Sensitive Situations in a Nurse Residency Program

Balancing Confidentiality With Meaningful Solutions

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Nurse residency programs are designed to be a safe, supportive learning environment for newly licensed nurses. Topics such as horizontal violence, ethical dilemmas, and patient safety are often addressed throughout the course of the program. Confidentiality is key to maintaining trust in these discussions, but what do we do when confidentiality feels wrong or sometimes unethical? After being faced with this question, a "sensitive situations" algorithm was designed to guide others through the same challenges. This tool provides a framework for nursing professional development practitioners to strategically and consistently approach these sensitive situations.

Nurse residency programs (NRPs) are designed to be safe, supportive learning environments for newly licensed nurses (NLNs) transitioning to practice (Blevins, 2016). When combined with open reflection and structured discussion, this environment provides NLNs with the opportunity to share their honest experiences with peers and facilitators alike (Dawber, 2013). In the context of nurse residency, facilitators are clinically competent nurses who assist in various program capacities. Most notably, they lead NLNs in monthly self-reflection practices using guided discussion and therapeutic communication. Topics such as horizontal violence, ethical dilemmas, and patient safety are often addressed throughout these discussions. Although these topics are relevant to the NLN experience, they can also bring attention to less-than-ideal realities in nursing.

Confidentiality is key to maintaining trust in these valuable discussions (Goulet et al., 2015), but facilitators sometimes report discomfort in maintaining this level of privacy.

This challenge can best be illustrated through example, one that is based on a real experience but modified to protect the individual's privacy. Jane Doe was an NLN working in a highly specialized unit and participating in the NRP. Jane maintained a quiet but engaged presence in the NRP, building relationships with her peers and facilitator. As part of the curriculum, Jane learned about horizontal violence, its deeply rooted history, current statistics, and the detrimental effects it has on the nursing profession. This lesson caused Jane's usual reserved demeanor to change. She became vocal about her personal experience with horizontal violence, providing examples that were difficult to hear and even more difficult to ignore. Feeling a sense of responsibility and an urge to protect Jane, the facilitator reported this behavior through the chain of command. The facilitator knew this was breaking Jane's confidentiality; however, she felt it was justified given the circumstances. Soon, Jane's experience had the attention of nursing leaders who sought to investigate and swiftly mitigate this issue.

Although Jane's name was left out of all reports, individuals close to the situation identified her through context and common sense. The efforts of the facilitator and leaders, although rooted in good intention, resulted in damaged relationships and heightened distrust within Jane's department. After a few months, Jane decided to leave her position and pursue employment elsewhere. She noted on her exit interview that it was not the horizontal violence that led to her resignation; it was the violation of her confidentiality after disclosing a private experience.

When reflecting on this unfortunate situation, the Nurse Residency Coordinator recognized some of the critical factors at play. First, Jane's report presented the facilitator with a difficult decision: to maintain privacy and allow this

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inappropriate behavior to continue, or break confidentiality and seek a resolution. The facilitator's ultimate choice was not necessarily "wrong"; however, it did ignite a series of events that resulted in damage and a poor outcome. Every link in the chain of command acted from a place of "fixing" when Jane was not looking for the situation to be fixed, she was simply looking for support. Recognizing these missteps led to these questions: If faced with a situation like this again, what could be done differently? What tools and resources could be leveraged to bring clarity to an otherwise unclear situation?

In response, a "sensitive situations" algorithm was created to guide facilitators when faced with similar circumstances (see Figure 1). Its purpose is to guide users through the decision-making process of when and how to appropriately escalate NLN concerns while still maintaining their confidentiality and trust. It involves a paradigm shift from the facilitator acting in the role of "problem solver" to acting from a place of individual support and empowerment. Based on a combination of experience and literature, this algorithm was an original creation with notable influence from the organization's mission, vision, values, and established chain of command policy. The Vizient/AACN Nurse Residency Program recommendations also served as a foundation for this algorithm to ensure alignment with their evidence-based curriculum (Vizient/AACN Nurse

Residency Program, 2020). During its development, there was purposeful attention paid to institutional and community-based resources that can serve as support to both the NLN and facilitator.

Although the creation of the algorithm was an individual effort, it required approval from multiple layers of nursing leadership prior to use. The overall support and quick approval from peers, managers, and nursing directors speak to the organization's overall commitment to nurse residency and the success of NLNs. This buy-in from leadership is a key component to the success of NLNs and cannot be underestimated or overlooked (Vizient/AACN Nurse Residency Program, 2020). The tool is only as effective as the individuals using it, and in this case, the institutional support empowers those individuals.

