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The Experiential Path of Exercising Clinical Nursing Leadership Among Newly Graduated Nurses: An Interpretative Descriptive Study.

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Introduction

In current clinical practice, nurses are faced not only with increasingly complex care but also with rapidly changing organizational structures (Sorensen et al., 2008). In response to the increasing health needs of the aging population, and despite the restructuring of the health care systems, nurses are expected to provide quality of care and ensure patient safety (Patrick et al., 2011).

Among the competencies that nurses develop, clinical nursing leadership (CNL) in professional practice is essential and seems to maximize clinical reasoning (Goudreau et al., 2015). In addition, many researchers argue that the development of CNL in professional practice is essential for optimizing the quality of care and patient safety (Stanley & Stanley, 2018). Patrick et al. (2011) defined CNL as a process that is expressed in the professional behaviors of nurses who provide direct patient care. Nurses exhibiting CNL are nurses who, through their critical reflection and the use of their knowledge and expertise, influence and mobilize patients, families, and colleagues to offer the best care and achieve positive patient outcomes. This competency is also expressed in the nurse's ability to propose changes (Casey et al., 2011) and carry them out, with the goal of influencing and improving nursing skills and professional practice and reforming care practices (Brown et al., 2016). This article presents the results of a research study in nursing and will shed light on how newly graduated nurses (NGNs), with less than a year of clinical practice, exercise their CNL in their professional path.

Background

Literature Review

The literature is abundant on the stress that NGNs experience in clinical settings (Parker et al., 2014), on their feelings of being inadequately prepared for the realities that come with nursing care (Missen et al., 2014), and on the difficulty adjusting to their new role (Laschinger et al., 2016). Organizational changes, such as an increase in the number of hospitalized patients with comorbidities, reduced length of stay for patients, and shortage of care staff, are increasing workloads for these nurses (Regan et al., 2017).

In this complex professional context, researchers noted that, despite their formal education, it is difficult for NGNs, particularly those who have been practising for less than a year, to undertake CNL in practice settings (Ekström & Idvall, 2015; Won, 2015). In fact, many researchers found that exercising CNL presents a significant challenge for NGNs who continue to learn to prioritize their activities, organize care, delegate, and collaborate with other professionals (Casey et al., 2011; Stanley & Stanley, 2018). Previous research on the CNL of NGNs was focused on the process of developing CNL, from novice to expert (Pepin et al., 2011), and on ways to support this development in clinical settings (Chappell & Richards, 2015; Ekström & Idvall, 2015; Larue et al., 2013; Won, 2015). There is a consensus among these researchers that NGNs face many difficulties when trying to develop and exercise their CNL. They reported that the NGNs themselves feel abandoned and do not believe that their respective organizations have provided them with the tools necessary to discuss the problems they are facing when exercising CNL. These nurses also told researchers they felt replaceable and not valued by managers. This, they experienced, affected their exercise of CNL (Ekström & Idvall, 2015). Following their systematic review on NGNs transition programs, Chappell and Richards (2015) concluded that a leadership program, undertaken during the transition process to clinical settings, would significantly increase the development and exercise of this competency in the clinical practice of NGNs. To our knowledge, no study has yet examined

the specific experiential path of CNL in NGNs over a one-year trajectory, which could provide crucial knowledge on how they exercise CNL and on the factors that facilitate or impede this exercise.

Theoretical Underpinnings

The theoretical underpinnings guiding this study encompass the development of clinical nursing expertise as described by Benner (2001), as well as the notion of individuation through life courses developed in sociology by Carpentier and White (2013).

First, Benner (2001) suggested that clinical “expertise develops when the clinician tests and refines propositions, hypotheses, and principal-based expectations in actual practice situations” (p. 3). Benner’s phenomenological research (2001) helped to explain how NGNs, whom she named “Advanced Beginner nurses” (ABN), develop professional skills and competencies by noticing recurring aspects of care situations. Through her model, this author explained that ABN have an adequate level of performance and situational awareness, but their understanding of situations is incomplete. Benner’s description of ABN has allowed us to better situate our participants’ expertise level.

