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Managing the transition of Saudi new graduate nurses into clinical practice in the Kingdom of Saudi Arabia

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Aim To report on the benefits of developing a new graduate programme for Saudi nurses at one hospital in the Kingdom of Saudi Arabia (KSA).
Background With the national policy of Saudization of the workforce, the numbers of Saudi new graduate nurses (NGNs) seeking employment is increasing.
Methods A project report outlining an educational needs analysis of Saudi NGNs, and the subsequent development and expansion of a New Graduate Development Programme (NGDP) utilizing a Practise Development framework. Competence and safe practise in Saudi NGNs was evaluated using two specifically designed tools: the Final Clinical Competence Evaluation and the Clinical Challenge.
Results A three-phase structured NGDP was successfully implemented resulting in NGNs developing improved confidence and competence. They were judged as being safe to practise and more patient centred, as measured against the established performance indicators.
Conclusion Adopting a practise Development (PD) framework provided a clear structure and direction for the NGDP.
Implications for nursing management Nurse Managers who invest human, financial and education resources into developing new graduate nurses are likely to retain such staff longer. In the Middle Eastern context, such investment is likely to rapidly promote the goal of increasing the number of indigenous nationals working as nurses.

Keywords: new graduate nurses, patient safety, Saudization, transition to practise

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Introduction

Developing a health system staffed by competent, safe health professionals including nurses has become a key focus of the Ministry of Health in the Kingdom of Saudi Arabia (KSA). An expanding population of young people (CIA World Factbook 2010) who either need or want to enter meaningful employment, as well as global economic and political changes, have given rise to the policy to increase the number of Saudi nationals participating in the workforce and commensurately reduce the percentage of expatriate staff working in KSA (Looney 2004). This policy is known as Saudization. In addition, an improved acceptance of nursing as a suitable profession for young men and women (Tumulty 2001) has seen an increase in the demand for newly

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qualified Baccalaureate-prepared Saudi nurses (Miller-Rosser *et al.* 2006).

An expansion of educational opportunities for young Saudis to be educated as degree-prepared nurses either at universities within or outside of Saudi Arabia has also led to an increase in the number of Saudi new graduate nurses (NGNs) seeking employment in their first year of practise. In the western world, there is clear evidence that the first year of practise is a time of adaptation, fitting in (Malouf & West 2011), integration of theory with practise in the real world of nursing and developing clinical competence (Valdez 2008). New graduate programmes around the world utilize a range of models from a short orientation to the clinical facility, to a period of preceptorship or buddying, with the expectation that the NGN will work independently within a few weeks of employment. Others provide a small amount of study time or require the NGN to attend some education days (Lindsey & Kleiner 2005, Scott *et al.* 2008, Hillman & Foster 2011).

When a NGN is supported (Kelly & Courts 2006, Johnstone *et al.* 2007) in a structured or focused new graduate programme, their work satisfaction and retention is improved (Hillman & Foster 2011). It has yet to be identified whether Saudi NGNs have the same needs for support and structure during their graduation year.

This report argues that supporting Saudi NGNs through providing a structured new graduate development programme (NGDP) is more likely to enable NGNs to practise in accordance with stated performance standards, than providing a short unstructured orientation course without a clear focus on the needs of Saudi NGNs. Indeed reports indicate that NGNs going through short unstructured orientation courses are both less satisfied (Scott *et al.* 2008, Hillman & Foster 2011) and may be more likely to perform routine patient care (Valdez 2008) that lacks a holistic perspective and competence (Newton & McKenna 2007, Scott *et al.* 2008). Furthermore, the provision of competent, safe care enhances the likelihood of achieving good patient outcomes.

