NURSES’ PERCEPTIONS OF PREPAREDNESS FOR TRANSITION TO PRACTICE

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The national nursing shortage in the United States (U.S.) is expected to continue because of the increasing need for complex healthcare. Although the current recession has eased the U.S. nursing shortage, the shortage is projected to reach 260,000 RNs by 2025 (Buerhaus, Auerbach, & Staiger, 2009). During the next 20 years, the average age of RNs will increase, and the size of the nursing workforce will plateau because large numbers of RNs plan to retire (Buerhaus, 2008). Fifty-five percent of nurses intend to retire between 2011 and 2020 (Rosseter, 2011). Nurse turnover needs to be addressed to reduce the shortage.

Another reason to examine new registered nurse turnover is the financial effect on healthcare agencies. Understanding nurses’ intentions to leave the current job is important to prevent turnover and financial loss (Ma, Lee, Yang, & Chang, 2009). The cost of replacing a registered nurse is substantial, estimated at 1.2 to 1.3 times the annual salary (Gill, Deagan, & McNett, 2010; Halfer & Graf, 2006). Jones (2004, 2008) estimated the replacement cost of one registered nurse to be between $82,000 and $88,000 in 2007. Replacement costs include: recruitment, hiring, orientation, increased costs resulting from overtime, and mandation or expenses for temporary agency nurses. Since many new registered nurses (35%-60%) leave the first hospital position within the
first year of employment, healthcare agencies should focus on retaining graduate nurses (Halfer & Graf, 2006; Kovner, Brewer, Greene, & Fairchild, 2009; MacKusick & Minick, 2010; Ulrich, Krozek, Early, Ashlock, Africa, & Carman, 2010).

Workforce analysts project more than 581,000 new RN positions will be created through 2018, increasing the pool of the RN workforce by 22% (Bureau of Labor Statistics, 2010). Since current enrollments in schools of nursing are not expected to fill newly created nurse positions, the retention of new graduate nurses is paramount. One way to address the nursing shortage is to develop strategies to retain new nurses (Kovner et al., 2009).

New registered nurses have an alarming turnover rate. At Children’s Hospital Los Angeles (CHLA), new registered nurse turnover was 36% within the first year of practice, and 56% within 2 years before the initiation of a RN residency program in 1999 (Ulrich et al., 2010). MacKusick and Minick (2010) conducted a study with nurses who left nursing, and found three primary reasons: unfriendly workplace, emotional distress related to patient care, and fatigue and exhaustion.

Estryn-Behar et al. (2007) conducted a study with European nurses and found nurses with high burnout scores were three times more likely to leave the current position. Laschinger, Finegan, and Wilk (2009) asserted that the high rate of burnout of new nurses, with resultant turnover, is alarming when considering the escalating nursing shortage. Laschinger et al. (2009) conducted a study to describe new registered nurses’ perceptions of the impact of professional practice environment, workplace civility, and empowerment, on new registered nurse burnout. Burnout was described by the presence of emotional exhaustion, cynicism, and inefficacy. This study showed that new registered
nurses had high levels of emotional exhaustion, and perceived non-supportive professional work settings. Laschinger et al. (2009) contended that transitioning from student to professional nurse requires a supportive work environment in order for the nurses to gain clinical expertise and reduce burnout.

The National Council of the State Boards of Nursing (NCSBN) developed the Transition to Practice (TTP) study in October 2010. The NCSBN and state boards of nursing have been concerned with the training and retention of newly registered nurses. Problems uncovered in the 2010 study included: (a) new nurses have been caring for sicker patients in increasing complex health settings, where 40% of new nurses report making medication errors; (b) new nurses have increased stress levels, which increases the risk for patient safety and practice errors; and (c) approximately 25% of new nurses leave a position within the first year of practice, negatively influencing patient safety and health care outcomes (NCSBN, 2011).

Although there are Transition to Practice (TTP) programs being offered in various healthcare organizations, the National Council of the State Board of Nursing (NCSBN) designed a study to find the best practices for orienting new nurses. The NCSBN’s TTP study, developed in 2010, will have two phases where nurses and preceptors will test the new modules at work. Topics to be included in the e-learning modules include: preceptor training, patient centered care, communication and teamwork, evidence-based practice, quality improvement, and informatics (NCSBN, 2011). Phases include: Phase I July 2011 to October 2012; Phase II April 2012 to October 2013. Three states have been selected to take part in the study: Illinois, North Carolina, and Ohio. Results of the study will provide
evidence on whether or not this regulatory model improves the new nurses’ transition to practice process.

Nurse transition to practice is being studied in order to help new registered nurses succeed in the workforce. Examples of transition programs include orientation, residencies, preceptor programs, and mentoring. Orientation has traditionally been the process used to transition nurses. Evans, Boxer, and Sanber (2008) studied the strengths and weaknesses of transition support programs for newly registered nurses. All of the support programs provided: rotation to different clinical areas; varying staff support mechanisms; and classroom education (Evans et al., 2008). Weaknesses in the support programs included new graduates working without support, and the high unrealistic expectations of the clinical skills of newly registered nurses.

Healthcare agencies and nurse leaders have focused on the transition of graduate registered nurses to practice to increase the retention rates. New graduate nurses experience many adjustments while transitioning from student to professional practice. Expectations are to move into the professional role as a competent nurse (Casey, Fink, Krugman, & Propst, 2004). Transition to practice programs assist graduate nurses to adjust to the clinical workplace (Cleary, Matheson, & Happell, 2009).

In addition to a complex work environment, new graduate nurses are entering the workforce lacking practice expertise and confidence to function independently as a professional nurse (Duchscher, 2009; Duchscher & Myrick, 2008; Dyess & Sherman, 2009). However, new nurses encounter unwelcoming clinical environments, high patient acuity, and advanced medical technology (Baxter, 2010). Issues that new nurses face include unrealistic expectations by clinical staff, conflicts regarding roles, lack of
support, fear of failure, fear of causing harm to patients, concerns over competence, and lack of confidence (Ferguson & Day, 2007). The lack of a supportive work environment is the main reason new nurses give for leaving the first nursing position (Cleary & Happell, 2005; MacKusick & Minick, 2010). Further study is needed of the work environment from the perspective of new nurses.

Background and Significance

Historically, Kramer (1974) coined the term “reality shock” to describe the four phases of the postgraduation cycle that new registered nurses experience when transitioning to professional nurse. Initially, new registered nurses are excited to begin the first nursing position. New nurses focus on mastering skills and routines. During this first stage, feelings of excitement are soon replaced by feelings of inadequacy and loss of confidence. In the second stage, new nurses want to be perceived as competent by colleagues. The focus is on social integration.

In stage 3, nurses become angry and frustrated at the disparities between what nurses are taught in school, and what nurses experience in the workplace. In the fourth and final stage of reality shock, new nurses come to terms with the reality of nursing practice, and make choices on how to practice as a professional nurse. Kramer’s reality shock theory is supported by Benner’s novice to expert theory. Benner’s work on stages of nursing transition, and road to competence supports Kramer’s work, and is still used today to outline orientation programs (Benner, 1984).

Duchscher (2009) developed a substantive theory of role transition to professional nursing practice for newly graduated nurses. The theory of transition incorporates a journey of becoming whereby the new graduate nurse progresses thorough the stages of
Duchsch er (2009) explained that the first 12 months of professional practice transition is a time of adjustment for the new graduate nurse to adjust to the realities of clinical practice. Integrating new nurses into the workforce creates significant challenges for experienced nurses, nurse managers, and hospital administrators (Duchsch er & Myrick, 2008). Duchsch er (2009) built the theory of “Transition Shock” on Kramer’s work (p. 1103). “Transition Shock” focuses on new nurses’ roles and responsibilities, and reinforces the need for bridging undergraduate nursing education with workplace expectations (Duchsch er, 2009).

Many theories support a transition to practice model. However there is a need to understand the new graduate nurses’ perspective about transition to practice. Dyess and Sherman (2009) conducted a qualitative study to examine new graduate nurses’ transition and learning needs. Factors which contributed to increased learning needs included increasing patient acuity, chaotic practice environments, and reduced orientation due to cost containment efforts. New graduate nurses need continuing education and consistent preceptors.

A qualitative, phenomenological approach was used to examine the lived experiences of nine graduate nurses during the first 6 to 12 months of clinical practice. Zinmeister and Schafer (2009) found five themes to be important for transition: (a) “supportive work environment,” (b) “positive preceptor experience,” (c) “comprehensive orientation process,” (d) “sense of professionalism,” and (e) “clarity of role expectations” (p. 30). Results called for further investigation of new graduates’ perspectives.

Ellerton and Gregor (2003) conducted a study to examine graduate nurses’ perceptions of readiness for practice at 3 months, 6 months, and 1 year after graduation. It
was found that new graduates were apprehensive about work, and focused attention on completing task lists and completing procedures (Ellerton & Gregor). This study is being conducted to validate how new nurses perceive baccalaureate nursing educational preparation for transition to practice based on the work of Ellerton and Gregor.

**Problem**

New registered nurses are not fully prepared to enter the practice setting. Expectations for new graduates are based on practice standards and competencies. The standards and expected competencies require a more in-depth orientation. In order to develop extended orientation programs it is necessary to understand the perceptions of new graduates’ level of competency and learning needs (Ellerton & Gregor, 2003).

**Purpose**

The purpose of this descriptive study is to investigate the adequacy of preparation that recent graduate nurses received for the role of hospital staff nurse provided by contemporary baccalaureate nursing programs, as perceived by recent graduates. This is a replication of Ellerton and Gregor’s (2003) study.

