

Renewing the Nursing Culture

Sustaining the Professional Community of Practice Through the Role of the Preceptor

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Culture is the driving frame within which all human action takes form. This article explores the elements and characteristics of culture and applies them to the nursing professional community of practice. As it drills down to the work in the cultural context, it argues for the central role of the preceptor in evidencing the influence of culture. For onboarding nurses and the nursing community, the preceptor becomes the carrier of culture, demonstrating the impact of culture in a way that exhibits its influence and impact on nursing practice and patient care. **Key words:** *community of practice, culture, environment, preceptor, values*

THE LONG-HELD aphorism “culture rules” is as relevant today as it has ever been. If those of us in nursing and health care leadership are not aware of the impact of forgetting this common maxim, we need only recall the past 2 years as we all recover from the impact of the crisis of the immediate past few years.¹ Much has been written about the losses imbedded in ignoring the impact of culture in our exercise of contemporary leadership. Hard lessons have been learned as we attempt to renew our support for cultural underpinnings. Many of these have enabled or disabled essential structures, supports, environment, leadership, and engagement, which comprise the elements necessary to a thriving professional

community of practice (CoP).^{2–4} The loss of commitment and the recent mass exodus from the institutions of health care services toward other less onerous environs in the view of a significant number of nurses bear testimony to what happens when culture fails to be a source of hope, health, and renewal.^{5,6} The many surveys of the nursing workforce post-COVID revealed nurses’ insights related to their sense of cultural failure, repeatedly enumerating their loss of engagement, investment, support, and leadership during the many recent crises across the health care system.^{7–9} While nurses may not frequently be able to enumerate the vicissitudes of culture loss, they are certainly able to identify how it feels when they are absent.

For the professional worker, culture serves as an enabler of the efforts of practice rather than the driver of them. Culture provides the structural and environmental context within which the work of the profession is advanced. In culture are embedded the circumstances and conditions that lead to support and satisfaction in the exercise of practice in every patient care setting.¹⁰

As health systems and agencies re-engage these cultural challenges in ways that reflect positive support for nurses, their values,

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work, relationship needs, and contributions, understanding the implications of culture is vital going forward. Addressing culture, leaders need to consider the three foundational strata of the attributes of culture described by Schein¹¹ as a guide to strategies in recalibrating, transforming, and advancing the value of the nursing role:

Underlying assumptions: It is important to identify the assumptions that serve as the source of values in a culture driving action within the organization. People generally have an awareness of underlying assumptions, even though they are not documented or defined. These assumptions are generally made up of unconscious thoughts, beliefs, perceptions, and feelings.¹² Examples of assumptions can be the belief about the value of women in the workplace, the importance of racial equality, the value of life, the right to health care, the importance of nurses, workplace values, and family structure. People use these beliefs to make day-to-day decisions within an organization. They are often considered the *why* of actions and decisions.

Values. Values are an organization's stated beliefs and rules of behavior that represent the essence of the organization and how it responds to external information and feedback. Values reflect standards and terms of conduct in the organization. Examples of organizational values include trust, honesty, innovation, respect, and/or communication.

Artifacts. These are the visible, tangible, evident, or verbally identifiable elements that demonstrate an organization's self-image/culture. Artifacts mark the surface of the organization; they are the visible elements in the organization, such as logos, architecture, structure, processes, and corporate identifiers. These are not only visible to the employees but also visible and recognizable to external parties. These three key elements informing culture are critical to the construction and sustainability of a supportive and enduring culture underpinning nursing practice.

The leader's understanding and application of the cultural factors that encourage the professional work of nurses enable and sustain it in ways that are satisfying and durable. These embedded cultural elements (underlying assumptions, values, and artifacts) are evidenced by engaging and supportive leadership, psychological, emotional, behavioral, and relational engagement, respect for the individual, career opportunity, recognition for practice excellence, learning support, professional ownership and participation, and reward for value-added outcome and impact.¹³⁻¹⁵ These elements lead to the creation of a milieu where professionals are considered important contributors, partners, and investors in the health care workplace, leading to a sense of personal and collective ownership and belonging. These cultural conditions are formalized in the organization's structures and operating modalities. They get revealed in how the system characterizes their values and expresses their identified state of being. There is a set of codes and expectations that enumerate the requisites of membership in the organization. This cultural frame, if real, is never compromised by shifts in condition or circumstance and demonstrates all the expectations for both collective and individual behaviors.¹⁶⁻¹⁸