In many countries, NGNs working within the scope of practise of the registered or licenced nurse are expected to successfully demonstrate safety to practise (Australian Nursing & Midwifery Council 2006, Nursing Council of New Zealand 2007, National League for Nursing Accreditation Commission 2008, American Association of Colleges of Nursing 2009, College of Registered Nurses of British Columbia 2010). The organization that approves licencing of health professionals in Saudi Arabia, the Saudi Commission for Health Specialties (2009), is yet to finalize standards for nurse practise. However, the established hospitals in the largest cities of Riyadh and Jeddah are accredited by the Joint Commission International (JCI). Therefore hospitals with JCI accreditation reflect JCI expectations around the level of practise of the graduate nurse. Furthermore, there is a move by at least two hospitals in the KSA to work towards accreditation as Magnet hospitals. Both JCI (Joint Commission International 2007) and the Magnet accreditation process (American Nurses Credentialing Centre 2008) contain standards that are both rigorous and include components identifying the importance of nurses to demonstrate safe clinical practise. Hospitals applying for Magnet accreditation are required to provide education and support for NGNs to make their transition into nursing within their first year of practise as indicated under the Forces of magnetism labelled 'Nurses as teachers' (Force 11) and 'Professional development' (Force 14) (American Nurses Credentialing Centre 2011).

As KSA hospitals increase the number of Saudi nurses in their workforce, recognition of the importance of supporting new graduate nurses to meet such standards has benefits and provides a clear justification for development and maintenance of new graduate nurse programmes.

In 2007, the author was recruited into a new position as an Education Coordinator (EC), Saudization at a large tertiary care hospital with 860 beds in Saudi Arabia to facilitate the transition of intern and interim (new graduate) nurses into their first year of practise. At this time, Saudi nurses comprised <2% of the nursing workforce at the hospital (Unpublished data, King Faisal Specialist Hospital & Research Centre). Interim nurses had either returned from a scholarship where they had gained their Bachelor of Science in nursing degree from overseas countries including Jordan, Australia and the United States of America or had recently graduated from Universities inside the KSA. All were new employees.

The purpose of this report is to describe the process used to conduct an educational needs analysis of Saudi new graduate nurses (NGNs), the development of a pilot new graduate development programme (NGDP), and its subsequent evaluation and expansion at one large tertiary care hospital in Saudi Arabia. Evaluation of outcomes for Saudi NGNs in relation to their competence and safe practise are outlined. Finally, the implications that hospital managers might need to consider when employing new graduate nurses are identified.

Each stage of this project was approved by the Nursing Affairs and Medical and Clinical Operations executive at the hospital where the project took place. As this was a hospital-approved project, no formal Ethics approval was required.

Analysis of education and training needs of new graduate nurses

Initially the EC was familiarized with the Clinical practise Assessment Portfolio (CPAP) which was a tool developed by expatriate staff in 2004 and used to induct intern and new graduate bachelor degree prepared nurses into practise. The CPAP outlined the intern and interim nurse responsibilities, and included 12 clinical practise standards against which the clinical performance of these nurses would be assessed. A clear emphasis was on demonstration of safe practise.

An initial group of 18 Saudi NGNs had commenced work each in different units at the hospital several months before recruitment of the ECs arrival, and were being assessed using the CPAP. An analysis of the education and training needs of NGNs was conducted by the EC through working with NGNs in clinical areas, observing their clinical practise and interviewing them individually and in groups using semi-structured questions about their perceptions of their experiences as new graduates so far. Programme Directors, Head nurses and Unit (ward) Clinical Educators were also interviewed informally and individually using semi-structured questions; their responses were noted at the time. Hospital policies related to orientation and induction of all new staff were reviewed to assess their relevance and ascertain how they were being applied. Data from interviews, observations and review of policies were analysed for similarities.

The majority of nurses employed were expatriate registered or licenced nurses who arrived with a minimum of 2 years clinical experience since graduating, and were well socialized into the nursing profession. During their general orientation, they were expected to complete a range of competency-based check-offs (CBCs); for example, medication administration, tracheostomy care, management of patients on underwater seal drainage systems, and holistic adult and paediatric assessment. Saudi NGNs also attended the general orientation and were expected to complete the same CBCs with a minimal level of additional support. One difference was that NGNs were able to attend optional reflective practise group discussions. However, it appeared that these sessions were often used for experienced staff to give presentations on specific aspects of patient care.

