Building Resilience in New Graduate RNs: Lessons Learned

Christopher Okamoto, BSN, RN, Jennifer Shamai, MS, RN, AOCNS®, NPD-BC™, Sara Caiazza, MHA, BSN, RN, CENP®, Liz Cooke, RN, PhD, AOCN®, PMHNP-BC™, AGPNP-BC®, and Jeannine M. Brant, PhD, APRN, AOCN®, FAAN

BACKGROUND: Transitioning into oncology practice can be challenging for new graduate RNs. High patient acuity, a steep learning curve, psychosocial challenges, and frequent patient deaths can be overwhelming.

OBJECTIVES: The purpose of this program was to provide resilience training for new graduate oncology nurses as part of an existing nurse residency program. Building resilience among oncology nurses was a primary goal during the COVID-19 pandemic and continues to be an important goal.

METHODS: Resilience training in this program consisted of didactic lectures, personalized goal setting, one-on-one mentoring, and a follow-up support group. Various measurement scales were used at baseline, 6 months, and 12 months to assess resilience, professional quality of life, and new graduate experience measures, including communication and organizational skills.

FINDINGS: Resilience significantly declined from baseline to six months; professional quality of life and new graduate experience measures also worsened. Some improvements in organizational skills and communication emerged at 12 months. Results indicate an ongoing need to consider extending nurse residency programs, resilience training, and support beyond the traditional one-year period.

NURSING EDUCATION ENCOURAGES MORE HANDS-ON AND EXPERIENTIAL learning that mimics simulated real-world scenarios (American Nurses Credentialing Center, n.d.). This approach is anticipated to help with the average 30%–50% nursing turnover rates by preparing nurses for demanding hospital practice environments and high patient acuity (National Academies of Sciences, Engineering, and Medicine, 2021). Nurse residency programs (NRPs) have emerged throughout the country to provide this hands-on learning, particularly for new graduate RNs (NGRNs) who do not have any prior nursing experience. These cohort-based programs include didactic and unit-based learning, usually during a 6- to 12-month period (Ackerson & Stiles, 2018; Aldosari et al., 2021).

NRPs have been found to improve nurse competency, confidence, communication, teamwork, gratitude, appreciation for nursing, and patient safety (Cline & Showalter, 2020; Fowler et al., 2018; Van Camp & Chappy, 2017). Increased nurse retention is another notable reported outcome of NRPs (Asber, 2019; Van Camp & Chappy, 2017). Although much literature suggests that NRPs improve the real-world transition into practice, consensus exists that NGRNs continue to experience a difficult and stressful transition into practice (Aldosari et al., 2021). This difficulty became even more apparent during the COVID-19 pandemic, and recovery since the start of the pandemic has been just as challenging (Alharbi et al., 2020; Smith et al., 2021).

Oncology nursing adds another layer of complexity and stress to NGRNs. A surplus of literature indicates that oncology nurses worldwide experience compassion fatigue, burnout, vicarious traumatization, and increased workplace stress (Partlak Günüşen et al., 2019; Taleghani et al., 2017; Wazqar, 2018; Wu et al., 2016). Oncology nurses are exposed to multiple patient deaths and can experience ongoing grief (Barbour, 2016). Therefore, in addition to the stressful transition into practice, oncology NGRNs are entering a high-stress specialty field of nursing (Labrague & McEnroe-Petitte, 2018; Li & Hasson, 2020).

Background

Resilience has emerged in the literature as a possible means to combat stress in nurses and in nursing students. *Workplace resilience* is defined as a dynamic process in which an individual is faced with workplace adversity and adapts positively by using effective strategies to bounce back and overcome the adversity (Forbes & Fikretoglu, 2018). Resilience is a skill that can be learned and mastered, rather than a trait that is unique to certain individuals (Hlubocky et al., 2017).