**Research Questions**

1. What do new registered nurses describe as the content of nursing practice during the first year of employment as a registered nurse?

2. How do new registered nurses rate preparedness for work as registered nurses?

Organizing Framework

This study is based on an interpretive social science approach (Berg, 2008). The social science approach uses qualitative research methods, with roots in the social sciences, philosophy and psychology, and focuses on peoples’ lived experiences (Polit & Beck, 2008). However, there is no widespread agreement about the definition of social science or its contribution to practical life (Richardson & Fowers, 1998). Richardson and Fowers (1998) wrote that a social science approach to research is based on the hermeneutics of Heidegger (1962), Gadamer (1975), Taylor, (1985a, 1985b, 1989), and Ricoeur (1978, 1992). The qualitative researcher examines peoples’ words, actions, and interactions for patterns of meaning in order to understand the lived experiences through interpreting patterns.

Heideggerian hermeneutics is a research method that uses an interpretive (social science) approach. Hermeneutics is a field of inquiry that seeks to interpret human phenomena by understanding how different parts relate to the whole (Gall, Borg, & Gall, 1996, p. 268). A hermeneutic circle is a process used to interpret the meaning of each part of a text, and the text as a whole (Gall et al., 1996). The researcher examines the text as a whole and the parts separately in relationship to the whole.

Greenwood (1994) examined precisely what phenomena interpretive social science examines. The focus of interpretive social science is the meaning people attribute to social phenomena, and understanding the meaning that humans place on experiences (Greenwood). Social reality differs from physical reality since social phenomena, unlike a chair, do not exist independently of an individual’s knowledge. Greenwood gave an example that people could not observe dining “rules” without knowing about rules first
Experiencing objects, including facts, values, norms, rules, events, actions, and results of actions, combined with subjective experiences, allow people to manage experiences by structuring and giving meaning to events (Greenwood, 1994). Fuzzy representations are identified through observation. Interpretive social science is appropriate for this study because the purpose is to investigate the adequacy of preparation that recent graduate nurses received for the role of hospital staff nurse provided by contemporary baccalaureate nursing programs, as perceived by recent graduates.

**Definition of Terms**

*Conceptual: content of nursing practice.*

Content of nursing practice, identified by Ellerton and Gregor (2003), includes direct caregiving at the bedside in an acute care setting. Responsibilities include planning, priority setting, use of clinical judgment and skills, and communication skill.

*Operational: content of nursing practice.*

The content of nursing practice for the first year of practice will be studied by asking new nurses, during interviews, to define the content of nursing practice during the first year of employment as a registered nurse (Ellerton & Gregor, 2003).

*Conceptual: preparedness.*

Preparedness for work refers to graduate nurses being adequately prepared for the role of hospital staff nurse by contemporary baccalaureate nursing programs as perceived by the new graduates (Ellerton & Gregor, 2003). The nature of work includes “planning and priority setting, use of clinical judgement, technical knowledge and skills, and communication skills used with patients, families, and coworkers” (p.104).
Operational: preparedness.

Preparedness for work will be determined by the responses of new graduate nurses to the interview question regarding rating preparedness to work. Nurses’ perceptions of preparedness for transition to practice will be studied within an interpretive social science approach using qualitative interviewing methods. Interview questions will address the nature of work with respect to planning and priority setting, use of clinical judgment, technical knowledge and skills, and communication skills used with patients, families, and coworkers (Ellerton & Gregor, 2003, p. 104).

Conceptual: maturation of nursing practice.

Maturation of nursing practice refers to the graduate nurses gaining and improving nursing skills across the first year of practice (Ellerton & Gregor, 2003, p. 104).

Operational: maturation of nursing practice.

Maturation of nursing practice will be determined by the new graduate nurses’ responses to the interview question that describes personal growth in nursing practice across the first year of practice.

Limitations

Limitations to this study include the fact that the study takes place in one location. Another limitation is that the participants will work on different units and be socialized by different preceptors.
Assumptions

New registered nurses are not clinically competent, confident nurses upon graduation from a baccalaureate nursing program. A second assumption is that the new nurses can share information about transition.

Summary

Retaining new nurses is important for both the nurse and the healthcare agency. The goal of this study is to explore new nurses’ perceptions of preparedness for transition to practice. This study is a replication of Ellerton and Gregor’s (2003) study. Interpretive social science is the theoretical framework. Findings will provide insights into how to improve new registered nurses’ transition to practice.
Chapter II

Review of the Literature

Introduction

Increased patient acuity and early discharges add to the complexity of new graduate nurses’ transition to practice. It is important to understand how adequately new graduates are prepared. The purpose of this descriptive study is to investigate the adequacy of preparation that recent graduate nurses received for the role of hospital staff nurse provided by contemporary baccalaureate nursing programs, as perceived by recent graduates. This is a replication of Ellerton and Gregor’s (2003) study. The literature is organized into three sections: (a) organizing framework; (b) perceptions of transition to practice, both new graduates and preceptors; and (c) programs to facilitate transition.

Organizing Framework

An interpretive social science approach, the framework for this study is a qualitative research methodology used by social scientists (Berg, 2008). Social scientists use the scientific method to study human groups, societies, and humanity. Nursing is one of the social science disciplines. Berg wrote there are many ways to conduct qualitative research in the social sciences. Symbolic interactionism focuses on the subjective aspects of social life rather than on objective, macrostructural aspects of social systems (Berg). Meanings are attached to objects, events, and phenomena.
Interactionists view people as being active participants in the social world with the ability to think about actions and adjust behavior to the actions and reactions of others. Interviewing is one method used in qualitative research to collect data.

Gardner (1996) argued that conducting qualitative nursing research within a social science framework enables the researcher to add another dimension to social science methodology through integrating the characteristics of both nursing practice and research practice. Wu and Chen (2005) contended the interpretive approach can generate new knowledge and provide valuable information for nursing’s future work and practice.

Interpretive research draws on the phenomenological theory of existence built upon the foundations of Hegel, Heidegger, Ricoeur, and others (Polit & Beck, 2008). Heidegger (1962) believed in interpretive phenomenology or hermeneutics. Phenomenology/hermeneutics is a qualitative research method used to explore and understand study participants’ everyday life experiences. Hermeneutics draws on interpretive phenomenology focusing on the lived experiences of people, and on how experiences are interpreted (Polit & Beck, 2008). The goal of interpretive phenomenology (hermeneutics) is to enter the world of another person in order to interpret and understand human experience (Polit & Beck).

Gadamer (1976) used the term “hermeneutic circle” to describe interpretive circular relationships whereby one understands the whole of a text, such as a transcribed interview, in terms of individual parts, and the parts in terms of the whole (Polit & Beck, 2008, p. 229). Interpretive phenomenologists analyze each interview text with an open mind, putting aside preconceived notions and biases. Prior assumptions about the research outcomes can limit insights (Neuman & Fawcett, 2001). The researcher looks at
the information from the interviews to understand the lived experience of people in relation to selected phenomena.

The Heideggerian view of the nature of being-in-the-world, and of humans as self-interpreting, has spurred the evolution of the interpretive paradigm (Appleton & King, 1997; Holmes 1996). In this paradigm, intersubjectivity (mutual recognition) between researcher and research participants is fostered and valued (Dzurec, 1989; Horsfall, 1995). Phenomena are studied through the eyes of people in the lived situations. The unitary nature of person-with-environment is congruent with the individualized, holistic practice espoused by the nursing discipline (Drew & Dahlberg, 1995). A nursing theory developed within the interpretive paradigm is Parse’s (1992) Human Becoming, based on the inseparability of humans and environments (Weaver & Olson, 2006).

Ironside (2005) described the use of an interpretive research approach in nursing education. The author described the process as follows: (a) reading each transcribed interview in its entirety to obtain a general understanding of the participant’s account; (b) identifying common themes in the shared experiences and practices embedded within each interview; (c) supporting each theme with excerpts from the interview text; and (d) discussions to strengthen and clarify the analyses (Ironside, p. 443).

Interpretative research is appropriate for this study because interviews about personal experiences enable the researcher to gather information about phenomena to determine meaning. This is a replication of Ellerton and Gregor’s (2003) study based on interpretive social science research.
Perceptions of Transition to Practice

New graduates.

Graduate nurses’ experiences and perceptions of interacting with professional nursing staff in the first practice role is important. Thomka (2001) conducted a study to describe the experiences and perceptions of RNs resulting from interactions with professional nurse colleagues during the time of role transitions through the first year of professional practice. In addition, the investigator explored what participants’ ideal transition from graduate nurse (GN) to professional nurse would look or feel like upon entering the profession (Thomka).

The setting was a large urban mental health facility in southeastern Wisconsin. Fifteen years or less of professional practice was used as an inclusion criterion (Thomka, 2001). Demographic characteristics include: gender, age, type of nursing education, age at time of graduation from nursing school, initial area of practice at the time of graduation, and whether or not it was the preferred area of practice at the time. Sixteen RNs participated in the study: 13 women and 3 men. Ages ranged from 31 to 51 years \( (m = 42.37 \text{ years}) \). Seven participants had associate degrees in nursing, four held diplomas, and five had baccalaureate degrees in nursing. Ages at the time of graduation from nursing school ranged from 21 to 45 \( (m = 31.38) \).