Some expatriate staff expressed a reluctance to work with Saudi NGNs, considering them to be too inexperienced, stating they were too busy to 'teach them' and that the NGNs required too much of their time. The limited support for Saudi NGNs was compounded by the recent departure of expatriate skilled staff designated to manage the transition of NGNs into practise. It therefore appeared that orientation and support provided by senior nursing staff did not meet the developmental needs of these NGNs. In turn, these influences might explain why the hospital was having limited success in developing and retaining their Saudi NGNs.

New graduate nurses reported feeling confused and dissatisfied with their role and the high expectations about the standard of care they were expected to provide within a short time of graduating. In their practise, they appeared to be detached observers of care, relying on their preceptor to make nursing decisions and perform nursing actions. When delivering patient care, they focused on provision of routine care and 'following policy and procedures' to guide their practise with little attention to the specific or individual needs of each patient. They encountered difficulty thinking about and organizing patient care in an holistic, systematic way and were often unable to consistently meet the standards outlined in the CPAP. Difficulties included: identifying current needs and potential problems experienced by patients; establishing goals of care; identifying options for care and consulting with colleagues about these; and evaluating the impact of nursing care on the patient's progression towards improved health outcomes. When clinical decisions were made they were based on evaluation of patient objective data in light of currently known concrete technical knowledge (Schön 1983), rather than reflecting on prior understandings and insights, and/or adjusting care to the contextual nuances within each patient's situation. This approach is described as technical rationality which views patient health problems as objective, measurable and able to be explained in rational terms (Lechasseur *et al.* 2011).

Reasons for employing a technically rational approach to patient care and adherence to policy and protocol in new graduate nurses can be explained by Benner's theory of skill acquisition (2001). This is a characteristic of the 'Novice' nurse who relies on rules that are independent of specific patient situations and are commonly applied to perform tasks (Valdez 2008). Such behaviour is limited and inflexible (Benner 2001) and is commonly reported in NGNs as they attempt to fit in with the culture of the unit in which they are placed (Malouf & West 2011). Altmann (2007, p. 115) further identifies that during early skill acquisition, nurses view situations in 'multiple fragments' and as 'detached observers'. This could explain the observation of the low engagement of these Saudi NGNs.

Six categories emerged from the needs analysis with associated issues identified in the existing process to

Table 1
Key findings emerging from needs analysis of Saudi new graduate nurses (NGNs)

Category	*Description of issue*
Perception of experience	Dissatisfaction with role and high standard of care expected of NGNs.
Knowledge	An incomplete understanding of the complexities of people, health and nursing itself.
Critical thinking	Limited ability to think in either a reflective or an anticipatory way. Limited ability to draw appropriate conclusions about patient care needs and nursing practises, or to solve problems in a logical way.
Communication	Difficulties in communicating either their needs or report patient progress with clarity, accuracy, precision, in a timely manner, or in a systematic way.
Role	Adoption of a detached observer role.
Focus	Task focus rather than patient focus.

transition NGNs into clinical practise. These findings, which are summarized in Table 1, raised two questions. How could these new graduate nurses most effectively be supported to work safely and independently in this complex tertiary environment staffed predominantly by expatriate nurses? What resources are needed to enable NGNs to progress along Benner's (2001) continuum towards competence and later expertise in nursing practise?

The pilot new graduate programme

On presentation of the findings from the needs analysis to nurse executives at the hospital, the EC was asked to write a proposal to develop a 6-month pilot new graduate programme. The proposal emphasized the importance of having a clearer structure to facilitate the development of Saudi new graduate nurses, with a strong focus on developing their thinking skills as well as their clinical competence. The pilot programme was facilitated by the EC and one Clinical Educator (CE). Each new graduate nurse was placed into a new Unit working alongside a preceptor, with regular visits by the EC and CE to facilitate development of knowledge, skills and attitudes, act as role models, liaise with unit staff and evaluate competence. In addition, NGNs were released from their unit to attend a study day once every 2 weeks.