Second, Carpentier and White (2013) defined individuation through the life course as individual trajectories within a context. The notion of trajectories refers to the principles of (a) interaction, (b) temporality, (c) interdependence, and (d) individual intentionality. With those principles, Carpentier and White (2013) explained that individuals from the same cohort are likely to live a similar experience and that the construction of a life trajectory evolves through the continuous relationships between individuals. The individual intentionality refers to the person’s power to act. This power of action leads individuals, through the reflexive process, to build their own way of life within the same context. The notion of individuation then refers to the diversity in each individual’s experiential path during a specific time period. This life course perspective has inspired our empirical research to describe the experiential path of nurses who develop and interact in their professional context. The aim of this study was to describe the experiential path of CNL practice in NGNs, including the factors that facilitated and impeded this practice.

Methods

A qualitative interpretative descriptive design (Thorne, 2016) was used to document how NGNs (a) describe their experiential path of CNL exercise in their first year of professional practice, and (b) identify, according to NGNs, the elements of the nursing practice that facilitate or impede the exercise of their CNL. This method was specifically chosen to facilitate the exploration and the description of the NGNs experience in clinical areas, according to their own perspectives (Thorne, 2016). In addition, this method allowed us to highlight and explore the important elements described by participants in their own words to better understand the experiential path of the exercise of the CNL competency in NGNs (Gallagher et al., 2014; Thorne, 2016). The research ethics boards of the clinical and academic milieus approved this study. Free and informed consent was obtained from the participants.

Eight NGNs were recruited from a large French-speaking university hospital in Quebec (Canada). Convenience sampling was used. We proceeded with a virtual recruitment through the platform of the nursing youth committee of this hospital. Posters were also posted on the units. The inclusion criteria were (a) being a nurse employed at the university hospital, (b) being an NGN with a clinical practice of 12 months or less after obtaining the Quebec nurses’ licence to practise,

and (c) having completed a bachelor of science in nursing (BSc), initial or integrated education, since CNL is a specific competency developed within undergraduate nursing studies.

The first author conducted a semi-structured interview, lasting 45 to 60 minutes, with each participant. An interview guide was previously designed to focus on the themes to be explored, according to the frame of reference, the theoretical underpinnings, and the research questions. This guide helped the first author to initiate conversation and support the exploration of themes (Kvale, 2007), with the aim of inviting NGNs to share their experience (Avenier & Gavard-Perret, 2012; Creswell, 2013). The interview questions were divided into three themes. First, the professional practice of the NGNs (Benner, 2001) was addressed by asking the following open question: “Tell me about your clinical practice as a clinical nurse.” Then, to better understand the experiential journey of practising CNL among NGNs, the following questions were asked: “Think about your first year of professional practice and try to remember the key events and/or situations where you exercised your CNL. At what point in your career did this event happen?” This interview guide was tested with three nursing colleagues with different clinical experiences. A few changes were made to the guide after the test, to make the questions more open-ended and therefore allow participants to describe their experience and to leave room for discussion.

All audio taped interviews were individually coded and analyzed according to a thematic content analysis method (Paillé & Mucchielli, 2016). Since the interviews were conducted with French-speaking participants, they were translated by a certified translator into English. The first author, who is bilingual, proofread all transcriptions. To ensure precision in the translated quotations chosen to illustrate the themes, the bilingual second author also verified the accuracy of the translation to preserve the meaning and ensure reliability. Conceptual maps of themes and summary tables of concept descriptions were discussed among the authors on multiple occasions during the analysis process. In fact, both authors discussed the validity of the qualitative themes and made sure that the results were representative of the NGNs experience. Decisions were made by consensus. This method allowed the authors to ensure the credibility and authenticity of the results. A logbook and observational notes were kept during data collection. The participants completed a sociodemographic questionnaire. Table 1 presents data regarding gender, age, care unit, employment status, and number of months of practice. Diversity of the participants is shown in the care unit in which they work and in the number of months of practice.