Thomka (2001) developed the questionnaire to describe nurses’ thoughts and emotional responses regarding the orientation program in the first position as a GN/RN, and the expectations for this initial professional employment experience. The instrument was designed to elicit information about perceptions of the way the GN/RN was treated by nursing colleagues. One example was a situation when the GN/RN felt valued by a
colleague, and treated in a way to support professional role development. Another scenario was one in which treatment by colleagues was not helpful to professional role development. Additional information included whether the GNs considered leaving nursing because of treatment by colleagues, and perceptions about what the ideal transition from GN to professional nurse should look or feel like (Thomka). Thomka used a thematic analysis procedure to analyze data. Responses to the survey questions were coded for keywords to find the primary concepts.

Findings (Thomka, 2001) were categorized into one of four categories: (a) descriptions of orientations, (b) expectations, (c) treatment by nurse colleagues, and (d) the ideal transition (Thomka). Descriptions of orientation included content, role of person paired with, such as mentor or preceptor, and length of orientation time period. Comments such as “very helpful” and “very extensive, concise and well organized,” were included (Thomka, p. 17). Expectations included: “I expected more orientation,” and “I expected more support from the RNs.” Comments about treatment by nurse colleagues included being treated “very well,” or “lacking in patience.” The ideal transition was described as, “I was given as much autonomy as I wanted,” and “they encouraged questions and answered them” (Thomka, p. 17).

Conclusions were that there was a lack of consistency in the orientation of new graduate nurses in three areas: who assisted in the orientation phase, where it occurred, and the length of orientation period (Thomka, 2001). Thomka concluded that the majority of the GN/RNs were openly criticized in front of others, including patients, and that made nurses feel like quitting the profession. It is necessary for GN/RNs and experienced RNs to be engaged in a positive mentoring relationship. The mentor relationship provides new
graduate nurses with the support, guidance, and encouragement needed to be successful in the new professional nurse role (Thomka).

Increased patient acuity and early discharges put pressure on new graduates to function independently. It is important to understand how adequately new graduates are prepared. Ellerton and Gregor (2003) conducted a descriptive study to explore the perceptions of recent baccalaureate nursing graduates about the adequacy of preparation for the role of hospital staff nurse. The framework for the study was Interpretive Social Science (Ellerton & Gregor, 2003).

The setting was an acute care unit in a Nova Scotia hospital. The researchers obtained a list, provided by the College of Registered Nurses of Nova Scotia, of nurses who graduated with a baccalaureate of science degree in nursing in 2001 (Ellerton & Gregor, 2003). The population consisted of all nurses who remained in the province to practice nursing after that year’s graduation, 44 nurses. The sample was 11 nurses, (25% of the population), who agreed to participate in the study. There were 10 female nurses and 1 male nurse; nurses ranged in age from early 20s to more than 40 years. Participants came from three universities in Atlantic Canada. All of the nurses had been working full-time for approximately 3 months at the time of the interview.

The researchers developed a semi-structured interview guide to elicit detailed information about the graduates’ current work roles and activities, and about perceptions of readiness to perform. The interviews were open and informal. Each participant agreed to three interviews across the first year of employment at 3 months, 6 months, and 1 year after graduation (Ellerton & Gregor, 2003). The research questions for the study were:
(a) What do new graduates describe as the content of nursing practice during the first year of employment as a registered nurse?, (b) How do new graduates rate preparedness for work as registered nurses?, and (c) How do new graduates describe the maturation of nursing practice across the first year of work? (Ellerton & Gregor, p. 104)

Ellerton and Gregor (2003), from the first question, found that at 3 months the new nurses were task-oriented and overwhelmed by the amount and complexity of work, and lacked the knowledge and skills to work independently. The nurses described the content of initial nursing practice as routines and practices learned on the unit. The authors called this period “Learning the Job” (p. 104).

Findings from the second research question were that participants rated themselves an average of 7 on a 1-10 scale for readiness for practice. One nurse, as an explanation for the high rankings, described herself as “unready” for practice, but not as “incompetent” (Ellerton & Gregor, 2003, p. 106). The nurses felt confident in gaining skills with experience. Ellerton and Gregor likened this stage as Benner’s “lightness of being,” learning about the beginner who works in the present without a full grasp of clinical implications, with an implicit trust in coworkers, and who do not yet appreciate the nuances and competing risks involved in clinical situations.

Findings from the third research question, concerning maturation of nursing practice across the first year, were that new nurses were satisfied with learning progress made with the assistance of competent preceptors, and learning resources available at the institution. The nurses’ responses conveyed the institution had more impact than academic preparation in nursing skill maturation (Ellerton & Gregor, 2003).
Ellerton and Gregor (2003) concluded that although nurse administrators described the need for graduate nurses who “can hit the ground running,” the authors showed that new nurses lack the expertise acquired through work experience. The authors also concluded that it is extremely important for new nurses to work with experienced nurses. The authors stated that this is problematic because experienced nurses are leaving the profession through retirement.

The transition period from student to nurse is a stressful time for graduate nurses. The orientation period is crucial for the evolution from novice to advanced beginner nurse. Delaney (2003) conducted a study to investigate graduate nurses’ transition experiences during a 3 month orientation period. The researcher used a phenomenological approach to examine and describe the lived experience of transitioning from school to practice during orientation, using a caring framework.

The study took place in a hospital that developed a caring framework for the new nurses’ orientation program. The new orientation model emphasized collaboration between nurse educators in academia and the hospital, in an effort to facilitate the transition of graduate nurses to practice. The population was 18 graduate nurses. To be included in the study, nurses had to have participated in the hospital’s caring-based orientation, had to articulate experiences, and did not work directly with the investigator during the orientation (Delaney, 2003, p. 439). The criteria reduced the possible sample size from 18 to 10. The sample consisted of 10 female graduate nurses, ages 22 through 40. Seven were single, two were married, and one was divorced; two had baccalaureate degrees, and eight had associate degrees (Delaney). The participants were interviewed privately at the hospital in a quiet room to facilitate free expression. The audiotaped
interviews lasted from 30 to 60 minutes, and were transcribed by a professional transcriptionist (Delaney).

The author used Husserl’s (1962) bracketing technique to determine a priori knowledge of the phenomenon being studied. Delaney (2003) reflected, self-questioned, and journaled, to bring personal perceptions, presuppositions, and biases to the surface of consciousness. The researcher continued this process throughout the project. The researcher uncovered the following presuppositions:

(a) Transitions in general are stressful, (b) Students are anxious regarding the transition from student to nurse, (c) Nursing staff is often reluctant to assume a preceptor/mentoring role, (d) Students are not always adequately prepared in school to assume the role of staff nurse, and (e) Orientations developed within a caring framework can make an important difference in graduate nurses’ transition. (Delaney, 2003, p. 438)

To analyze each participant’s transcribed responses, an in-depth review of each sentence was done using Colaizzi’s (1978) method. Delaney (2003) reported that “an exhaustive description was written to identify the essence of the phenomenon, and finally there was validation of the themes and an exhaustive description by four of the participants” (p. 440).

Findings from Delaney (2003) showed that an in-depth analysis disclosed 224 significant statements which were categorized into 1 of 10 themes. The 10 themes that emerged from this study follow:

(a) Mixed Emotions, (b) Preceptor Variability, (c) Welcome to the Real World, (c) Stressed and Overwhelmed, (e) Learning the System and Culture Shock, (f)
Not Ready for Dying and Death, (g) Dancing to Their Own Rhythm, (h) Stepping Back to See the View, (i) “The Power of Nursing,” and (j) Ready to Fly Solo. (Delaney, 2003, pp. 440-441)

Theme 1: “Mixed emotions,” referred to participants expressing pride at becoming a nurse, “I felt a sense of pride in finishing the program.” Participants reported feeling scared and nervous at the beginning of orientation, “I can’t say I’m a student anymore, so I have to know all the answers, and that was scary for me” (Delaney, 2003, p. 440).

Theme 2: “Preceptor variability” pertained to nurses’ perceptions of preceptors affecting thoughts and progression. Having experienced, consistent, seasoned preceptors was positive. One graduate nurse said, “I’ve had great preceptors…They have been here for years, and they know what they are doing. I have learned a lot” (Delaney, 2003, p. 440). When preceptors were less experienced or inconsistent, participants’ perceptions were negative, “It was confusing because I would have a different preceptor every other day…Everyone had his or her own routine and way of doing things, and they would say things like, ‘Why are you charting on that?’ They kind of made me feel stupid over and over again” (Delaney, p. 440).

Theme 3: “Welcome to the real world” related to the graduates realizing the differences between work and school in regard to number of patients cared for and level of responsibility. One commented, “I was scared to death when I realized how much responsibility was on me;” another said, “I was trained in school for two or three people, not to keep track of six or seven. It’s totally different” (Delaney, 2003, p. 440).
Theme 4: “Stressed and overwhelmed” applied to new nurses feeling anxious and insecure when faced with new tasks and increasing responsibility. One comment was, “I called everyone the night before my IV training. I don’t want to stick people, and I was flipped out by that… I hated it!” (Delaney, 2003, p. 440).

Theme 5: “Learning the system and culture shock” referred to new nurses’ frustration in trying to learn and understand the institutional system. One graduate had a hard time understanding the physician on-call system stating, “It’s very difficult to know who to call. It’s overwhelming. Sometimes I just keep screwing up and calling the wrong person…” (Delaney, 2003, pp. 440-441). An example of a comment from a nurse who felt accepted was, “I lucked out. The staff was great they make you feel comfortable, and they were happy to help you out…” (Delaney, p. 441).