The pilot programme was evaluated in relation to NGN, Head Nurse and patient satisfaction, improvement in patient care and educational process. NGNs completed written evaluation forms both during and at the end of the pilot programme. Feedback was invited from Programme Directors, Head nurses, Unit Clinical Educators, Preceptors and Education Coordinators from other clinical divisions during team and divisional meetings, or during one-to-one meetings with the New Graduate Programme Education Coordinator, and via e-mail. Patients were randomly asked for their comments on the care provided by NGNs.

Findings indicated that satisfaction levels in relation to programme delivery, patient care, and increased confidence and competence of the NGNs were rated highly. Key recommendations were that the programme should be lengthened and developed into incremental phases, with a clear guiding framework.

Development and expansion of the NGDP

In response to recommendations about the length of the programme it was renamed as the Saudi New Graduate Development Programme (NGDP) and expanded into three structured 6-month courses. NGDP-1 and NGDP-2 are both 6 months long and designed predominantly for fifth year university students called nurse interns (NIs) undertaking their Bachelor of Science in Nursing (BSN) degree within the Kingdom of Saudi Arabia. NGDP-3 is the third 6-month course designed for Saudi nurses recently graduated with a BSN from a university either outside or inside of Saudi Arabia. The EC managed the programme and four Clinical Educators were employed to facilitate the effective transition of NIs and NGNs into independent practise. All had additional responsibilities outside of the NGDP such as teaching Basic and Advanced life support to hospital staff or general nursing orientation for staff employed every month. Early in the programme, as educational processes, systems and relationships were developed the staff to graduate ratio was 1 : 10. As the programme evolved with more Saudi NIs and NGNs being recruited, the ratio rose to 1 : 22 and was anticipated to rise to 1 : 50 as more Saudi nurses went through the programme and needs changed.

With the goal to develop the practise of Saudi intern and new graduate nurses as they make the transition from the role of student to early career clinical nurse, a Practise Development (PD) perspective was selected as the guiding framework. Practise Development is described as 'a continuous process of developing person-centred cultures… enabled by facilitators who authentically engage with individuals and teams….to blend personal qualities and creative imagination with practise skills and practise wisdom' (Manley *et al*. 2008, p. 9). The following four PD criteria were utilized in developing the NGDP:

- Development of a shared vision;
- Enabling intern and new graduate nurses structured opportunities to develop their knowledge and skills through critical reflection and work-based learning;
- Recruitment of facilitators committed to systematic, rigorous, creative and continuous learning processes that would enable Saudi nurses to develop their practise in a supportive environment; and
- Ensuring that the programme reflects the perspectives of the Saudi nurses with a person-centred focus (McCormack *et al.* 1999, Garbett & McCormack 2002, Manley & McCormack 2003, McCormack & McCance 2006, Manley *et al.* 2008).

PD criterion 1: development of a shared vision for the NGDP

Through workshops, a shared vision for the NGDP was written: to develop independent novice Staff Nurse 1s (SN1s) who are creatively thoughtful, accountable, culturally connected and competent in providing nursing care based on best practise.

PD criterion 2: enabling structured opportunities to develop knowledge and skills through critical reflection and work-based learning

During the programme, nurse interns (NIs) and NGNs were rotated through two units (wards) for each of New Graduate Development Programme-Phase 1 (NGDP-1) and NGDP-2 and one unit while in NGDP-3. Each course held five mandatory Learning and Development (L&D) days responding to the changing learning needs of NIs and NGNs. Each NGDP CE visited a cohort of learners to work with and assess their progress in the unit/ward. Besides managing the NGDP, the EC convened staff education workshops, and facilitated reflective practise discussions, communication skill acquisition and other sessions during Learning and Development days. Regular visits to units to both liaise with unit staff and facilitate individual NI and NGN learning on an as needed basis, was another important component of the EC role.

Each learner's development was assessed against a matrix of 17 Performance Standards for Nursing practise within four broad areas:

- Management of patient care;
- Professional practise;
- Teamwork and
- Quality improvement.

