ENN-RICH: (Engaging Novice Nurses Through Reflecting and Interactive Coaching Huddle)

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Abstract

Background: *Every year, thousands of newly registered nurses enter the nursing workforce full of hope and enthusiasm to practice their freshly acquired knowledge. However, research states that within their first year of practice, 30% of novice nurses resign, and by the second year, this number increases to 57% [1].*

It is necessary for the institution to adopt a nurturing culture that promotes coaching to help "nurses with their growth and development, which serves to increase their confidence" [2]. Coaching using Reflecting and Interactive Coaching Huddle (RICH) form is being implemented in the Nursing Service Division of SJDEFI – Hospital with the aim of supporting the learning and development of nurses in line with their personal and organizational objectives. The coaching is being conducted as a corrective action (due to unfavorable behavior and variances) instead of preventive.

Objective: *This study aims for novice nurses to evaluate RICH as a preventive coaching strategy used by unit preceptors in helping novice nurses develop their fullest potential to become competent nurses and effective leaders of their units.*

Methods: *This research is a quantitative study that focuses on the relationship between the demographic profile of the novice nurses and the effectiveness of RICH. Examining the type and strength of relationships can enhance the effectiveness of using RICH as a coaching approach among novice nurses.*

The study was conducted in the various areas of the five (5) sections of the Nursing Service Division of San Juan de Dios Educational Foundation, Inc. – Hospital. The identified novice nurses were the 41 participants who underwent coaching sessions every after shift that were conducted by their respective unit preceptors.

Findings: *Majority of novice nurses came from the 20-24 age group which comprised of 53.66% of the population. The population of novice nurses was predominantly female with 85.37%. Only 4.88% of the novice nurses attained a master's degree in Nursing. Most of the novice nurses were assigned in the special areas of the institution. Majority of the novice nurses have less than 6 months of experience in the institution (41.46%). Evaluation of novice nurses on RICH as an effective strategy in improving their job performance in terms of: Dynamic involvement, Interdisciplinary communication, Individual task expectations and Acquired leadership roles attained a very high extent rating. The only relationship that was significant was between age and individual task expectations.*

Introduction

Every year, thousands of newly registered nurses enter the nursing workforce full of hope and enthusiasm to practice their freshly acquired knowledge. However, research states that within their first year of practice, 30% of novice nurses resign, and by the second year, this number increases to 57% [1]. There is no single reason for the statistics but a combination of "condensed orientation, staff shortages, increasing patient acuities, need for shorter lengths of stay, and higher expectations from staff and patients" [3].

At present, the transition of new graduate nurses from the educational to professional setting is more challenging. Identified factors such

as "an increasing number of patients with complex conditions and multiple comorbidities, lack of access to experienced mentors and coaches, generational diversity in the workforce, performance anxiety, and bullying" often occur simultaneously, thus leading to increasing attrition rates and decreasing retention rates [4].

When the transition of new graduate nurses becomes challenging and no effective strategy is offered, devastating effects can be experienced. Initially, the institution experiences financial loss due to increased cost of orienting and educating novice nurses [5]. Furthermore, Lindsey and Kleiner (2005) report that "graduate nurse turnover can range from 20% to more than 40%", hence the

"financial loss for tertiary care hospitals is estimated at $40,000 for each graduate nurse who leaves during his or her first year of practice" [6].

Another effect of poor retention rates of novice nurses is unsatisfactory patient care. Studies suggest that professionals who identify themselves as "burnt out" are "more likely to be disconnected from their work and their colleagues, which causes them to work in more detached ways" [7]. As explained by Hofler and Thomas (2016), "stressed and detached nurses lead to poor work performance, which can be tied to serious patient safety events" [4].

Lastly, the nursing profession is also largely affected by the increasing turnover rates since "organizations are often unable to leverage seasoned staff as mentors to direct new graduates" [4]. In addition, rapid turnover of novice nurses results in a shortage of veteran nurses [8]. When expert nurses retire, the nursing profession is endangered of "losing the wisdom of these elder nurses" as stated by Reed (2016) [9].

The demand for nurses is expected to increase due to various reasons. These include "population growth, aging of the existing workforce, more patients with complex and chronic conditions, and the expansion of health insurance to the underinsured and uninsured" [10]. Moreover, clinical settings are required to operate in a "lean, efficient manner due to shrinking reimbursements, increased regulatory oversight, and increased consumerism" [11]. Thus, Hofler and Thomas (2016) see this pressure as a demand that nursing programs produce nurses who are clinically ready from the moment they graduate [4].

Due to increasing attrition rates and decreasing retention rates of novice nurses, an emerging research theme of coaching novice nurses has become prevalent. Linda Yoder, president of the Academy of Medical-Surgical Nurses, states that "career coaching is nothing new in the larger world of business, but nursing lags behind". One reason is that coaching has a negative connotation in the nursing profession as it is viewed as "something to help only poor performers" when it should be for everyone because it "serves to enhance personal as well as team performance" [2].

This is the best time to employ coaching within the clinical setting since most novice nurses are part of the Millennial generation (born between 1980 and 2000) and "millennial nurses expect more coaching and mentoring than any other generation in the workforce" [12]. Smith (2007) further describes this generation of novice nurses as "optimistic and goal oriented" that also wants "structure, guidance, and extensive orientation". Thus, Smith (2007) recognizes the value of "internships, formalized clinical coaching, and mentoring programs" since millennial nurses are "more likely to leave an organization than previous generations" once they do not receive good coaching from their co-staff. The keys to successful coaching are respecting generational diversity and supporting the needs of the individual novice nurse [12].

Creating a culture that promotes coaching starts with commitment. As Smith (2007) emphasized, "a novice nurse may have a designated preceptor, but coaching should be everyone's duty". Since millennials expect a structured approach to coaching, huddle-coaching program was evaluated favorably by novice nurses because of its process such as "scheduling, checklists, designated huddle coaches, building relationships among team members through team-building activities, and teaching core skills to support collaborative practice" [13].

