NEWLY REGISTERED NURSES’ PERCEPTIONS OF THE MENTOR ROLE

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DORIS M. BYERS

DR. CYNTHIA THOMAS - ADVISOR

BALL STATE UNIVERSITY

MUNCIE, INDIANA

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Abstract

RESEARCH PAPER: Newly Registered Nurses’ Perceptions of the Mentor Role

STUDENT: Doris M. Byers, BSN, RN

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COLLEGE: College of Applied Sciences & Technology

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Newly registered nurses may find the challenges of the professional nurse role overwhelming. To ease transition into professional practice, role acquisition, and sense of competence, many nursing organizations assign nurse mentors (Ronsten et al., 2005). The purpose of this study is to describe the role of mentors from the perspective of newly licensed registered nurses (NLRNs) regarding a sense of competence, role development, and acceptance into the profession. The conceptual framework is the Action-Theory and Confirmation (Ronsten et al., 2005). NLRNs in a 6-12 month mentorship program, at three community hospitals in one network in Indiana, will be invited to participate. The anticipated sample is 15 NLRNs. Data will be collected through personal focus group interviews and a questionnaire. Questions in the personal interviews address supportive actions that reflect development of competencies in relation to mentors’ confirmatory actions. Specific questions from the questionnaire address if mentors showed: interest in the NLRN; respect and empathy when a traumatic or demanding experience occurred; flexible behaviors in individual situations; support; awareness of resources; and guidance. Study findings may guide the development of future clinical procedures in nursing for mentoring new nurses.
Chapter I

*Introduction*

Newly registered nurses (NLRNs) may find the challenges of the professional nurse role overwhelming. The challenges faced by newly registered nurses have been studied extensively (Halfer & Graf, 2006; Wangensteen, Johansson, & Nordstrom, 2008; Duschscher, 2008; McKenna & Newton, 2008; Scott, Engelke, & Swanson, 2008; Marshburn, Engelke & Swanson, 2009). Halfer and Graf identified two stressful areas of mastery for NLRNs as work organization and mastering clinical tasks. A grieving process experienced by NLRNs over the loss of the academic schedule was also identified. A lack of competence between academic and work life was acknowledged by Wangensteen et al. (2008). Wangensteen et al.’s study found a lack of leadership skills represented the greatest difference between academic and professional life. The researchers developed categories derived from interviews with NLRNs into the experience of being new, gaining nurse experience, and gaining competence. Duschscher’s (2008) study found NLRNs enter the work force lacking the practice expertise and the confidence to perform the work.

In this study, Duschscher (2008) recognized levels of transitioning in the NLRN experience. McKenna and Newton (2008) explored how NLRNs develop knowledge and clinical skills during the first 18 months following graduation. McKenna and Newton found being placed in a new graduate nurse program served as a buffer between the
student role and the fully fledged practice role. Additional benefits to such a program were helpful as the NLRNs develop confidence and an avenue to attain more knowledge. Scott et al. (2008) investigated contemporary concerns for increased NLRN turnover and decreased competence finding that the best predictors of career satisfaction were educational preparation and job satisfaction. The challenges NLRNs face as they experience the first year in the nursing profession can lead to self-questioning (Marshburn et al., 2009). The results of this study indicated NLRNs perceived competence in completing patient care assignments on time, communicating with patients and families, and delegating tasks to nursing assistants. In addition to increased competence, the Marshburn et al. study found new nurses expressed difficulty with prioritizing and organizing patient care needs. The NLRNs were overwhelmed by patient care responsibilities and workloads.