Each performance standard had an associated learning outcome (LO) with clearly delineated performance indicators (PIs). These were formulated into a Clinical Competence Evaluation form which included a self-evaluation component and relied on written and verbal feedback from Head Nurses and preceptors as well as evaluation by NGDP staff. While the performance standards remained the same for each of the three 6-month courses (NGDP-1, 2 and 3), the LOs and related PIs were different for each course with incremental complexity. A sample of the matrix is outlined in Table 2.

In addition, learners underwent clinical challenges where they were observed and assessed providing care for up to four patients. NGDP staff member spent at least 4 hour across a single shift observing how the learner managed patient care, and communicated with patients and members of the health team. Learners were required to discuss their decisions and provide rationale for patient care. There was an opportunity for written and verbal feedback on progress with the assessor at the end.

PD criterion 3: NGDP facilitators committed to systematic, rigorous, creative and continuous learning processes

As the NGDP expanded, additional CEs were mentored into the practise development framework. All attended workshops on educational processes including teaching, learning, assessment and evaluation processes facilitated by the EC. The EC and CEs worked as facilitators providing support to help learners develop professionally in terms of helping them to consolidate and integrate their knowledge and skills into practise. Development of effective communication and critical reflection skills was also emphasized. An important aspect of this work was for NGDP staff to build sufficient trust in the learner to effectively challenge their thinking, knowledge and decisions in a gentle, positive and non-threatening manner. This enabled the learner to develop their practise and move forward in a thoughtful way. During L&D days, NGDP staff employed creative facilitation techniques such as constructing concept-maps, patient case review discussions, simulations, interactive educational games and 'artful questioning'. 'Artful questioning' is a facilitation technique developed by the EC where the facilitator resists providing information and answers when learners asked what they should do. Instead the facilitator asked a series of layered questions, invited examples and discussed implications of alternative nursing actions.

Table 2
Exemplar matrix of New Graduate Development Programme (NGDP) learning outcomes and associated performance indicators

Performance standard for nursing practise	*Course*	*Learning outcome*	*Sample performance indicators*
Management of care planning phase of patient care	NGDP-1	Outline the goal for planned nursing interventions.	Discuss goal for individualized planned nursing interventions with preceptor in a meaningful way. Recognize trends in patient assessment data.
	NGDP-2	Identify a range of appropriate nursing interventions and select the most appropriate, based on best evidence.	Demonstrate ability and skill in planning individualized patient care. Recognize and report changes in patient health status to appropriate staff.
	NGDP-3	Plan patient care that reflects sound judgment and clinical decision making based on trends observed, presenting signs and symptoms, medical treatment, and patient care pathways.	When abnormal trends in patient health indicators are detected, make a clinical decision to increase the frequency of monitoring. Plan nursing care according to identified patient needs. Anticipate discharge planning needs of patients. Request help when needed to provide safe care to patients and maintain personal safety.
Management of intervention phase of nursing care	NGDP-1	Conduct basic nursing interventions safely and in compliance with hospital policies and protocols, under direct supervision.	Deliver patient care with aptitude, skill and a caring attitude under supervision of preceptor. Identify the pharmacodynamics and pharmacokinetics of commonly used medications.
	NGDP-2	Complete nursing interventions safely, with confidence and in compliance with hospital policies and unit protocols, under in-direct supervision.	Demonstrate initiative and drive in delivering patient care. Safely prepare and administer medications via some/all of the following routes, under in-direct supervision: oral, aural, eye, nasal, topical, sub-lingual, enteral tube, subcutaneous, intra-muscular and intra-dermal.
	NGDP-3	Implement planned nursing care competently, safely, in accordance with stated hospital policies and unit protocols providing sound rationales.	Articulate sound rationales for selected nursing interventions based on best available evidence, and when under pressure. Implement appropriate interventions for patients with complex requirements with skill, efficiency and care. Recognize and respond appropriately to acutely deteriorating patient's condition and communicate with appropriate health care staff e.g. Preceptor, Charge Nurse, Head Nurse, Physician, Rapid Response Team.
Professional judgment	NGDP-1	Recognize patient care situations that require thoughtful resolution.	Review patient assessment data and report significant findings to preceptor. Draw on knowledge to discuss patient problems/needs. Recognize own limitations in relation to scope of nursing practise.
	NGDP-2	Demonstrate a pro-active approach to solving identified patient care problems/needs through anticipatory and reflective thinking.	Examine nursing situations thoughtfully and discuss planned actions/interventions, about delivery of patient care with Preceptor and/or Clinical Educator. Demonstrate anticipatory and reflective thinking when considering decisions about delivery of patient care.
	NGDP-3	Manage uncertainty and apply thoughtful analysis to problem solving, nursing decisions and actions.	Articulate nursing situations/make appropriate clinical nursing decisions in changing patient care situations. Draw on previous experience and evidence-based practise/ best practise guidelines when providing patient care.