Research suggests that coaching programs "increase new nurses' intent to stay and retention rates" [14]. Vidant Medical Center in North Carolina offers a new graduate nurse residency program (NGNRP) for the past 6 years already. The program aims to "meet the educational needs of nurses during their transition to practice, instill confidence and competence upon entering the clinical setting, standardize orientation and stabilize retention" [4]. This program significantly increased the retention rate of novice nurses to more than 75% beyond 2 years and several have developed to become leaders with roles such as coaches, preceptors, and charge nurses.

The results of NGNRP were consistent with another program called Versant RN Residency Program which showed "reduced turnover, increased engagement of new graduates, improvements in patient safety and satisfaction, acceleration in RN proficiency, and self-confidence" [5]. This program was also structured and evidence-based.

San Juan de Dios Educational Foundation, Inc. – Hospital (SJDEFI – Hospital) has already integrated a training program called Clinical Nursing Development Program (CNDP) to orient novice nurses and ensure a smooth transition from being a newly graduate nurse to being a staff nurse. In order to respond to the manpower needs of the nursing units, Clinical Nursing Development Program (CNDP) was streamlined for the nurse applicants from a 21-day to a 12-day activity-based lectures. CNDP Batch 4 started with thirty-eight (38) trainees and twenty-one (21) nurses were deployed with a regular status. CNDP Batch 5 was the pioneer batch to undergo the Modular Course with fifteen (15) trainees. Currently, there are eleven (11) nurses with regular status. The sixth batch started with seventeen (17) trainees, however six (6) left the program. CNDP Batch 7 initiated with eighteen trainees (18), but only thirteen (13) were deployed as probationary staff nurse. The latest batch, CNDP 8, commenced with twenty-seven (27) trainees. However, at present, almost half of the trainees left with only fourteen (14) still continuing the program.

It is necessary for the institution to adopt a nurturing culture that promotes coaching to help "nurses with their growth and development, which serves to increase their confidence" [2] Coaching using Reflecting and Interactive Coaching Huddle (RICH) form is being implemented in the Nursing Service Division of SJDEFI – Hospital with the aim of supporting the learning and development of nurses in line with their personal and organizational objectives. The coaching is being conducted as a corrective action (due to unfavorable behavior and variances) instead of preventive. This study aims for novice nurses to evaluate RICH as a preventive coaching strategy used by unit preceptors in helping novice nurses develop their fullest potential to become competent nurses and effective leaders of their units.

Theoretical Framework
According to Sherman (2012), the transition from student to nurse is more challenging at present, and good coaching can help ease this transition by reducing frustration among novice nurses and retaining them in their initial work settings [15]. Coaching, as stated by Smith (2007), is a two-way street [12]. Coaches help them promote critical thinking skills through guided discussion and reflection. Novice nurses, on the other hand, value their coach's knowledge and ask questions. Mutual respect and open communication is a must in building a coaching environment.

Benner's theory on Stages of Clinical Competence serves as an invaluable guide for various approaches on clinical coaching. Benner (2004) mentions that "At the center of excellent clinical decision making and intelligence remains empirical knowledge through specific circumstances" [16]. According to Reed (2016), growing and maturing those "essential experiences" is a laborious but gradual process [9]. Benner further depicts experiential learning as an "engrossed apprentice who is open to progression, advancement, and development over time. Within a timeframe, novice nurses advance to "competencies of immersion" wherein they are involved in diverse situations that let them acquire knowledge from others such as patients and their loved ones. This skill of immersion is described as "being conscious of just how intimate or reserved to be with patients and their relatives in serious instances of peril and healing" [16]. Being a novice is the stage wherein a nurse still gathers these experiences because he/she does not have a prior reference to exercise discretionary judgment. Therefore, the novice nurse "lacks confidence" in performing nursing duties and "requires continual verbal and physical cues" [16].

It is extremely important that novice nurses be guided during this stage since it is when they are "provided with learning opportunities" to promote their critical thinking skills [15]. This is where the role of coaching becomes significant because it helps novice nurses to look for solutions to their problems. Thus, this enables the novice nurse to grow personally and professionally which leads to service improvement [17].

An expert has an "instinctive understanding of each circumstance or condition founded on their profound understanding and practice" [9]. Therefore, an expert nurse can guide the novice nurse to advance throughout the five levels of development since "knowledge and expertise are a requirement and necessity for the transformation into an expert" [9]. Although the expert has the resources, skills, and knowledge about the nursing profession, coaching is a learned skill according to Smith (2007) [12]. Not all great nurses make great coaches, therefore they still need proper training and guidance for it to be effective.
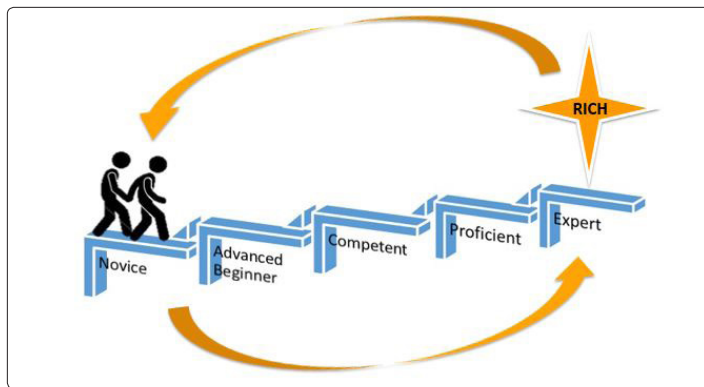

Figure 1: RICH as an effective coaching guide used by the unit preceptors and novice nurses in the transition through the five (5) stages of clinical competence

There is no shortcut to achieve the expert level of nursing competency because it is a process. Every nurse has experienced being a novice before being an expert in his/her field. The researchers evaluate the effectiveness of RICH as a guide in directing both the novice nurse and the unit preceptor during coaching huddle.

