SURVEY OF NURSES’ PERCEPTIONS OF FIRST JOB EXPERIENCES

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While there are many factors to the nurse staffing shortage, turnover rates and job satisfaction are major issues. Nursing turnover rates is highest for new graduate nurses in their first year of employment (Halfer, 2007). The purpose of this study is to discover how new RNs view their jobs and work environment and how this impacts their job satisfaction and retention rates. This is a replication study of Bowles and Candela’s (2005) study. The population is all Registered Nurses (RNs) who received their initial Indiana license within the past 5 years (approximately 14,000). The anticipated sample is 1,000 RNs. Permission will be obtained from Ball State University to conduct the study. The Survey of Nurses’ Perceptions of First Job Experience will be mailed to all these new RNs to collect the data. The study is voluntary and data will remain anonymous. There are no identified risks to any individual or institution involved in the study. Descriptive statistics will be used to describe demographic data and perception responses. ANOVA and t tests will be used to compare total scores with selected demographic variables. Findings will have the potential to influence administrators, improve the work environment, and increase retention rates of new RNs by increasing job satisfaction.
Chapter 1
Introduction

The American Nurses Association (ANA) has named the nurse staffing shortage in the United States a public health crisis. This nurse shortage is chronic and expected to worsen over the next 10 to 15 years. Some of the factors of the nurse staffing shortage include aging workforce, stress, lack of autonomy, low pay, unsafe nurse to patient ratios, turnover rates, job satisfaction, and with nursing still being a female-dominated profession women have many more career choices (Bowles & Candela, 2005).

Berliner and Ginzberg (2002) believe that the current shortage is different from past shortages and will need new solutions to solve the problem. They believe that the shortage problem is actually 3 separate problems: fewer new nurses entering the profession, inability of hospitals to attract and keep new nurses, and nurses who either retire or leave the workforce early. Loquist (2002) attributes the nurse shortage to the major changes in the financing of healthcare. These changes have resulted in vast changes in the organization and delivery of healthcare which in turn has changed nurses’ responsibilities, roles, and employment. While there is much information on the nursing shortage, there is little research focusing on retention rates of nurses.

Background and Significance

Nursing turnover rates is highest for new graduate nurses in their first year of employment (Halfer, 2007). There is little research looking at retention rates of nurses
and the first 5 years of a new RN graduates career. Most new nurses choose the hospital setting as their first place of employment. Working conditions in the hospital setting are stressful and demanding, often short staffed with long shifts, and often leave the new nurse feeling he/she didn’t provide the care they were taught to give in nursing school (Bowles & Candela, 2005). The new RN graduates are entering the workforce in this chaotic environment and overall chaotic time in nursing.

Problem Statement

No matter what the factors are causing the nurse staffing shortage, the fact remains that there is a shortage and it is getting worse. New RN graduates are being looked upon to help alleviate the staffing shortage. Since the highest turnover rates of new nurses is in their first year of nursing, investigation of their perceptions of their first 5 years in the nursing profession may give clues to the high turnover rate. With the current shortage, these issues need to be investigated.

Purpose of Study

The purpose of this study is to discover how new RNs view their jobs and work environment and how this impacts their job satisfaction and retention rates. This is an approximate replication of Bowles and Candela’s (2005) study.

Research Questions

1. What recent RN graduates chose for their first nursing position?
2. What are their perceptions of their first nursing position?
3. If they left their first nursing position, why did they leave?
Organizing Framework

This study will use Kramer and Schmalenberg’s (2004) Essentials of Magnetism as the Organizing Framework of the study to explain the relationship of a staff nurse’s perception of quality care and that staff nurse’s retention rate. The study reviewed the perceptions of staff nurses working in magnet hospitals. These staff nurses identified eight attributes as essential to quality care. These attributes include support for education, working with other nurses who are clinically competent, positive nurse/physician relationships, autonomous nursing practice, control of and over nursing practice, nurse-manager support, perceived adequacy of staffing, and a culture that values concern for the patient.

Support for education was shown to be a major factor in attracting nurses, nurse satisfaction, retention, and ultimately in patient care. Working with other nurses who are clinically competent is important to be both thought of as an important attribute and to be actually present. RN/MD relationships are another important attribute. The most beneficial relationships are the collaborative and collegial relationships. In these relationships, the nurses and physicians work together with mutual respect and trust for the benefit of the patient. The presence of these attributes will increase quality patient care and nurse job satisfaction (Kramer & Schmalenberg, 2004).

Autonomy was shown to be an important attribute in patient care and nurse satisfaction. Autonomous nursing practice entails evidence-based practice, working in spheres of nursing that overlap other professions such as medicine, and positive accountability. Another attribute, control of nursing practice, is where nurses have input
and participate in decision making about issues and policies that affect nurses (Kramer & Schmalenberg, 2004).

The attribute of nurse manager support affects productivity, nurse attraction, retention, and job satisfaction which are the four outcomes of a magnetic work environment for nurses. The idea of manager support includes that the nurse-manager will meet the nurse’s expectations and sees that the nurse has what they need to practice professionally. Adequacy of staffing is another important attribute. The traditional factors that determine staffing are vacancy and turnover, nursing care hours/patient/day, patient-acuity indexes, and skill mix. Nurse’s perceptions of staff adequacy increase when autonomy, care-delivery system, and cohesiveness of work groups are factored into the staffing numbers (Kramer, Maguire, & Schmalenberg, 2004).

The culture of the organization drives both the quality of the nurses and the quality of patient care. There are two major components of an organization’s culture: shared values by most people in a work group and norms or guides to right action that serve to control and regulate proper and acceptable behavior. Learning the culture happens when group members connect behaviors with consequences. A culture of excellence and concern for the patient is the most important value essential to quality patient care (Kramer, Maguire, & Schmalenberg, 2004).

**Definition of Terms**

**First job experience**

Conceptual: Bowles & Candela’s (2005) questionnaire focused on the first 5 years of the new RN’s career.
Operational: The new RN’s first and second job positions are measured with a 17 question section of Bowles & Candela’s (2005) questionnaire.

Perceptions of first job experience

Conceptual: Perceptions of first job experience include patient care, working within a team at the unit level, administrative support, and encouragement of continuing professional education (Bowles & Candela, 2005).

Operational: Bowles & Candela’s (2005) questionnaire contains a 31 item section that will measure the new RN’s perceptions of their first job experience. A Likert-type scale was used to assign a value of 1 – 6, with 1 indicating “strongly disagree” to 6 indicating “strongly agree”.

Individual and Demographic Variables

Operational: Individual and demographics were measured with a section of Bowles & Candela’s (2005) questionnaire devoted to this. Questionnaire topics included but not limited to age, gender, initial RN degree, number of years as RN, area of nursing in first job, how long they stayed in this first position, area of nursing in second position, and how long they stayed in this second position.

