

# Stories for SAFETY

Sharing the evidence about nursing and patient safety

## LOOKING FOR EXPERIENCED HEADS ON YOUNG SHOULDERS

New nurses are assertive patient advocates and equally outspoken on their own behalf – focused on their careers and choosing jobs based on what an employer has to offer and how the work will add to their résumés.

They're also decision makers, up to date in all the latest skills and trained to work as active, equal members of a team – one observer calls them “the Sesame Street generation.” What they are not, of course, is highly experienced. And employers across Canada are looking for ways to handle that problem.

“Some units have more than 50 percent of staff with less than two years’ experience,” says Mary Ellen Gurnham, chief nursing officer for Capital Health in Halifax. That lack of experience can be hazardous for patients – it’s experience, not textbooks, that tells you when a patient doesn’t look right or isn’t responding properly to a medicine.

Ms. Gurnham thinks working as a preceptor to support young nurses through critical moments early in their career is a wonderful way to keep late-career nurses in the workforce. “We are going to lose an awful lot of wisdom in the next eight years” as older nurses start retiring in large numbers, she says. “Their bodies are tired, their souls are tired, but they have a great deal of wisdom.”

Lightening the workload of some older nurses so they can act as preceptors to younger nurses would keep them on the job and keep that wisdom from being lost. “It would cost

extra money but it would create a safety net around patients.” The hard part, Ms. Gurnham says, will be negotiating the new hours with unions, because seniority alone does not make someone a good preceptor. Only some will be appropriate for the role.

Ms. Gurnham’s idea is one way for employers to ensure patients are cared for by experienced nurses, which is one of the recommendations in *Staffing for Safety*, an overview of research on nurse staffing and patient safety published by the Canadian Health Services Research Foundation. Evidence shows inexperienced nurses are associated with many adverse events in hospitals, and the report says employers should avoid relying on nurses who are unfamiliar with the patients or the organization’s practices.

But more and more new hires are nurses with little experience. As a prestigious provincial institution, the Children’s and Women’s Health Centre of British Columbia used to have its pick of experienced mid-career nurses when it needed to bolster staff, but the gap in the middle ranks of nursing means that’s no longer the case.

“A few years ago we moved to hiring mostly novice nurses who hadn’t had a chance to consolidate their skills yet,” says Heather Mass, chief of nursing at the centre. She was worried the new nurses were choosing to specialize before they became generalists – a particular problem because Children’s and Women’s is a training centre and more and more nurses are showing a tendency to move on to pediatric wards elsewhere in the province after a few years.



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Children's and Women's response was to create a nursing resource team. Nurses on resource teams work as substitutes, filling in on a variety of wards when people are off sick or on leave, or there are more patients than anticipated. Although at first its ranks were filled by nurses already on staff, it became a training and integration method for new nurses. (See also *Stories for Safety: The Nursing Resource Team – A Balancing Act Instead of a Band-Aid.*)

At that point, novices joined the team and were appraised as they worked. If gaps in their skills were noticed, they received more training in those areas. This let the hospital develop skills in its workers while reducing overtime hours and the use of agency nurses, both expensive ways to deal with temporary staff shortages.

Although the resource team would be an excellent tool for introducing all new nurses to the hospital, that hasn't been possible. This is partly because many nurses want to stay on

the team rather than moving into a permanent position on a unit, and partly because some managers resist the idea of having smaller permanent staffs on the wards regularly supplemented by team members.

However, Ms. Mass says new nurses are also supported by the "rapid response team," a group of specialists available to help with critically ill children from emergency to intensive care to recovery.

Anyone (not just the inexperienced) can summon the team when they have a problem with a patient. The first responder is always a nurse, one experienced in assessing patients. If needed, that nurse can call more members of the specialty team into play. "We tell people you can never get in trouble for calling the response team," Ms. Mass says. "You can get in trouble for not asking the question."