The paradigm above illustrates the role of the novice nurse, the unit preceptor, and RICH in the process of coaching huddle. As partners in coaching huddle, the novice nurse and the unit preceptor has the common goal of accelerating the novice nurse to the next stage towards the expert level with the use of RICH as a guide. They agree on the topic for discussion, specific goal for the session, and long term goals for the next session.

The novice nurse and the unit preceptor are depicted as human figures holding hands to represent their partnership. The novice nurse cooperates with the unit preceptor during the coaching session. He/she assesses his/her performance and gives specific examples. The novice nurse also discusses possible effects that are caused by his/her work performance. He/she also evaluates the effectiveness of RICH.

On the other hand, the unit preceptor facilitates the coaching session to guide the novice nurse in finding solutions and suggestions to improve work performance. He/she works with the novice nurse so that the latter can realize his/her fullest potential on his/her own. The unit preceptor also employs therapeutic communication to maintain a nurturing environment.

The RICH, represented as a "guiding star", sheds light on facilitating the entire coaching session to achieve the agreed goals for that specific session. The form includes four (4) parts, namely: *Goal*, which is the agreed topic to be discussed and the specific short and long term objectives; *Reality*, which includes self-assessment and specific examples or feedbacks; *Options*, wherein the novice nurse provides options and suggestions for improvement; and lastly, *Way Forward/Wrap-Up*, which includes the commitment of the novice nurse in doing the specific actions to improvement and also focuses on future opportunities by setting the next coaching session.

The stairway represents the five (5) stages of clinical competence. The generic goal of the coaching process is to empower the novice nurse to transition towards the expert level.

The arrow located above the staircase depicts the guidance that RICH provides to the novice nurse and the unit preceptor in facilitating the coaching sessions. The arrow below the staircase represents the evaluation of RICH by the novice nurse as a form of feedback regarding its effectiveness.

Statement of the Problem
The study aims to answer the following questions:
1. What is the profile of the novice nurse in terms of:
a.   Age
b.   Sex
c.   Educational Attainment
d.   Length of practice in the institution

2. How do novice nurses evaluate RICH as an effective strategy in improving their job performance in terms of:
a.   Dynamic involvement
b.   Inter-disciplinary communication
c.   Individual tasks expectations
d.   Acquired leadership roles

3.   Is there a significant relationship between the profile of the novice nurses and their evaluation of the RICH strategy in improving engagement?

Hypothesis

Based from the problems derived from the present study, the formulated research hypothesis was: There is a significant relationship between the profile of the novice nurses and their evaluation of the RICH strategy in improving engagement.

Scope and Limitation of the Study

The study focused on the effectiveness of RICH form in the adjustment of novice nurses in terms of dynamic involvement, inter-disciplinary communication, individual tasks expectations, and acquired leadership roles. There were fifty (50) subjects which included the novice nurses of CNDP Batches 4 to 8 of San Juan de Dios Hospital Educational Foundation, Inc. – Hospital. The RICH form was used as a guide by their respective unit preceptors in coaching the novice nurses. This was then assessed by the novice nurses with the help of the *Accelerating Improvement Metrics* tool with a scale of one (1) for '*Not achieved*' to four (4) which is '*Very High Extent of Achievement*'. The study was conducted in San Juan de Dios Educational Foundation, Inc. – Hospital in the novice nurses' respective units for four (4) days every after shift from May 22, 2017 to May 25, 2017.

Review of Related Literature

Coaching, as defined by Corlett (2000), is "enabling personal and professional growth leading to service improvement" [17]. Moreover, it is also the "skill of aiding the performance, learning, and development of others" according to Downey (2003) [18]. Coaching is unique and tailored for the learning needs of the novice nurses since they have different characteristics.

Therefore, it is important to consider the interests of the novice nurses during coaching sessions so that they can be interactive and cooperative.

Reed (2016) further discusses coaching as "empowering nurses to take responsibility and accountability for themselves and make necessary adjustments in their professional and personal life". To make it effective, nurses should nurture a coaching environment that is "informal, confidential, non-judgmental, and non-directive" [9]. Furthermore, the professional relationship that is formed during coaching should enable both the coach and the coachee to examine and evaluate daily challenges encountered.

There are different factors that can affect the adjustment of novice nurses throughout the stages of professional competencies. It is vital to consider these factors to design an approach that can be effective in helping novice nurses in their adjustment.

Age

According to Beecroft, et al. (2007), age can influence the nurses' perception of the work environment. One reason is that "new nurses in comparison to tenured nurses have less vested in their positions when dissatisfied and, therefore, are more likely to leave their job". Their findings suggest that the actual turnover rate of nurses is indirectly proportional with age, that is, higher turnover rate is expected with younger nurses. This is also supported by Smith (2007) who confirms that millennial nurses are more likely to leave an organization if they did not receive good coaching since they value coaching more than previous generations. Coaching using encouragement, guidance, and modeling helps millennial nurses find the support they need during adjustment since it encourages

critical thinking and prioritization [12].

Sex

Male novice nurses were found to have lower social support than their counterpart [8]. This is significant since nurses with low support from peers are more likely to quit early. Support system can help novice nurses to talk about concerns or problems about their career thus, coping with being a novice. Furthermore, Hamilton et al. (1989) recognized that socialization and support from peers are critical for promoting "growth and satisfaction in the workplace" [19].

Educational Attainment

Educational attainment is also a significant factor in the adjustment of novice nurses. A study in Japan found that "vocational school graduates among the nurses who quit was significantly greater than that of the nurses with other final academic backgrounds" [8]. This suggests that novice nurses who graduated from vocational nursing schools are more likely to quit early.

