors. Maria stated that she learned extensively in the BScN program, but when it came to her clinical rotation, her learning was based on the knowledge and experience of the assigned nurse at the LTC. In other words, if the nurse was experienced and organized, the student would get a "good" rotation. However, if the

nurse was inexperienced, the new RNs would not be proficient in critical and practical skills. She did not provide major recommendations to improve the orientation program as she felt that she had enough experience because she both worked as a PAB and had her clinical rotation at the LTC facility. Her only advice was that similar to Claudia, some experienced nurses need to remember that they were once novice nurses themselves who needed to be guided and respected by their peers and that it took time for them to arrive at their expert status. Maria feels that the LTC should provide specialized courses to help the new nurses with their critical thinking skills.

Roxanne

Roxanne graduated from a university in Iran with an MSN, a major in Education and a minor in Medical Surgical Nursing. She was working there for six years prior to migrating with her family to Canada six years ago. However, in order to obtain the equivalence of an RN qualification, she had to undergo a similar accreditation process as Gordon and Claudia; the Ministry of Education evaluated her credentials which lead her to enroll and successfully pass the six-month RN integration program offered at a CECEP in Montreal. Thereafter, she was granted the equivalent of BScN; namely, a Bachelor of Science, to work in Canada. She has been working in a LTC facility as a TL for five years. Roxanne chose to work in an LTC facility because she felt that gerontological nursing is a demanding field that requires her to utilize knowledge and critical thinking skills, which she was hoping to put to use.

Educational Status

Roxanne describes what she learned in the nursing program both at CEGEP and while in Iran at the university:

> The CEGEP incorporated subjects specific to geriatrics such as signs and symptoms of dementia, Alzheimer[‘s], fall prevention, elderly abuse and many things that can be

> encountered in a geriatric setting. In my country, the university does not focus on geriatrics; it can be obtained by taking an additional three credit course.

Roxanne states that even though she had many years' experience working as an RN in her country, it did not prepare her for the challenges encountered while working in an LTC facility.

> My background is not really geriatrics, but for me it's easy to get the vein, IV, blood transfusion a lot of things. But for the signs and symptoms that I see in the elderly people, I don't have experience. Decrease of consciousness and the new procedures of looking for infections in the people is very challenging. I haven't had experience other than with a book I studied.

Roxanne states that both her university and CEGEP educational background prepared her to work in Montreal. Her experience as an RN in Iran allowed her to think critically and perform practical interventions whereas her experience obtained through the clinical rotation taught her how to care for the geriatric residents based on evidence-based nursing.

Schooling Type and Work Preparedness

When asked what the teachers did in the clinical rotation to help or hinder her growth as a nurse, she answered,

> They really showed to us the real work that we see when hired as an LTC nurse, the real work (which is) different from the book in the clinical area.

Experiences during Clinical Rotation

Roxanne states that due to her clinical background, she was self-sufficient during her clinical rotation but that her instructor was available if she needed her.

Experiences as a Novice Nurse

Roxanne states the experience nurses taught her the importance of having a good rapport with her colleagues and recollects as follows:

> As for the positive experiences, it was helpful that the older nurses would try to answer or explain to us about some of the behaviors of some of my colleagues and how to talk to them. As a nurse and team leader, you have to be firm but fair with that person. The positive experiences are that they give us clues on how to behave with some of the people and work with them. I don't really see the negative things.

Roxanne continues:

> During the first couple of days or months, you always want at least one other team leader to be beside you working on the unit. If you have any questions, you can go to that person. because …you know about these things... but you didn't do it before. When someone is beside you, you have to be comfortable, and ask. Now I know almost 99% of everything, I know what I have to do if something happens.

Orientation Program at the LTCF

Roxanne responds as follows:

> When I first started to work at the LTC, I knew that we had an in-class orientation program that covered policies, procedures, tools. But maybe it should have covered some small things like paperwork ...filling out the paperwork for the elderly r people I know that the paperwork can help. The orientation was 95% helpful, but 5% of the time I needed to ask the other colleagues about other aspects of nursing.

Experiences with the Multidisciplinary Team

Roxanne stated that even though she was new to the LTC setting, she was able to draw on the experiences she acquired from working as an RN in Iran. Her nursing experience not only afforded her the opportunity to make valuable contributions to the resident care plan but to be taken seriously by her peers. The multidisciplinary team recognized her expertise which facilitated her willingness to contribute to the team.

Accessibility of Resource Person/Mentor

Roxanne states that in her experience, many of the senior nurses who work in the LTC facility in Montreal neglect to update their knowledge and refuse to recognize that best practice guidelines have changed. Thus, the nurse educators and the head nurse where her resource

persons; because they knew about and were implementing the best practices. She explains as follows:

> Knowledge is very important... the nurses that have more seniority are following the bad rules, and they continue thinking that way because they have experience… but they're not up to date with evidence-based practices. I didn't see this in other institutions. There is a big gap between the newly graduated nurses [and senior nurses] …They have new knowledge on evidence-based practices more so than the people who have worked there a long time.

Challenges as a Novice Nurse

Roxanne stated that her major challenge as a novice nurse was to work with the experienced nurses and to be in charge of the subordinate nursing staff, particularly since she was young and many of them were experienced nurses that have been working in the LTC facility for many years. She had to learn the correct way to approach the staff in order to encourage collaboration and promote a good working environment. She describes her experience as follows:

> The challenges have to do with the senior nurses. I'm dealing with the orderlies and telling them do this and that thing. Some of them are very tough for example because you're younger than them, and you're telling them what to do. These are the challenging things because you don't know the behavior or personality of that person. Because I have some experience, I know the way that I have to talk to them. You have to get to know them the first time. This is a challenging time for me to tell the people that they have to …follow my comments. These are the most important things, and some of the people are very guarded to what you're telling to them.

Pursuing Higher Education

Roxanne expressed that she does not feel pressured by the LTC facility to purse higher education, but it is something that she aspires to have as she would like to pursue a career as a nurse practitioner. She responded:

I want to have higher education, but it's not really forced.