Theme 6: “Not ready for dying and death” pertained to participants not being ready to handle end-of-life issues. Nurses were sheltered from this experience in nursing school and orientation. One participant stated:

This was the one thing we weren’t allowed to see in school. If someone coded, you were never allowed to stay in the room. Even during orientation when another nurse’s patient coded I asked if I could go in because someday it will be my patient, and they wouldn’t even let me do that. (Delaney, 2003, p. 441)

Theme 7: “Dancing to their own rhythm” related to developing and individualizing organizational skills. One comment was, “I have a set pattern that I follow every night. It took me weeks to decide that worked best for me” (Delaney, 2003, p. 441).
Theme 8: “Stepping back to see the view” applied to using self-reflection to evaluate progress since graduation. One nurse commented, “The past few months have been very educational and self-reflecting experience because I was able to take a look at myself, what I can and can’t do, and see things in myself that I hadn’t seen before and how far I’ve come” (Delaney, 2003, p. 441).

Theme 9: “The power of nursing” referred to the effects of nursing practice on graduates and patients. One participant stated, “I feel good that I am sharper with my skills, getting my act together, working things out” (Delaney, 2003, p. 441).

Another voiced:

We interact with people in the most difficult times of their lives. What we say and do can make a huge difference…I know I’ve made an important difference for my patients. Nursing was the best choice for me; I know I’m in the right place.

(Delaney, 2003, p. 441)

Theme 10: “Ready to fly solo” pertained to new graduates’ readiness to end orientation. Twelve weeks was sufficient for most of the graduates. One said: “I’m a little nervous about going off orientation, but I definitely feel more secure that I can do this, so I guess I’m looking forward to being on my own…” (Delaney, 2003, pp. 441-442).

The author found that preceptors had a great impact on both the transition process and the outcome of graduates (Delaney, 2003). Preceptor qualities of professionalism, seasoned experience, critical judgment, and clinical expertise, combined with personal characteristics of a caring, supportive attitude, helped make the transition smoother for new nurses. Consistent interactions with a less than ideal preceptor were also found to be advantageous in the transition to practice process (Delaney, 2003). All the participants
identified stress as a problem which decreased as the abilities to organize and prioritize patient care increased (Delaney). At the end of 12 weeks most graduates felt ready to be independent since the nurses felt supported and welcomed at the hospital.

Delaney (2003) believed that there needs to be collaboration between academia and the employing agency. Nurse educators in nursing programs should increase student assignments from caring for two or three patients, to four to six, to reduce new nurse anxiety. School of nursing curricula need to include death and dying issues, talking with physicians, participating in interdisciplinary conferences, and detailed discussions about clinical experiences. Hospital nurse educators need to explain the institutional system, and carefully select and train preceptors for addressing the needs of graduates during role transition (Delaney). Delaney concluded that during orientation new graduates had mixed emotions, were stressed, depended on preceptors, and need to learn the system. Graduates had to learn at a slower pace, step back, and overcome culture shock.

The transition from student to practicing RN is stressful for graduate nurses who are expected to function as competent nurses in the workforce. New graduate nurses are more likely to leave the first employer before becoming a fully functional team member (Casey et al., 2004). Casey et al. conducted a study to identify the stresses and challenges experienced by graduate nurses.

The setting was six acute care hospitals in the Denver metropolitan area. One was an academic teaching hospital, three were private for-profit facilities, and two were private not-for-profit hospitals. The population consisted of 784 new graduates hired at the study sites. The sample included 270 respondents (34%) who agreed to participate. The only criterion for inclusion in phase 1 was that the participant was a new graduate
nurse hired at one of the hospitals. A revised survey was distributed to graduate nurses at the academic teaching hospital to nurses entering an expanded graduate nurse residency program in phase 2 at baseline, 3 months, 6 months, 12 months, and an additional continued follow-up of specific groups for a longer employment period (Casey et al., 2004). Demographic data included ethnicity, age, gender, type of nursing degree, and previous healthcare experience.

Casey et al. (2004) used the Casey-Fink Graduate Nurse Experience Survey to measure new graduate nurses’ experiences on entry into the workplace, and then through the transition into the role of professional nurse. The investigators designed the survey and pilot tested it during phase 1 of the study. It was further revised over time to better measure workplace issues not included previously. The revised questionnaires were used during phase 2 of the study with the new graduates at the academic teaching hospital. Internal reliability was established on the original instrument, with a Cronbach’s alpha of .78 on items reflecting levels of comfort and confidence with various practice skills. Additional reliability testing on the revised instrument indicated little change in internal consistency (Casey et al.).

Findings from Casey et al. (2004) were that graduate nurses perceived it took at least 12 months to feel comfortable and confident practicing in the acute care setting. Only 4% of the participants were comfortable performing all skills and procedures. Fifty-four different procedures and skills were identified by most respondents as uncomfortable on hire; greater than 15% of the respondents listed seven skills and procedures as the most challenging over time. After 1 year of practice, 41% of new graduates were still uncomfortable caring for patients with epidural catheters (Casey et al.). The results
indicated that the most difficult role adjustment time period for graduate nurses was between 6 and 12 months after hire.

Findings also showed the importance of the preceptor role to graduate nurses’ job satisfaction and developing competencies (Casey et al., 2004). The new graduates believed that having more than three different preceptors had a negative impact on orientation. The effect of multiple preceptors could be mediated by a senior staff member, such as an educator or manager, who oversees the process.

Casey et al. (2004) concluded that new nurses require consistent support and professional development during the first year of practice. The researchers advocated closer partnerships between nursing schools and practice institutions to facilitate improvements in transition process. Initiatives, such as a 1 year nurse residency program, could add to the graduate nurse’s feelings of comfort, confidence, and skill proficiency as the novice nurse transitions to a safe and competent professional clinical nurse (Casey et al.).

Thirty-five to 60% of new graduate nurses leave the first job during the first year of practice. This is detrimental for the nurse, and is a financial loss to the healthcare agency. Halfer and Graf (2006) conducted a study to describe perceptions of the work environment and level of job satisfaction for new graduate nurses. The study built upon the research of Kramer’s (1974) study, which described the initial work experience of graduate nurses as being in “reality shock” (Halfer & Graf, 2006).

The setting was a 265 bed tertiary care children’s Magnet hospital. The sample was a cohort of 84 graduate nurses hired over 1 year. The sample included the internal hospital float team that worked the inpatient units, pediatric intensive care unit, neonatal
intensive care unit, emergency department, operating room, and the resource team (Halfer & Graf, 2006). Demographic data showed the majority of nurses (80%) were from generation X, and 71% worked a night or day-night rotating shift. Sixty-seven percent remained active in the study, yielding a 10% turnover in this cohort of new graduate nurses.

Halfer and Graf (2006) used the Halfer-Graf Job/Work Environment Nursing Satisfaction Survey, developed to measure new graduate nurses’ perceptions of the work environment, at 3, 6, 12, and 18 months of employment for 30 consecutive months. The researchers designed the survey to elicit new graduates’ confidence in the delivery of competent nursing care, perceptions of the work environment, and job satisfaction over time. The authors tested the tool for homogeneity, which resulted in a Pearson-Brown split/half reliability of 0.89 and test-retest reliability at 3 months (0.92), 6 month (0.92), and 18 months (0.88). The questionnaire included fill-in demographic items, 21 statements with a 4 point Likert-type scale ranging from “strongly agree” (4), to “strongly disagree” (1), and four open-ended questions (Halfer & Graf). The demographic items included year of birth, length of employment, and scheduled working shift.

Question 1 was: “What are the sources of new graduate nurse job satisfaction and dissatisfaction?” Findings from question 1, sources of new graduate nurse job satisfaction, were the ability to master work organization and perform clinical tasks. Initial sources of dissatisfaction were lack of knowledge and skills to perform the job, access to resources, and ability to participate in professional development opportunities. The variables improved somewhat over the 18 months of the study (Halfer & Graf, 2006).
Three variable patterns emerged over the 18-month study. Responses improved significantly, showed significant change, or remained stable. Variables were analyzed for survey attrition, which may have been the results of a natural drop in responses in a longitudinal survey (Halfer & Graf, 2006). The findings were reported as means and sources of new graduate nurse job satisfaction that improved significantly, and were not affected by survey attrition: understanding leadership expectation (3.21-3.57), ability to get work tasks accomplished (3.32-3.75), manage demands of job (3.25-3.71), awareness of professional opportunities (3.04-3.48), ability to identify work resources (3.36-3.68), and access to information to perform job (3.30-3.63) (p. 153).

Question 2 was: “What are the perceptions of the work environment?” Findings from research question 2 revealed dissatisfaction with participation in solving unit issues (6 months), staffing schedules (6 and 12 months), scheduled work days and hours (6 and 12 months), and participation in professional development programs (3, 6, and 12 months). Variables influenced by attrition may be important to assessing the job satisfaction of new nurses (Halfer & Graf, 2006).

Question 3 was: “Do perceptions change with length of time in the position?” Findings from research question 3 showed changes in 10 variables over the 18 months: knowledge and skills to perform job (3.21-3.71), access to resources (3.29-3.71), ability to participate in professional development opportunities (2.88-3.52), mistakes treated as learning opportunities (3.39-3.32), professional contributions valued (3.14-3.50), physicians are respectful (3.04-3.32), staffing schedules are managed fairly (3.15-3.11), comfortable asking questions (3.58-3.69), satisfaction with schedule (2.96-3.19), and satisfaction with the job (3.41-3.33). Qualitative remarks in the first 3 to 6 months
focused on mastering tasks and getting the job done. One nurse wrote, “Sometimes there is just too much to do and I feel overwhelmed” (Halfer & Graf, 2006, p. 154).