In contrast, another study in California, USA, noted that actual turnover rate of novice nurses with Bachelor of Science degree or higher was greater compared with novice nurses with Associate Arts degree or lower [20]. This may be attributed to more opportunities that a BSN degree offers. Once they are not satisfied with their job, they eventually quit and find another one. Furthermore, job satisfaction along with educational background, can be a predictor of turnover [21].

Length of practice as a registered nurse

According to a research by Chang & Hancock (2003), nurses who experience role stress have higher rates of absenteeism and resignation and lower job satisfaction [22]. Consequently, they have more conflicts with co-workers and psychological problems, thus compromising patient care and patient satisfaction. Role ambiguity is further increased since each ward is a specializing unit in the hospital and has different personnel and unique patient management. Thus, graduates not only have to adjust to the nursing role, but also adapt to the organization within relatively complicated social networks. The findings show that role stress is at its highest between the first one (1) to six (6) months on their first jobs. However, positive precepting relationships can help lessen role conflict and role ambiguity, thus aiding in the adjustment of novice nurses. Moreover, it appears to be easier for graduates to deal with role overload after one year of employment.

Nevertheless, it is also important to note the qualitative findings by Pfaff et al. (2014) suggesting that experience influences the interprofessional collaboration of nurses with other departments and not as a "function of length of work experience" since experience is "maturational and relational in nature" [23].

Work area

A study by Suzuki, et al. (2006) reveals that the risk for quitting is higher for novice nurses who were not assigned to their ward of preference. Therefore, "novice nurses who are dissatisfied about not being assigned to their ward of choice are more likely to quit early" [8]. This is consistent with the findings on another study by Beecroft, et al. (2008) wherein the first choice of ward/unit is a factor in turnover rates of novice nurses [20]. The study shows that there is an increase in the turnover rates when they are not assigned to their first choice of unit/ward.

Significance of the Study
The outcomes of the study will be directly and/or indirectly affect the following:

To the novice nurses
Adjustment from theory to practice is very difficult especially to novice nurses due to theory-practice gap. This study will be greatly beneficial to novice nurses since the RICH form aims to guide them for a smooth transition. This will also allow them to provide feedback regarding the effectiveness of the RICH form, therefore opportunities for improvements can be identified.

To the unit preceptors
Coaching is a challenging duty since this requires adept skills and knowledge to communicate with the novice nurses. This study will help enhance their professional relationship with the novice nurses by improving their rapport and building trust, therefore keeping their communication open.

To the patients
Novice nurses that are engaged in their work can provide safe and quality care to patients, thus coaching can also prevent variances. Open communication through coaching lets novice nurses become aware of his/her environment which imbibes a culture of patient safety.

To the institution
Training and orienting novice nurses can be costly, and novice nurses withdrawing from training programs has a huge financial impact. Training new nurses is more expensive than retaining them, thus effective coaching is vital to keep the attrition rates of novice nurses low. Coaching novice nurses has the potential to retain novice nurses, and can help the hospital in maximizing the expenses for training them.

Definition of Terms
The following terms were used operationally in the study:

Novice nurse
A nurse with less than six (6) months to one and a half (1 ½) years of experience and had undergone the Clinical Nursing Development Program of the San Juan de Dios Educational Foundation, Inc. – Hospital.

Unit preceptor
A nurse assigned per unit that can facilitate coaching sessions using the RICH form.

RICH (Reflecting and Interactive Coaching Huddle) form
A strategy currently employed as a corrective measure in improving the job performance of a staff nurse in San Juan de Dios Educational Foundation, Inc. – Hospital.

Coaching huddle
A protected, non-judgmental relationship, which facilitates a wide range of learning, experimentation and development between the unit preceptor (coach) and the novice nurse (coachee).

Methodology
Research Design
This research is a quantitative study that focuses on the relationship between the demographic profile of the novice nurses and the effectiveness of RICH. The researchers utilized a descriptive correlational design under the broad class of non-experimental studies aimed to describe relationships among variables rather than to infer cause-and-effect relationships [24]. The design was used to examine the type and strength of relationship in every variable. Examining the type and strength of relationships can enhance the effectiveness of using RICH as a coaching approach among novice nurses.

Population Frame
The study was conducted in the various areas of the five (5) sections of the Nursing Service Division of San Juan de Dios Educational Foundation, Inc. – Hospital. Convenience sampling was used in the study since it is geared towards promoting open communication with novice nurses. Convenience sampling "entails using the most conveniently available people as study participants" [24]. The process of convenience sampling was done by identifying nurses within the five (5) aforementioned sections with one and a half years (1 ½) of experience in SJDEFI – Hospital. These identified novice nurses were the forty-one (41) participants who underwent coaching sessions every after shift that were conducted by their respective unit preceptors.

Research Instrumentation
The researchers utilized the "*Accelerating Improvement Metrics*" tool to evaluate RICH that is currently being used by managers in coaching their staff. The tool is in a tabular form divided into different aspects for evaluation. The areas for evaluation are as follows: *Dynamic Involvement, Inter-disciplinary Communication, Individual Tasks Expectations, and Acquired Leadership Roles*. Each area was to be evaluated by novice nurses using 4-point Likert scale, with one (1) corresponding to *Not Achieved*, two (2) referring to *Moderate Extent of Achievement*, three (3) as *High Extent of Achievement,* and the highest rating, four (4) representing a *Very High Extent of Achievement*.