To date, over 50 facilitators throughout the organization have been trained on the use of this algorithm since its launch in 2018. It has been used to address approximately a dozen NLN concerns of varying complexity, including one similar to Jane's. When an NLN reported issues with a peer to her NRP facilitator, the facilitator took action by following the outlined algorithm. Acting in the role of supporter, the facilitator provided conflict management tools, scripting, and role play to empower the nurse to address her own problem. This nurse successfully confronted her peer and reported, "I was really nervous but I made it
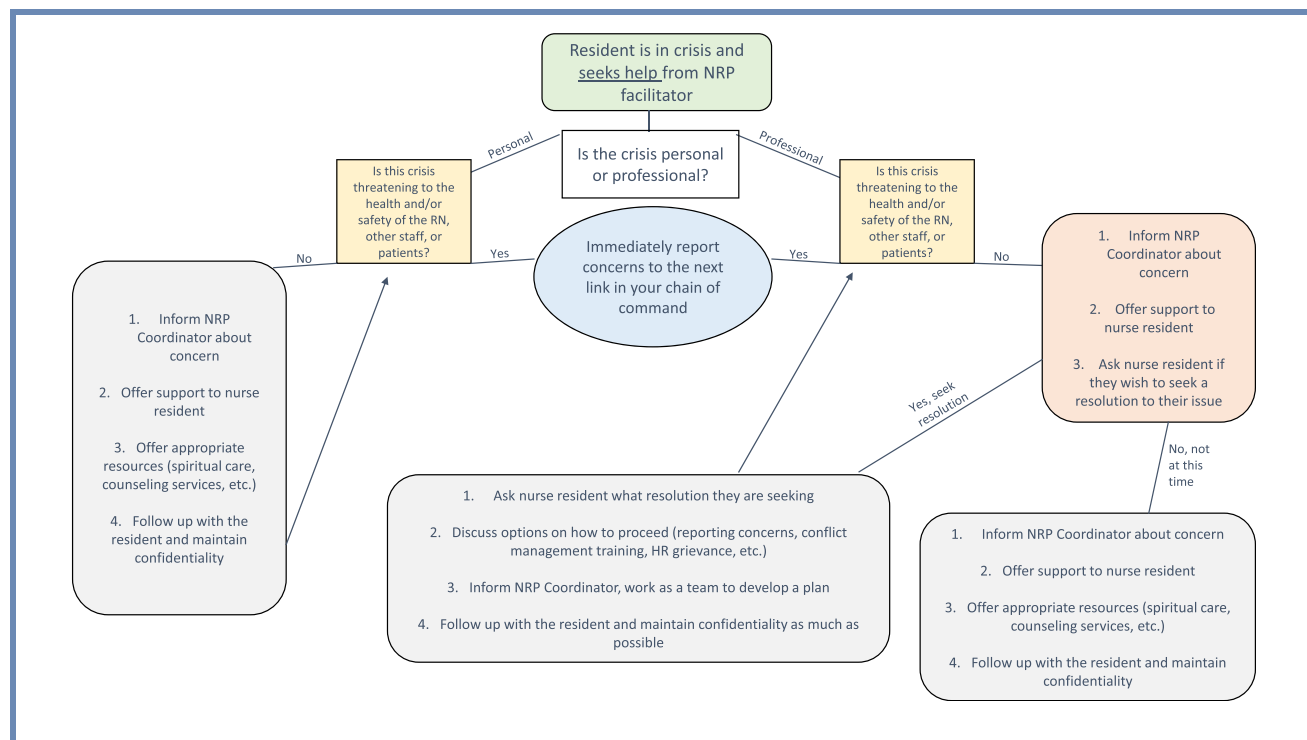

FIGURE 1. Algorithm for addressing sensitive situations in a nurse residency program. This figure is available in color online (www.jnpdonline.com).

through and I'm so glad I did. Thank you for your help, I do not think I would've done anything about it if it wasn't for residency."

Although it is impossible to go back in time and rewrite the story of Jane's experience, this example suggests that the lessons learned paved the way to an improved experience for others. Today, facilitators report feeling more confident, autonomous, and prepared in their roles. In addition, NLNs frequently list reflective discussion as their favorite part of the NRP. Their reported satisfaction is supported by data, with facilitator and overall program satisfaction exceeding national benchmarks for two consecutive years. For all parties involved, this algorithm outlines a process that balances the need for confidentiality with meaningful solutions, a true win–win.

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