Limitations

Limitations of this study may include that the sample consists of recent RN graduates who are licensed in Indiana and may not be representative of recent RN graduates from other states. Another possible limitation would be the unknown responses of nurses who did not return the survey.
Assumptions

Assumptions in this study include that the tool, the “Survey of Nurses’ Perception of First Job Experience”, accurately measures the recent RN graduates perceptions of their first job experience and why they left the position. Another assumption is that the respondents will answer the survey honestly and professionally.

Summary

The nurse staffing shortage is chronic and expected to worsen over the next 10 to 15 years. No matter what the factors are causing the nurse staffing shortage, the fact remains that there is a shortage and it is getting worse. New RN graduates are being looked upon to help alleviate this staffing shortage. However, nursing turnover rates is highest for new graduate nurses in their first year of employment (Halfer, 2007). Because of this high turnover rate, the perceptions of these new nurses needs to be investigated.

The purpose of this study is to discover how new RNs view their jobs and work environment and how this impacts their job satisfaction and retention rates. This is an approximate replication of Bowles and Candela’s (2005) study.
Chapter II
Literature Review

Introduction

While there are many factors to the nurse staffing shortage, turnover rates and job satisfaction are major issues. Nursing turnover rates is highest for new graduate nurses in their first year of employment (Halfer, 2007). Most new nurses choose the hospital setting as their first place of employment. Working conditions in the hospital setting are stressful and demanding, often short staffed with long shifts, and often leave the new nurse feeling he/she didn’t provide the care they were taught to give in nursing school (Bowles & Candela, 2005). The purpose of this study is to discover how new RNs view their jobs and work environment and how this impacts their job satisfaction and retention rates. This is an approximate replication of Bowles and Candela’s (2005) study.

Organizing Framework

This study will use Kramer and Schmalenberg’s (2004) Essentials of Magnetism as the Organizing Framework to explain the relationship of a staff nurse’s perception of quality care and that staff nurse’s retention rate. The study reviewed the perceptions of staff nurses working in magnet hospitals. These staff nurses identified eight attributes as essential to quality care. These attributes include support for education, working with other nurses who are clinically competent, positive nurse/physician relationships,
autonomous nursing practice, control of and over nursing practice, nurse-manager support, perceived adequacy of staffing, and a culture that values concern for the patient (Kramer & Schmalenberg, 2004).

Statement of Organization of the Literature

The literature review is comprised of Qualitative and Descriptive research studies regarding new nurses selection of their first nursing position, their perceptions of their first nursing position, and the reasons that they either stayed or left their first nursing positions. The literature review is organized into three sections: first nursing position selection, perceptions of first position, and nurse retention/turnover.

First Nursing Position Selection

Boswell, Lowry, and Wilhoit’s study (2004) looked at new nurses’ perceptions of nursing practice and their expectations for meeting professional goals. The authors felt that the more satisfied new nurses are with their organizational environment and working conditions, the more likely they are to stay in the organization.

The study was conducted in a Level I Trauma center in southeast Appalachia. The sample was voluntary and consisted of 67 new nurse hires within a 12 month period. The nurses were from 13 hospital departments with their length of time in practice from 0 to 12 months. The age of the participants ranged from 21 to 53 years. There were 44 baccalaureate prepared nurses, 12 associate degree nurses, 2 nurses who had completed RN-BSN programs, and 9 licensed practical nurses (Boswell et al., 2004).

The instrument was designed by the researchers and addressed variables cited in the literature as important to new nurses and hospital administrators. It consisted of 17 questions which included demographic information, items related to nurses’ perceptions
of the work environment, and interpersonal relationships. There were also 2 open-ended questions asking the nurses to comment on their personal experiences in nursing practice. The Cronbach alpha coefficient for the instrument was .79 for total items which indicates a relatively high reliability (Boswell et al., 2004).

Sixty-five of the nurses affirmed that their decision to become nurses was a positive one. About half of the nurses agreed that the transition from student to professional was somewhat difficult. There was a variety of answers to the optimum length of orientation ranging from 6 months to 1 year. The nurses in specialty areas leaned more towards the 1 year length. Thirty-one percent indicated that their preceptor was the most supportive and encouraging influence during their orientation while 69% reported staff nurses in general were the most influential. Forty-six of the new nurses indicated that they had a future goal to obtain an advanced degree. Forty of the nurses indicated continuing education programs as very important (Boswell et al., 2004).

While 39 of the respondents were uncomfortable talking with physicians, 28 were comfortable communicating with physicians. Twenty-seven nurses were more comfortable communicating with physicians if they could anticipate the responses and 11 responded that they were uncomfortable talking with physicians on any occasion. About half of the respondents stated they experienced little or no anxiety related to causing accidental harm to patients. However, the nurses working in the pediatric intensive care unit and the OB/GYN unit reported a high level of anxiety. Forty of the nurses indicated that opportunities for advancement were very important and 23 indicated it was important. Fifty-one nurses indicated that flexible scheduling was very important and 12 indicated it was important. Salary was important aspect to all of the nurses except 7.
Four nurses indicated that flexibility in schedules and opportunities for advancement were not very important. It was found that as experience increases, the need for supervision decreases (Boswell et al., 2004).

While most of the nurses answered that it was a good decision to go into nursing, they are susceptible to feeling of inadequacy in rendering quality patient care. This sense of inadequacy will decrease levels of self confidence and increase stress levels. If this negative experience is not resolved, there is the potential to lead to decreased quality of patient care and more attrition rates. The researchers concluded that hospital administrators need to provide professional development to new nurses to assist in their confidence and satisfaction in their new roles. It was suggested that this would help the new nurses to be better able to provide quality care to patients. The study also showed the need for orientation, preceptorship, and nurse-physician communication (Boswell et al., 2004).

While most research is focused on the new nurse after graduation and in the initial phase of first employment Altmiller, Dorr, Wieland, and Wolf’s study (2007) looked at the time before graduation. Their triangulated, descriptive study looked at the clinical transition experience of seniors during a pregraduation, preceptored clinical experience.

The 14 nursing students who participated were taking an adult, acute care, senior level course in a full time undergraduate nursing program. The student’s ages were between 21 and 42 years old. Ten were female, 2 were married, 11 were white, 2 were African American, and 1 did not state their ethnic background. All of the students except for 1 spoke English as their primary language. There were also 3 clinical or liaison
faculty employed by the university and 9 clinical preceptors employed by health care agencies who participated (Altmiller et al., 2007).