Halfer and Graf (2006) concluded work schedules, and learning how to balance life/work, are very important to new graduate nurses. New nurses were concerned about working nights, evenings, weekends, and holidays. Halfer and Graf (2006) suggested that nurse leaders set policies, such as less weekend commitment with tenure, or working a non-rotating night schedule. Mentoring and peer support groups were recommended to help new graduates adjust to work schedules during the critical 18 months of a first job. To improve new nurse retention, hospitals should focus on scheduling, co-worker and physician relationships, professional growth opportunities, recognition, control, and responsibility (Halfer & Graf).

Zinsmeister and Schafer (2009) conducted a study to gain insight into graduate nurses’ transition to practice to determine methods to improve transition, and increase retention rates among graduate nurses in the initial area of nursing practice. A qualitative, phenomenological research design was used to explore the lived experiences of graduate nurses to gain insight into the aspects of the transition period.

The study took place in a healthcare system located on the east coast of the United States. The sample consisted of nine graduate nurses working at the facility who met the criteria as a graduate nurse working as a staff nurse for at least 6 months, but no longer than 1 year at the study facility (Zinsmeister & Schafer, 2009). Demographic characteristics included age and type of nursing education. The nine graduate nurses ranged in age from 22 to 38 years. Three participants had a bachelor’s degree in nursing, five had an associate’s degree in nursing, and one had a diploma in nursing.
Zinsmeister and Schafer (2009) used six semistructured interview questions:
(a) What stands out in your transition period during your first year as a nurse? (b) How has your perception of nursing changed since you first started? (c) How do you feel about the expectations of your new role? (d) How have your professional relationships influenced your transition process? (e) How has the orientation process related to your transition in this first year?, and (f) How has the environment of your unit impacted your transition? (Zinsmeister & Schafer, p. 30)

Interviews were conducted before or after the participants’ work hours. There was no set time frame for the interviews. The interviews continued until data saturation occurred, which averaged 30 minutes. The interviews were audiotaped and transcribed verbatim. The researchers used a standardized, open-ended interview technique as a method to decrease interview variations created by more than one interviewer conducting the interviews (Zinmeister & Schafer, 2009).

Findings from Zinsmeister and Schafer (2009) included five thematic areas that contribute to a positive transition experience for new graduate nurses. The themes were “Supportive work environment,” “Positive preceptor experience,” “Comprehensive orientation process,” “Sense of professionalism,” and “Clarity of role expectation” (Zinmeister & Schafer, p. 30). A supportive work environment emerged many times from the nurses’ statements such as “Nurses seem to want to help and they make good teachers. I guess the kind of profession we go into, I guess our personality makes us want to pass it on” (Zinmeister & Schafer, p. 31).
Eight of nine graduates reported that a positive preceptor experience was an important part in successful transition to practice. One said, “I was really lucky to have a preceptor I could bond with. I could ask her questions without feeling embarrassed or ashamed that I didn’t know something” (Zinmeister & Schafer, 2009, p. 31). Eight of the nine participants confirmed that the orientation process contributed in a positive transition process. “The managers here, they tend to individualize your orientation process—some people move through it fast, some people move through it slow…which I think was very helpful in my orientation” (Zinmeister & Schafer, p. 31).

A sense of professionalism was felt by the majority of participants, evidenced by comments that participants recognized the value of the nursing role, and took pride and satisfaction in practicing nursing. “I have more respect for the field that I did initially as a student” (Zinmeister & Schafer, 2009, p. 31). Eight of the nine participants understood role expectations which were consistent with others’ expectations. Statements included, “I’m comfortable with them (expectations) now, but initially, it was nerve wracking” (p. 31). Zinmeister and Schafer reported that self-confidence was present for some, but was lacking in other participants (no number or percentage given). Responses included, “I feel much more comfortable with my decision and judgments,” and “Well, I wasn’t quite sure I’d be able to succeed as a nurse” (p. 31).

Zinsmeister and Schafer (2009) concluded that preceptors are important for transition of graduate nurses to practice. A supportive work environment, a positive preceptor experience, and a comprehensive orientation program are necessary. Consideration of findings could help graduate nurses decrease stress, promote self-
confidence, enhance patient care, improve nurse retention, and help employers retain new nurses.

Retaining new nurses is a benefit to the individual nurse and the healthcare agency. Gill et al. (2010) conducted a study to investigate the expectations, perceptions, and satisfaction of graduate nurses. Gill et al. used the Price-Mueller model as the conceptual framework that describes factors contributing to employee turnover in the economic, organizational psychology, and sociological literature. Key assumptions of this model are that there are specific working conditions valued by workers, and if the values are met, employees will be more satisfied and less likely to leave (Gill et al., 2010).

Gill et al. (2010) conducted this study with a cohort of graduate nurses who were hired to work as RNs within the inpatient care areas at a Level 1 trauma academic county hospital. Interviews were conducted within the first month of employment, and after 6 and 12 months of employment. The population was 77 graduate nurses who met the eligibility criteria for inclusion. Thirteen graduate nurses (17% response rate) agreed to participate, but three left the organization, leaving seven nurses to complete the study (9% response rate).

Gill et al. (2010) used a prospective cohort design, using both qualitative and quantitative methods. A shortened version of the National Database of Nursing Quality Indicators (NDNQI) was used after each interview. The NDNQI has been shown to be reliable (reliability coefficient = .91) and valid among two large samples of RNs (n = 918 and n = 2,277). It measures quantitative data on new graduates’ perceptions and satisfaction levels. The NDNQI survey contains statements such as:
Physicians appreciating the work of the nurse, adequacy of opportunities for nurse decision making and autonomy, sufficient time for patient care, level of teamwork, status of nursing within the hospital, overall job satisfaction, leadership qualities of nurse managers and satisfaction with the chief nursing officer. (Gill et al., 2010, p. E13)

Participants indicate agreement with each statement on a Likert scale ranging from “strongly agree” to “strongly disagree.”

Two themes emerged, “Establishing Relationships,” and “Learning the Job,” from the qualitative interviews (Gill et al., 2010, p. E13). The first theme, “establishing relationships,” was concerned with new graduates’ establishing relationships with various members of the healthcare team, including nurses, ancillary staff, physicians, preceptors, and nurse managers. Findings showed all graduate nurses expected to be considered as a team member during the first year as stated, “I expected them (the healthcare staff) to be friendly, adopt a teaching attitude, helping me with orientation, and open to the team approach to patient care” (p. E14). During the first year, new graduate nurses reported both positive and negative experiences in establishing relationships. All expected to be considered peers by other nurses and a contributing member of the healthcare team (Gill et al.).

The second theme, “learning the job,” dealt with graduate nurses’ expectations and perceptions about learning the roles/responsibilities of the RN, the orientation length and structure, managing the workload, finding equipment, being acknowledged, learning the unit and organizational logistics, scheduling, and how to act in a crisis situation” (Gill et al., 2010, p. E15). One nurse commented at the end of the orientation period, “I feel a
little bit like I’m treading water, you know, and just above the level…” (p. E15). Nurses moved from a task-oriented view at 1 month of practice, to a collaborative multidimensional role at 1 year of practice. At 1 year, nurses were able to handle roles and assigned workloads (Gill et al.).

Gill et al. (2010) concluded that mentoring and orientation programs can meet the needs of graduate nurses by focusing on helping new graduate nurses establish relationships in the workplace, and assisting with the role of the RN early in orientation. Based on the study finding, that satisfaction with the leadership qualities of nurse managers decreased over the first year, staff development professionals should identify the role of the nurse manager in graduate orientation programs (Gill et al., 2010).

*Preceptors.*

New nurses are expected to demonstrate the necessary skills to practice safely when hired. Preceptors’ assessments of new graduate nurses’ readiness for practice is important. Hickey (2009) conducted a study to examine preceptors’ perceptions of new graduates’ readiness for practice. The researcher also sought to determine which skills are most important for the nurse’s transition to practice.

The setting was a Mid-Atlantic, 591-bed teaching hospital that used a preceptor model for new nurses’ orientation. The population consisted of 200 preceptors, and the sample included 62 preceptors who completed the survey. The criterion to be included was being a registered nurse (RN) who was a preceptor within the last year when the study began. Preceptor duties included clinical orientation and evaluation of new graduates. Demographic information included: gender, age, ethnicity, years of practice, and level of education. The final sample was primarily female, with a median age of 41.
The participants averaged 9 years of preceptor service, with no preceptor training (Hickey, 2009).

Hickey (2009) developed the Clinical Instructional Experience Questionnaire to measure the effectiveness of clinical instructional experience in a baccalaureate nursing program. The researcher adapted the instrument to be used with new graduate nurse preceptors by omitting two items that specifically addressed clinical instructor behaviors. The revised instrument contained two subscales: Clinical Teaching (8 items), and Development of Clinical Competence (10 items). The participants were asked to respond to survey statements based on the evaluation of new graduates within the past year. The second part of the questionnaire requested the participants to rate new graduates’ preparations of practice on a 5-part Likert scale, (1 = not important to 5 = very important). The questionnaire also had five open-ended questions (Hickey, 2009). The core competencies surveyed were: psychomotor skills, assessment skills, critical thinking, time management, communication, and teamwork.

Reliability estimates were obtained using the actual study data set for each subscale: Clinical Teaching subscale $\alpha = .81$; Development of Clinical Competence subscale $\alpha = .74$; and importance responses to the Clinical Teaching subscale $\alpha = .82$ (Hickey, 2009, p. 37). Statistical significance was achieved at the $p < .001$ level for both subscales.