Perception of an Effective Orientation Program for New Nurses

Roxanne replies as follows:

> …. I know that most of the things are included in the orientation program…for the new nurses they need more experiences with IV insertion because they have problems with this part. The new nurses that come from the University or College have a problem getting the vein for the blood work. Also, some of them have low self-esteem. Maybe we can talk about that part and tell them: "mentally you are able to do these things"...

While acknowledging that new nurses who lack practical experience should be better supported psychologically and emotionally, Roxanne explained that the novice nurses should remain professional and ignore the negative comments or approaches by the staff and be polite but firm with whatever decisions they make. She continued,

> We have to tell them how they have to behave with people. That they shouldn't respond to their comments. Experienced employees know about that, but the new employees just graduated from school; they don't have enough self-esteem... The way that you tell it to people. please do this one, please do that one you know politely, they should be a little bit strict to your words... You have to be polite respectful but a little bit firm... this is the way that maybe we can tell them mentally to let them know how to prepare themselves and how to act with other people.

Roxanne thought the LTC facility offered a comprehensive orientation to the new nurses and her suggestion was brief, she said,

> The strategies that you're using now at the LTC facility work because you're giving us the knowledge and the practical would be the paper- work.

LTC Preparation for Practical Skills

Roxanne explained that the LTC facility should provide more training to the new RNs in order for them to work independently and in a timely manner; this includes more hands-on training on practical skills and how to fill out the appropriate tools in any given situation as sometimes the support from the superiors is lacking. She responded,

> IV insertion and paperwork, most of the time you're just one nurse you are leader person in the unit, and sometimes you don't have anybody on top of you, like for example, the coordinator or your head nurse because most of the time they're not going to be available for you guys. It happened to me more than 10 to 15 times [where I was all on my own]. You have to do a transfer to the hospital right away, or the resident has MI [what is it] you have to do the blood work... and follow up on things right away. [More hands-on training and how to fill out the appropriate tools] It's going to prepare us to be as fast as possible.

LTC Preparation for Problem-Solving and Critical Thinking

Roxanne stated that in addition to the current orientation program, the nurse educators should schedule a meeting with the newly hired staff within the first three months into their new role. She thinks that it would be important to offer a learning environment by providing novice nurse the opportunity to meet in a class room-like setting that assists them with their critical thinking skills that can be further enhanced through the discussion of realistic case scenarios and review of rationale for their answers. She explained,

> in the orientation, they have some classes where they orient the person. For example, if you see this thing with your resident, this is what you should do. I believe that we could just put a couple of clinical situations that we have in our institution and put it in the paper as clinical situations for the new staff. The first time we want to just think about this clinical situation. For example, you're in a clinical situation, the resident is doing this... What is your plan? What is your thinking about the situation? But bring these questions to them (within) the first couple of months that they are working because they know what type of disease there is, but how are they going to do with that? For example, urinary tract infections, obstruction of the intestines. Maybe we should have at least 10 clinical situations of these type of things that we see every day, put it in the paper and create a class for them for the first three months. When they're hired in the long-term care facility, you should put the exact things that we can see in the long-term care facility for them. so that they can be ready when they see something like this on the unit when they are alone, they can manage that situation.

Roxanne stated that she had good critical thinking skills prior to working in the LTCF and responded as follows:

> I research the information and clarify the findings with the nurse educator or the doctor; I always try to be up to date for the medication that I'm giving to the resident or on a disease. I check to see what that disease is and where is it coming from. There was a resident that had a very rare musculoskeletal disease, and nobody knows the reason that the person got this disease. I always stay up-to-date all the people should stay up-to-date about anything.

Skills Mastered

Roxanne stated that based on her professional knowledge and experiences she felt that she has mastered good leadership skills:

> Leadership which I feel is important, knowledge and experience.

Pre-Service Training Needs

Roxanne wished she had received training in geriatric mental health prior to working at the LTC facility, and responded:

> Psychiatric and mental [aspects] because now we have different types of residents, and most of them have depression, and most of them have it in their family…. because they don't really pay attention to that part during the orientation.

Summary

Since Roxanne had experiences working as an RN in Iran which involved teaching, she had a smoother transition than many of the participants of my study. Yet she was not fully confident when she started working in an LTC facility as a BScN. Her confidence grew as she gained experience working with various ethnicities and learning the intricacies of the various cultures of her colleagues. She was able to think critically and had good practical skills such as manipulating the medical equipment. Based on her experience with the novice nurses from the university, she feels that they are more knowledgeable and better equipped to think critically because their teachers must possess greater critical thinking skills and be able to transmit that advanced knowledge to their students. In contrast, she feels that the CEGEP nurses are less

knowledgeable as, in her opinion, university professors tend to be more knowledgeable due to their more rigorous educational background. They may be able to come up with various explanations to a single problem. This breadth of knowledge is often coupled with critical thinking skills that allow the professional to make the right decisions or prioritize, create a step-by-step plan to elicit the best outcome for the patient. Roxanne suggests that the orientation program provided by the LTC facility should continue their method of incorporating both theory and practice with case-like scenarios at the beginning of the orientation. In addition, after the nurses have time to integrate into the clinical setting, they should have an additional day of training that involves case scenarios that mimic the realities of the units. Roxanne encourages the nurse educators to offer critical thinking courses to help integrate the new nurses to the LTC setting. She also encourages new nurses to be assertive, ask questions, always be aware of the patients' condition, and be informed about new medications and most recent best practices guidelines. She is passionate about communication skills especially in relation to experienced nurses versus new nurses.

Fredrick

Fredrick has been working in the LTC facility as a BScN for one year. He obtained a BScN from a university in Cameroon with a General Certificate of Education and worked there for 15 years prior to moving with his wife and six children to Canada in pursuit of a career in nursing. In order to obtain the equivalence of a BScN, the OIIQ required Fredrick to successfully complete a six-month integration program at a CEGEP in Montreal. Unlike most others who need to write the NCLEX-RN exam. Upon the completion of the integration program Fredrick didn't need to because he was exempt. He chose to complete said program at a similar LTC facility while working as a PAB for one year in the LTC facility in Montreal. Frederick was

familiar with working with geriatric residents as he worked with them in his country. However, according to Fredrick, the geriatric residents are in better health and the lifespan in Canada is longer than that of a person living in Cameroon. He argues that there is a higher percentage of the elderly living with Alzheimer's in Canada than in Cameroon simply because Alzheimer's disease is better diagnosed and managed.