The students made journal entries about their time on the units and filled out a form titled Daily Feedback Sheet on Transition to the Graduate Nurse Role (DFSTGNR). The liaison faculty filled out a Nursing faculty Form and journal as well. The Preceptors completed a Preceptor Form and journal also. All of these forms and journal entries happened on the third, sixth, and ninth days of the 9 day practicum. The data was analyzed using the constant-comparative methods of Glaser and Strauss. The participants checked their data and confirmed the findings. Trustworthiness was established with peer review and an audit trail. Transferability was achieved by 2 current students and a liaison faculty member who read the study and confirmed that it described many aspects of pregraduation, preceptored practicums (Altmiller et al., 2007).

Student’s observation noted that the students enjoyed nursing care and the appreciation they received from the patients. The students did note that this was a lot to do on top of their regular studies and that they had difficulty fulfilling their regular job requirements during this time. The students felt that they expanded their knowledge base and skills. They also felt more comfortable with their increased independence and competence. They seemed to feel their communication skills with other members of the health care team increased. Many of the students made goals for themselves at the beginning and most felt they met them. The students also noted improvements in time management. Some of the students didn’t feel that the clinical faculty checked on them enough and some felt that the beginning of the preceptorship was disorganized. The
students felt that they had to compete for patients at times with other students (Altmiller et al., 2007).

The liaison faculty observations included seeing the students as apprehensive at first but excited about the challenges. The faculty saw some of the students as detached and frustrated at times. They did feel that the students eventually settled in comfortably. They felt they were able to work autonomously and seemed confident. They seemed to note that most of the students grew throughout the experience. They did note that a few of the students had bad attitudes but most were positive. The preceptor observations included being aware that the students looked to them as role models. Some of the preceptors even singled the students out as wanting to have them become their co-workers. They felt that while the students had much to learn, they seemed motivated to learn and actively sought additional learning opportunities. The preceptors also did note that the student’s grew throughout the experience (Altmiller et al., 2007).

Two themes emerged during the study: transitional experience and process improvement issues. The students showed an increase in their time management abilities and documentation skills. They also became more comfortable with larger assignments and responsibilities. By the end of the preceptorship, they were asking for challenges and were collaborating with other members of the health care team. They also felt they had met some of their personal goals and most felt supported by their clinical faculty and their preceptor. There were several areas of improvement of the experience that were found. A major one was the need to have just one preceptor throughout the experience. Having the clinical faculty come around more often and perhaps showing them to the units on the first day was noted in the results. Many of the students felt this was too
much to be expected to do on top of their regular studies, looking at ways to improve this would help the experience (Altmiller et al., 2007).

Perceptions of First Position

There are many personal and organizational conditions that have an influence on new graduate nurses and their decisions to leave their current position, turnover, intent to leave the nursing profession as well as their career satisfaction. Engelke, Scott, and Swanson’s study (2008) investigated the influence of anticipatory and organizational socialization variables on the job and their affect on these decisions and career satisfaction. The study was a secondary analysis of data collected by the North Carolina Center for Nursing (Engelke et al., 2008).

The population was drawn through random stratified sampling of nurses who were actively employed and newly licensed by the North Carolina Board of Nursing from 6 months to 2 years. Three hundred twenty-nine nurses were selected. The sample was predominantly white and female with a mean age of 29 years. There was an equal part of BSN and ADN/Diploma prepared nurses. Ninety-five percent had received an orientation. Eighty-one percent worked in a hospital setting with 71% holding staff or general duty positions (Engelke et al., 2008).

The survey instrument that was developed was reviewed by a panel of experts to establish content validity and the questions were successfully used in previous studies. The factors that were looked at in this study were age, race (white or non-white), marital status (married/widowed or single/divorced), education (ADN/diploma or BSN), quantity of orientation (number of weeks), quality of orientation (met needs or did not meet needs), frequency of staffing shortages (daily or weekly or more frequently), level of job
satisfaction (satisfied or dissatisfied), level of career satisfaction (satisfied or dissatisfied), intent to leave current position (>3 or <3 years), intent to leave nursing (>3 or <3 years), and turnover (one position and employer or more than one position and employer). Descriptive data was also collected. The study factors were statistically reliable with p values between 0.001 and 0.05 (Engelke et al., 2008).

There was an extreme difference in the amount of orientation that these new graduate nurses received ranging from half a week to as long as a year. Fifty-eight percent of the participants stated that their orientation had not completely met their needs. Most of the nurses reported staffing shortages with 24% reporting daily shortages. Fifty-four percent reported being dissatisfied with their current position and 55% had already left their first job. However, 71% reported that they were satisfied with their career choice of nursing (Engelke et al., 2008).

The only predictor variables that were significantly associated with new graduate nurses’ turnover rates were quantity and quality of orientation. The nurses who changed positions averaged almost 2 weeks less orientation as those who remained in their position. Also those who felt that their orientation had completely met their needs had a 45% turnover rate while those who did not feel that their orientation met their needs were 60%. The strongest predictor of job satisfaction was frequency of staffing shortages. The new graduate nurses who reported being satisfied with their job were 5.8 times more likely to report staffing shortages only weekly or not at all while those who experienced daily staffing shortages were more dissatisfied not only with their jobs but with nursing as a career. Education levels and job satisfaction were the best predictors of career satisfaction. The ADN nurses were 3.1 times more likely than BSN nurses to be satisfied
with nursing as a career. If the new graduate reported a high degree of satisfaction with their current job, they were 4.2 times more likely to report satisfaction with the career of nursing (Engelke et al., 2008).

A significant finding of this study was the role that orientation in the first job plays in promoting new graduate nurses’ job satisfaction and retention. Those nurses who received a longer orientation that met all of their needs were more satisfied with their current job. Another finding of this study was the need to standardize and implement transition to work programs and develop orientation programs. Another finding was the association of staffing shortage and job/career satisfaction. The researchers concluded healthcare organizations need to place new nurse graduates into units with better staffing so they can gain competence and confidence rather than be overwhelmed by daily workloads (Engelke et al., 2008).

The transitioning period or orientation of new nurse graduates is a very important but stressful time for them. A supportive environment and realistic expectations can ease some of this stress for the new graduate. Fox, Henderson, and Malko-Nyhan (2005) conducted a study to articulate what new staff perceive as support in relation to their transition program. This study was a longitudinal, descriptive study that used focus groups to explore the new nurses’ perceptions.

This study was conducted in both medical and surgical areas in an acute tertiary referral facility in Queensland, Australia. The data was collected in two separate phases. Phase I was 2 to 3 months after employment began and Phase II was 6 to 9 months after employment began. Phase I consisted of 16 subjects and Phase II consisted of 12
subjects. The subjects were divided into focus groups of 2 to 3 people to discuss the questions (Fox et al., 2005).