The tool was adapted by the researchers from Dr. Rodolfo Borromeo, Director of the Nursing Service Division. The tool has an established reliability and validity, thus a test for validity was not done.
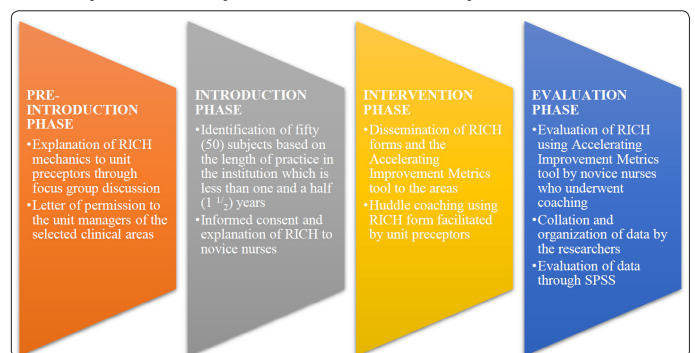

Figure 2: Data collection procedure

1. **Pre-introduction Phase**
a. The mechanics of coaching using RICH form was explained to the unit preceptors through focus group discussion.
b. Letter of permission to conduct coaching sessions with novice nurses was given to unit managers of selected clinical areas.

2. **Introduction Phase**
a. Fifty (50) subjects were identified to participate in the study

using convenience sampling with the inclusion criterion of having less than one (1) year and eleven (11) months of practice in the institution.

b. Informed consent and explanation of RICH were provided to novice nurses.

3. **Intervention Phase**
a. RICH forms and *Accelerating Improvements* Metrics tool were disseminated to the clinical areas.
b. Coaching huddle were facilitated by the unit preceptors to novice nurses in a span of four (4) days every after shift.

Evaluation Phase
a. After four (4) days of coaching huddle, RICH was evaluated using the *Accelerating Improvement* Metrics tool by novice nurses.
b. The data collected were organized and evaluated using the Statistical Package for the Social Sciences (SPSS) software program to determine if the statement of the problems were answered.

Data Analysis and Treatment
The researchers used Shapiro-Wilk Test for Normality to determine if it is safe to assume that the sample is normally distributed. Since the result was not normally distributed, non-parametric test was used for the statistical treatment.

The demographic data were analyzed with the use of frequency distribution. This fulfilled the study's aim to describe the sample.

The mean for every variable of each criterion was computed to determine the extent of engagement of novice nurses. The level of extent was divided into four (4) namely: '*Very high extent*', '*High extent*', '*Low extent*', and '*Very low extent*'.

The researchers utilized Spearman's rho to fulfill the third statement of the problem regarding significant relationship. This would determine the presence of significant relationship (significance level $\alpha = <0.05$) between the demographic profile of novice nurses and their evaluation on the RICH strategy in improving engagement. Determining the presence of significant relationship between them could support the hypothesis that RICH is effective in improving engagement of novice nurses.

Results and Discussion
This chapter constitutes the findings, tables and analysis in accordance with the results of the study that transpired from the chosen statistical treatments discussed in the previous chapter. The analysis and interpretation are focused on the demographic profile of the subjects and significant relationships between profile of novice nurses and their evaluation on the RICH strategy in improving engagement. Out of the fifty (50) evaluation tools that were distributed in the different areas, forty-one (41) were recovered with a retrieval rate of 82%.

Statement of the Problem 1:
1. 1. What is the profile of the novice nurse in terms of:
a. Age
b. Sex
c. Educational Attainment
d. Work area
e. Length of practice in the institution

Table 1: Distribution of Novice Nurses according to Age, Sex, Educational Attainment, Work Area, and Length of Practice in the Institution

PROFILE	FREQUENCY (f)	PERCENTAGE (%)
AGE		
20-24	22	53.66
25-29	15	36.59
30-34	4	9.76
35 & above	0	0.00
SEX		
Male	6	14.63
Female	35	85.37
EDUCATIONAL ATTAINMENT		
BSN	39	95.12
MAN/MSN	2	4.88
Post-graduate units	0	0.00
WORK AREA		
ESU	2	4.88
HDU	1	2.44
ONU	0	0.00
OPU	0	0.00
CCU	0	0.00
ODU	9	21.95
Ob-Gyne	5	12.20
Pedia	5	12.20
Medical	6	14.63
Surgical	5	12.20
General	8	19.51
LENGTH OF PRACTICE IN THE INSTITUTION		
Less than 6 months	17	41.46
6 months to 11 months	9	21.95
1 year to 1 year and 11 months	15	36.59

Among the novice nurses, 53.66% (x=22) belong to the 20-24 age group while minority of the novice nurses are in the 30-34 age group which comprises 9.76% (x=4). The reason behind is that most novice nurses are new graduates. A study conducted in the Philippines by Perrin, et al. (2007) revealed that private hospitals have a younger workforce (27% were under 25 years old) compared with government hospitals that only have 9% of its workforce belonging in the 20-24 age group.

Majority (85.37%) of the novice nurses belong to the female population while its male counterpart belong in the minority with 14.63% of the population (x=6). Nursing, according to Lampert (2016), has been a "female-dominated profession" [25]. This may be explained due to the mentality of some nurses that their profession is a "feminine one" [26]. The same article also added that "Nursing is still seen…as the Florence Nightingale profession and it is still very female-dominated".

This mentality may be attributed to the "Reductionist Sociobiological Model" of gender role differentiation which describes women as "an extension of their maternal functions, possess expressive, emotional and caring qualities, while men are naturally more instrumental, rational, scientific and decisive". This accords to the feminine "caring" stereotype, and caring is seen as the core and the unique attribute of nursing [27].

Almost all novice nurses have a bachelor's degree in Nursing as their highest educational attainment (95.12%) except for 2 novice nurses (4.88%) who obtained a master's degree in Nursing. It is consistent with the outcomes of Dyess & Sherman (2009) wherein majority of novice nurses has bachelor's degree in Nursing as their highest educational attainment [28]. The reason behind is that almost all hospitals offer the staff nurse position as entry-level, and accept not less than a bachelor's degree in their applicants [29].

When novice nurses are divided into work areas, majority of them (9) are assigned in Operating and Delivery Unit (ODU) while the lowest number (1) of novice nurse is in Hemodialysis Unit (HDU). Oncology and Outpatient Units do not have novice nurses. No evaluation tool was retrieved from Critical Care Unit (CCU).