(Unpublished Handbooks, King Faisal Specialist Hospital & Research Centre).

PD criterion 4: the NGDP reflects the perspectives of the Saudi nurses with a person-centred focus

Cultural norms of shyness, especially amongst female learners (Miller-Rosser *et al*. 2006), and the avoidance of embarrassing others (saving face) meant that during the early weeks in the NGDP, facilitators needed to build high levels of trust to coax learners to speak up in respectful ways. NGDP staff needed to be skilful effective communicators who were open, approachable, empathetic, confident, non-judgmental, self-reflective and reliable.

As NGDP staff role-modelled effective communication techniques they also emphasized the imperative of ensuring that the needs of the patient remained paramount.

As the hospital gradually increased the number of Saudi intern and new graduate nurses across the orga-

nization, NGDP staff actively advocated for their perspectives and positive abilities. In addition, all nursing staff throughout the hospital were required to incorporate key performance indicators demonstrating how they support Saudi nurses into their annual performance appraisal.

Discussion

Adopting a guiding framework that reflects a PD perspective provided a clear structure and direction for the NGDP. Agreeing on a shared vision enabled staff and graduates to retain a unified focus on working together. Regular revisiting of the vision enabled new graduate nurses to understand the implications for their day-to-day practise and begin to internalize these. Enabling a vision to become part of practise is core to PD programmes (Garbett & McCormack 2002).

The NGDP developed into a three-tiered, structured programme where learners were placed in fewer units (wards) than previously. When new graduate nurses first start working their energies are primarily focused on 'establishing secure social bonds' with existing staff in order to be accepted or to 'fit in' (Malouf & West 2011, p. 491). When they move to another clinical area their confidence and competence is undermined as they seek to 'fit in' to the new clinical area. By limiting the number of clinical rotations in the NGDP, learners had time to both feel that they belonged to the team and focus on building clinical competence and confidence. Through integrating theoretical knowledge with clinical nursing practise, their anxieties reduced and they began to feel more confident in their practise. Subsequently they were more able to begin to transfer experiential knowledge into different units, thus build clinical competence sequentially. Newton and McKenna (2007) identified this as moving beyond 'surviving' to feeling more confident in their knowledge and practise. Having time out of the units to attend Learning & Development days created structured opportunities for learners to practise clinical skills in the simulation laboratories, think about, discuss and critically reflect on patient care. These opportunities further enhanced their competence through continuously moving towards achieving stated performance standards. Such continuous improvement is a hallmark of PD (McCormack & McCance 2006, Manley *et al.* 2008).