The questions were from previous studies of transition processes. No further reliability was reported. The questions in Phase I dealt with the first 2 or 3 months of employment. They were open ended questions dealing mostly with the preceptor and the initial orientation and the nurses’ perceptions of both. In the Phase II discussion, the same questions were asked plus 3 relating to changes the new nurse saw in the intervening 6 months (Fox et al., 2005).

There were several themes that were identified from the focus groups in Phase I. The new nurse graduates felt these themes improved their perception of their orientation. One of the themes identified was the importance of a positive attitude of clinical staff and nursing management. Another theme found was the need for adequate staffing levels of appropriate skill mix on the units. Other themes included accessibility to learning opportunities and expertise, not being counted in staffing for a time during orientation, and having a designated preceptor (Fox et al., 2005).

The additional themes identified in Phase II were the importance of knowing the system and aligning with the good people. It was noted that the discussion during Phase II was more positive than in Phase I and that the nurses were meeting their own objectives where in Phase I they were depending on others to meet their objectives (Fox et al., 2005).

The focus groups identified what new nurses constitute as support and their perceptions of support. It also showed that adequate guidance and assistance, a designated preceptor, education assistance, and camaraderie influence new nurses’
perceptions. However, this study also showed that often these needs are not met. The study did find that new graduate nurses do become more self reliant and attempt to fulfill their own needs (Fox et al., 2005).

Sorensen and Yankech’s (2008) study looked at preceptors. The purpose of the study was to examine whether a research-based, theory driven preceptor educational program would improve the critical thinking of new graduate nurses. The study also explored how participation in the program would influence preceptors and evaluated the learning outcomes of the new graduate nurses. The study was a quasi-experimental, mixed methods research design.

The study was performed at a Midwestern not for profit hospital system. There were 16 new graduate nurses in the control group. There were 15 new graduate nurses in the experimental group. Those in the experimental group had 15 RN preceptors who took the preceptor educational program. Most of the nurses were 20 to 25 years old, were diploma program graduates, and had previous work experience as certified nursing assistants. A majority of the graduates received 11 to 14 weeks of orientation. However, some received as little as 3 to 6 weeks and some received as much as 15 to 18 weeks of orientation (Sorensen & Yankech, 2008).

The authors developed an educational program that was provided to nurse preceptors. This education provided methods to facilitate critical thinking in new nurse graduates. The new graduate nurses’ critical thinking ability was measured using the quantitative measurement California Critical Thinking Skills Test (CCTST). Qualitative data was obtained from focus groups conducted with the registered nurse preceptors that attended the education programs. Demographic and personal background was also
collected using demographic questionnaires. The CCTST has an internal consistency reliability of 0.78 to 0.80 (Sorensen & Yankeck, 2008).

The study did not find any significant differences in scores between diploma and baccalaureate nurses. The study did find a significant difference with the nurses’ age, the length of preceptorship in weeks, and total years of health care experience before completing their nursing degree (Sorensen & Yankech, 2008).

The study found that there was a genuine need for the education. The preceptors also noted that the education in the program was valuable, pertinent, and applicable to the work setting. New graduates benefited from the class as well due to the fact that the preceptors knew more ways to instill the critical thinking skills needed into the new nurses (Sorensen & Yankech, 2008).

The researchers concluded that improving critical thinking skills in new graduate nurses was critical for the future of nursing. The researchers also concluded that the concept of teaching critical thinking will only be possible with education being provided to preceptors which will improve the learning relationships between experienced and new nurses (Sorensen & Yankech, 2008).

Hodges, Keeley, and Troyan’s (2008) study looked at resilience in the new baccalaureate nurse working in critical care. The purpose was to look at ways of developing resilience in this population to retain these nurses in the critical care area. The study is a hybrid model which is both theoretical and empirical data interfaced. The model is composed of three components. The first component is the theoretical phase which includes identifying the issue, reviewing the literature, considering meaning and measurement, and developing a working definition. The second component is the
fieldwork phase which is where the researcher collects data and refines the information focusing on the measurement tools. The final component is the analytic phase which incorporates an exploration of the literature for support and contrast and writing a description of the concept. This study was qualitative and used a hermeneutic phenomenology method.

The sample included 10 female and 1 male new BSN nurses. Their ages ranged from 23 to 31 in a southeastern city of the United States. The participants were English speaking, graduated between December 2002 and May 2003, and had between 12 and 18 months of RN experience in acute care. There were 9 Caucasian and 2 African American participants (Hodges et al., 2008).

The participants attended a focus group, had individual interviews, and critical incident questions which occurred over 9 months. Bracketing occurred concurrently with data collection. The taped interviews were evaluated individually and then as a group. Credibility was shown through review by the research team and expert reviewers. Auditability was shown by documentation of detailed research team discussions, research team transcript evaluations, meaning consensus, and decision making (Hodges et al., 2008).

The study results found 3 main themes. The first theme called “learning the milieu” is referring to learning the culture and learning the RN skill sets. The culture included the people and the formal and informal rules. The skill sets included techniques, time management and pace. This theme occurred mostly during orientation. The second theme was called the “discerning fit”. This theme included sensing discrepancies and reconciliation of one’s identity as a professional nurse. The nurses were struggling to fit
into their area of work and finding their sense of professional identity (Hodges et al., 2008).

The third theme was called “moving through” which includes turning points and street smarts. The nurses found their sense of purpose and understanding of how to handle various situations on their units. Often the nurses had a specific example or moment when this happened. The nurses were more self sufficient in this phase (Hodges et al., 2008).

Resilience is the ability to survive adverse conditions and to achieve a positive outcome. This study found that the phases of resilience that new nurses got through were similar to the phases people in other fields go through. The initial experience of a new nurse was filled with anxiety, ambiguity, and a sense of dissonance between the safety of the school environment and the reality of practicing bedside nursing. The orientation period and beyond was spent becoming aware of these discrepancies and reconciling them. The researchers concluded this proved to be a tumultuous and challenging journey to becoming a confident nurse. The nurses became good problem solvers with self-efficacy, wisdom, and professional savvy by working through these discrepancies (Hodges et al., 2008).

One goal of a school of nursing is to train students to be beginning practitioners. A critical role of nurses is to make clinical judgments that ensure patient safety. Outcomes of these judgments may determine how quickly a life-threatening complication is detected, how soon a patient leaves the hospital, or how quickly a patient learns self care. However, new nurses do not necessarily do well with clinical judgments. Etheridge’s (2007) study identified strategies to help new graduates make the transition
from students to registered nurses. This study was a descriptive, longitudinal, phenomenological study. It used semi-structured interview and studied the meaning of making clinical nursing judgments and the context the nurses learned to make clinical nursing judgments.