Currently, hospitals and health services are attempting to rebuild a sustaining professional nursing culture. As nurses return and new staff are onboarded, and as the staffing levels of the organization are recalibrated to meet growing care demands, understanding the role of culture becomes critical. Leaders refocusing their energies on a supporting and sustaining culture has now become central to organizational success. The cultural content of an organization is expressed in the relationships and behaviors that illustrate its presence. Nurse leaders respect ownership for decisions by those who are accountable for them and the full participation of clinicians in making them and exercising the actions related to their application.¹⁹ For all nurses, especially

incoming nursing staff, that means renewing membership in the professional CoP through professional self-identity, membership on its councils, inclusion and engagement in decisions and innovations in the practice setting and in opportunities to share with other practitioners the accomplishments and impacts of their creativity and work.²⁰ A positive culture requires full nursing engagement and evidence that there are opportunities for growth and advancement in the practice setting that enable educational, practice, and career advancement in all nursing roles. A positive culture represents a good and enduring fit between the environment of practice and the viable and sustainable exercise of practice. If practice excellence is a value and an expectation, it must be evidenced in organizational and leadership support, professional opportunities, reward, and recognition.²¹

A positive professional work culture cannot sustain itself on its own. It must be constantly assessed and nurtured. The environment is always embedded in an endless vortex of change and adaptation. The conditions and circumstances that are the energy of this change maelstrom are evidenced in the constant call for transformation and innovation. As history demonstrates, within the dynamics of our universe, evolution has favored a definitive recognition of the shifting constancy of change, accompanied by an incongruous human reticence to directly engage it. We tend to favor and hang tightly to stability and the normative. We are reluctant to change yet, but we are required to embrace it in order to advance our quality of life and to support it over the long term. This effort calls for an enormous amount of individual and collective energy and a commitment to harnessing the dynamics and processes that help us actively tackle the sometimes overwhelming but necessary vagaries associated with successfully undertaking change.²² A positive culture makes these processes more normative in the system and energizes and enables members to navigate and engage with the related change challenges. A

positive work culture incorporates roadblocks and failures and accepts them as elements of the way of doing business and essential to effectively addressing meaningful change. Through the encouragement and use of small tests of change along the longer change continuum, progress becomes less burdensome and more manageable, and the building blocks leading to positive outcomes and impact make achievement possible.

THE EMERGING CENTRAL ROLE OF THE PRECEPTOR IN REFLECTING A NURSING-SUPPORTIVE CULTURE

Nurses need and want to know that they can make a difference in the context of their professional mission and work in all the places they practice.²³ The work itself is innately difficult and challenging. However, nurses are willing to undertake it every day with a sense of purpose and the hope of having an impact that makes a difference. The inherent difficulty in nursing work is made possible and exciting to the extent that their commitment and effort are valued, encouraged, and supported with a clear measure of impact and success. Every new nurse enters a CoP with enthusiasm and a desire to succeed and make a difference. Informing that journey as they undertake it is a culture that can potentially encourage, support, and sustain that energy. The nursing professional CoP in these health systems can either advance or sustain that hope or can limit it in the many small ways the culture enables or disables it. All this complex effort is facilitated in the supportive culture through its own reinforcement and enabling structures and processes. If this positive culture is present, it becomes embedded in the lives of nurses and is inculcated in their expressions and practices. It is this lived experience that the culture enables and informs in a way that will need to be evidenced and translated into the lives of incoming members. As they enter the CoP, they will, through the

organization's positive cultures, translations, and applications, embed this enabling culture into their own principles and practices. That is how sustainability is built in human systems. It cannot, however, be accomplished without being represented and expressed by engaged nurses at the front lines of clinical work who both live the culture and demonstrate it in their person, practice, and impact. This defines the central role of the nurse preceptor in representing and translating culture into the lived experience of the nurse.