Most of the novice nurses have less than six (6) months of practice in SJDEFI – Hospital with 41.46% (x=17) while novice nurses with 6 months to 11 months constitutes the 21.95% of the population (x=9). Most novice nurses are new graduates that have their first job as a staff nurse. This may be compared with the findings of Perrin, et al. (2007) wherein most novice nurses are less than a year of tenure [30].

Statement of the Problem 2:
2. How do novice nurses evaluate RICH as an effective strategy in improving their job performance in terms of:

a. Dynamic involvement

Table 2: Mean Distribution of the Evaluation of the Novice Nurses on RICH in terms of Dynamic Involvement

VARIABLES	MEAN	VERBAL INTERPRETATION
1. Shows enthusiastic drive in involving self to various tasks and delegated responsibilities.	3.61	Very high extent
Offers suggestions and/or recommendations to improve services.	3.51	Very high extent
3. Finds meaning to the essence of his/her tasks through display of his/her initiatives during work.	3.59	Very high extent
4. Participates actively in any of the unit, section, division, or institutional events that promote character building (e.g. Circle, Cluster, Unit Meetings, BEC, Retreat/Recollections, etc.).	3.56	Very high extent
5. As a manifestation of his/her formative learning from such activities, he/she performs as expected.	3.56	Very high extent
GENERAL WEIGHTED MEAN	**3.57**	**Very high extent**

Table 2 shows the evaluation of the novice nurses on the RICH strategy in terms of dynamic involvement. This criterion has a general weighted mean of 3.57 equivalent to 'very high extent'. In the nursing profession, being a strong patient advocate requires involvement of nurses in decision making regarding improvement of healthcare delivery [31]. Thus, the evaluation on dynamic involvement of novice nurses which is 'very high extent' may be associated with the role of the coach as a sounding board for ideas. Fostering a safe environment for sharing ideas will involve the novice nurses in thinking of solutions for a more efficient and effective nursing care.

The variable with the highest rating (3.61) is "showing enthusiastic drive in involving self to various tasks and delegated responsibilities" while the lowest (3.51) is "offering suggestions and/or recommendations to improve services". Both variables, however, are equivalent to 'very high extent'. Novice nurses have the "enthusiastic drive" when they feel that their involvement in different task can be of great contribution. According to Benner (1984), novice nurses should transit from being a "detached observer

to an involved performer" [32]. Thus, their high rating on the first criterion regarding being involved in tasks and responsibilities show that they perceive RICH as an immense support in realizing their contribution in their area through the tasks that are delegated to them. This may be related to the fact that coaching through RICH invites them to assess their performance, and being "task oriented", they tend to focus their assessment on the degree of completing a particular task.

The variable of dynamic involvement with the lowest score about offering of suggestions and recommendations can be related to the novice nurses' lack of "knowledge or the critical-thinking skills necessary to dig deeper – those come only with time and experience" [33]. Furthermore, novice nurses "must experience both positive and negative circumstances in order to move toward the attainment of professional confidence" (Ortiz, 2016) because giving recommendations means that they have an understanding of the bigger picture, which novice nurses still lack [33, 34].

b. Inter-disciplinary communication
Table 3: Mean Distribution of the Evaluation of the Novice Nurses on RICH in terms of Inter- disciplinary Communication

VARIABLES	MEAN	VERBAL INTERPRETATION
1.Value the importance of effective communication in achieving the desired objectives.	3.71	Very high extent
2. Shows professional assertiveness in dealing with people (e.g. co-workers, doctors, other	3.63	Very high extent paramedical staff) within and across divisions.
3. Display positive disposition in sharing views	3.54	Very high extent and opinions.
4. Courteously clarify information if not clear.		
5. Demonstrate respect between and among co- workers regardless of positions in the hierarchy	3.73	Very high extent
6. Consistently follow channels of communication	3.61	Very high extent to avoid overlapping in delivering concerns.
7. Provide relevant information needed by external customers (e.g. visitors, relatives, and significant others).	3.59	Very high extent
8. Value the importance of documentation by ensuring its substance, accuracy, and completeness.	3.76	Very high extent

The table represents the evaluation of the novice nurses on the contribution of RICH in improving their interdisciplinary communication. Like dynamic involvement, it also received an evaluation of 'very high extent' with a general weighted mean of 3.65. Interdisciplinary communication refers to coordinating with patient, relatives, and members of the health team. Good communication "assists in the performance of accurate, consistent and easy nursing work, ensuring both the satisfaction of the patient and the protection of the health professional" [35].

The variable with the highest score (3.76) is "valuing the importance of documentation by ensuring its substance, accuracy, and completeness" while "display positive disposition in sharing views and opinions" received the lowest (3.54). Novice nurses place emphasis on proper documentation since it is part of their delegated responsibilities. New graduate nurses value documentation as an important task because it is a form of communication highlighted during college. The old adage, "If it is not documented, it was not done" is emphasized and reinforced in nursing schools [36]. Since the RICH strategy also enables the novice nurses to reflect ways to improve their documentation in terms of accuracy and completeness, they also place a high value for this particular variable.