Building a team of committed staff who were willing to adopt creative educational methods, develop systematic incremental assessment and evaluation tools and methods was key to developing critical reflection, and making explicit achievement of standards. Manley *et al.* (2008) identified that fostering creative imagination in thinking about clinical issues and situations can transform the way nurses approach their practise. Creative educational methods used by staff in the NGDP engaged learners in the transition process. It further facilitated their move from reliance solely on policy, procedures and technical knowledge to guide their practise, to their ability to creatively and critically reflect on their practise and deliver care tailored to the unique needs of each patient. 'Artful questioning' was a central creative facilitation technique employed by NGDP staff. This is similar to Paul and Elders' (2008) idea of Socratic questioning. It was most effective when the role of coach was adopted. Here NGDP staff provided guidance and encouragement by facilitating goal setting; meeting to discuss individual challenges; and clarifying learner's priorities and their role as novice nurses. McCormack *et al.* (1999) recognize that such coaching provides focused guidance for the learner as the facilitator probes, explores and challenges conceptual understandings, assumptions, inferences and implications for practise. Revealing thinking processes made by the learner may enhance his/her understanding of best options for care and facilitate sound clinical judgements. Paul (2007) categorizes these as some of the elements of reasoning important in critical thought. Such methods enabled learners to 'free their thinking' (Manley *et al.* 2008), reflect on their ideas and practise, and seek creative solutions and approaches to delivery of patient care.

Ensuring that the NGDP considered the cultural needs and perspectives of Saudi nurses required NGDP staff to employ effective and sensitive communication skills. These enabled staff to notice what learners were NOT saying as well as what they were saying. When such skills were combined with tolerance and understanding of difference, the cultural perspectives of learners could readily be incorporated into the programme. For instance, scheduling prayer breaks and managing sensitive issues related to caring for hygiene needs of patients. In turn, learners felt valued and supported which enabled them to build confidence and clinical competence. Similarly a study of support needs of graduate nurses in transition programmes in Australia concluded that effective and comprehensive support 'gives courage and confidence to a nurse…to practise competently' (Johnstone *et al.* 2007, p. 52). Hillman and Foster (2011) further link the perception of support during the first year of practise in new graduate nurses with greater work satisfaction and improved retention.

Two further strategies enhanced acceptance of Saudi nurses and facilitated more work-based learning

opportunities. First, NGDP staff advocated for the perspectives and positive abilities of learners at every encounter in the units/wards, during meetings and at education forums. Second, a performance indicator requiring nursing staff to demonstrate how they supported Saudi nurse development was included in annual performance appraisals. This is an example of a PD strategy employed by management to ensure that the workplace culture changed to support Saudi nurses (Manley *et al.* 2008). It also assisted expansion into clinical areas that previously learners had not been able to gain access into, for example peri-operative areas. With greater acceptance and expansion of clinical placements, learners' confidence increased and they began to advocate more effectively for their own and the patients' needs. In addition, they were then more likely to consider patient needs from a holistic perspective (Newton & McKenna 2007, Scott *et al.* 2008) and maintain a patient-centred focus (McCormack & McCance 2006, Manley *et al.* 2008).

By the end of the NGDP, learners were judged as able to practise safely and independently as an advanced beginner in complex units/wards and at a competent level in units/wards with less complexity (Benner 2001) as measured against the established Performance Standards of Nursing practise, outlined in the Clinical Competence Evaluation. Clinical Challenges provided further evidence of their achievements. Table 3 outlines the key outcomes as indicators of NGN's development of safe practise identified on their completion of the NGDP.

Table 3
Key outcomes as indicators of safe practise for new graduate nurses (NGNs) completing the New Graduate Development Programme (NGDP)

1. Utilize the nursing process systematically as a framework for managing patient care
2. Articulate clear rationale for patient care decisions at an Advanced Beginner to Competent stage (Benner 2001, Valdez 2008)
3. Demonstrate thinking skills: anticipatory thinking, critical reflection, draw appropriate conclusions about patient care priorities and nursing practises, and take action to ensure patient care needs are managed effectively
4. Independently document and report health assessment findings and patient actual and potential problems/needs, nursing interventions and patient outcomes
5. Communicate effectively: use a patient centred approach to patient care; communicate own needs more assertively; report patient progress with greater clarity, accuracy and relevance
6. Establish and maintain effective relationships, with patients, their family members, sitters and all members of the health care team
7. Use a critical thinking process to reflect on the graduate nurses' own progression towards competent nursing practise
8. Demonstrate application of the core values of the hospital and the Gulf Cooperative Council (GCC) Health Ministers Executive Code of Professional Conduct for Nursing into nursing practise
9. Work effectively with other members of the inter-disciplinary team in the delivery of patient care
10. Internalize life-long learning in nursing as evidenced by their desire to continue to develop their practise and enrol in additional training courses or education programmes