Table 1

Gender		Age range		Care unit	Employment status		Number of months of practice		
♀	♂	≤25 years old	≥26 years old	Internal medicine	1		1 month		1
				Transplantation	1		5 months		2
				Emergency	1	Full	Part	6 months	3
				Obstetrics	1	time	time	10 months	1
				Cardiovascular surgery	3		11 months		1
				Cardiac surgery	1				
7	1	7	1	5		3			

Information on Participants (N = 8)

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Results

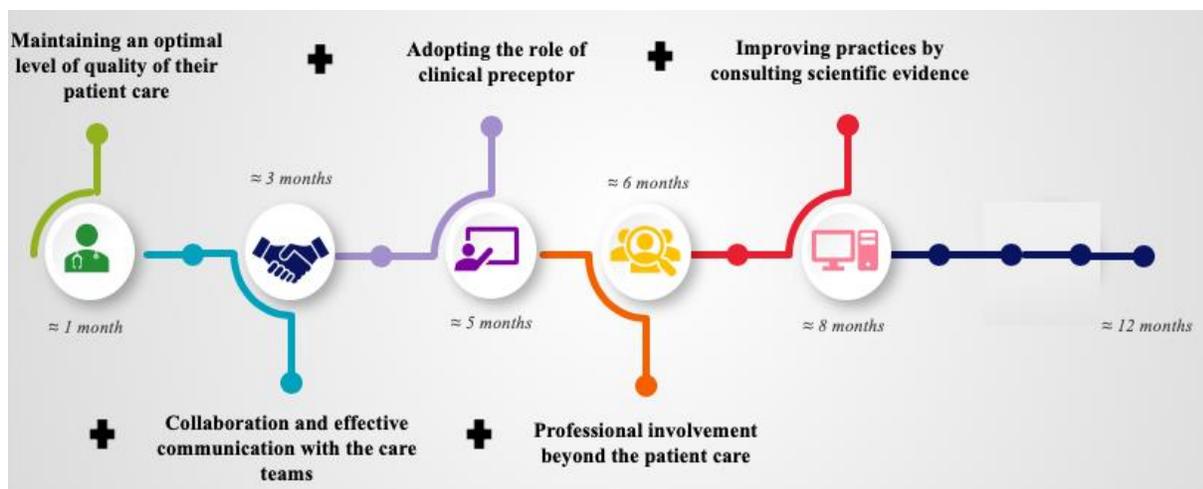
Results are presented in response to the two research questions and reflect the NGNs' perspectives. First, we found that NGNs used various terms to define CNL, but their definitions shared similarities and complement each other. The NGNs used at least one of the following elements: having a positive influence, taking initiative, and offering help to improve the quality of care and the security of their patients. Second, the participants found it difficult to exercise CNL during the first few months of their professional practice. However, they all expressed that their CNL exercise improved as they accumulated clinical experience. The interviewed nurses linked the difficulties of their first months of practice to their adjustment to the clinical setting and to their responsibilities within this setting.

Question 1: How Do Newly Graduated Nurses with a Bachelor's Degree Describe Their Experiential Path of Clinical Nursing Leadership Exercise in Their First Year of Professional Practice?

The results pertaining to the experiential path of CNL is shown in Figure 1. Analysis of the data indicated that during a period of 12 months, NGNs experience five cumulative ways of exercising CNL. NGNs consensually reported that gaining confidence over months of clinical practice allowed them to exercise their CNL in expanded ways. Thus, each new way of exercising CNL is added to the previous one, which creates the cumulative effect. Each way is detailed next, exemplified with translated excerpts from the interviews (fictitious names are used), and attributed to a time frame. On a trajectory extending from 0 to 12 months of clinical practice, participants were asked to indicate when they exercised CNL in a particular way. It is important to note that all time frames differ slightly from one NGN to another; hence, a sign of approximation is used in the figure before the months.

Figure 1

The Experiential Path of Clinical Nursing Leadership Exercise Among Newly Graduated Nurses in Their First Year of Professional Practice



• = a month in the first year of professional practice; + = cumulative ways of exercising CNL; ≈ is a sign of approximation

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During the First Month: Maintaining an Optimal Level of Quality in Their Patient Care

All NGNs aimed to maintain an optimal level of quality in their patient care. To achieve this, they, for example, took timely actions to ensure the security of patients, and they consulted more experienced colleagues of all disciplines, nursing educators, and the assistant head nurse when care became more complex or when they needed to make important decisions to ensure patient safety. “I went to see the nurse assistant... I do not know how to do it, because you know I’m starting... I recognized my weaknesses, I went to get help” (Karla, 1 month).