Constructing the bridge to this impactful and transforming CoP for the new and/or transitioning nurse becomes the central cultural work of the health care organization. Of course, every member of the system plays a role in the success of this transition and of the further advancement of the communities of practice in the system. The culture of the system is expressed in its members and becomes a living representation of its values in their relationships and behaviors—they are the critical agents in this dynamic. This is especially true for the role of the nurse preceptor. It is in their capacity to create and represent through their own practices the cultural attributes that support their attitude, investment, engagement, relationships, and their visual and collective effort to advance the health of those they serve. Therefore, creating in the preceptor the empowering characteristics of an enabling culture and the practices that represent it is vital to the life and role of all nurse members at every place in the system. This representation is essential to successful onboarding and, ultimately, the mutually positive impact of all members of the organization's nursing professional communities of practice.

LIVING CULTURE: PRECEPTORS AS THE CARRIERS OF CULTURE

Most leaders understand organizational culture at some basic level; however, leaders cannot represent and demonstrate the

applications of culture by themselves. In this cultural journey, because of their locus and role, nurse preceptors become the significant purveyors of culture for those entering into the organization's practice milieu. A supportive organizational culture is the enabler of positive action and must necessarily create the climate for nursing professionals to practice at the highest level in their profession. The circumstances and conditions created by a culture and its leaders will necessarily encourage professional work that will encourage nurse satisfaction and positive patient outcomes when done in a way that is linked to the clinical role. To be sure, the historical challenges of implementing an effective preceptor program and producing preceptors that truly reflect these positive cultural elements are well known.²⁴

CULTURE FRAMES THE PROFESSIONAL CoP

Culture is not an amorphous, dispossessed context, absent the dynamics and vagaries of the human experiences that reflect it. Within a defined organizational culture, an opportunity exists for nursing leaders to continually renew the nursing CoP. This community serves as an innovative framework to further delineate and support the desired quality outcomes of nurses' work. Preceptors, guiding entry, and sustainability within a specific work culture become the agents of the culture and community and its carriers as visible witnesses of its effects on life and work. Professional communities of practice (CoP) provide the practice-based frame for collaborative learning and engagement with professional groups and communities. The formalized CoP for nursing is critical to support and advance nursing practice, which embodies situational learning within a specific cultural context. The relational influences in the nursing CoP inform nurse's participation in it.^{25,26} Leaders need to purposefully strategize and develop their CoP environment in a manner that formally

guides nurses in managing and deploying new and existing knowledge. A CoP serves to advance the experience of nursing community members, the profession, and society. Membership in the professional CoP calls for self-identity as a professional nursing member, provides for participation in governance council decision-making, and supports the nurse's innovative opportunity to advance the work of the profession. It is the preceptor who is the visual representative/role model for the character and lived content of the CoP demonstrating through the role the nurse's lived reality within their CoP.

The nursing profession requires a positive engagement between the profession as a whole and the professional as an individual to meet the nurse's societal obligations and create meaningful change in the health of those s/he serves. Preceptors, through their role and relationship, enable and exhibit these characteristics of the supporting culture (underlying assumptions, values, and artifacts) and, in their own role, the membership expectations of the nursing CoP.

Reflecting these attributes of the culture, underlying assumptions, values, and artifacts, leaders must necessarily assess and identify the presence of preceptor support systems within the organization and determine strategies to enhance the cultural support for the precepting role as a defined purveyor of culture. For the preceptor role to reflect the specific cultural attributes that demonstrate organizational support and value that can palpably be sensed by incoming nurses, there must be several considerations imbedded in the preceptor's role: (1) The preceptor role is seen as a relationship, not a function. Evidence suggests that long after the preceptee has become fully engaged as a member of the nursing community, s/he remembers most of the relationship established with the preceptor in advance of any particular recall of technical or functional capacity gained from this person.²⁷ (2) The person of the preceptor demonstrates a

positive orientation to the role and position with a disposition that evidences a level of enthusiasm and commitment to nursing and the CoP of which s/he is a member. (3) The preceptor is a purveyor of both the nursing practice competencies and the expectations of membership in the nursing CoP. Work efficacy is vital to effective patient care, and peer relationships are essential to building the nursing community where best practices, collective decisions, innovations, evaluations, and positive changes are cultivated. (4) The preceptor enumerates the expectations of the preceptee nurse's membership in the CoP related to professional governance, quality impact/metrics (evidence-based activities), collaboration, solution seeking, and practice improvement and innovations. (5) Preceptors reflect in their own roles and behaviors the cultural values and expectations of the organization and the professional nursing CoP in a way that is visible and clear. Expectations are better demonstrated than merely communicated, serving as a vital witness to how they are lived rather than simply how they are understood.