Background and Significance

Poor retention rates of new nurses have resulted due to the challenges and perceptions of the new role. Halfer and Graf (2006) found that 35% -60% of new nurses leave their job in the first year of employment. Pellico, Brewer, and Kovner (2009) believed the number of NLRNs leaving within the first year was 13%-70%. Halfer and Graf noted consequences to early exits were a feeling of personal failure, and a high financial loss to the organization. New nurse turnover and turnover intent has been investigated a multitude of times (Halfer & Graf; Scott et al., 2008; Pellico et al., 2009; Ulrich, Krosek, Early, Ashlock, Africa, & Carman, 2010). Halfer and Graf identified over the first 18 months of employment new nurses expressed dissatisfaction with:
(a) mastering tasks; (b) getting the job done; (c) inability to participate in professional development opportunities; (d) unit problem solving; (e) a lack of job competence; (f) professional respect; (g) information access; (h) becoming part of a team; and (i) dissatisfaction with work schedules. Scott et al. (2008) identified the need to develop confidence and competence in order to have good feelings about work. Beecroft, Santner, Lacy, Kuntzman, and Dorey (2006) stated NLRNs resign positions within the first 12 months of work if the nurses do not experience social and clinical assimilation. Pellico et al. (2009) found NLRNs experience a readiness gap for practice, and discovered if new nurses’ needs were not met, resignation follows. NLRNs expressed impatience with inefficient and ineffective healthcare systems and/or nursing curricula. Ulrich et al. (2010) identified residency programs for NLRNs were key in developing competent, confident registered nurses, and eventually decreasing turnover and turnover intent. Recommendations for experienced nurses in the role of mentor were stated as an important change to improve the transition of NLRNs (Halfer & Graf, & Scott et al., 2008). Providing improved preceptoring and/or residency programs for new nurses were identified as important in Pellico et al.’s and Ulrich et al.’s study.

The NLRNs’ perceptions of the mentoring role have been investigated by many researchers (Ronsten, Andersson, & Gustafsson, 2005; Beecroft et al., 2006; Weng, Huang, Tsai, Chang, Lin, & Lee, 2010; Ryan, Goldberg, & Evans, 2010). Ronsten et al. stated that mentorship can be viewed as a crucial step for novice nurses’ motivation and the capacity to develop and maintain quality standards in nursing. Mentors provided the NLRNs with a greater understanding of the unwritten rules of nursing practice by allowing the NLRNs to verbalize about the work and experiences. Beecroft et al. (2006)
concluded that mentoring provided guidance and support while facilitating stress reduction. The mentor/mentee relationship could further be instrumental in retention of NLRNs, increasing confidence or compensating for a poor preceptor relationship. Beecroft et al. further identified mentors to serve as a role model for professional nurses.

Weng et al. (2010) found that mentees perceived the mentor position to aid in career development, psychosocial support, and role modeling. Ryan et al. (2010) investigated the role that informal mentoring plays in daily nursing professional development. Weng et al. found informal mentoring relationships resulted in relational learning, sparking passion and commitment to practice, and providing motivation and inspiration to a mentee.

Problem

Newly registered nurses (NLRNs) may find the challenges of the professional nurse role overwhelming. To ease transition into professional practice, role acquisition, and sense of competence, many nursing organizations assign nurse mentors. The mentor/mentee relationship has sometimes been viewed as critical to career development and role socialization, especially for new graduate nurses transitioning into a new professional position. Research findings have suggested mentoring holds multiple benefits for the mentee, including role support and clinical guidance. However, research findings have not yet fully clarified the perceptions of mentees about mentoring relationships. Particularly lacking from the research is exploration of new registered nurses’ perceptions about benefits and role socialization when the new nurses were in a mentoring relationship.
Purpose

The purpose of this study was to describe the role of mentors from the perspective of newly licensed registered nurses (NLRNs) regarding a sense of competence, role development, and acceptance into the profession. This study was a replication of Ronsten et al.’s (2005) study.

Research Questions

1. What extent does a mentoring role provide a sense of competence while new nurses transition to the nursing profession?