NGNs also described refining their clinical judgment in different situations, listening to clues from their observations, double-checking parameters from their health assessments, and taking the initiative to ensure the quality of care and/or patient safety. In case of doubt, after having consulted experienced colleagues, one NGN recalled deciding to call the treating physician to inform them of her patient's condition. She took full responsibility to call even though she was advised on a different follow-up with her unstable patient. Other NGNs concur: if a doubt remains, they will still call the doctor to ensure quality care. Taking initiative also occurred when NGNs were confronted with new clinical situations and/or new procedures. For example, NGNs took initiatives when they took care of unstable patients or when they found that a procedure was not correctly applied by a team member.

Around the Third Month: Collaboration and Effective Communication with the Care Team

All participants noted that collaboration, in inter- and intra-professional teams, helped them exercise CNL, particularly when they offered to help colleagues with critical care situations. “My colleague... had a patient who was not doing well... I took over [the care of her other patients]. That was an example of leadership... to take care of them because the nurse could not” (Alice, 6 months).

Most NGNs also noted that they exercised CNL when they communicated effectively with the health care team—for example, during telephone reports and visits on the units and with medical doctors and nurse practitioners. “We have a major role to play... Sometimes they come to the unit and they don’t know the patients at all, so we tell them [the patient] history and we explain what happened, what was done, and we also make suggestions... you make a difference” (Lea, 6 months).

For some NGNs, communicating clearly with the assistant nurse, planning and sharing the care to be done during the shift, and delegating tasks when caring for unstable patients, allows them to exercise their CNL.

Around the Fifth Month: Adopting the Role of Clinical Preceptor

As early as the fifth month into clinical practice, most NGNs became preceptors. They expressed that they exercise CNL by guiding, answering questions, sharing their knowledge, and accompanying new nurses or nursing students to help them develop their competencies and better the care they provide. “I could answer her questions... Without doing the procedure in her place, but just by being there... it helps her, and I think I exercise my leadership in those moments” (Julia, 5 months).

Even if they are aware that they are still advanced beginner clinicians and even if they did not receive preparation for this role, NGNs stated that becoming a preceptor gave them the opportunity to act as a role model for students, nursing candidates, and new nurses during their orientation period.

Around the Sixth Month: Professional Involvement Beyond Patient Care

Professional involvement in nursing projects and committees started around the sixth month for the interviewed participants. Moreover, a few NGNs expressed that when they felt they could not participate in change on their care unit as much as they hoped to or when they felt that exercising CNL was, as one participant stated, “frowned upon” (Lea, 6 months), they looked for participation opportunities outside the care unit. They chose to get involved in the youth committee and to participate in new projects designed to help beginner nurses. They strived to make a difference in the profession and were primarily motivated to help other NGNs, using their professional strengths and resources. “I decided to be part of the youth committee. That’s where I could exercise my leadership as quickly as possible... Sometimes they see me in the hallway... they know I’m in the youth committee, so they come to ask me questions” (Lea, 6 months).

Around the Eighth Month: Improving Practices Through Consulting Scientific Evidence

As they gained confidence in their care, the NGNs who had more than six months’ experience still strived to improve their clinical practices, and, around the eighth month of practice they found that the best way was through consulting scientific databases. When they looked for alternative care for patients who did not respond well to the usual care or when they hoped to improve their patient teaching, they turned to scientific resources. Sometimes, they shared the information with the nursing care team. “Leadership is... decreasing the patient’s hospitalization based on the scientific evidence and results... As we evaluated her, we could really see that she had hard stool. I went on the internet to see what we could give instead of Dulcolax because it did not work... I went on Cochrane and all that” (Barbara, 11 months).