Leaders must understand that precepting is not simply a function but is a role that serves peers and preceptees as the primary window into the CoP and its operating realities. The senior nurse leaders will need to adjust nonsupportive patterns of potential impediments in leader behavior, clearly responding to each specific behavioral constraint and addressing underlying negative assumptions and values. The lack of congruence among underlying assumptions, values, and artifacts should also be examined by nurse leadership and adjusted. If, for example, the artifact of preceptor pay is not supported by evidence-based education, time allocation for the application of the work, and leadership advocacy, the incongruency is quickly recognized, and willingness/engagement in precepting suffers concomitantly.

Of course, the wise nurse leader expects roadblocks and failures and sees them as normative and essential for growth and

change as new preceptor approaches are created and implemented. Reflecting the critical need of the current reality in health organizations, nursing leadership has an incredible opportunity to recover the culturally important preceptor role, using the organization's supporting cultural attributes and infrastructure and the existence of a strong nursing CoP.

FORMALIZING THE NURSE PRECEPTOR ROLE: THE CARRIER OF CULTURE AND A BUSINESS-CRITICAL RESOURCE

With the churn and continuing shortages of nurses in health care organizations and with the rise of nursing anxiety and burnout in a post-pandemic world, effective development and engagement of nurses are increasingly business critical.²⁹ Nursing preceptors are a valuable health care resource that serves as role models, teachers, mentors, and change agents of the system in which nurses new to the setting practice their profession, in short, the carrier of the organization's culture. They best represent, in their own roles, the vitality of the nursing CoP. New or novice nurses include new graduates as well as more seasoned nurses who are new to a specialty or to the organization. They each need guidance and support as they prepare for entrance into a new nursing CoP. The preceptor is central to their professional journey of learning, adapting, and integrating into the organizational culture and the profession.

While preceptorship is a very important organizational support for new nurses, there is evidence that organizational culture can have either a positive or negative impact on the preceptee, dependent upon how well the support is delivered.³⁰ This delivery is dependent on the support of the leader, the availability of preceptors, their educational preparation, and the relationship between the preceptor and preceptee. When done well, preceptorship aids in preparing nurses for practice.³¹ When done

poorly, trust is eroded, preceptee performance is negatively impacted, and full engagement in the CoP is compromised. The preceptor role should not simply be an extension of the role of every staff nurse. Since the preceptor is a critical agent of the culture of the organization, echoing the vitality and sustainability of the nursing CoP, the preceptor role must certainly be clarified and formalized, displaying the following characteristics: (1) The preceptor role must be identified as a formal role with specific/standardized competencies, skill sets, capacities, and expectations that indicate the impact from its successful performance. (2) Preceptors must be formally prepared for the role with content that relates to skill development, technical application, peer education, communication, practice problem-solving, emotional support, relational capacity, and role modeling. (3) Since the preceptor is the "carrier of the culture" for preceptees, on behalf of the nursing CoP, s/he must demonstrate knowledge and behavior expectations of the fully engaged practicing nurse and the clearly delineated roles and expectations of members of the nursing CoP. (4) The preceptor role is not a "static" experience; it demands maturity, learning, and adaptation. It continues to evolve, deepening its effectiveness and value as it more specifically evidences its impact and substance. This continuing education and development of preceptors must be a formal, continuous process, growing with the clarification of the appropriate acculturation and contribution of each member of the CoP. (5) The preceptor must be evaluated as a preceptor. Due to the critical formative nature of the role for the nursing organization, successful performance in the role is an essential metric in determining preceptor value and viability. (6) Preceptor, role delineation, scheduling, assignment, remuneration, competence, evaluation, contribution, and performance expectations must be specifically addressed and reflect the value and support of nursing leadership and colleagues in the

settings (culture) within which they practice. (7) The evaluation of the preceptor program should be evidence-grounded, reflecting the use of formal research, processes, mechanisms, and tools that establish valid metrics for determining its effectiveness, viability, and value.