Educational Status

Fredrick states that when he was living in Cameroon, he took a specialized course on the aging population and describes his educational needs as follows:

> I think I was adequately prepared, but then Cameroon and Canada are two different countries and the contexts are different…teaching in Canada and teaching in my country are different. Teaching in my country was more oriented towards the aging population

Regarding his experiences transitioning from one country to the other, Fredrick stated:

> My clinical rotation was part of the requirements of the integration program. The order of Nursing had already granted me the equivalent of a BAC nurse; I had to learn how to function as a nurse in Canada

Fredrick believes he has benefited from his experiences obtained from the integration program:

> I went to the integration program at a CEGEP in Montreal.... the program was geared to the reality of here in Canada and Quebec. During that time, we had different rotations concerning different health issues that are not common in my place of origin. The integration program is a special program that's geared towards the foreign nurses' experience to help integrate them to the country that they are working in.

Schooling Type and Work Preparedness

When asked what his teachers did in the clinical rotation to help or hinder his growth as a nurse, Fredrick stated that he had a positive clinical rotation because the teachers were accessible, and he obtained experiences from various clinical settings described as follows:

> At the end of the clinical rotation, we have to work in the geriatric setting I did it at (a similar) LTC facility. For medicine and surgery, we did it mostly at an acute care hospital; we were exposed to the critical conditions in an acute care, and when it came to the geriatric care, we did it at an LTC.

Experiences as a Novice Nurse

Fredrick states that rather than guiding the new nurses, many staff focus on the errors that are made. He continues:

> [As] for the positive, people are willing to help you, and the resource persons are available in particular when it comes to documentation. But the negative experiences are when people are not prepared to work.

Fredrick's experience changed positively overtime as the nurses became more familiar with him and how he worked; he explains:

> Especially some people wanted to check on everything that [I was] doing, but within time they realize that they understand you, and then they even ask for your opinion or expertise on preforming certain procedures. Especially when it came to certain situation with residents whose condition is deteriorating, when I first started, [the staff] did not even want me to try, but when I tried it I succeeded. We all have to go through some sort of initiation.

Orientation Program at the LTCF

Fredrick talks about the online nursing application, institutional policies and how it helped him provide care as per best practice guidelines to the residents:

> I think …the orientation that was provided and having people around you to consult is an asset. We also have a good set of instructions that you can go online in order to perform certain nursing procedures. I'll give you an example: The other day, the nurse that was giving the nurse educator the report on my clinical performance told me I did not do anything and why I left everything to the day shift. She was so busy trying to make me look bad that she thought that I could not explain the condition to them, but I had researched the information online and I knew what I was talking about. Now that I'm working in the night and we sometimes don't have enough time to finish the work, I try to do the best I can and work according to priority...I say to myself "what else do I have to

> do?" I have to do the documentation, but I do not always have time to document information in the resident's chart. So I decide to just give a verbal report. so, when the next shift comes in, I explain to them exactly what I have done... The nurse told me that there was a protocol that I did not do…. Sometimes even if you follow the institutional protocol, they attack you… but when I went over the institutional policy, I realized what I did was right, so I didn't want to say anything so I just left it like that.

Experiences with the Multidisciplinary Team

When asked about his experiences with the multidisciplinary team Fredrick responded**,**

> The relationship is good…. when I started working from a PAB to an RN, some of the staff didn't understand that, coming from a different setting, there are so many things that you have to learn, and they have to guide you. Some people are looking at what you're doing and pinpoint your weak points. They never want to talk about your strong points, some people are just there to see your weak point…. For example, [they say] "this chart you didn't do this, and this chart you didn't do that...", but as a whole the relationship was encouraging...

Accessibility of Resource Person/Mentor

Initially Fredrick did not realize that he had access to a clinical resource person. In response to this question, he answered,

> We had two resource persons. The unfortunate thing is that when we were doing the orientation, it didn't occur to me that, if any of us were having any difficulties, we could refer to the nurse educators because when I had issues... I didn't know that I could refer to them... I didn't realize that we could go directly to the nurse educators' office and ask questions…. When I had an issue, I saw one of the nurse educators in the hallway, and she immediately took me to a room and explained the procedure to me... I didn't realize I had access to the resource person at any time...

Fredrick described his major challenges as a novice nurse as not having enough time to finish his task prior to handing over the report:

> My challenges come with time management. Most of the time, I am working the night shift, but then when it gets towards the ending of the shift especially around 5 or 6 [a.m.], you have medications, flush the PICC line that just blocked, and somebody has chest pain; I'm thinking heart attack. [Once] when I called the coordinator, and she came up to the unit and saw the condition, she said I had to call the doctor. At the same time, I had

to take a blood sugar from a different patient... but then I just called the doctor, and I have to be around the nursing office to receive the doctor's call. Do I ask the other nursing staff to wait by the nursing office so that they can receive the doctor's call?

Pursuing Higher Education

With regard to pursing higher education he said,

It does not affect me anymore because … having degrees is a major achievement in my country particularly among my group of friends. We were the very first people to obtain a Bachelor's degree, and I cherished it... I don't cherish it anymore because it's time to make money.

Perception of an Effective Orientation Program for New Nurses

Fredrick responded:

The educational strategies should be taught from during orientation, from the minute the new employee comes to the unit. Give them the opportunity to figure it out before doing it to for them because in that way they will learn, and they will not make the same mistake again... or ask them when there is this problem, what their reaction would be and then explain how it works… It will be easier for them to retain what they have learned than what is explained in the books.