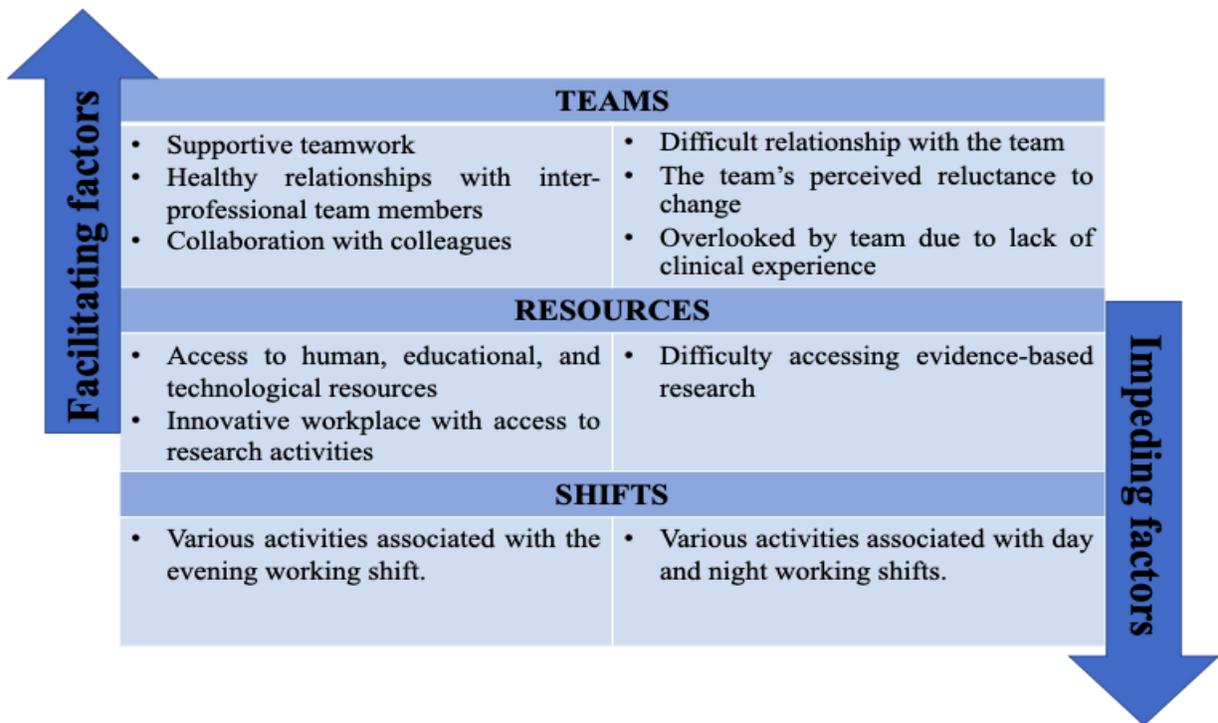
In summary, NGNs exercised CNL in these five cumulative ways during their first year of nursing practice. However, they felt that some factors either facilitated or impeded this exercise.

Question 2: What Are, According to Newly Graduated Bachelor’s Nurses, the Elements of the Nursing Practice That Facilitate or Impede the Exercise of Their Clinical Nursing Leadership?

According to NGNs, there are four main elements in nursing practice that encourage the exercise of CNL and five that impede this exercise. These factors are grouped into three large categories: teams, shifts, and resources. The list of those elements is illustrated in Figure 2.

Figure 2

Factors Influencing Clinical Nursing Leadership Exercise Among Newly Graduated Nurses in Their First Year of Professional Practice



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Teams

NGNs found that team members, particularly head nurses and nurse educators, who are present, encouraging, and (as they perceived them) open to new projects, facilitate the exercise of their CNL. “Some have good listening and it’s easier to go see them and they will accept your ideas” (Julia, 5 months). Despite this, several participants expressed that they perceived a reluctance to change from some colleagues. They heard “this is the way things are done” (Barbara, 11 months) on care units and noted that some nurse managers or educators were not very proactive as they did not follow up on the NGNs’ ideas.

NGNs also explained that healthy relationships with interprofessional team members foster collaboration and communication and provide them with the opportunity to better participate in the care team and exercise CNL in their professional practice.

One central point regarding the intra-professional team was explained by some NGNs as a perceived lack of their preparedness by their colleagues, which made it difficult for them to feel confident and to exercise CNL. Difficult relationships perceived by NGNs as impeding their exercise of CNL were related to their feeling judged by their colleagues about their procedural skills, while these colleagues might have felt threatened by the NGNs’ scientific background.