Findings (Hickey, 2009) from the clinical competency items included several areas of weakness in new graduate nurses’ clinical skills. The areas, consistent with the AACN core competencies and the Institute of Medicine (2003) guidelines included: (a)
psychomotor skills, (b) assessment skills, (c) critical thinking; (d) time management, (e) communication, and (f) teamwork.

Findings uncovered four strategies for development of clinical competency skills to facilitate the transition of graduate nurses to practice: (a) develop a structured preceptor training program; (b) develop methods to identify learning needs and facilitate learning; (c) ensure administrative commitment and support; and (d) promote the socialization of new hires (Hickey, 2009). Preceptors reported new graduate nurses were unprepared for practice in high-acuity, specialty areas like the Emergency Room (ER), and cultural and language differences caused difficulties communicating with patients and physicians. Hickey concluded that clinical experiences in nursing school do not adequately prepare the graduate for practice since students never worked a full shift, gave report, or had a large patient load.

Programs to Facilitate Transition

Mentors offer emotional support, role modeling, and career assistance to new graduate nurses transitioning to practice. However, financial constraints and workplace staffing shortages challenge healthcare organizations to find an alternative to the one-on-one mentoring model. Scott and Smith’s (2008) proposal was to use a Group Mentoring Team to assist new nurses to gain self-confidence and competence in the first year of nursing practice. The purpose of this study was to pilot an innovative and cost-effective model of mentorship for new graduate nurses.

The setting was Lenoir Memorial Hospital (LMH), a not-for-profit 261 bed hospital, located in rural Kinston, North Carolina. The population was new graduate
nurses recruited from the local community college. The sample included ($n = 25$) graduate nurses who began working at the hospital in 2005 (Scott & Smith, 2008).

The staff development specialists at LMH implemented the STAR (Successful Transition and Retention) program with new graduate nurses working at the site. This study included a revision of the STAR program from individual mentors to a Group Mentoring Team. Scott and Smith (2008) explained that the one-to-one mentoring project was disbanded after the first year because of difficulties expressed by both the mentors and new graduates, such as trouble finding mutual meeting times. Scott and Smith developed a group mentoring program to be implemented by three Nurse Education Specialists in charge of the STAR program (Scott & Smith).

The STAR program included clinical preceptors, additional continuing education programming, and an extended orientation period. An East Carolina University School of Nursing faculty member met with new graduate nurses to reflect on experiences using both a focus group and an open-ended survey format. The focus group of nurses were asked, “How has the group mentoring element of the STAR program been beneficial to you?” (Scott & Smith, 2008, p. 237). The new nurses’ list of positive aspects of the program included: bonding, helping the new nurses keep on task, and having a chance to vent in a safe environment. Participants were asked to share negative elements of the group mentoring program, but no concerns were expressed. Several graduate nurses wished the program would continue for an additional 6 months (Scott & Smith).

The new nurses completed a survey evaluating the STAR program experience. The survey measured participants’ satisfaction with the STAR program, confidence in nursing ability, perceived competence, and also collected information about the new
nurses’ satisfaction with various aspects of the job, including working at LMH, being a nurse, orientation to LMH, LMH work environment, your supervisor, your nursing colleagues, how physicians treat you, your work hours, and staffing on your unit (Scott & Smith, 2008).

Findings from Scott and Smith (2008) were that 92.3% of participants were very satisfied with the program; 61.5% of the new graduates were very confident; and 38.5% somewhat confident in the new role; 52.9% were very competent as a nurse, and 46.1% were somewhat competent.

Scott and Smith (2008) also found that new nurses emphasized a need to know more about documentation, policy and procedure, and The Joint Commission (TJC). Fifty percent of participants suggested extending the program to 2 years; 40% believed 1 year was adequate; 10% suggested shortening the program to 6 months; and 100% would include a group mentoring experience in any future transition process (Scott & Smith). With regard to retention, 62% of new nurses intended to stay at the hospital, 15% were unsure, 15% wanted to return to school within 3 years, and one participant was leaving because of a military transfer.

Scott and Smith (2008) concluded that the STAR Group Mentoring Program was effective in helping nurses successfully transition from school to work. The participants in the STAR Mentoring Program identified the program’s benefits: (a) the hospital cared about new nurses, which helped develop organizational commitment; (b) it offered necessary nurture and support for surviving the trauma of transition to practice; (c) taught that mentoring builds confidence and provided professional role models; and (d) it put fears and failures in perspective (Scott & Smith). The new nurses were satisfied with the
group mentoring program which evolved into a program where new graduates were allowed to mentor each other. The new graduates successfully transitioned from school to work since the organization, mentors, and colleagues cared about new graduates’ good and bad experiences during the first year of practice (Scott & Smith, 2008).

Transition from the educational setting to the workplace has been supported by preceptors, clinical nurse educators, study days, and peer support groups. There is little evidence to support programs for transition. Evans et al. (2008) conducted a study to determine the strengths and weaknesses of transition support programs for newly registered nurses.

The study was conducted at seven hospitals in area health services, in or near Sydney, Australia. There were small and large facilities with bed sizes ranging from 195 to 530. Nine newly graduated registered nurses, and 13 experienced registered nurses participated in the study. Participants were registered nurses in New South Wales, and were either a new graduate nurse \( (n = 9) \) who had completed a transition support program within the past 12 months, or an experienced nurse \( (n = 13) \) who worked with new graduate nurses during the transition support program (Evans et al., 2008).

Evans et al. (2008) used face-to-face semi-structured interviews. The audio-taped interviews lasted 1 hour, and were transcribed verbatim. Theme extraction was used to analyze data using Roberts and Taylor’s (2002) “pile on the kitchen table” method. Using this method, the researchers cut any section of the text that was related to a theme and arranged them in piles. When the data could not be broken down any further, a word was chosen to present key ideas. The separate texts became the themes. Participants’ quotes from the interviews were selected to illustrate and support the themes.
Findings from Evans et al.’s (2008) study were that three themes arose from the analysis:

(a) programs operate in a clinical environment which results in unsupportive behavior toward new graduate nurses; (b) nurse unit managers influence the experiences of new graduate nurses in their workplace; and (c) transition support programs are provided to redress the perceived inadequacy of university preparation for registered nurses. (Evans et al., pp. 18-20)

The first theme meant that the preceptor program was not supported on various wards. There was evidence of bullying and lateral violence, which may have resulted from new graduate nurses being viewed as passing through the unit as part of the preceptor program. The new graduate nurses also reported that a sense of belonging was connected with the transition program, and not with the ward. There was inequity in ward scheduling with all new graduate nurses working afternoon and night shifts, and weekends. One new graduate nurse stated, “Invariably you end up doing all of the weekends. Invariably” (p. 18).

The second theme underscored that nurse unit managers influence the experiences of new graduate nurses in the workplace. One new graduate nurse said, “The nurse unit manager set the tone (of the ward). So it is very important that they set a nice tone” (Evans et al., 2008, p. 19). The third theme addressed the perceived inadequacy of university preparation for registered nurses. Both new graduates and preceptors thought that new graduate nurses were unprepared to function as registered nurses on graduation. One new graduate nurse said, “The first four months was (sic) pretty bad, feeling unsafe and you just didn’t like going to work. I think most nurses are like that” (p. 20).
Findings revealed several strengths and weaknesses about the transition to work program for new graduate nurses. Strength and support for new nurses imparted a sense of belonging, which helped to develop confidence and competence. The use of preceptors was a strength when scheduled to work with new graduate nurses. It was not uncommon for new nurses to have only 1 or 2 days with a preceptor at the beginning of the clinical rotation. The preceptors were not always scheduled on days that new nurses were assigned to work (Evans et al., 2008).

The 12 month length of transition support program was another strength, since it gave new nurses time to adapt to the new role, especially being in charge on the unit. The biggest weakness of the program was the amount of time that new graduate nurses worked without support on the wards. Nurse staffing shortages made it necessary for new graduate nurses to be in charge on a ward before being ready or comfortable in that role. Lateral violence and bullying toward new nurses by experienced nurses was another weakness on the units. It resulted in undermining new graduates’ confidence, and caused stress. A third weakness was that there were unrealistically high expectations of new graduate nurses who were not ready to function as experienced nurses, and required additional clinical support and education (Evans et al., 2008).

Evans et al. (2008) concluded that the strengths of the program were the support offered, and experience gained by new graduates. Weaknesses were that there were times when new graduate nurses worked without support, and the unrealistic expectation of new graduate nurses’ clinical skills.

New nurses may be required to assume clinical responsibilities before ready. Dyess and Sherman (2009) conducted this qualitative study to better understand the
learning needs and transition experiences of new graduate nurses in a community-based novice nurse transition program.

The study was conducted at the grant-supported Novice Nurse Leadership Institute (NNLI) in South Florida. The NNLI is a university-based 1-year transition program for new graduates attending 13 partner agencies (Dyess & Sherman, 2009). New nurses were selected by partner sites to be in this program. Demographic data included: age, gender, highest level of nursing education, ethnicity, and clinical area of assignment. Participants had associate or bachelor’s degrees in nursing, less than 12 months nursing experience, and a high potential for professional and leadership contributions. Candidates for the program committed to attend all program sessions and complete an evidence-based project. There were 81 registered nurse (RN) participants in the first three NNLI classes.