2. What place do mentors have in NLRNs’ role development and acceptance into the nursing profession?

Theoretical Framework

The study framework was Action-Theory and Confirmation as used by Ronsten et al. (2005). The initial concept of action-theory was introduced by the philosopher Pörn (1988). Pörn saw human beings as an acting subject with the characteristics of being engaged in goal-directed actions and have self-relation (Pörn, 1988, 1993). The SAUC model was further refined by Gustafsson (2000) to be used for confirming nursing theory and practice. Confirmation is described as being necessary when uncertainty was present (Gustafsson & Willman, 2003). Gustafsson (2005) used the Action-Theory and Confirmation Framework and further utilized the SAUC model for confirming nursing practice in studies related to: (a) theory building and nursing practice (Gustafsson, 2000); (b) nurses’ self relation in becoming theoretically competent (Gustafsson & Willman, 2003); (c) confirming nursing in community care (Gustafsson, 2005); and (d) confirming mentorship with new registered nurses (Ronsten et al., 2005).
The use of Action-Theory and Confirmation framework and the SAUC model was appropriate in the replication of Ronsten et al.’s (2005) study. Describing the role of mentors by NLRNs represented confirmation in the presence of uncertainty. The characteristics of being engaged in goal-directed actions and having self-relation were present in NLRNs and represent Action-Theory. The SAUC model provided an outline sufficient as a general background for understanding the hermeneutic interpretation of research data for this study.

**Definition of Terms**

**Conceptual**

A questionnaire will address the specific mentor behaviors of: (a) interest in the NLRN; (b) respect and empathy when a traumatic or demanding experience occurs; (c) flexible behaviors in individual situations; (d) support; (e) awareness of resources; and (f) guidance (Ronsten et al., 2005).

**Operational**

The results of the questionnaire will be quantitatively evaluated using STATVIEW. The application has columns that will be designated as categories. The categories will correlate with the specific mentor behaviors of: (a) interest in the NLRN; (b) respect and empathy when a traumatic or demanding experience occurs; (c) flexible behaviors in individual situations; (d) support; (e) awareness of resources; and (f) guidance (Ronsten et al., 2005).

**Conceptual**

Personal focus group interviews will address supportive actions that reflect development of competencies in relation to mentors’ confirmatory actions. Specific
actions addressed will include: (a) providing motivation toward competence; (b) guiding professional development; (c) providing physical and psychological support during traumatic events; (d) showing understanding of the individual NLRN in relationship to their evolving role; (e) nurturing a relationship of trust; and (f) providing practical application to real nursing situations (Ronsten et al., 2005).

*Operational*

Results from the personal focus group interviews will be analyzed using the SAUC model. The process of analysis will be in phases. Phase one will involve reading the data twice to obtain a comprehensive view and coordinate the individual sections. Phase two will categorize quotations from NLRNs’ perceptions of the mentor’s confirmatory actions reflecting: (a) providing motivation toward competence; (b) guiding professional development; (c) providing physical and psychological support during traumatic events; (d) showing understanding of the individual NLRN in relationship to the evolving role; (e) nurturing a relationship of trust; and (f) providing practical application to real nursing situations. Phase three will classify quotations into an appropriate SAUC category. Phase four involves the analysis of quotations for evidence of negative perceptions of the mentor role (Ronsten et al., 2005).

*Limitations*

Using an estimated study sample size of 15 newly registered nurses from only one hospital network may be considered a limitation to this study. The mentorship program experienced by the study sample was unique to this particular hospital network and may not reflect the mentorship programs offered by other institutions.


Assumptions

NLRNs will experience challenges during the transition to the professional role. When involved in a mentoring program, the NLRNs will find that mentors help the transition to a professional role in regards to a sense of competence, role development, and acceptance into the profession.

Summary

The transition to a professional nursing role can be challenging and overwhelming to NLRNs. Beecroft et al. (2006) identified a need for the NLRN to have social and clinical assimilation into the workplace. Wangensteen et al. (2008) found a gap in a new nurse’s competence between academic and work life. The inability to adequately deal with the variety of challenges can lead to NLRNs leaving jobs within first twelve months of employment. Leaving a new job can promote a feeling of personal failure and great financial loss to the institution (Halfer & Graf, 2006). Mentors provided guidance and support, and facilitated stress reduction for the NLRN (Beecroft et al.). The purpose of this study was to describe the role of mentors from the perspective of newly licensed registered nurses regarding a sense of competence, role development, and acceptance into the profession. This study was a replication of Ronsten et al.’s (2005) study. The conceptual framework used for this study was Action-Theory and Confirmation (Ronsten et al.). Findings from this study may help guide the development of future clinical guidelines in nursing for mentoring new registered nurses.
Chapter II