Some NGNs also reported that they were often overlooked by other members of the team because of their lack of clinical experience: “I have been told... you don’t know the realities of the job yet, so stay on the side, and listen first... learn to walk before running” (Barbra, 11 months).

Some NGNs noted that transition into nursing practice and into nursing teams is made more difficult by not having had enough clinical internship during their education, which would have increased their experience. “In university, I find, we don’t have enough internships, we’re not often on the care units, so it’s difficult to learn how to develop our CNL” (Zoe, 5 months).

Resources

For some NGNs, access to human, educational, and technological resources during practice allowed them to better exercise their CNL. These NGNs explained that they had opportunities to discuss their patients’ situations with nurse clinical specialists, nurse practitioners, or nurse educators and got answers to their questions.

For some NGNs, if the workplace is innovative, focuses on research, and “gives you the opportunity to learn more” (Livia, 10 months), this helps them to exercise their CNL. In fact, accessing continuing education and lunch-and-learns allows NGNs to update their knowledge and skills and to continue to develop their competencies. “There are conferences every month... I try to go as often as possible, it gives me more knowledge, and strengthens my competencies” (Zoe, 5 months). However, accessing evidence-based research was reported as being difficult. Because they were no longer students, some NGNs lost access to the databases they had worked with. When they started their careers, they did not receive access, so they ended up forgetting how to use them.

Shifts

Analysis of our data pointed to the different working shifts as facilitating or impeding CNL exercise by the NGNs. In fact, NGNs explained that the various activities associated with their working shift will influence the way they exercise their CNL. NGNs who worked the evening shift expressed that they had more time to accomplish their care and follow-ups, and that they had more possibilities to improve the quality of their care. Some NGNs noted that they are more autonomous in their practice while working evening shifts, which facilitated exercising CNL: “I have the impression that we have more autonomy... We do what we can do as a nurse before we call [the doctors]” (Julia, 10 months).

Moreover, according to NGNs, it is easier to collaborate with other professionals when working the day shift—“I collaborate with other professionals, I communicate, we talk about the patient” (Zoe, 5 months)—but the workload is heavy, leaving less time for NGNs to improve the quality of the care they are providing, which impeded the exercise of their CNL.

At night, some NGNs reported doing less clinical evaluations because the patients were sleeping and mentioned that they were interacting and collaborating very little with other health professionals. “At night it’s more difficult... surgeons, physiotherapists, occupational therapists... they are never there... so for [leadership] it’s more difficult” (Cindy, 6 months).

In summary, the perceived factors influencing CNL exercise among NGNs in their first year of professional practice partly reflect the ways by which they demonstrated CNL, particularly as far as teams and resources are concerned. For example, difficulty accessing evidence-based research impedes their ability to improve practices by consulting scientific evidence. However, the NGNs did not make specific links between the factors and their way of exercising CNL.

Discussion

Our results highlight five cumulative ways of exercising CNL that NGNs experienced during a 12-month period. We found four of these ways were introduced in their professional path in the first 6 months of practice and only one between the 6th and the 12th month. This can be explained by the fact that only two participants had more than six months' experience, and no participant had more than 11 months of professional practice. Nevertheless, the heterogeneity in the number of months of practice for the participants (1, 5 [$n = 2$], 6 [$n = 3$], 10 and 11 months) allowed us to gain an overview of the whole experiential path. To our knowledge, it is the first time that ways of exercising CNL during the first year of practice are presented on an experiential path as our theoretical underpinnings (Benner, 2001; Carpentier & White, 2013) guided this study. In previous studies, the process of developing CNL (Pepin et al., 2011), were presented as critical-learning turning points in a large range of expertise without being linked to such a specific period of practice. However, our results corroborate some turning points, such as “communicate factual information to other professionals in a constructive manner,” as well as “take the lead in patient/family situations,” or even “initiate collaboration for quality patient-centred care.”