Experienced focus group facilitators, not affiliated with the program, conducted focus group sessions. Focus group participants were asked a set of semistructured questions. The six questions were:

(a) How would you describe yourself as a new nurse? (b) What topics/discussion/content areas do you suggest for the Novice Nurse Leadership Institute program to support you in your practice? (c) What are some of the best things and worst things about being a nurse? (d) What is going on in your practice setting? (e) Describe your typical workday, and (f) Share some of your new nurse experiences that are memorable. (Dyess & Sherman, 2009, p. 405)
Sessions were audiotaped and transcribed. When the data were analyzed using hermeneutic analysis with pre and post groups, six themes involving the learning needs of new graduate nurses emerged. Dyess and Sherman (2009) listed six themes:

(a) “Confidence and fear,” (b) “Less than ideal communication,” (c) “Experiencing horizontal violence,” (d) “Perception of professional isolation,” (e) “Complex units require complex critical decision-making,” and (f) “Contradictory information” (Dyess & Sherman, pp. 406-409).

Dyess and Sherman (2009) explained the six themes. “Confidence and fear” captures new nurses’ confidence in abilities, but fear is related to patient care. One nurse said, “Excited and scared, definitely scared, very excited and good to be where I am and happy to be with the patients, but definitely scared also” (p. 406). “Less than ideal communication” occurred when physicians and other interdisciplinary team members treated the new nurses with rudeness and disrespect. A novice nurse reported, “I would rather just ignore them (unlicensed assistive personnel) and do it myself than get into it with someone” (p. 407).

“Horizontal violence” was experienced frequently by new nurses. One nurse commented, “…They talk about the night shift, the day shift. They talk about you. They’re mean” (Dyess & Sherman, 2009, p. 407). The nurses felt professionally isolated with no one to talk with because the more experienced nurses were too busy. One said, “It was a bad experience for me. The unit was so busy and no one stopped to notice anyone else. I felt so alone” (p. 407).

“Complex units require complex critical decision-making,” described new nurses working in specialty settings with complex patients. “It’s hard because you are running
around all night and the people are so sick and you don’t even get to stop and think through what you have done” (Dyess & Sherman, 2009, p. 408). “Contradictory information” from colleagues, and the inaccessibility of organizational policies and procedures, elicited one nurse comment, “There are so many questions and concerns as well as guidance that I am still looking for, and I seem to be given the wrong answers by some of my staff” (p. 408).

Findings from this study were that support through the first year was needed as new graduates developed nursing skills. The novice nurses needed communication skill training in conflict resolution and interpersonal communication. Dyess and Sherman (2009) found that connecting new nurses to experienced nurses helped alleviate feelings of isolation, and gives nurses a guide to assist as needed. The findings also revealed that new nurses wanted extended transition support when working the specialty units. The authors described a need for emotional support and periodic professional evaluations to promote quality care and competent outcomes. Having one preceptor working the same schedule as new nurses was found to be effective in reducing contradictory information.

Dyess and Sherman (2009) concluded that there is a need to include the 20 topics in the NNLI program. The researchers also concluded that new nurses need consistent preceptors, extended orientations, and opportunities to meet with each other and organizational nurse leaders during the first year of practice. New nurses require specific horizontal violence information and strategies on how to respond.

Role transition of new graduate nurses needs to be examined for effectiveness in contributing to knowledge and skill acquisition. Cleary et al. (2009) studied satisfaction
with a 12-month transition to practice program into mental health nursing and the impact on participants’ knowledge, confidence, and self-concept in mental health nursing.

The study took place in Australia with Registered Nurses who were making the transition to mental health nursing. The population consisted of all three groups of RNs ($n = 45$) who completed the Transition Program into Mental Health Nursing (TPMHN) program during 2006 and 2007. The sample consisted of the 44 nurses (98%) who completed both study surveys. Participants were 33 women (75%), and 11 men. Fifteen (34%) were under 30 years of age, five (11%) were between 31 and 40, 23 (52%) were over 41, and one participant declined to give the age. Forty-eight percent ($n = 21$) had previous mental health experience, and two (4.5%) had community mental health experience (Cleary et al., 2009).

The authors used two instruments to measure variables. The first instrument was adapted from the researchers’ previous research (Cleary et al., 2009). It gleaned information regarding participants’ demographics including: age, gender, years in nursing, expectations of the program, and the perceived helpfulness of and satisfaction with current clinical support. The instrument also elicited information pre- and post program of participants’ self-rated knowledge and confidence on 20 items regarding mental health nursing, including patient triage, performing a Mental State Examination, relapse prevention, and working with other staff, patients, and families (Cleary et al., 2009, p. 846).

The Nurses’ Self-Concept Questionnaire (NSCQ) was used as a pre-test and post-test. The NSCQ has 36-items, divided into six factors: “Nurse General Self-Concept,” “Caring,” “Staff Relations,” “Communication,” “Knowledge,” and “Leadership” (Cleary
et al., 2009, p. 846). All items are scored on an 8-point Likert scale ranging from definitely false (1) to definitely true (8). The authors of the NSCQ reported Cronbach’s alphas ranging from 0.82 for the knowledge factor, and 0.95 for the general concept factor (Cleary et al.).

Findings for the six subscales of Nurses’ Self-Concept questionnaire (general self-concept, caring, leadership, knowledge, staff relations, communications) were there were no significant differences in the paired t-tests for pre- and post program responses on any of the six subscales. Responses were higher for five of the subscales (general, caring, staff relations, communication, knowledge) both pre (range = 6.42-6.76) and post (range = 6.62-6.64) program, than for the leadership subscale (preprogram = 5.16, post program = 5.51) (Cleary, 2009, p. 847).

Findings from Cleary et al. (2009) showed half of the participants (n = 23, 52%) rated the program as better than expected, 15 (34%) rated it as the same as expected, and six (14%) said it was worse than expected. At the end of the study, participants were more knowledgeable (P < 0.01) and confident (P < 0.01) in all areas except information technology and interdisciplinary teamwork (P < 0.05). Ninety-three percent (n = 41) were moderately to very satisfied with overall supportiveness of nursing staff, 82% (n = 36) with the helpfulness of other healthcare professionals, 73% (n = 32) with supportiveness of preceptors, 68% (n = 30) with clinical facilitators, and 77% (n = 34) with feedback (Cleary et al.).

Findings in this study also showed that 91% (n = 40) of participants believed the TPMHN placements provided an understanding of specialty areas of mental health nursing, and 98% post-program (n = 43) intend to continue to work in mental health
nursing, compared with 95% \( (n = 42) \) preprogram. Cleary et al. (2009) concluded that the TPMHN program was successful for both new graduate nurses and experienced nurses transitioning into mental health nursing. Graduate nurses reported gains in knowledge acquisition and clinical confidence.

**Summary**

*Perceptions of Transition to Practice*

*New graduates.*

Thomka (2001) examined experiences and perceptions of graduate registered nurses interacting with experienced professional nurses during transition to practice through the first year of practice. Findings indicated that supportive nurturing relationships lead to job satisfaction and help socialize new nurse to the organization, whereas poor treatment by nurse colleagues cause new nurses to consider leaving nursing. The author concluded that it is necessary for graduate nurses and experienced nurses to be engaged in a positive mentoring relationship.

Examining new registered nurses’ perceptions about the adequacy of educational preparation for the role of hospital staff nurse was the focus of Ellerton and Gregor’s (2003) study. The authors found that it is extremely important for new nurses to work with experienced nurses to gain clinical competencies. The authors concluded that graduate nurses lack clinical skills acquired through work experience.

The transition period from educational program to clinical practice is a critical period for new nurses to become competent nurses. Various studies have shown that well-constructed orientation programs, preceptors, and mentors, support the transition experience, while stress, role socialization, and inadequate clinical skills are challenges
that new nurses face. Delaney (2003) studied graduate nurses’ transition to practice during a 3 month orientation program. Preceptors had a great impact on new registered nurses’ perceptions and progress. New nurse pairing with preceptors, who were professional and had clinical expertise, was helpful. Challenges included stress, socialization, and lack of preparedness to cope with death and dying.

The stresses and challenges experienced by graduate nurses transitioning to practice at baseline, 3, 6, and 12 months were studied by Casey et al. (2004). The authors found that it took at least 12 months for new nurses to feel comfortable and confident practicing in the acute care setting. The most difficult role adjustment period for graduate nurses was between 6 and 12 months after hire. Learning new skills, such as caring for patient with epidural catheters, was challenging. Support from preceptors and professional development is needed.

Halfer and Graf (2006) explored sources of new nurse job satisfaction and dissatisfaction, perceptions of the work environment, and if perceptions change over time. New nurse satisfaction grew when mastering work organization and clinical tasks. Variables which caused dissatisfaction were: (a) participation in solving unit issues; (b) staffing schedules; (c) scheduled work days and hours; and (d) less ability to participate in professional development programs (Halfer & Graf, 2006). Perceptions of the work environment improved over the 18 month course of the study due to the new nurse resolving the conflict between personal ideals and the realities of the work setting.

Examining aspects of the new nurse transition period to ascertain challenges and strengths in order to increase retention rates among graduate nurses in the initial area of nursing practice employment was the purpose of Zinmeister and Shafer’s (2009) study.
The authors concluded that preceptors, a supportive work environment, and a comprehensive orientation program, are necessary to help graduate nurse decrease stress, improve patient care, and help employers retain new nurses.

Investigating the expectation, perceptions, and satisfaction of graduate nurses was the purpose of Gill et al.’s (2010) study. The nurses’ responses were recorded as one of two themes. The first theme, “establishing relationships,” pertained to graduate nurses’ expectations and perceptions about establishing relationships with assorted members of the healthcare team. “Learning the job” reflected graduate nurses’ expectations and perceptions about learning roles/responsibilities of the registered nurses, including orientation length and structure, learning unit and organizational logistics, scheduling, how to act in a crisis situation, and finding equipment. At the end of the first year graduate nurses were satisfied when viewed as peers and contributing members of the healthcare team, and acknowledged for performing their jobs efficiently.