For the Saudi nurses who completed the NGDP, the vision was being realized, albeit at an early career level. Before the EC left Saudi Arabia at the end of 2010, a Saudi nurse educator was promoted to work in the NGDP. Working with the experienced NGDP Clinical Educators, the nurse is being mentored by the Director of Nursing Development and Saudization with the view to taking over full Management and Coordination responsibility of the NGDP. The numbers of intern and new graduate nurses expanded from the initial group of 18 in 2007 to 85 in 2011. Over the coming years it is anticipated that this number will grow exponentially as earlier graduates of the NGDP begin to take on senior nursing roles including supporting the development and transition of Saudi NGNs.

Conclusion

The NGDP reported here was developed on the basis of an educational needs analysis within the context of a tertiary care hospital caring for patients with multiple co-morbidities and complex needs, and staffed by expatriate nurses from over 50 different cultures and ethnic backgrounds. The success of the NGDP can be attributed to its' flexibility to meet the needs of each NGN, adoption of Practise Development criteria as a guiding framework, a clear agreed vision and programme structure, and the support and guidance provided by suitably qualified and experienced staff. The programme enabled Saudi NGNs to develop the confidence, competence and critical thinking required to deliver safe patient care. Establishing and clearly articulating performance standards for nursing practise is a key strategy and supporting Saudi NGNs to strive to reach these will ensure that the patient population at the hospital will be in safe hands in the future.

As the needs of different populations across the Middle Eastern countries differ, it is acknowledged that the NGDP model reported here may need to be adapted to suit specific needs of new graduate nurse populations and cultural contexts. It has the flexibility to do this.

Commitment of human and financial resources by hospital managers into developing new graduate nurses is likely to pay dividends to an organization. Investment of designated staff time and salaries, provision of a structured NGDP and creating mechanisms to ensure that nursing staff at all levels of the organization demonstrate commitment to supporting new graduate nurses are key. Likely outcomes are the development of a

sustainable programme with improved retention of Saudi nurses who are safe, confident and competent in their practise. In the Middle Eastern context, such investment is likely to rapidly promote the goal of increasing the percentage of indigenous nationals working as nurses. Furthermore, as Middle Eastern countries work towards employing more nurses from their own countries some may wish to apply for Magnet accreditation. To achieve this they will need to submit evidence of the education and support provided to new graduate nurses within their first year of practise.

Recommendations for management

The process of developing a new graduate development programme based on a PD framework for Saudi intern and new graduate nurses has been both challenging and immensely rewarding for all personnel involved from senior management down to the novice new graduate nurses. Evaluating their professional progress towards competent and safe nursing practise has provided valuable insights that other hospitals might benefit from as they consider introducing a new graduate programme. Hospital managers committed to ensuring a smooth transition of new graduate nurses into their organization should ask:

- Do the strategic plan and organizational structures support the development of a new graduate programme enabling active learning in the workplace?
- Is there a commitment by the organization to an effective workplace culture that emphasizes person-centred and evidence-based care?
- Could a PD framework help support new graduate nurses to make an effective transition to practise and retain them beyond the first year of practise?
- Does the organization have staff with expertise in facilitation and leadership who are able to provide sufficient personal support, advocacy and coaching to facilitate the transition of intern and new graduate nurses to the role of thoughtfully creative graduate nurses?
- Are additional resources including expertise, personnel and learning facilities available and accessible?
- Are there contractual agreements between local universities and the organization enabling nurse interns to be employed as new graduate nurses on completion of their internship?
- Is there recognition that a new graduate programme needs to be dynamic and responsive to the changing needs of the new graduate nurse population in the area, patient populations and the organization?

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