Review of Literature

Introduction

Newly registered nurses may find the challenges of the professional nurse role overwhelming. Research has investigated and confirmed that providing support in the form of mentoring can help the new nurse to transition into a fully functioning professional role, increasing job satisfaction, and reducing job turnover. This study’s purpose was to describe the role of mentors from the perspective of newly licensed registered nurses (NLRNs) regarding: (a) a sense of competence; (b) role development; and (c) acceptance into the profession. This study was a replication of Ronsten, Andersson, and Gustafsson’s (2005) prior research. The literature review is organized into five sections: (a) theoretical framework; (b) effects of mentoring; (c) new nurse perceptions; (d) transition into the nursing profession; and (e) new nurse turnover.

Theoretical Framework

The framework for this study was Action-Theory and Confirmation as used by Ronsten et al. (2005). The initial concept of action-theory was introduced by the philosopher Pörn (1988). Pörn (1988, 1993) saw human beings as an acting subject with the characteristics of being engaged in goal-directed actions and having self relation.
The theoretical framework and SAUC model were initially utilized by Gustafsson and Pörn (1994) for use in the confirmation of dysphagic patients’ experiences. In the study, four stages of the model should be understood as goals and related to each other in a way that establishes dependence amongst the stages (Gustafsson & Pörn). The SAUC model was further refined by Gustafsson (2000) to be used for confirming nursing theory and practice. The development of the SAUC model and the accompanying theoretical framework was stated as being the first nursing theory to be developed in Sweden (Gustafsson & Willman, 2003). Confirmation was seen as a factor in human motivation and understood as evidence in relationships that strengthens an individual’s positive self-assessment thus weakening the negative self-assessment. The need for confirmation was described as being necessary when some kind of uncertainty is present (Gustafsson & Willman). The Confirmation Framework utilizes the SAUC model. The SAUC model was stated in Gustafsson & Willman as providing an outline sufficient as a general background for understanding the hermeneutic interpretation of research data in studies involving its use. Gustafsson (2000) used the Action-Theory and Confirmation Framework and further utilized the SAUC model for confirming nursing practice in studies related to: (a) theory building and nursing practice (Gustafsson, 2000); (b) nurses’ self relation in becoming theoretically competent (Gustafsson & Willman); (c) confirming nursing in community care (Gustafsson, 2005); and (d) confirming mentorship with new registered nurses (Ronsten et al., 2005).
*Effects of Mentoring*

In 2005, Ronsten et al. conducted a study to understand mentorship from the perspective of newly registered nurses. The authors stated nursing practice is a complex area and the role of nursing management is demanding. The framework used was Action-Theory and Confirmatory.

Eight newly registered nurses working in a medium sized hospital in Sweden who had participated in a 1-year mentorship program at the hospital served as the study sample. There were two males and six females ranging in age from 25 to 49 years (MN 38.6 years). The participants had 1-30 years of nursing experience before becoming fully qualified (Ronsten et al., 2005).

Data was obtained through questionnaires and through personal and focus group interviews encouraging the participants to relate personal accounts of nursing practice. The interviews were 1-1.5 hours in duration. Data analysis was achieved using the Sympathy-Acceptance-Understanding-Competence (SAUC) model for confirming mentorship. The questionnaires were analyzed quantitatively using STATVIEW. The reliability of the measurements was not reported (Ronsten et al., 2005).

Ronsten et al. (2005) found that novice nurses placed importance on the attention received from mentors. Stress free conversations and respect were viewed as being important. New nurses also believed mentors should recognize and understand the feelings of new nurses when being exposed to new situations and when feelings of insecurity surfaced within the new role. The new nurses expressed a greater understanding of the unwritten rules of nursing practice as a result of being able to verbalize about work related experiences.
Ronsten et al. (2005) believed nurses continually reinforced views of themselves as being resourceful while developing professional qualities, such as the capacity for understanding patients as resourceful individuals in a more holistic way to maintain the quality standards of nursing. Confirming mentorship may be viewed as a crucial step for novice nurses’ motivation and for the capacity to develop and maintain quality standards in nursing.