Preceptors.

Determining new nurse readiness for practice was studied from the preceptor’s point of view in Hickey’s (2009) study. The study also sought to determine which skills preceptors considered most important for the nurse’s transition to practice. The findings revealed that the clinical experiences in nursing school do not prepare graduate nurses for practice because students never worked a full shift, gave report, or had a typical patient load. The preceptors listed new graduate deficiencies in psychomotor skills, assessment skills, critical thinking, time management, communication, and teamwork.

Programs to Facilitate Transition
Mentoring has long been considered a method to increase job satisfaction and reduce nurse turnover. Scott and Smith (2008) conducted a study to determine if group mentoring would be an effective and efficient way to mentor new graduate nurses rather than one-on-one mentoring. The group mentoring meetings were a time for new graduates to meet together with group mentors and share experiences and support each other. Role socialization helped to reduce stress and had a positive effect on job satisfaction.

Evans et al. (2008) conducted a study to determine the strengths and weaknesses of transition support programs for newly registered nurses. Strengths of the programs were the use of preceptors to foster a sense of belonging, and the extended orientation time of a 12 month transition support program. Weaknesses included the absence of preceptors on evening and weekend shifts, bullying and horizontal violence, and unrealistic high expectations of new graduates’ clinical skills.

Investigating learning needs and transition experiences of new graduate nurses was the purpose of Dyess and Sherman’s (2009) study. Findings revealed a need to include the 20 topics in the Novice Nurse Leadership Institute (NNLI) program to supplement new nurses’ educational preparation. Recommendations also included support, including further development of clinical judgment, debriefing opportunities, and skill set enhancement through the first year of practice. New nurses needed training in responding to horizontal violence, direct contact with nurse leaders in the organization, a need for opportunities to process emotionally the intense patient situation encountered in high-acuity specialty areas, and a consistent preceptor.
Cleary et al. (2009) investigated satisfaction with a 12-month transition to practice program into mental health nursing, and the impact on new graduate nurses’ perceived knowledge, confidence, and self-concept. The Transition Program into Mental Health Nursing (TPMHN) was found to be an effective program to transition new graduate nurses and experienced nurses into mental health nursing. Supportive working relationships and continuing professional development opportunities had a positive impact on staff satisfaction and recruitment.
Chapter III

Methodology and Procedures

Introduction

New registered nurses face many challenges when transitioning to practice. The workplace is complex, requiring more specialized skills and nurse preparedness. The purpose of this study is to examine the adequacy of preparation for the role of hospital staff nurse provided by contemporary baccalaureate nursing programs as perceived by recent graduates. This is a replication of Ellerton and Gregor’s (2003) study.

Research Questions

1. What do new graduates describe as the content of nursing practice during the first year of employment as a registered nurse?
2. How do new graduates rate preparedness for work as registered nurses?
3. How do new graduates describe the maturation of nursing practice across the first year of work? (Ellerton & Gregor, 2003, p. 104)

Population, Sample, and Setting

The population will be all new graduate registered nurses hired for any clinical area at one of four hospitals in the Grand Rapids, Michigan area: a regional children’s health center, a rehabilitation hospital, a regional hospital, and a small community hospital during summer 2011. The criteria for inclusion in the study will be: (a) graduate registered nurses working as staff nurses at hospitals for less than 3 months; and (b)
graduate registered nurses who agree to a series of three interviews across the nurses’ first year of employment: the first at 3 months of first employment, the second at 6 months, and the final interview at 1 year after graduation. The estimated population is 45 new graduate registered nurses, and the anticipated sample is 15.

*Protection of Human Rights*

The principal researcher has completed the formal human subjects training and certification process through the Collaborative Institutional Training Initiative (CITI). This study will be submitted to each hospital’s Institutional Review Board (IRB) Committee for approval after permission is requested from Ball State University’s Institutional Review Board. Data will be coded so that anonymity will be maintained. Participants will be fully informed of the study purpose by letter. The job will not be affected if the nurse does not participate. There are no foreseen risks identified with participating in this study. The benefit will be to provide insights into new graduate nurses’ perceptions of preparedness for transition to practice.

*Procedures*

Once Ball State University’s IRB permission is obtained, requests will be submitted to each of the four hospitals to meet with the directors. The directors of the four hospitals will be asked for permission to meet with the new graduate registered nurses being hired in summer 2011. A cover letter and information about the study will be given to each of the graduate nurses at the meeting with the researcher. The letter will include: study purpose, type of data collected, procedures, nature of the commitment, potential risks, potential benefits, confidentiality pledge, voluntary consent, right to withdraw and withhold information, and contact information of researcher (Polit & Beck,
2008). Each of the graduate nurses who meet the inclusion criteria will be invited to take part in this study after the meeting.

There will be a series of three interviews during the first year of employment: the first within 3 months of first employment, the second at 6 months, and the final interview at 1 year after graduation. The principal researcher will interview the nurse participants in a quiet private location at the worksite. The interviews will be audiotaped and transcribed.

Data Collection

Face-to-face interviews will be conducted to encourage nurses to speak about personal experiences and understandings of the job. The tone of the interviews will be open and informal. In-depth interviews will gather graduates’ accounts of the events of a recent work shift. Participants will be asked about work planning and priority setting, use of clinical judgment, technical knowledge and skills, and communication skills used with patient, families, and coworkers (Ellerton & Gregor, 2003, p. 104).

Interview Guide

The list of interview questions will be presented in a logical sequence from general to the specific. A semi-structured interview guide will elicit detailed information about the graduates’ current work roles and activities, and perceptions of readiness. The researcher may ask, “And then what happened? or “How did you feel when that happened?” The purpose of this qualitative interpretive social science approach will be to use a semi-structured interview guide to collect data regarding new nurses’ perceptions of preparedness for transition to practice. In a semi-structured interview, the researcher prepares a written topic guide listing the areas or questions to be covered with each
Face-to-face interviews encourage people to speak about personal experiences and understandings of their social lives (Given, 2008). The function of the interviewer is to enable participants to talk freely in their own words about the topics proposed in the research questions.

The nurses will be asked to describe readiness to do the activities described, and where the work-related knowledge and skills was acquired. The graduates will be asked to rate overall readiness to perform the work being done on a scale of 1 to 10, lowest level of readiness to highest. The interview guide will list three open-ended questions:

1. Describe the content of nursing practice during your first year of employment as a registered nurse.

2. How do you rate your preparedness for work as a registered nurse on a scale of 1-10, with 1 being not ready and 10 being very ready?

3. Describe the maturation of your nursing practice across the first year of work.

Research Design

Packer (n.d.) described interpretive research as an approach to research in the human sciences that recognizes the paradigmatic character of all research. Interpretive research differs from traditional research because of different assumptions about knowledge and being (Packer). Packer wrote that interpretive research is based on the phenomenological ontology of Hegel, Heidegger, Ricoeur and others. A qualitative Interpretive Social Science method (Packer) will be used. Interpretive methodology presumes that the researcher participates in the research, and the research requires the description of specific cases, such as participants, through narrations and interpretation. In terms of epistemology, interpretive research assumes that participants communicate the
context and use understandable interpretive schemes. In terms of ontology, participants are located and actively engaged in a structured social field, such as a new work environment.

Interpretive Social Science research is used to understand the lived experiences of participants and to establish meanings contained in phenomena, the experiences under study. Interpretive inquiry attempts to characterize how individuals experience the world, interact together, and the settings where these interactions occur (Packer, n.d.). Interpretive research is hermeneutic. Hermeneutics is the theory and methodology of interpretation through reading and interpreting messages and texts (Packer).

**Reliability**

The researcher will use semistructured interview questions used by Ellerton and Gregor (2003) for this Interpretive Social Science approach qualitative research. Wu and Chen (2005, p. 11) list five strategies for addressing validity in interpretive research: (a) being truthful in describing outcomes; (b) using peer review and discussion to clarify and confirm participants’ meanings; (c) using the hermeneutic circle method to analyze data which can verify the accuracy of interpretation; (d) providing adequate multiple constructions such as transcriptions and appendices; and (e) eliminating bias through pre-understanding of the phenomena. The strategies will be applied in this study.

**Data Analysis**

The transcribed interview texts will be studied and analyzed to identify common experiences or practices. The commonalities will be classified as themes. Hermeneutical analysis begins with the researcher reading the text in its entirety to obtain a general understanding. Themes contained within each interview text, and themes common to all
the participants’ interview texts will be recognized. The written interpretations of the themes will be supported with excerpts from each interview. Clarification of any discrepancies found will be clarified by referring back to the written texts.

Summary

The new graduate nurse is faced with many issues upon transition to practice including high acuity of patients, multiple skill sets necessary for the job such as use of technology, and issues of death and dying. The purpose of this interpretive social science study is to explore the lived experiences of graduate nurses at the 3 month mark in their first professional nursing role.

A sample of 15 new registered nurses is expected from the anticipated population of 45. All new graduates may not pass the nursing boards initially, or other unforeseen circumstances may occur. This study will replicate the Ellerton and Gregor (2003) study and attempt to validate previous findings that at three months the new graduate nurse apprehensive about work and are focused on performing skills and procedures correctly. Data will be collected from a convenience sample of new registered nurses beginning employment during summer 2011 at four hospitals in Grand Rapids, Michigan, and meeting the study criteria.
References