Fredrick had a few suggestions to incorporate in the orientation program. He said,

If I have to give a recommendation, I would like to say that the orientation should be geared towards what you normally see on the units. They should make the orientation geared towards a particular procedure, have the new nurses watch something that you don't normally see on the units. We should go to the units and see first-hand the things that you don't normally expect to see. The orientation should be geared towards different units and procedures, dementia, cardiac, care of biliary tubes. [We need to learn about] different structures/facilities within the LTC environments; just because you're working at one site doesn't mean that you should do your orientation at that site. You should be offered [the orientation] at other sites so that you can gain experience not only where you're working but experience in general.

LTC Preparation for Practical Skills

When asked how the LTC could improve the skills of the new nurses he responded,

> The critical thinking obviously has come with time. Initially, when I started this was not something that was common practice for me. I realized that I was the resource person when I did my rounds. If there weren't the nurse educators, the head nurse or the nurse that I did my orientation with, I would have to rely on myself. Once there was a situation where someone had coded and the EKG was done. Looking at it did not make any sense to me, and nobody could read it. But when the head nurse came and saw it, he said that this is an emergency and that we have to call the doctor because the patient has to be sent to the (acute care center). My head nurse called the doctor to say that the ambulance is on the way. So when [the head nurse] talked to the doctor, the doctor confirmed what my head nurse was expecting. At any moment, I can do the EKG, but it's the interpretation that is a problem. Even the last one that I did, I had to print it and send it to the doctor so that he could interpret the results... [nurses are required to detect abnormalities and appropriate interventions]. So, if I had the basic knowledge of what was happening, that would have been good. So that is an area that I need more training in because I'm really lacking [the skills].

LTC Preparation for Problem-Solving and Critical Thinking

Fredrick states that the new nurses should be able to rely on the multidisciplinary team to help them with their critical thinking skills and responded with the following:

> It takes teamwork, exchanging information with the multidisciplinary team so you need people that you can rely on, people that are accessible to guide you in your critical thinking skills. In that way you're able to see the bigger picture.

Skills Lacking

When asked if there are any nursing skills that he is lacking in Fredrick stated,

> I have skills, and I know that if I have doubt there's documents that I can refer to.

Skills Mastered

Fredrick expressed confidence in his other abilities as well:

> I would like to think [that] my critical thinking skill and dexterity are good. With the support of my colleagues, I can come up with a solution.

Pre-Service Training Needs

Fredrick wished that he had more training in geriatric mental health prior to entering the workforce:

> The area that I had wished that I received more training is on how to manage certain behaviors and physiological disorders of the elderly…and the health issues that I was talking about with regards to the cardiac issues, especially when taking the EKG and reading it.

Summary

Fredrick has knowledge and experience in geriatric nursing from Cameroon, but he feels that his experience did not prepare him to work in a LTC facility. According to Fredrick, education combined with the collaboration of the members of the multidisciplinary team in the LTC facility are integral in preparing new nurses to better problem solve. In addition, to fine tune the novice nurses critical thinking skills, Fredrick states that the employer has an obligation to expose the novice nurse to different mandates within the various affiliates of LTC allowing them to learn on their own. In addition, he asserts that the novice nurse will have many new challenges to face and fears to overcome prior to becoming a proficient nurse. Thus, they should be ready to go through what he describes as a rite of initiation as he feels that the staff seems to look for errors in documentation and procedures.

He describes the staff as mistrustful at first, but that with time, they accept and respect the new nurse. When it comes to the orientation program, similar to Alison and Roxanne, Fredrick feels that more emphasis should be placed on unit-based learning with an actual resident where the novice nurse can have hands-on experience. He states that the novice nurse will be more confident if exposed to different clinical situations on the unit in a safe platform in order to learn about common cases specific to a LTC facility that he or she will likely not have encountered in

a tradition class room setting. Similar to Silvia and Roxanne, new nurses rely on their assessment and critical thinking skills that often cannot be found in books.

Chapter Four: Discussion and Recommendations

The purpose of this research was to investigate potential strengths in the different competency areas of the nursing profession: namely, between CEGEP trained and Bachelor degree-holding nurses.This study was designed to examine what their clinical experiences are, what critical decision making and technical skills they have and how better to meet their learning needs to provide an optimal orientation program in a LTCF in Montreal. I chose to write my thesis on this subject as it encompasses challenges experienced by nurses specifically in relation to LTCFs in Montreal regardless of which education path they choose to enter the profession.

This topic deeply relates to my experiences in my career as a clinical nurse consultant and a teacher as I wish to tailor the orientation program I offer to support novice nurses to their needs as they transition into the workforce. Therefore, I wanted to gather personal narratives about whether the newly hired nurses were well-prepared for the profession and how to improve the quality of training provided to our new nurses. According to the nurses I interview, both CEGEP and bachelor trained nurses had an equally difficult time integrating into the LTC setting than the nurses who had obtained various clinical experiences prior to working in a LTC facility. Within the two groups, we have participants who had been nurses or even clinical nurses before entering the LTC facility. In this qualitative study, the nurses who had experience working within the LTC setting in Montreal had an easier time integrating to the environment.

The research questions that guided the interviews are:

1. How did the entry level competency of CEGEP nursing diploma program prepare you for the workforce in Montreal?

2. How did the entry level competency of the bachelor's degree in nursing prepare you for the workforce in Montreal?
3. Do you feel that your employer supported you in integrating to the clinical setting?

Discussion

The discussion of the results of this study will be presented according to the nineteen themes present in the interviews, and will be analyzed according to the order in which they appeared in the results section.

Educational Status

The seven participants agreed that regardless of the mode of entry into the RN profession, their education did not fully prepare them to work as an RN in an LTC facility. The newly-trained RNs' sense of unpreparedness resulted from their lack of experience and proficiency in daily tasks and the requirement to oversee that the workers on the unit were providing appropriate care to the residents. Their difficulty stemmed mainly from being preoccupied with both prioritizing their workload and learning new skill sets simultaneously. Silvia's response appeared to best summarize the narratives of all the participants:

> CEGEP/school provides the basic requirements to become a nurse; however, the nursing profession is constantly evolving requiring the nurse to learn new skills. Thus, the onus is on the novice nurse to gain more experience/knowledge either through self-directed learning or higher education while simultaneously making sure that the unit functions well.