THE CULTURAL VALUE OF THE FORMALIZED PRECEPTOR ROLE

The preceptor prepares the new nurse for their role through a focus on two domains of readiness:

- Practice readiness: a facilitated learning experience of the preceptee leading to the provision of safe, high-quality patient care; and
- Workplace readiness: the active influence of the clinical environment to support the new nurse through positive social interactions and connection within the patient care team.

The consequences of the work of the preceptor and practice readiness in the workplace are significant and identified³² as follows: (1) successful transition into the nursing role, (2) performance confidence of the new nurse, and (3) the ability to provide safe patient care.

A preceptor's success, however, is greatly dependent upon the enabling culture in which they work and the support from the broader CoP. While it may be within the nurse preceptor's capability to nudge or move the system in a positive direction through their attitude, competence, engagement, and relationships, the degree of movement is dependent upon the amount of encouragement the culture provides for nurses and their practice. The culture impacts not only the preceptor's preparation for the role but also their willingness to take on the role³³ and their ability to effectively perform the obligations of their role within the workplace.

Practice readiness

Practice readiness is more than a checklist of tasks and skills to be achieved within a certain timeframe. Readiness for practice includes the cognitive capability (e.g., problem-solving skills), clinical capability (e.g., psychomotor, clinical assessment, communication, and relational skills), and professional capabilities (feelings of self-esteem) needed for nursing practice. Included with these fundamental attributes are the community skills of emotional competence, interactional effectiveness, participation in professional governance activities, and personal leadership in individual and collective solution seeking. When these skills and capabilities are adequate, they can help the preceptee adapt to reality shock as the new or onboarding nurse. Practice readiness should never be considered a point of arrival; instead, it is a journey toward an effective and sustaining interface between the competence of the individual and the demands made through their membership in the nursing professional CoP. It is, in short, a fit between the enabling culture and the person of the nurse.

A preceptee's readiness for practice cannot be considered in isolation from their actual experience in the clinical setting, however. A key competence of an effective preceptor, therefore, is to facilitate a positive learning relationship/experience between the preceptee and preceptor and with the broader team members in the patient care setting. Here again, the supporting culture and the nurse's relationships and experience with their preceptor and the health care team members are critical to their positive journey of preparation and learning.

Transitioning into the nursing role is challenging for the new nurse who often feels overwhelmed by the reality of practice.³⁴ Their confidence is fragile, with many new nurses reporting having low performance confidence in their clinical skills and ability to provide good patient care in

their first year. They express concerns related to their ability to practice safely, often feeling overwhelmed and stressed by their workloads, responsibilities, and inadequate preparation.³⁵

Preceptors provide leadership and support in real time by anticipating and determining how the preceptor-preceptee workload will be managed, often making difficult decisions to get to the best choice for learning or the least-worst choice in some circumstances. In a positive workplace culture, issues of preceptor role, remuneration, patient assignment, time demands, role competence, and performance evaluation are clearly delineated and incorporated into the preceptor's schedule and application of the role in a way that demonstrates the high degree of respect with which the role is held.

Workplace readiness

Several studies report findings about the importance of a supportive organizational culture in helping new nurses adjust to their new work environment. These studies of new nurses in critical care demonstrated that a positive and supportive workplace culture is a benefit to practice readiness but can have the opposite effect when this support is not present, particularly impacting the confidence level of new graduate nurses.

The preceptor has a significant role to play in workplace readiness before, during, and after the preceptorship experience. Reflecting their role as carriers of culture, preceptors influence the support of workplace interactions and preceptee receptiveness through their supporting attitudes, behaviors, and expectations of the health care team members. For example, when the preceptor asks and expects their team members to pitch in and collaborate as needed, they demonstrate that it is safe to ask for help. When they willingly provide support to others, including the preceptee, it paves the way for collaboration in the future.³⁶

Preceptors signal the value of team support and respect when they challenge incivility, a major source of stress for new nurses that often results in low self-esteem, anxiety, and feelings of disempowerment.³⁷ This serves as a positive cultural translation through the lived experience of the preceptor, demonstrated to others through the preceptor's role expression.