The nurses in this study all had their baccalaureate degrees and passed the NCLEX examination on the first attempt. They were from 22 to 26 years of age and female. They all worked on the adult medical-surgical units in acute care institutions in West Michigan. They all participated in a nurse intern program after graduation and no longer worked with a preceptor (Etheridge, 2007).

The participants had three separate tape-recorded interviews. The interview occurred within a month after the nurse no longer worked with a preceptor, 2 to 3 months later, and 8 to 9 months after the first interview. The tape-recorded interviews were transcribed verbatim, validated by another nurse, and then examined. Reliability was not reported (Etheridge, 2007).

The study found that the participants had difficulty with the definition of making nursing clinical judgments. The phrase was replaced with thinking like a nurse. The data showed that the participants found that the transition from a student nurse to a staff nurse happened when they could “think like a nurse”. Thinking like a nurse was defined as developing confidence, learning responsibility, changing relationships with others, and thinking critically within and about one’s work (Etheridge, 2007).

The new graduates learned how to think like a nurse in several different ways. Clinical experiences were the most helpful learning strategy. Being in the clinical setting and having varied experiences with patients made the correlation of classroom learning
with actual practice occur. The faculty asking questions to get the new nurses to think through making their own decisions showed to be helpful. The new nurses also reported that they would discuss experiences and plans of care with their peers (Etheridge, 2007).

This study emphasized on how staff development and preceptors need to interact with the new nurses. It suggested that rather than giving the answer to questions, help the new graduate work through the question to get to the answer. Also, rather than hope knowledge will sink in from lecture formats, provide more hand-on experiences with the knowledge. Another suggestion was to bring the new nurses together to discuss patient care situations and problems they have encountered and learned from. Another important factor to remember was to always have a good support system available for the new nurses (Etheridge, 2007).

There is a higher turnover rate in nurses during the first year of nursing. Poor training and lack of support have been identified as reasons. This shows the importance of a comprehensive orientation program that socializes new nurses into the profession, positively affects new nurses’ role conceptions, and decreases their role discrepancy. The purpose Bawel-Brinkley, Stuenkel, and Young’s study (2008) was to examine the effects of a 6 week newly graduated nurse hospital orientation program on role conceptions and role discrepancy of newly graduated nurses.

All newly graduated nurses who were enrolled in a newly graduated nurse hospital orientation program in a large teaching hospital in Northern California were asked to participate in this study. Of the 25 nurses enrolled, 23 completed the study and comprised the final sample. Twenty-two of the participants were women between the ages of 20 and 29. Seventeen held baccalaureates. Thirteen of the participants had little
if any previous hospital experience. The rest had some experience ranging from 1 year to greater than 5 years (Bawel-Brinkley et al., 2008).

There was a pretest given on the first day of the orientation program and the posttest was given at the end of the orientation program which was 6 weeks in length. There were 2 questionnaires used in the study. The first was a demographic questionnaire that was developed by the researcher. The second was the Nursing Role Conceptions Instrument that was developed by Pieta in 1976. The Cronbach’s reliability coefficient on the professional scale was $r=0.84$, the bureaucratic scale $r=0.63$, and the service scale $r=0.58$. The questionnaire had 34 questions that used a Likert-type scale (Bawel-Brinkley et al., 2008).

There was no statistically significant difference in the mean role conception scores for any of the subscales in the role conception area. There were higher scores in the mean service role conception scores than in the professional or bureaucratic subscales. The researchers concluded this indicated that this group placed a high value on service to the patient through highly personalized and holistic care. The professional role conception scores were slightly lower. According to the researchers, this showed the group’s dedication to preserving the ideals and values that make nursing a profession. The scores for bureaucratic role conception were lower than the other two subscales which may indicate a low degree of loyalty to the employer and to rules and regulations of the hospital (Bawel-Brinkley et al., 2008).

Role discrepancy scores did have some differences. Service role conception and role discrepancy mean scores were the highest of all of the subscales. The researchers felt this indicated that at the beginning of the orientation, the nurses perceived that they
were not able to practice the service oriented part of their role as much as they would have liked. At the end of the orientation, the service and professional role discrepancy mean scores were lower. According to the researchers this shows that new nurses develop the role they most identify with which minimizes the frustration and reality shock they often experience early in their careers (Bawel-Brinkley et al., 2008).

This research suggested that hospitals institute structured orientation programs. These programs need to integrate both classroom and clinical time to help with the transition of new nurses from student to professional nurse. It is important to focus the initial orientation time on skill development since most new graduates are all ready focused on this. However, incorporating critical thinking skill exercises later is essential. This initial focus on skills may help decrease levels of role discrepancy. Providing support from preceptors, program coordinators, and management is also important (Bawel-Brinkley et al., 2008).

Nurse Retention/Turnover

A research study by Hayhurst, Saylor, and Stuenkel (2005) looked at environmental factors and retention. This quantitative study looked at the factors of peer cohesion, supervisory support, autonomy, and work pressure and how they related to nurse retention over a 2 year period. These four factors were taken from Moos’ Work Environment Scales. The study used a descriptive, correlational design to compare these factors with how they influence the nurses’ decision to stay, change units, or leave the present work setting.

The population was 272 RNs from all shifts at a large tertiary county hospital in Northern California. The nurses had to be inpatient bedside nurses. Managers, staff
development nurses, and clinical nurse specialists were excluded. Inclusion in the study was voluntary. Ninety-six percent of the RNs were women with 44% being 40 to 49 years old. Forty-three percent were Caucasian and 66% had been nurses for more than 10 years. Sixty percent of the RNs had a baccalaureate degree (Hayhurst et al., 2005).

Instruments used were a 90 item true/false Moos’ WES – Form R questionnaire and a demographic survey. The nurses were asked to complete the survey while off duty and mail the responses to the researches. Retention data was received from the Human Resource department at 6, 12, and 18 months to obtain who stayed, changed units, or left the hospital. Descriptive statistics were used to compare means for each of the 4 subscales of the WES (peer cohesion, supervisor support, autonomy, and work pressure) (Hayhurst et al., 2005).

The study showed that nurses who stayed in their positions reported higher perceptions of friendliness and support from coworkers. However, statistical significance was not shown in the result. Nurses who stayed also reported higher perceptions of peer cohesion. While greater supervisor support perceptions were higher in nurses who stayed, statistical significance was again not shown. The perception of autonomy subscale was higher with those nurses who stayed although again statistical significance was not shown. A lower perception of work pressure was shown in the nurses who stayed although statistical significance was again not shown (Hayhurst et al., 2005).