Experiences as a Novice Nurse

The participants of this interview stated that when they started working in the LTC facility in Montreal, their team leading skills were constantly being challenged as those nurses who had more seniority at the sites did not feel that they acquired enough experience to lead and would

voice that to the resident and their families causing doubt in the new employees' abilities to work as a nurse.

Orientation Program at the LTCF

Irrespective of the mode of entry into the nursing profession, the CEGEP or University curriculum provides only the basic tools for practicing as a registered nurse. The participants expressed that CEGEPs provide more hands-on experience whereas universities provide more opportunities for a nurse to master her critical thinking skills. Consequently, regardless of the mode of entry into the profession, the newly-trained RN enters the profession with weaknesses in skill depending on which educational path they have chosen. The RNs not only have to function but function equally well in terms of critical thinking and hands on experience. That said, many institutions where the nurses are newly hired offer an orientation program to familiarize the nurses with the institutional policies, procedures and daily routines.

In the case of this LTC facility in Montreal, the participants felt that the orientation program provided was not long enough and needed to be restructured to allow an extended time for the nurses to master their craft whether it is manipulating equipment, fine tuning their critical thinking skills or becoming familiar with the functioning of the unit. The majority agreed that the nurse needs to be oriented to the shift and specific unit that they will eventually work on after the training. The interviewed nurses believe that a unit-specific orientation or training will help forge a trusting relationship with their colleagues, residents and their family

Experiences with the Multidisciplinary Team

Nurses are an integral part of the multidisciplinary team comprised of professionals; thus, it can be intimidating for a new CEGEP nurse to work within that construct particularly when

most of its members stipulate that the minimum mode of entry into the profession is a bachelor's degree. Furthermore, both CEGEP and university nurses are expected to equally contribute to the team and function like an experienced nurse. The goal is to establish a plan for management of the residents' disease process, in collaboration with the multidisciplinary team members that is consistent with individual and family goals for a better outcome. This goal is easily reached when the staff has a good rapport with the resident and family. In the LTC facility in Montreal, the turnover rate for employees and residents is low. In concrete terms, many of the same professionals and non-professionals have been working in the LTC facility in Montreal for over twenty years, and many of the residents have been living there for over ten years. Thus, there is a strong camaraderie between the staff, residents and their families, which makes it difficult for some of the new staff to be readily accepted.

The participants in this interview felt that at first many of the subordinate staff and colleagues did not feel that the new nurses were qualified to be a TL as they did not have enough experience. They would not only question the judgment of the newly trained nurses but also encourage the family members to display a similar attitude towards them. The employees, residents and their family became more confident with the novice nurse's decisions as the nurses proved themselves capable. Fredrick spoke about the issue of the multidisciplinary team resident and family being reluctant to trusting the judgment of the new staff and called it "a rite of initiation".

Accessibility of Resource Person/Mentor

All the participants agreed that whether it was with a fellow RN, head nurse, nurse coordinator or educator, they were able to forge at least one professional relationship with a

colleague who guided them to become the expert nurses that they currently consider themselves to be.

Pursuing Higher Education

The Quebec nurses code of ethics stipulates that the onus is on the RN to keep abreast of best practice guidelines: The nurses are responsible "to maintain and update their knowledge and skills and to take account of evidence-based data and best practices" (OIIQ, 2021). All of the participants in this interview recognize that their knowledge must continually evolve. In fact, Alison, Claudia and Maria feel pressure from their colleagues to purse higher education as they are young and should go back to school. Additionally, Gordon, Silvia and Roxanne felt pressure from within to pursue a higher education as they were used to a higher economic status in their country of birth. One participant stated that he spent too much time pursuing his education and just wanted to earn money.

Perception of an Effective Orientation Program for New Nurses

The majority of the participants agreed that the orientation program provided by the LTC facility in Montreal needed to be restructured to include more orientation days as it did not allow enough time to learn how to work as a TL. Being a TL not only involves overseeing the daily functioning of the unit such as making sure that medical and non-medical supplies are readily available and functioning but also overseeing that each member of the team is doing their daily task. In addition, TLs need to reassign staff when necessary in order to provide continuity of care to the resident and know how to critically assess patients to provide an optimum outcome.

The orientation program provided by the LTC facility in Montreal assumes that the nurse has acquired basic theoretical and practical knowledge, but the narratives produced by this study

suggest otherwise. Orientation is geared towards the nurse already functioning at the establishment which includes knowing the model of care, nursing policies and procedures, how to use the tools and where to locate the medical equipment's such as EKG and IV machines.

The TL has to be independent, resourceful, hands-on and knowledgeable about the manipulation of medical equipment. These expectations can be intimidating for a new nurse particularity when the colleagues and subordinate employees are older and have many years of experience working in an LTC facility. For a novice nurse transitioning from theory to a competent nurse can take upwards to one year (Casey et al., 2004). However, the LTC facility in Montreal does not have the budget to offer a longer orientation program. The nurses are registered and pay the order of nurses that verifies their status; thus, it is not the LTC facilities' responsibility to teach how to be a nurse.

In terms of how the LTC can prepare both CEGEP and bachelor degree nurses to have better practical and critical thinking skills, the majority of the participants were introspective, offering inspirational ideas on how to achieve an optimal orientation program. Alison and Silvia believe that the nursing orientation should take place on the same unit and shift that the new employee will eventually be assigned to the same unit. Irrespective of the mode of entry to the nursing profession Gordon, Roxanne and Fredrick believe that the employer needs to offer more training on both practical and critical thinking skills ether in a classroom or on a unit/clinical setting. Furthermore, Fredrick believes that to become familiar with different disease processes and the diverse levels of care needed for the individual residents, the new employee should be exposed to various missions affiliated within the LTC facility in Montreal whereas Silvia claims the onus is on the nurse to obtain experience in critical and practical skills. In my opinion, Silvia makes a salient point in arguing that nurses in long-term care should be experienced. But given

the lack of nurses, it is not feasible to expect that. The novice nurses have no choice, so they need to be better supported.