Professional nursing is demanding especially for new registered nurses who have little or no experience. A study evaluating new registered nurses’ perceptions of a six-year mentoring program was conducted by Beecroft et al. (2006). Studies have indicated RNs resign positions within the first 12 months without social and clinical assimilation. The purpose of this study was to: (a) determine whether mentoring was successful; (b) new graduates matched satisfactorily with a mentor; (c) received guidance and support; (d) attained socialization into the nursing profession; (e) benefited from having a role model for acquisition of professional behaviors; (f) maintained contact with mentors throughout the program; and (g) satisfied with the mentorship process. The researchers proposed the study’s goals were used as the framework.

Two cohort groups of new registered nurses over a six-year period, averaging 30 participants per cohort group and participating in a mentoring program were included in the study. In year five, one set of cohorts was excluded because of lacking data due to technical difficulties reducing the sample size to N=318. More than half of the participants were 23-30 years of age (59%) and had earned a Bachelor of Science degree in nursing (60.9%). Over seventy-seven percent (77.8%) of the participants had prior healthcare experience in the form of patient care assistant, nurse’s aide, or licensed
vocational nurse. Slightly more than eighty-three percent (83.2%) were assigned to a first choice nursing unit (Beecroft et al., 2006).

A survey was administered to the new nurses during the last week of the mentorship program. Results were analyzed using SPSS software. Survey responses were cross-tabulated with demographic variables to determine possible impact on the mentoring experience. Logistic progression analysis was performed on demographics. Results were analyzed using descriptive statistics. Reliability was not reported (Beecroft et al., 2006).

It was reported that 94.3% of the new nurses in the program who met with the assigned mentors on a regular basis believed mentors provided guidance and feedback. Slightly more than sixty eight percent (68.7%) of the nurses/participants indicated having a mentor was a stress reducer. Ninety four percent (94%) of the nurses/participants confirmed they “clicked” with the mentors. Ninety five percent (95%) of the nurses/participants recommended mentors for future programs. Only 45% of the participants desired changes in the mentoring program (Beecroft et al., 2006).

Limitations to Beecroft et al.’s, (2006) study were that only new nurses’ perspectives of the mentoring program were measured and new nurses might have given different views than the mentors. Other limitations were some new nurses omitted comments for several survey items, possibly indicating bias from extremely satisfied to extremely dissatisfied, or the omissions could be a result of time constraints or lack of expression skills. Analysis of the data indicated some survey item responses were vague and open to interpretation. Another analysis indicated the linking of comments to individual survey responses were not done during the first 4 years of data collection.
Recorders noted all comments as negative or positive which may have not been the respondent’s intent, and having new nurses review the responses for validity was not possible.

Beecroft et al. (2006) concluded mentoring was successful when: (a) mentors and mentees met on a regular basis; (b) mentors provided guidance and support; and (c) mentors facilitated stress reduction. It appeared the mentor could be instrumental in retention of new registered nurses by increasing new nurse confidence, or compensating for a poor preceptor relationship. The mentor was a role model for professional nursing behaviors. Timing of mentorship must be taken into account to prevent overwork and burden of another “to do” on an already long list. Recruitment of mentors who volunteer and show commitment is necessary for success. The support of unit managers to provide time off the unit for mentors to meet with mentees is also helpful. Mentees must be prepared to assume a relationship of equality and take responsibility to achieve and manage a formalized time limited relationship that may help with the transition and retention to professional practice.

The contextual lived experience of informal mentoring relationships has not been fully explored. Ryan et al. (2010) conducted a study exploring informal mentoring relationships between nurses in the intrapartum setting. A feminist phenomenological framework was used for the study.