Aligned with Patrick et al.'s (2011) definition of CNL, quality of care is a common factor of the five cumulative ways of exercising CNL. In the first, third, and eight months of the clinical practice, NGNs directed their attention to the care offered to their patients: by focusing on their immediate decision in the first month, by collaborating with the inter and intra-professional teams around the third month, and by updating their knowledge from the eighth month. The other two ways of exercising CNL lead the NGNs to mobilize strategies with colleagues in their working units from the fifth month, and then outside the unit from the sixth month.

Almost all participants were called upon to become clinical preceptors for newly hired beginner nurses or sometimes for nursing students. As did Carlson et al. (2010), we found that preceptorship allows NGNs to exercise their CNL. NGNs found the experience very gratifying, but pointed out that they were not sufficiently prepared for this role. It is interesting to notice that some NGNs exercise CNL through professional involvement around the sixth month of clinical practice. This is in line with the results of the Won (2015) study of NGNs within three years of practice, which indicates that their contribution to organization is one of the five main themes illustrating the exercise of CNL.

For the second research question, analysis of data revealed that NGNs noted four elements in nursing practice that encouraged their development of CNL and five that impeded the exercise of this nursing competency. No relations were explored in this research between the five cumulative ways of exercising CNL and the role played by the facilitating factors. However, our results show that acceptance and communication with the inter- and intraprofessional team members had an impact on how, and how fast, NGNs were exercising their CNL. These findings are consistent with previous research on positive clinical environments (Nelsey & Brownie, 2012). Moreover, we found that one factor that impeded CNL exercise was not having enough clinical experiences during NGNs studies to become a nurse. In fact, increasing the exposure of students to different clinical situations during their academic years becomes essential, both on clinical sites (Nielsen et al., 2013) and through clinical simulations.

During our data analysis, we found our initial definition of CNL (Patrick et al., 2011) very useful. Even if they were complementary, all participants had their own perspective on CNL and their own trajectory (Carpentier & White, 2013). However, by using at least one of the following

elements, having a positive influence, taking initiative, or offering help to improve the quality of care and the security of their patients, NGNs were close to the definition we chose. Few participants described situations as exercising CNL that we would consider linked to other nursing competencies, such as clinical reasoning, continuity of care, or collaboration with professional teams. This leads us to think that CNL could be further reinforced during nursing education.

Our research has some limitations. First, only eight NGNs were recruited, despite efforts to recruit more participants in this crucial time in their career. Second, during the interviews, participants were asked to discuss clinical situations where they exercised their CNL as well as to indicate approximately when it happened on a timeline. Thus, as the interviews are retrospective, the approximations may have been misquoted in the timeline.

Conclusion

This qualitative study focused on CNL in NGNs. We described the experiential path of practising this competency during the first 12 months of their clinical practice from their perspective. The eight interviews we conducted gave us a better understanding of the experience of these eight NGNs. Within the complex environmental context of work in the clinical environment, the NGNs identified five cumulative ways to exercise their CNL during their first year of professional practice, which is remarkable. We found four such ways during the first six months of practice and one between the sixth and tenth month. Additionally, participants identified several factors that facilitated or hindered their ability to exercise their CNL throughout their careers.

We think the findings of this qualitative study will be helpful for leadership education in undergraduate nursing programs and will promote the advancement of nursing practice. In light of this study, we suggest that undergraduate programs integrate preceptorship experiences to prepare nursing students for their CNL exercise. Moreover, guidance programs that aim to integrate NGNs into the care facility could be reviewed, on the one hand, by maintaining mentoring and continual support (Pellico et al., 2010) and, on the other hand, by fostering the cumulative ways of exercising CNL in structured nursing transition programs for the first year of practice. Those programs can improve workplace environments (Anderson et al., 2012), as well as NGNs' CNL (Chappell & Richards, 2015). Furthermore, the results of this study could also be presented to third-year nursing students to discuss with them some ways to exercise CNL at the beginning of their clinical practice. This can start them thinking of ways to exercise this fundamental competency to ensure the quality of care and patient safety. More data are needed from NGNs having between 6 and 12 months of professional practice to clarify and adjust the cumulative ways in which they express CNL. More research should strengthen and eventually validate this experiential path of CNL among NGNs in their first year of professional practice, since we believe that strategies to support the exercise of this critical competency during the first 12 months of professional practice need to be promoted by organizations.

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