When I first started nursing, many LTC facilities in Montreal were not hiring novice nurses as they wanted them to have at least two years' experience in an acute care hospital prior to embarking on the responsibilities of at TL. The intent was for the novice nurse to be exposed to various disease processed and fine-tune their critical thinking and practical skills. In other words, they were hiring experienced nurses. Currently, this practice is difficult for the LTC facility to maintain as there is a shortage of nurses. Nurses generally seek employment in an acute care center where there are more experienced nurses that can support nurses in general and where the nurse to patient ratio is lower. In an effort to recruit bachelor-trained or CEGEP-trained nurses, the LTC facility in Montreal offers guaranteed part-time positions with the possibility of working full time and in-depth orientation programs to help integrate them into the clinical setting. However, according to the participants interviewed, neither their theoretical training nor their practical training is long enough.

The participants gave their individual recollection of their experiences as novice nurses guided by the interview questions. The majority of the participants agreed that the new nurses should receive orientation on the shift and unit that they will eventually be assigned to. Others agreed that it should occur on different units and that it would be beneficial to have a list of the contact numbers indicating the responsible member of the multidisciplinary for the respective units. In terms of content that should be included within the allotted orientation days, the participants agreed that the current overview on clinical procedures is useful; however, a presentation indicating the most common clinical procedures found on each units including the

contingency plan to follow in case of shortage of staff and what to do in case of an emergency code would enrich their leadership skills.

Ideally, this should be taught on the unit by the preceptor that conducts the orientation on the units; however, the preceptors are not relieved of their daily task, so they cannot devote their time to give a thorough orientation on all policy and procedures to the new employee. The resounding theme noted is that the novice nurse should be trained on the electronic database termed SICHELD prior to working on the units; hence, they can create the Therapeutic Nursing Care Plan (TNP) as mandated by the nursing order. One participant cited that the new nurse needs to be open to the guidance from experience nurses. Another suggestion was that the new nurse should be more proactive. Simultaneously, the experience nurse should not rush to do things for the new staff; rather, they should be given the opportunity to learn on their own and be prepared to justify their actions, which will promote the novice nurse's much needed critical thinking skills.

Skills Lacking and Skills Mastered

Many of the participants were able to learn practical skills on their own or through peer to peer teaching. For example, Claudia, Gordon and Silvia would often consult the MSI online best practice nursing guideline website to familiarize themselves with certain procedures or they would learn how to perform the procedure with the help of their newly hired colleagues. However, when analyzing the individual interviews, a common theme was noted. Irrespective of the mode of entry to the profession or the overall years of experience working as a nurse in another country, the majority of the participants were not prepared to work as a TL in a LTC facility. Mainly, they did not have enough experience and expertise in a LTC to be a leader. Being a leader is not a natural occurrence for many individuals. Consequently, not only is there

an ongoing need for scholarly books written on leadership, but there are many institutions such as the LTC facility in Montreal that recognize the importance of having ongoing seminars on leadership to empower both new and experienced workers on effective leadership within the work environment.

Pre-Service Training Needs

Many of the participants agreed that the university and collegial curriculum gives the basic skills to become a nurse. Many of the participants discussed the challenges with associating each disease process according to what is denoted in the assigned textbooks. They realized that each disease process can present with atypical signs and symptoms that are not commonly written in the textbooks; thus, a nurse would need to acquire that knowledge through experience. Furthermore, many of the new employees stressed that they needed more training on comprehensive assessment of wound healing, due to the comorbidity of some residents and the fact that some of them have poor appetite and are prone to breakdown in skin integrity. The majority of the participants agreed that more emphasis should be placed on wound care, tools, and courses on how to be an effective systemic leader should be incorporated in the orientation program.

Implications

The results of the study suggest that the nurse educators that work within the LTC facility in Montreal have to restructure its orientation program to accommodate the weakness and strength of each novice nurse and adapt the learning activities to promote engagement and understanding of the material presented to them. The structure of the orientation program can be easily adapted with the current budget of the institution to include components of Filler and Kiruchuk's (2015) peer-to-peer learning and engagement philosophy throughout the three days. But the application

of these theories depends on the individual experiences and the educational need of the novice nurse: It should not be taken for granted that within the orientation group there will always be a mixture of CEGEP and bachelor's-degree-holding nurses as mentioned earlier in this paper.

Many novice nurses prefer to work in an acute care center as there is more opportunity to be exposed to acute situations that require the use of advance critical thinking skills and manipulation of high technological equipment under the guidance of many experienced nurses. Given the lack of nurses and interest, fewer come into LTCF with experience. The LTC facility in Montreal recruits many internationally educated nurses that have experience in an acute care center in their country of origin. That said, the Ministry of Education may grant them equivalent of a CEGEP or bachelor-degree-holding nurse upon the completion of the integration program; however, it does not prepare them for the complexities of working in the LTC facility in Montreal.

Based on the educational background of the participants in the orientation program, having them create and practice realistic case scenarios may enhance the critical thinking ability and the technical skills. Each group can have a member of at least one CEGEP and one bachelor-degree-holding nurse. The groups will exchange their scenarios with other groups, answer the questions and later discuss the case scenarios within the larger group.

The novice nurses that have experience in critical thinking skills would be paired with the novice nurse who have experience both in manipulating medical equipment's and preforming various nursing procedures. Therefore, each novice nurse becomes the MKO based on their skills set, and the third day with the nurse educators should include a section to see how well the novice nurse integrates theory into guidance of an MKO. The nurse educators and the preceptors are ideally placed to help the novice nurse make a link between their experience and reality such

as executing good critical thinking skills and the need to know which medical equipment is needed based on the clinical presentation of the resident. Ideally the seven hour SICHELD training should be given after the three-day orientation with the nurse educators. However, the LTC facility does not always hire enough nurses to fill the classroom which should contain a minimum of four nurses. These modifications could render the orientation more efficient and in turn leave the novice nurses with a sense of confidence and clarity.