The variable on "displaying positive disposition in sharing views and opinions" receiving the lowest score may be attributed to the findings in a study done in South Korea that novice nurses preferred "peer opinion-sharing within horizontal relationships" [37]. Since coaching is done by their seniors, this aspect of the RICH strategy was not fully appreciated by novice nurses. The study also adds that novice nurses have the perception that "opinions of new nurses [have] a strong tendency to quash them".

c. Individual tasks expectations
Table 4: Mean Distribution of the Evaluation of the Novice Nurses on RICH in terms of Individual tasks expectations

VARIABLES	MEAN	VERBAL INTERPRETATION
1. Demonstrate quick and precise movements to avoid unnecessary wastes.	3.39	Very high extent
2.Consciously observe/follow standards that eliminate potential variance.	3.56	Very high extent
Critically thinks and anticipates events, which allows him/her to prepare relevant plans.	3.63	Very high extent
4. Execute plans as desired, without wasting time.	3.59	Very high extent
5. Logically decides best options and priority tasks ahead.	3.61	Very high extent
6. Value the importance of outcomes and results through monitoring and evaluation.	3.68	Very high extent
7. Asserts in-depth review and analyze unsuccessful options (e.g. huddles, expressing opinions during meetings, SBAR, NCR, Fishbone reports, etc.).	3.37	Very high extent
8. After reviewing unsuccessful options, provide new set of strategies to reinforce ineffective actions.	3.46	Very high extent
9. Technically adept to the programs of the institution (safe practice of nursing, occupational safety, environment safety, etc.).	3.63	Very high extent
GENERAL WEIGHTED MEAN	**3.55**	**Very high extent**

The fourth table depicts the evaluation of novice nurses on RICH in improving individual tasks expectations with a general weighted mean of 3.55 equivalent to 'very high extent'. According to Gabriel, et al. (2011), "not accomplishing tasks to one's satisfaction was conceptualized as a daily workplace stressor" [38]. Furthermore, since direct care is the central role of nursing, task accomplishment satisfaction is a factor in adjustment of novice nurses.

The variable pertaining to "valuing the importance of outcomes and results through monitoring and evaluation" got the highest rating of 3.68 while "asserting in-depth review and analyze unsuccessful options (e.g. huddles, expressing opinions during meetings, SBAR, NCR, Fishbone reports, etc.)" got the lowest score of 3.37. The RICH strategy aims to evaluate the performance of the novice nurse through feedbacks. Thus, the variable regarding valuing the outcomes through monitoring and evaluation got the highest rating since "positive feedback is important" [34]. Novice nurses see RICH as a great help in providing them with positive feedback which is their basis in improving their performance. According to Donner and Wheeler (2009), novice nurses "need to expand their view of themselves through reflecting on others' perspectives, acknowledging those areas where change is needed, asking for ideas on how to develop new skills, and, upon reflection, deciding what to do" [39].

The variable with the lowest rating can be related to the negative perception of novice nurses regarding analyzing unsuccessful options. A study by Engeda (2016) identified ninety-six (96) barriers to incident reporting, among which include "fear of legal action and job threats, fear of economic losses, and fear of honor and dignity"[40].

Among the four (4) criteria, Interdisciplinary communication received the highest rating of 3.68 while the lowest rating went to Individual task expectation (3.55). However, all criteria were evaluated as 'very high extent'.

d. Acquired leadership roles

Table 5: Mean Distribution of the Evaluation of the Novice Nurses on RICH in terms of Acquired Leadership Roles

VARIABLES	MEAN	VERBAL INTERPRETATION
1. Express that leadership is not all about position, but the capacity of the one to influence others to one directions (Vision/Mission).	3.59	Very high extent
2. Relatively ready to assume leadership role in any given situation (acting as Nurse-in-charge of the patients, small team activities, delegated tasks, committee participation, etc.).	3.51	Very high extent
3. Show attributes of a leader through his/her actions and dispositions.	3.49	Very high extent
4. Collaborate independently and/or interdependently to ensure harmony in the execution of processes.	3.61	Very high extent
5. Proactively listen to others' opinion and suggestions to improve services.	3.59	Very high extent
6. Motivate others pursuant to the achievement of the unit, section, division, and institutional goal, and objectives (zero medication and procedural variance, OTPs, achievement, other KPIs, etc.).	3.71	Very high extent

Table 5 illustrates the evaluation of the novice nurses on RICH in terms of acquired leadership roles which received a general weighted mean of 3.58 corresponding to 'very high extent'. Acquiring leadership roles should start during the novice stage to "support transition and enhance the skill sets of leadership for new nurses in their first year" [41]. Moreover, another study by Jewell (2013) found that a "one year coaching program for novices is an effective strategy in supporting their transition" making them effective leaders for the future of the nursing profession [42].

The variable with the highest rating (3.71) is "motivating others pursuant to the achievement of the unit, section, division, and institutional goal, and objectives (zero medication and procedural variance, OTPs, achievement, other KPIs, etc." while the lowest rating (3.49) was given to the variable on "showing attributes of a leader through his/her actions and dispositions. The variable with the highest rating may be related with the fact that team nursing is employed in the hospital, therefore there is uniformity with their goals such as zero variance and meeting KPIs (key performance indicators). Since the RICH strategy can aid the novice in fulfilling their goals, its value on contributing to the novice nurses' motivation in meeting the unit goals was highly appreciated. "Desire to work as a team and recognition of a common goal" give a sense of direction professionally for novice nurses [43].

On the other hand, the lowest variable pertaining to showing attributes of a leader got the lowest rating because leadership cannot be honed through coaching alone, especially for novice nurses with no prior experience. According to Dyess and Sherman (2011), practice environments need continuous improvements to enrich the leadership skills of nurses even at an early stage [41]. Experience is an essential element in acquiring leadership abilities because it improves a nurse's skills and attitude, which are both important for leadership credibility [44].

Statement of the Problem 3:
3. Is there a significant relationship between the demographic variables of the novice nurses and the effectiveness of RICH?