The study was not able to compare retention among demographic categories such as education, age, or seniority. However, the data did suggest that younger nurses (age 20 to 29 years) and those with less than 2 years seniority left more often than others (Hayhurst et al., 2005).
This study suggested differences in the perceptions of peer cohesion, supervisory support, autonomy, and work pressure between nurses who left their original unit and those who stayed. The factors of job satisfaction and perception of work environment did seem to influence the retention of nurses. This study pointed out that a nurturing, supportive, and less stressful and physically demanding work environment is a great challenge to achieve. The researchers concluded that healthcare organizations need to understand what influence nurses’ job satisfaction and feelings about their work setting. Healthcare organizations may need to focus on strategies that foster retention of experienced nurses rather than on recruitment (Hayhurst et al., 2005).

The nursing shortage is predicted to become an even greater problem. Nursing leaders need to focus on creating cultures of retention. These leaders need to try to understand the reasons behind turnover and develop interventions to solve the problematic areas. Graf and Halfer (2006) investigated reasons that influence nurse turnover.

A survey was administered to 84 new graduates at 3, 6, 12, and 18 months after the start of employment. Eighty percent of the nurses were from generation X age group and 71% worked a night or day-night rotating shift. By the end of the study, 67 nurses were still participating in the study. These nurses worked on the pediatric intensive care unit, neonatal intensive care unit, emergency department, operating room, or the resource team (Graf & Halfer, 2006).

The Halfer-Graf Job/Work Environment Nursing Satisfaction Survey was used. The survey elicited the new graduate nurses’ perception of their confidence in the delivery of competent nursing care, the work environment, and job satisfaction. The
survey was validated by members of the nursing recruitment and retention committee in the study setting. The survey included demographic information, 21 Likert-type scale questions, and four open ended questions. Reliability was tested with a Pearson-brown split/half reliability of 0.8962. The test-retest reliability at 3 months was 0.92, at 6 months it was 0.92, at 12 months it was 0.96, and at 18 months it was 0.88 (Graf & Halfer, 2006).

The study found that the nurses’ understanding of leadership expectations, ability to get work accomplished and manage the demands of the job, and awareness of professional development opportunities increased significantly over the 18 months. The study also found that new nurse satisfaction grew with mastering work organization and clinical tasks. It was seen that new nurse satisfaction increases during initial orientation, decreases after orientation, and then eventually increases again. This showed an adjustment period for new graduate nurses. Some variables in the study showed dissatisfaction. These variables included participation in solving unit issues, staffing schedules, scheduled work days and hours, and participation in professional development. The researchers concluded these findings could partially be due to working off shifts (Graf & Halfer, 2006).

The qualitative open ended questions showed patterns of job satisfaction and dissatisfaction as related to time intervals. Mastering tasks and getting the job done was the focus during the first 3 to 6 months. The comments expressed the stress new graduates experience during orientation. The importance of professional development remained throughout the entire 18 months as an important factor. By 12 months, the nurses’ answers were expressing feelings of job competence, professional respect,
information access, and becoming a part of the team. Dissatisfaction with work schedules seemed to surface at 6 and 12 months but resolve some by 18 months (Graf & Halfer, 2006).

This study found that work schedules were an important link to job satisfaction. The researchers concluded unit scheduling practices should be described in the interview process and covered in more detail during orientation. This study also found a type of grieving process that new nurses go through in regards to their loss of the academic schedule. They now have to work weekends and holidays. They had to adjust and may need the help of their coworkers to find creative ways to adjust (Graf & Halfer, 2006).

In Gwele, McInerney, Tanga, Uys, and Van Rhyn’s (2004) study problem solving is defined as the process of selectively attending to information in a patient care setting. Nursing as a profession entails a great deal of problem solving. This study compared the outcomes of nursing graduates from problem based learning programs (PBL) to nursing graduates of non PBL programs. The study was a qualitative evaluation study, descriptive and comparative in nature. It also included interviews with graduates and their supervisors.

This study was conducted in South Africa using all four of the universities that have PBL programs and four universities that do not have PBL programs. A total of 49 graduates participated in the study. Forty of these graduates were from PBL programs and 9 were from non-PBL programs. The study occurred 6 to 9 months after graduation. The ages of the graduates ranged from 23 to 27 years. There were 25 African, 2 Indian, and 17 white graduates in the PBL group. There were 3 African and 6 white graduates in the non-PBL group (Gwele et al., 2004).
Interviews were performed on the graduates and their supervisors. The interview consisted of open ended questions. The QSR NVivo computer software was used to assist in analysis and management of the data. The problems that were discussed and analyzed were divided into novice, advanced beginner, competent, and proficient levels. No reliability was reported (Gwele et al., 2004).

The PBL group tended to have higher levels of problem solving capabilities than the non-PBL group. It was also noted that many of the supervisors did not see problem solving as an important skill in nursing. Using people skills and being assertive were the 2 most used problem solving strategies. They were used most often by PBL graduates. Negative problem solving strategies such as coercion and avoidance were only used by non-PBL graduates (Gwele et al., 2004).

The study showed that PBL graduates used more constructive strategies and higher levels of problem solving than non-PBL graduates. This is contributed to the fact that one of the PBL program’s goals is a questioning attitude. Also noted was that only the non-PBL graduates used the negative strategies of coercion and avoidance. Interpersonal skills are emphasized in the PBL program. Assertiveness is another problem solving strategy that was noted in the PBL graduates. The assertiveness was seen both in patient care and relationships with co-workers (Gwele et al., 2004).

New nurse graduates need to be prepared for practice and capable of functioning in a broad continuum of care. Utley-Smith (2004) looked at what competencies are needed by new baccalaureate graduates in today’s health care environment. This study used a cross-sectional survey design.
Three hundred sixty-three nurse administrators from three health care settings rated the importance of 45 nursing competencies. The health care facilities were located in North Carolina, South Carolina, and Tennessee. One hundred forty-seven administrators were from hospitals, 113 were from nursing homes, and 103 were from home health agencies. Sixty-three percent had more than 10 years of experience and 37% had less than 10 years experience (Utley-Smith, 2004).

The questionnaire used was an adapted version of the Virginia Hospital Association Health Manpower resource center survey. This survey consisted of 2 sections which were (1) 45 competencies of BSN graduates, and (2) agency demographic questions. The 45 competencies were further defined into 6 factors. These factors are Health Promotion, Supervision, Interpersonal Communication, Direct Care, Computer Technology, and Caseload Management. Reliability was assessed using the Cronbach’s alphas for the factors which ranged from 0.73 to 0.87 (Utley-Smith, 2004).

The study showed that hospital administrators place more importance on interpersonal communication, direct care, and health promotion. More importance was placed on health promotion and interpersonal communication competencies in home health care. Nursing home administrators placed greater importance on supervision and direct care competencies. While each agency type placed more emphasis on a couple of the competencies, all of the competencies are important in nursing care. The researchers also conclude that while the study clearly shows the importance of competencies such as interpersonal communication, it does not suggest that clinical care skills are not important. Direct care competence was rated important in all of the work settings. The researchers do not suggest a need to replace direct care skills and assessment content in
nursing curriculum but to reorganize and add to the nursing curriculum (Utley-Smith, 2004).