Toward a Revised Partnership between Academic Nurse Educators and LTC Nurse Educators

CEGEP and universities have the responsibility to ensure that nurses that graduate from their institution have the tools to build on their knowledge and skills in order to make discretionary judgments (Chenoweth, 1998). The school curriculum needs to include more courses and clinical practice on geriatric nursing. However, as mentioned earlier in this paper, due to limited exposure to LTC clinical settings there is a gap between theoretical knowledge and clinical practice which hinders the smooth transition to the clinical setting. During clinical rotation in a long- term care setting more emphasis should be placed on acquiring critical thinking and practical skills, with more opportunities to reflect on what was taught. Additionally, in order for a novice nurse to be efficient in their job, in addition to being exposed to leadership courses they need to acquire the skills to make them, comfortable and confident with their newfound knowledge.

This training can be enhanced with a revised partnership between the academic nurse educators and the nurse educators in the LTC facility in Montreal. Normally the instructor is responsible to oversee the success of all their students; with this revised partnership the TL can closely oversee an individual student with the support of the instructor. Loosely referencing the

study done by Ehrenberg and Häggblom (2007) unlike the tradition method of stage where the teacher is on site with a group of students and is responsible for the residents that the student is assigned to, the teacher must remain responsible for her group of students. However, the individual student can be paired with an experienced nurse who will be able to teach them about what being a TL entails and the personalized services and greater expertise required from a gerontological nurse.

Feasibility of Current Recommendations

In addition to creating a revised partnership between the academic nurse educators and the nurse educators at the LTC, the facility needs to make improvements to its current orientation program to support professional development by creating more opportunities for the novice nurse to fine tune their critical thinking skills. It has been established that the LTC facility in Montreal needs to support the novice nurses critical thinking and practical skills. However, this restructuring must be done within the current LTC nursing budget which does not include funds for additional days of orientation. As a solution, a few hours can be set aside for a lecture on leadership skills specific to the organizational structure of LTC without compromising the learning session plan needed to be obtained prior to working on the unit in order to provide safe and quality care to the residents.

Secondly, Fillier and Kirychuk's (2015) philosophy of peer-to-peer learning can easily be incorporated throughout the three-day orientation with the nurse educators. This restructuring needs to extend to the preceptors on the units and will allow opportunity for the novice nurse to exchange knowledge with her fellow novice colleague in order to reflect on clinical work experience and be an effective leader with the support of the preceptor and nurse educator.

Future Directions

We have a large percentage of nursing personnel that have had their education in other countries than Canada. Four of the seven nurses interviewed not only had experience working as an RN in another country, but two of them had a master's in nursing and had experience teaching the nursing curriculum in their respective country. One would think that having acute nursing experience would prepare the nurses to work in any environment. However, in the individual interviews, each participant expressed that they were not prepared or did not have enough experience to work as a TL in a LTC facility, which involved being in charge of the nursing staff, residents and the functioning of the unit. Additionally, service providers should be cognizant of the fact that many elderly patients may have multiple co-morbidities and present atypical signs and symptoms of their disease process that only a gerontological nurse may recognize and deliver care accordingly.

Contribution to Existing Literature

There are many published studies about the graduate nurses' transition from an educational setting to a health care facility (Casey, Fink, Krugman, & Propst, 2004) and the narratives of their challenging experiences "where expectations are to rapidly function as a competent nurse" (p.303). The pivotal theme that emerged from this/my qualitative research supports previous studies that stipulate the initial training received from an educational program including prior acute care experiences is not sufficient for a novice nurse to be able to work independently in a LTC facility where its particularities demand a higher degree of expertise

from the nurses in delivery of patient care. This expertise in care can only occur with exposure to clinical practice which builds confidence. One of the participants echoed this notion by stating that the new nurse should be given a chance to learn through trial and error.

According to Ortiz (2016), "new graduate nurses must experience both positive and negative circumstances in order to move toward the attainment of professional confidence" (p. 19). Likewise, being aware of the struggles of novice nurses, the CEGEP and universities have an obligation to change the structure of the school curriculum to "support the development of professional confidence" (p.19), and nurse educators in the LTC setting are ideally placed to support the novice nurse future learning needs. It is common knowledge among the nursing professionals in my network that novice nurses should not be expected to feel confident or skilled until they have completed at least 6 months to one year of experience on the unit, which goes hand in hand with the findings of Kaddoura (2013) and Ortiz (2016).

Potential Challenges

The nurse educator who conducts the training must be spontaneous and flexible with her schedule as well as the structure and content of the lesson plan for the efficacy of the revised orientation program. During the three-day orientation, we have a mixture of CEGEP, bachelor's-degree-holding and licensed practical nurses (LPN). Depending on the need of the institution, it's never a given that the majority of the participants of the three-day orientation with the nurse educators will be predominately RNs. Moreover, the work experiences that the nurse has is often divulged by the new employee on the first day of orientation, which can range from being a fully novice nurse to working in an acute care center in Montreal to working as an RN in another country. Not excluded are the LPNs who were practicing as an RN in another country prior to arriving in Canada but have been granted by the Ministry of Education the equivalent of an LPN

to work in Canada. Nevertheless, peer-to-peer learning can be adaptable for all novice nurses' learning needs. They can still create case scenarios which test critical thinking ability and technical skills. Due to our current nursing shortages of RNs, it may be difficult to liberate preceptors from their daily tasks in order to devote their time to properly orient the novice nurse to the unit. This makes it hard for the novice nurse to routinely practice the philosophies of peer-to-peer learning and engagement as their newly hired colleague may be scheduled for another unit or shift.

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Appendices

Appendix A

Contact Consent Form

I, _____ (Print full name)

agree to be contacted by Angela Palmer, the researcher for the study

"Transitioning from Theory into Practise in the Nursing profession: Challenges experienced by nurses with a CEGEP and Bachelor's Degree in a Long-term Care Facility in Montreal" to schedule the interview.