Preceptors also signal the importance of the social network of nursing through their own participation in the nursing CoP activities. When the preceptor provides feedback about the successes and failures of the current system and its impact on new nurses, for example, and participates in related problem-solving and decision-making activities (including professional governance), all reflect the effectiveness of the preceptor and preceptee experience. Through these actions, the preceptor communicates the importance and potential impact of the CoP. Through these actions, the preceptor demonstrates the translation and application of the culture and its impact on the role of every member of the nursing CoP.

CONCLUSION

Culture creates the context within which people in it reflect both its positive contributions and its deficits. Historical practices and behaviors reflecting more industrial and hierarchical cultural and structural characteristics are, in this post-pandemic recovery period, no longer adequate to creating a contemporary cultural infrastructure supporting a viable and sustainable nursing CoP in any setting. For this time of recalibration of nursing practice, resource reconfiguration and utility, and the transformation of patient service approaches, a definitive, influential, and clearly supportive organizational culture is required. At the point of entry or re-entry into this challenging and transforming health service culture, the preceptor plays a pivotal role that goes beyond simply providing mere technical support. Embedded in this person and the preceptor role is where the

fullness of the cultural milieu is visualized and expressed. The preceptor is a carrier of the culture, serving as a living witness to the supporting characteristics of the culture. S/he is the demonstration for every person with whom s/he interacts of the influence of a positive culture that enables

meaningful and viable clinical practice for every member of the nursing professional CoP and the patients they impact. Going forward through the future transforming landscape and culture of health care, the preceptor will play an increasingly pivotal role.

REFERENCES

1. Prasad K, McLoughlin C, Stillman M, et al. Prevalence and correlates of stress and burnout among US healthcare workers during the COVID-19 pandemic: a national cross-sectional survey study. *EClinicalMedicine*. 2021;35:100879.
2. Guttormson JL, Calkins K, McAndrew N, et al. Critical care nurse burnout, moral distress, and mental health during the COVID-19 pandemic: a United States Survey. *Heart Lung*. 2022;55: 127-133.
3. Ruby C. Decreasing on-shift stress with a crisis intervention cart. *J Nurs Adm*. 2022;52(3):E9-E11.
4. Tokac U, Razon S. Nursing professionals' mental well-being and workplace impairment during the COVID-19 crisis: a network analysis. *J Nurs Manag*. 2021;29(6):1653-1659.
5. Jackson J, Nowell L. 'The office of disaster management' nurse managers' experiences during COVID-19: a qualitative interview study using thematic analysis. *J Nurs Manag*. 2021;29(8):2392-2400. doi:10.1111/jonm.13422.
6. Kakemam E, et al. Burnout and its relationship to self-reported quality of patient care and adverse events during COVID-19: a cross-sectional online survey among nurses. *J Nurs Manag*. 2021; 29(7):1974-1982. doi:10.1111/jonm.13359.
7. Porter-O'Grady T, Pappas S. Professional governance in a time of crisis. *J Nurs Adm*. 2022;52(4):217-221.
8. James AH, Bennett CL. Effective nurse leadership in times of crisis. *Nurs Manage*. 2022;29(4):32-40. doi:10.7748/nm.2020.e1936.
9. Zorn CK, et al. Addressing the challenge of COVID-19: one health care site's leadership response to the pandemic. *Mayo Clin Proc Innov Qual Outcomes*. 2021;5(1):151-60.
10. Srivastava RH. *The Health Care Professional's Guide to Cultural Competence-E-Book*. Philadelphia, PA: Elsevier Health Sciences; 2022.
11. Schein EH. *Organization Development: A Jossey-Bass Reader*. Hoboken, NJ: John Wiley & Sons; 2017.
12. Schein EH. *Organizational Culture and Leadership*. Vol. 2. Hoboken, NJ: John Wiley & Sons; 2010.
13. Sheehan D, Wilkinson TJ. Widening how we see the impact of culture on learning, practice and identity development in clinical environments. *Med Educ*. 2022;56(1):110-116.
14. Yandi A. Literature review analysis of the effect of leadership, organizational culture, and work environment on employee productivity. *Int J Adv Multidiscip*. 2022;1(1):12-24.
15. Jamil DA, Sabah KK, Gardi B, Adnan S. The mediation role of organizational culture between employee turnover intention and job satisfaction. *Int J Teach Learn Educ*. 2022;1(4).
16. Varnum ME, Grossmann I. The psychology of cultural change: introduction to the special issue. *American Psychologist*. 2021;76(6):833.
17. Olafsen AH, Nilsen ER, Smedsrud S, Kamaric D, et al. Sustainable development through commitment to organizational change: the implications of organizational culture and individual readiness for change. *J Workplace Learn*. 2021;33(3): 180-196.
18. Giuliano P, Nunn N. Understanding cultural persistence and change. *Rev Econ Stud*. 2021; 88(4):1541-1581.
19. Albert N, et al. *Quantum Leadership: Creating Sustainable Value in Healthcare*. 6th. Cambridge, MA: Jones & Bartlett; 2021.
20. Porter-O'Grady T. Privileging for nursing: structural requisites for next-step professional governance. *Nurse Lead*. 2022;20(5):465-472.
21. Porter-O'Grady T, Malloch K. *Leadership in Nursing Practice: Changing the Landscape of Health Care*. Burlington, MA: Jones & Bartlett Publishers; 2015.
22. Lauer T. *Change Management: Fundamentals and Success Factors*. New York: Springer Nature; 2020.
23. Ulrich B, Cassidy L, Barden C, et al. National nurse work environments-October 2021: a status report. *Crit Care Nurse*. 2022;42(5):58-70.
24. McDermott C. Reimagining the preceptor role. *Nurs Adm Q*. 2023;47(3):227-233.
25. Benton DC, Pérez-Raya F, Fernández-Fernández MP, González-Jurado MA, et al. A systematic review of nurse-related social network analysis studies. *Int Nurs Rev*. 2015;62(3):321-339.
26. Dauvrin M, Lorant V. Leadership and cultural competence of healthcare professionals: a social network analysis. *Nurs Res*. 2015;64(3):200.
27. Hopeck P. Socialized to care: nursing student experiences with faculty, preceptors, and patients.

