The Lived Experience of a New Graduate Nurse in High Fidelity Simulation: A Qualitative Pilot Study

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Introduction

Many nursing programs are utilizing patient simulation as a teaching strategy to prepare students to give safe patient care. At Cone Health, all new graduate nurses participate in a 3-4 month discipline-specific academy in order to provide a smooth transition from the role of student to a safely practicing nurse. The academies use high fidelity patient simulation as an important educational tool. Although there is a great deal of literature describing the experience of students in high fidelity simulation, there is little to no research examining how simulation is viewed or experienced by practicing nurses.

The purpose of this phenomenological study was to explore the lived experience of new graduate nurses in high fidelity simulation at Cone Health. This study served as a pilot for future research related to experienced nurses and high fidelity simulation.

Methods

DESIGN

New graduate nurses in the Summer 2015 academies were offered an opportunity to participate in individual interviews to discuss their experiences in simulation. Permission was obtained from the Institutional Review Board and written consent was given by each participant.

Data saturation occurred with 10 volunteer participants. All participants were female, and 60% were 20-29 years of age. The basic educational preparation of 83% of the participants was baccalaureate level.

Interviews were conducted by a nurse researcher not associated with the academies to ensure anonymity of the participant. Semi-structured interviews consisted of several open-ended questions and additional clarifying questions. Interviews were recorded and transcribed verbatim.

DATA ANALYSIS

Two researchers read the transcripts individually and together numerous times. Using qualitative inductive analysis, topics were identified and coded and later grouped and collapsed into common themes.

Trustworthiness

Trustworthiness in qualitative research is similar to validity and reliability in quantitative research (Keele, 2011). In order to obtain trustworthiness, the same open-ended questions were asked of each participant and follow-up questions were used to clarify the participants' comments.

Trustworthiness was also addressed by repeated readings of the interview transcripts both individually and together. Each sentence was coded as to its meaning or "theme" during initial readings. During subsequent readings, these themes were grouped into common categories; these categories were further collapsed with each subsequent reading of the transcripts. The researchers reviewed the appropriateness of the emerging themes both individually and together until consensus was achieved.

Quotations from the transcripts were used to support the identified themes in order to further enhance trustworthiness.

Findings

Core themes and sub-themes were identified and are listed below with exemplars.

- Learning Happens in Simulation
  - Scenario

"I like the fact that we could stop…and talk about what we were doing. It wasn't real time."

  - Debriefing

"It was the best part because you got to take everything apart and then put it back together, so you get the whole picture."

  - Teamwork

"I think it's unifying because you build deeper and better relationships and grow in teamwork."

  - How WE Sim

"You were never alone…they would facilitate …and it was always about the patient."

- Taking Simulation to Practice

"It's practice for the real life. The whole point of simulation is to be able to practice and hone your skills before you go out on the floor."

- Prior Experience with Simulation

"And your patient didn't die, like in school. In nursing school, every time we had simulation, the patient died!"

"We were always by ourselves, put on the spot. It was very awkward and intense."

Discussion

Study participants indicated that simulation was a positive experience that prepared them for safe patient care. Strengths of this study included the fact that interviewer had no authority over or prior relationship with the participants. Although familiar with simulation in general, the interviewer did not take part in any of the new graduate nurses' simulation experiences.

Limitations include the homogenous nature of the sample; however this reflects the characteristics of the new graduate nurse population. All researchers were new to performing qualitative research and this may have influenced the findings to some degree.

Implications

The findings of this study add to the body of knowledge related to licensed nurses in simulation. As a pilot study, it forms the basis for further research exploring the experience of non-novice nurses in high fidelity simulation.

References and Acknowledgements

Keel, R:. (2011). *Nursing Research and Evidenced-Based Practice*. Sudbury, MA: Jones & Bartlett.