Nursing students must be given opportunities to learn and practice each of these concepts while in school. While creative practice can take place in the classroom, learning ultimately needs to take place in the clinical setting. The instructors need to look at which clinical setting has the most emphasis on which competency and provide the learning in that setting (Utley-Smith, 2004).

Summary

The purpose of this study is to discover how new RNs view their jobs and work environment and how this impacts their job satisfaction and retention rates. This approximate replication of Bowles and Candela’s (2005) study will review turnover rates and job satisfaction in new RNs. There has not been much research on the perceptions of new RNs and this issue and how this all works into the nurse staffing shortage.

Kramer and Schmalenberg’s (2004) Essentials of Magnetism will be the Organizing Framework used to explain the relationship of a staff nurse’s perception of quality care and that staff nurse’s retention rate. The study reviewed the perceptions of staff nurses working in magnet hospitals. These staff nurses identified eight attributes as essential to quality care.

The literature reviews have shown the need to look at new nurses’ choice of first job experience, their perceptions of that first job, and the reasons to stay or leave that first job position. The literature review also shows that preparing the new nurse for their first position and giving them the equipment necessary to develop and integrate into their new work environment should begin during their nursing school.
Boswell, Lowry, and Wilhoit (2004) suggest that the new nurse orientation should be further developed to help the new nurse integrate into their first job position. The researchers found that encouraging and providing continuing education and mentoring were also important factors. Another possibility for helping to integrate new nurses into the working world is with a transitioning period at the end of their nursing school. This transitioning period helped the students become part of the staff and develop their nursing skills (Altmiller et al., 2007). Engelke, Scott, and Swanson’s (2008) research also looked at the importance of the orientation period for new nurses and the effect this period has on their perception of their job.

Other factors found to be important in the development of new nurses were self-reliance and getting to know the system (Fox et al., 2005). These contributed to organizational know how and resourcefulness. Sorensen and Yankech (2008) looked at the importance of preceptors and their role in the development of the new nurses. Preceptors can help the new nurses develop critical thinking skills. The organizations need to provide the education to the preceptors to develop them in their role. New nurses spend a great deal of time learning their place in the organization before they even start their major learning as new nurses. The other staff and preceptors can help with this (Hodges et al., 2008).

Etheridge (2007) noted that clinical experience is what helped the nurses develop their critical thinking skills. Discussing the clinical experiences with other staff and preceptors helps develop the critical thinking skills also. Comprehensive, structured, and intense orientations for at least 6 weeks can help ease the new nurse into the role of the
staff nurse while developing the needed critical thinking skills (Bawel-Brinkley et al., 2008).

A supportive work environment enables nurses to provide quality patient care, enhance their own self-esteem, increase job satisfaction, and provide cost savings (Hayhurst et al., 2005). Graf and Halfer (2006) also found that aspects of understanding leadership expectations, ability to manage job tasks, and awareness of development opportunities improved significantly with orientation and time as a new nurse. Using people skills and being assertive were two problem solving strategies often used by new nurses (Gwele et al., 2004). Utley-Smith’s (2004) research looked at the competencies needed for new nurses to be able to function in their new work settings. A six factor competency structure was found: health promotion, supervision, interpersonal communication, direct care, computer, and caseload management. It is noted that more research is needed in the area of new nurses and retention rates and factors of retention.
<table>
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<th>Source</th>
<th>Problem/ Purpose/ Research Questions</th>
<th>Framework or Concepts</th>
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<td>Boswell, Lowry, Wilhoit (2004)</td>
<td>Assess new nurses’ perceptions of nursing practice and their expectations for meeting professional goals</td>
<td>Framework not specified/ Orientation, retention</td>
<td>67 new nurses from 13 hospital departments in southeast Appalachia</td>
<td>Not specified</td>
<td>Questionnaire, interview</td>
<td>Comprehensive orientation, continuing education, and mentoring were important values identified, communication with physicians and fear of causing accidental harm to patients were concerns</td>
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<td>Altmiller, Dorr, Wieland, Wolf (2007)</td>
<td>To describe the clinical transition experience of senior baccalaureate nursing students during pregraduation preceptored practicums What is the clinical transitional experience for BSN students who participate in an intensive preceptorship What patterns in the clinical transitional experience reveal issues for continuous improvement of the BSN program?</td>
<td>VanGennep/ Preceptorship, critical thinking</td>
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<td>Triangulated, descriptive</td>
<td>Essay</td>
<td>Students’ knowledge and skills increased during the preceptorship and many students became integral members of hospital unit teams</td>
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<td>Engelke, Scott, Swanson</td>
<td>To investigate the influence of personal</td>
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<td>North Carolina Center for</td>
<td>Orientation programs are essential to the</td>
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<td>Year</td>
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<td>2008</td>
<td>(2008) factors, orientation, continuing education, and staffing shortage on the satisfaction, intent to leave their job and intent to leave the profession</td>
<td>Nursing survey</td>
<td>staffing shortage, retention employed and newly licensed by the north Carolina Board of Nursing between 6 months and 2 years</td>
<td>Nursing survey</td>
<td>Retention and satisfaction of new graduate nurses</td>
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<td>2005</td>
<td>Fox, Henderson, Malko-Nyhan (2005)</td>
<td>To ascertain what new staff perceived as support in relation to the transition program so as to become effectively integrated into the work environment</td>
<td>Framework not specified/ New staff, organizational culture, preceptee, preceptor, support, transition</td>
<td>Focus groups</td>
<td>Self reliance and getting to know the system were found to be beneficial to new staff in the development of organizational know how and resourcefulness</td>
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<td>2008</td>
<td>Sorensen, Yankee (2008)</td>
<td>To examine whether a research-based, theory-driven preceptor educational program could improve the critical thinking of new graduate nurses, explore how participation in the program would influence preceptors, and evaluate the learning outcomes of the new grad nurses</td>
<td>Facione/ Precepting, Critical thinking</td>
<td>Focus group interviews</td>
<td>Critical thinking skills of new graduate nurses can be improved and learning relationships developed through preceptor education</td>
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<td>2008</td>
<td>Hodges, Keeley, Troyan (2008)</td>
<td>To explore the nature of professional resilience in new baccalaureate prepared</td>
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<td>Hybrid model of concept development wherein theoretical</td>
<td>New nurses spend a significant amount of time learning their place in social structure, begin</td>
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<td>Study</td>
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<td>Etheridge (2007)</td>
<td>To examine the perceptions of recent nursing graduates about learning to make clinical judgments</td>
<td>Framework not specified/Perceptions, clinical judgments</td>
<td>New nursing graduates who work in acute care institutions in West Michigan</td>
<td>Descriptive qualitative, longitudinal Semi-structured interviews</td>
<td>The nurses learned to think like a nurse through clinical experiences with a variety of patients, faculty help, and discussions with peers</td>
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<td>Bawel-Brinkley, Stuenkel, Young (2008)</td>
<td>Is there a difference in role conception scored in newly graduated nurses after participating in a 6 week newly graduated nurse hospital orientation program? Is there a difference in role discrepancy scores in newly graduated nurses after participating in a 6 week newly graduated nurse hospital orientation program?</td>
<td>Corwin/Orientation, role conception</td>
<td>23 newly graduated nurses enrolled in hospital orientation program in a large teaching hospital in Northern California</td>
<td>Not specified Pre-test/post-test Nursing Role Conceptions Instrument by Pieta</td>
<td>A comprehensive structured hospital orientation program for newly graduated nurses eased the transition from nursing student to practicing nurse by decreasing role discrepancy</td>
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<td>Authors</td>
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<td>Hayhurst, Saylor, Stuenkel (2005)</td>
<td>To compare perceptions of the work environment between acute care nurses who left their units within 18 months and those who stayed</td>
<td>Quantitative/retention, work environment, job satisfaction</td>
<td>272 RNs at a large tertiary county hospital in Northern California</td>
<td>A supportive work environment enables nurses to provide quality patient care, enhance their own self-esteem, increase job satisfaction, and provide cost savings</td>
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<td>Graf, Halfer (2006)</td>
<td>What are the sources of new graduate nurse job satisfaction and dissatisfaction? What are their perceptions of the work environment? Do these perceptions change with length of time in their position?</td>
<td>Kramer/Perceptions, work experience, retention</td>
<td>84 graduate nurses newly hired at a magnet status hospital</td>
<td>Aspects of understanding leadership expectations, ability to manage job tasks, and awareness of development opportunities improved significantly</td>
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<td>Gwele, McInerney Tanga, Uys, Van Rhyn (2004)</td>
<td>To compare the competence of graduates to solve problem in actual clinical settings between students from problem based learning programs and those in non-problem based learning</td>
<td>Benner/Problem-solving, stages of practice</td>
<td>128 nursing graduates in South Africa</td>
<td>Using people skills and being assertive were the two problem-solving strategies most often used, the problem based learning group fared better in their problem-solving ability</td>
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<td>Utley-Smith (2004)</td>
<td>To identify competencies needed by new baccalaureate graduates</td>
<td>Framework not specified/competency, work settings, workforce</td>
<td>363 nurse administrators from three health care settings</td>
<td>A six factor competency structure: health promotion, supervision, interpersonal communication,</td>
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<td>expectations</td>
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<td>Manpower Resource center survey</td>
<td>direct care, computer, caseload management</td>
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Chapter 3
Methodology