Table 6: Significant Relationship between the Novice Nurses' Profile and their Evaluation on the RICH Strategy in Improving Engagement

Demographic variables	Dynamic Involvement			Inter-disciplinary Communication			Individual Task Expectations			Acquired Leadership Roles		
	r	Sig	Interpretation	r	Sig	Interpretation	r	Sig	Interpretation	r	Sig	Interpretation
Age	0.26	0.10	Not significant	0.28	0.08	Not significant	0.33	0.03	Significant	0.26	0.10	Not significant
Sex	-0.02	0.92	Not significant	0.15	0.37	Not significant	0.02	0.88	Not significant	-0.01	0.93	Not significant
Work Area	0.03	0.87	Not significant	-0.21	0.20	Not significant	-0.22	0.16	Not significant	-0.1	0.42	Not significant
Educational Attainment	0.28	0.07	Not significant	0.25	0.12	Not significant	0.27	0.08	Not significant	0.07	0.66	Not significant
Length of Experience	-0.04	0.82	Not significant	-0.08	0.62	Not significant	-0.04	0.81	Not significant	-0.03	0.84	Not significant

The last table demonstrates the significant relationship between the novice nurses' profile and their evaluation on the RICH strategy in improving engagement. It is important to note that the only relationship that has a significant relationship is that of age and individual task expectations. Majority of the novice nurses belong in the 20-24 age group, and as novice, they are task-oriented. Benner (1984) illustrated that the transition of novice nurses is "primarily focused on task oriented professional nursing care" [32]. This may be attributed to the "gap from nursing theory in academia to practice as the professional nurse at the bedside" [45].

They perceive the RICH strategy as a significant tool for their adjustment as novice nurses since they are focused in finishing their tasks. In a study by Fraley (2016), novice nurses shared things that made them feel confident such as "accomplishing tasks… starting an IV without help" and "when workload is complete, all medications were given"[46]. Furthermore, completion of a task gives them satisfaction, hence the value of RICH strategy in their transition as novice nurses is realized in meeting their "individual task expectations".

Summary
I. Demographic Profile of the Subjects
A. Age – Majority of novice nurses came from the 20-24 age group which comprised of 53.66% of the population. Meanwhile, 9.76% of the novice nurses came from the 30-34 age group.
B. Sex – The population of novice nurses was predominantly female with 85.37% while the male counterpart represented the 14.63%.
C. Educational Attainment – Only 4.88% of the novice nurses were able to pursue master's studies.
D. Work Area – Most of the novice nurses were assigned in the Operating and Delivery Unit which comprised of the 21.95% of the population. Meanwhile, the lowest number of novice nurses came from Hemodialysis Unit with 2.44% of the population.
E. Length of practice in the institution – Majority of the novice nurses have less than 6 months of experience in the institution (41.46%) while novice nurses with 6 to 11 months of experience in the institution came from the minority of the population with 21.95%.

II. Evaluation of novice nurses on RICH as an effective strategy in improving their job performance in terms of:
A. Dynamic involvement – This criterion was evaluated as 'very high extent' with 3.57 rating. The highest rating was given to the variable of "Offers suggestions and/or recommendations to improve services" with a rating of 3.51 while the lowest was given to "Shows enthusiastic drive in involving self to various tasks and delegated responsibilities" (3.61).

B. Interdisciplinary communication – It was also evaluated as 'very high extent' with 3.65 rating. The variable with the highest rating of 3.76 was given to "Values the importance of documentation by ensuring its substance, accuracy, and completeness" while the lowest rating of 3.54 was given to "Display positive disposition in sharing views and opinions".

C. Individual task expectations – It was evaluated as 'very high extent' with 3.55 rating. The variable with the highest rating got 3.68 (Values the importance of outcomes and results through monitoring and evaluation) while the variable of "Asserts in-depth review and analyze unsuccessful options (e.g. huddles, expressing opinions during meetings, SBAR, NCR, Fishbone reports, etc.)" got the lowest rating of 3.37.
D. Work Area – Most of the novice nurses were assigned in the Operating and Delivery Unit which comprised of the 21.95% of the population. Meanwhile, the lowest number of novice nurses came from Hemodialysis Unit with 2.44% of the population.

E. Length of practice in the institution – Majority of the novice nurses have less than 6 months of experience in the institution (41.46%) while novice nurses with 6 to 11 months of experience in the institution came from the minority of the population with 21.95%.

II. Evaluation of novice nurses on RICH as an effective strategy in improving their job performance in terms of:
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C. Individual task expectations – It was evaluated as 'very high

extent' with 3.55 rating. The variable with the highest rating got 3.68 (Values the importance of outcomes and results through monitoring and evaluation) while the variable of "Asserts in-depth review and analyze unsuccessful options (e.g. huddles, expressing opinions during meetings, SBAR, NCR, Fishbone reports, etc.)" got the lowest rating of 3.37.

D. Acquired leadership roles - This criterion was evaluated as 'very high extent' with 3.58 2. rating. The highest rating was given to the variable of "Motivates others pursuant to the achievement of the unit, section, division, and institutional goal, and objectives (zero medication and procedural variance, OTPs, achievement, other KPIs, etc.)" with a rating of 3.71. The lowest rating was given to "Show attributes of a leader through his/her actions and dispositions" (3.49).

III. Significant relationship between the demographic variables of the novice nurses and the effectiveness of RICH – The only relationship that was significant was between age and individual task expectations.

Conclusion
The profile of the majority of novice nurses belong in the 20-24 age group, female, bachelor's degree holder, assigned in the Operating and Delivery Unit (ODU), and has an experience of less than six (6) months. The RICH strategy was evaluated as 'very high extent' by novice nurses in improving their dynamic involvement, interdisciplinary communication, individual tasks expectations, and acquired leadership roles. There is a significant relationship between the age and the individual tasks expectations of the novice nurses[47-49].

Recommendation
Based on the result and findings of this study, the researchers recommend the following:
1. The RICH strategy was found to have a 'very high extent' of improving the performance of novice nurses. Therefore, continuation of utilizing the RICH strategy could aid in the adjustment of novice nurses in SJDEFI – Hospital.
2. RICH could be used as a documentation tool in monitoring the progress of the novice nurse since it is also a form of agreement between the novice nurse and the preceptor.
3. For future researches, the researchers suggest to investigate the relationship of work area preference and its effect on the adjustment of novice nurses since there is present literature discussing this theme.

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