Contact information:

Telephone number: _____

Home address: _____

_____

E-mail address: _____

Signature: _____

Date: _____

Appendix B

Consent Form

Transitioning from theory into practice in the nursing profession: Challenges experienced by nurses with a CEGEP and Bachelor's Degree in a long-term care facility in Montreal

This is to state that I agree to participate in a program of research being conducted by Angela Palmer. Educational Studies, Department of Education, Concordia University: 514 726-7195 or 514.483-2121. ext. 2335 or email palmerjarvis@msn.com under the supervision of professor Arpi Hamalian, Department of Educational Studies of Concordia University.

PURPOSE

I have been informed that the purpose of this voluntary study is to gain an understanding of the different challenges faced by a novice nurse with a Bachelor's Degree compared to the novice nurse with a College Degree both of whom are currently working in a LTCF.

PROCEDURES

I understand I will be interviewed once, for a period of 60 minutes. The interview will be audio-taped and will be conducted at a place mutually agreed upon by researcher and participant. It will be conducted in a mutually agreed location in Montreal. My real name will not be used in the write-up of the study; a pseudonym will be given to me and every effort will be made to keep my name confidential. After the study is completed all the audio tapes and notes from the interviews will be stored safely either in a locked cupboard or on my computer at home

RISKS AND BENEFITS

I understand that the risk to the participants in the study will be minimal. The benefit may be that through their story, an orientation program will be designed for future novice nurses that takes into account their educational background and/or makes recommendations for the orientation and preceptorship program.

CONDITIONS OF PARTICIPATION

I understand that I am free to withdraw my consent and discontinue my participation at any time without negative consequences.

I understand that my participation in this study is CONFIDENTIAL (i.e., the researcher will know but will not disclose my identity). The tape of the interview, along with the names of participants will be kept in a locked cabinet in the home of the researcher until no longer needed, and destroyed at that time. All information and data obtained from participants during recruitment and interviews will be used for research purposes ONLY, and will not be shared with nurse managers, supervisors or members of any professional order.

All data obtained during interviews will be used for research purposes ONLY.

I understand that I have the right to approve the transcribed interview from the audiotape. The researcher will share the transcription within a month of the interview with me and I will return the document with any comments and revisions that I may have, within two weeks of receipt of the transcription.

I understand that the data from this study may be published.

I HAVE CAREFULLY STUDIED THE ABOVE AND UNDERSTAND THIS AGREEMENT.
I FREELY CONSENT AND VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY.

NAME (please print) _____

SIGNATURE _____

DATE _____

If at any time, you have questions about the research, please contact the study's Principal investigator, Angela Palmer, Concordia University, 514 726-7195, palmerjarvis@msn.com or Faculty Supervisor, Professor Arpi Hamalian, Department of Educational Studies, Concordia University, 514.848.2424 ex.2014 or arpi.hamalian@sympatico.ca . If at any time you have questions about your rights as a research participant, please contact Research Ethics and Compliance Officer, Concordia University, at (514) 848-2424 x7481 or by email at ethics@alcor.concordia.

Appendix C

Demographic Data

Name: _____

Gender: _____

Title: _____

Country of birth: _____

Number of years living in Canada: _____

Educational status: _____

Length of time as an RN_____

Length of time as RN/team leader in LTC: _____

Do you work part or full-time in the LTCF? : _____

Appendix D

Draft Research and Interview Questions

Introductory questions:

-How long have you been working as a registered nurse?

-Tell me about your educational background.

-How long have you been working in LTC?

-Is nursing your first job and is working in LTCF your first job as a nurse?

-How has nursing school prepared you for practice in a LTCF?

-What made you choose to work in a LTCF?

-When you started working did you feel that you had sufficient knowledge to practice as a team leader in LTC?

Primary Research Question 1:

How did the entry-level competency of CEGEP nursing diploma program prepare you for the workforce in Montreal?

Secondary Research Questions:

-Did you feel that you were adequately prepared by the CEGEP to practice as a team leader in a LTC?

-What did the teachers do in clinical rotation to help/hinder you to grow as a nurse?

-Tell me about your experience with the orientation program. Were you adequately prepared you to work autonomously on the unit?

-Describe your working relationship with the multidisciplinary team.

-Did you have a resource person / were they accessible?

-Describe any major challenges you experienced working on the unit as a team leader.

-Have you felt pressured to pursue higher education?

-What recommendations would you suggest to include in the orientation program to facilitate the transition of the new nurse to the units?

-How could the LTCF prepare you to better have the practical skills? IV insertions, blood taking etc.?

How could the LTCF prepare you to better problem-solve and think critically? In order to make the correct nursing diagnosis and treatment.

Have you attended the Quebec health ministry clinical assessment workshop? If so explain how it enhanced or hindered your nursing practice with respect to conducting a health assessment.

Primary Research Question 2:

How did the entry level competency of the bachelor's degree in nursing prepare you for the workforce in Montreal?

Secondary Research Questions:

Did you feel that you were adequately prepared by the university to practice as a team leader in a LTC?

-What did the teachers do in clinical rotation to help/hinder you to grow as a nurse?

-Tell me about your experience with the orientation program. Were you adequately prepared you to work autonomously on the unit?

-Describe your working relationship with the multidisciplinary team.

-Did you have a resource person / were they accessible?

-Describe any major challenges you experienced working on the unit as a team leader.

-Have you felt pressured to pursue higher education?

-What recommendations would you suggest to include in the orientation program to facilitate the transition of the new nurse to the units?

-How could the LTCF prepare you to better have the practical skills? IV insertions, blood taking etc.?

How could the LTCF prepare you to better problem-solve and think critically? In order to make the correct nursing diagnosis and treatment.

Have you attended the Quebec health ministry clinical assessment workshop? If so explain how it enhanced or hindered your nursing practice with respect to conducting a health assessment

Primary Research Question 3: Do you feel that your employer supported you in integrating to the clinical setting?

Secondary Research Questions:

-Do you feel you lack skills? If so, what are they?

-What are the skills you feel you readily possess for this job?

- In which area, would you wish to receive more training prior to entering the workforce?

-Give me some examples of positive or negative experiences you had in relation to being a new nurse on the unit.

-Did your experiences change over time?

-What educational strategies would you recommend be included in the orientation program to integrate a new employee to the LTCF?