Introduction

The American Nurses Association (ANA) has named the nurse staffing shortage in the United States a public health crisis (Bowles & Candela, 2005). While there are many factors to the nurse staffing shortage, turnover rates and job satisfaction are major issues. Nursing turnover rates is highest for new graduate nurses in their first year of employment (Halfer, 2007). This chapter contains the purpose, research questions, population, sample, setting, protection of human subjects, design, instrumentation, and reliability.

Purpose

The purpose of this study is to discover how new RNs view their jobs and work environment and how this impacts their job satisfaction and retention rates. This is an approximate replication of Bowles and Candela’s (2005) study.

Research Questions

1. What recent RN graduates chose as their first nursing position?
2. What are their perceptions of their first nursing position?
3. If they left their first nursing position, why did they leave?
Population/Sample/Setting

The population is all Registered Nurses who received their initial Indiana license within the past 5 years (approximately 14,000). The anticipated sample is 1,000 RNs who meet the criteria and are willing to participate in the study. The criteria for participation include being a RN in Indiana and to have received their initial license with the past 5 years.

Protection of Human Subjects

Approval for this study’s proposal will be obtained from the Ball State University Institutional Review Board. The rights of the subjects will be protected at all times. Participation in the study is voluntary and the data will remain anonymous. Implied consent will be assumed with return of the completed questionnaire. There are no identified risks to any individual or institution involved in the study. Benefits include identifying the perceptions new RN graduates have of their first job experience and how this affects job satisfaction and retention rates. Permission to use the instrument will be obtained from the authors.

Research Design

The design of this study is a descriptive survey design. A descriptive design is used to identify variables within a phenomenon (Burns & Grove, 2005). In this study, new RNs will be surveyed regarding their perceptions of their first RN job experience and how these perceptions influence job satisfaction and retention.

Procedures

After obtaining names and addresses off of the Indiana State Licensing Board website, packets will be mailed to all RNs who received their initial Indiana License
within the past 5 years. The packets will include the instrument, a cover letter explaining the study and stating the 3 month deadline, and a self-addressed envelope to return the completed instrument. Three weeks after the packets are sent, reminder post cards will be sent out with directions of how to obtain a replacement questionnaire if needed.

**Instrumentation**

The Survey of Nurses’ Perceptions of First Job Experience developed by Bowles and Candela (2005) will be used. The survey is composed of several sections. The demographic section covers data on the RN and their current place of employment. Another section reviews the RN’s first position held after completing their initial nursing education program and their second position held by those RNs no longer working in their first position. The other sections are in a Likert-type format ranging from (1) “strongly disagree” to (6) “strongly agree”. These questions assess the respondent’s perception of their first job as RNs. The survey also contained an open-ended question asking the respondent why they left their first job. The survey tool was piloted on 12 students who were RNs in either graduate nursing or BSN completion programs. The nurses provided feedback which was used to modify the survey for greater understanding and clarity.

**Reliability of Instrumentation**

In regards to the Likert-type questions covering the RN’s perceptions of their first job experience, the Chronbach’s Alpha Coefficient was 0.89. This is a highly acceptable reliability score. These questions were subjected to factor analysis to determine the dominant concept areas covered in the questionnaire. Items were included in a factor if they predominantly loaded on that factor and had a loading of 0.450 or higher. ANOVA
and t tests were used to compare total survey scores with selected demographic variables. As for the open-ended question, responses were analyzed using content analysis to identify themes and then classify the responses into the related theme category. Interrater reliability between the two researchers was established for identification of theme categories and classification of responses into these categories.

**Summary**

In this chapter the methods and procedures to be used to explore new RN’s perceptions of their first job experience and how these perceptions relate to job satisfaction and retention are discussed. A descriptive survey design will be used. The anticipated sample is 1,000 RNs from Indiana who received their initial RN license within the last 5 years. A voluntary, anonymous survey will be used to collect data.
References