- Nurs Inq.* 2023;e12596. 25 August 2023. <https://doi.org/10.1111/nin.12596>.
28. Wenger E. *Communities of Practice: Learning, Meaning, and Identity*. Cambridge University Press; 1998.
29. Manchester J, et al. Building the workforce: a collaborative perioperative academic practice model. *Nurse Lead.* 2023;21(3):e49–e53.
30. Pasila K, Elo S, Kääriäinen M. Newly graduated nurses' orientation experiences: a systematic review of qualitative studies. *Int J Nurs Stud.* 2017;71:17–27.
31. Irwin C, Bliss J, Poole K Does preceptorship improve confidence and competence in newly qualified nurses: a systematic literature review. *Nurse Educ Today.* 2018;60:35–46.
32. Mirza N, et al. Practice readiness of new nursing graduates: a concept analysis. *Nurse Educ Pract.* 2019;37:68–74.
33. Paatela S, Pohjemies N, Kanste O, Haapa T, et al. Registered nurses' cultural orientation competence for culturally and linguistically diverse nurses in the hospital setting: a cross-sectional study. *J Adv Nurs.* 2024;80(2):707–720. doi:10.1111/jan.15829.
34. Aldosari N, Prymachuk S, Cooke H. Newly qualified nurses' transition from learning to doing: a scoping review. *Int J Nurs Stud.* 2021;113:103792.
35. Urban RW, Rogers MR, Eades TL, Allard, PM, et al. Resilience, stress, anxiety, and depression: exploring the mental health of new graduate nurses transitioning to practice during COVID-19. *J Contin Educ Nurs.* 2022;53(12):533–543.
36. Gardiner I, Sheen J. Graduate nurse experiences of support: a review. *Nurse Educ Today.* 2016; 40:7–12.
37. Patel SE, Chrisman M, Russell CL, Lasiter S, et al. Cross-sectional study of the relationship between experiences of incivility from staff nurses and undergraduate nursing students' sense of belonging to the nursing profession. *Nurse Educ Pract.* 2022;62:103320.