The sample was five registered nurses recruited from a labor and delivery unit in a tertiary level hospital in eastern Canada. Recruitment occurred in a variety of ways including: (a) presentations to nursing staff; (b) information posted on the bulletin board in the staff lounge and education room; and (c) information by in-hospital email system.
It was stated the sample included a variety of experiential, educational, and professional backgrounds. The breakdown of the backgrounds was not provided (Ryan et al., 2010).

Data was collected using: (a) one-on-one interviewing; (b) practice observations; and (c) reflective journaling. Interviews consisted of five unstructured conversational interviews ranging from 60-90 minutes in duration. Six questions were used to guide the informal discussions. Two practice observations of approximately 6-12 hours were completed on the unit where the study participants practiced. Purposeful focused observation was aimed at providing a deeper understanding of contextual factors that influenced mentoring relationships. These observation periods did not always include nurses who participated in the interviews. During the observation the researcher looked for and listened to the stories of how nurses engaged with each other. The researcher also observed how nurses engaged with birthing women and their families and how these engagements influenced nurses’ learning. A reflective journal was maintained by the researcher to link theoretical, professional, and personal knowledge with the data and the research experience. These notes were taken after each interview and after observation periods to facilitate interpretation of data. Reliability of the instruments was not noted (Ryan et al., 2010).

Commonalities were explored between nurse narrative responses to highlight the meaning of the lived experiences of the mentoring relationship. Researcher interpretation and thematic analysis were used to identify four themes. The themes were: (a) mentoring as relational learning; (b) modeling perinatal nursing practice; (c) beyond the tasks-creating the learning space; and (d) perinatal passion and meaning (Ryan et al., 2010).
The findings demonstrated that informal mentoring is a daily part of nursing professional development resulting in relational learning. Nurse-to-nurse mentoring sparks passion and commitment to perinatal practice, motivating and inspiring the mentee to become an expert in that field. The findings are intended to encourage nurse leaders, nurse administrators, and nurses themselves to support mentoring relations by providing adequate time, human resources, and positive feedback for mentoring relationships. The development of policies to support formal mentoring programs was recommended (Ryan et al., 2010).

Little research has been conducted on the impact of mentoring on job satisfaction and the organizational commitment of new nurses. Weng et al.’s (2010) study sought to examine the effects of mentoring functions on job satisfaction and organizational commitment of new nurses. Although not specifically stated a research framework was used for the study.

Three hundred and eight new nurses working for two years or less in one of three regional hospitals in Taiwan were selected to participate in the study. All of the hospitals had an existing formal program in place requiring trained experienced mentors to give guidance and assistance to new staff nurses for at least two months. Three hundred and six (N=306) new nurses responded to the mailed questionnaire. Mean participant age was 26.83 years. Thirty five percent of the sample had earned a Bachelor of Science degree or higher in nursing. Seventy percent of the new nurses had nursing experience of more than one year (Weng et al., 2010).

A five-point Likert scale was used as the measurement method. The contents of the questionnaires were modified by three mentoring experts and six nurse managers and
further validated by experts. The construct validity of the questionnaire was tested by confirmatory factor analysis. A total of twenty items was addressed with nine items broken down into three dimensions of: (a) career development function; (b) psychosocial support function; and (c) role modeling function prepared to measure mentoring function. Five items were created to measure job satisfaction, and six items were developed to measure organizational commitment. Cronbach’s alpha values were used to test for reliability (Weng et al., 2010).

It was found that the current existing mentoring programs for new staff nurses work as intended. Mentees believed that the mentoring program is capable of producing the effects of career development, psychosocial support, and role modeling. Mentees perceived relatively limited functions that concerned career development and psychosocial support. Multi-regression analysis for job satisfaction resulted in three control variables: (a) sample source; (b) nursing experience; and (c) frequency of interaction with the mentor significantly affecting job satisfaction. When related to mentoring functions, career development and role modeling were found to be significantly and positively related to job satisfaction. Significant influence on organizational commitment was attributed to: (a) sample source; (b) nursing experience; (c) mentor with prior mentoring experience; and (d) frequency of interactions with the mentor (Weng et al., 2010).

It was recommended that nurse managers improve mentoring programs for new staff nurses. Mentors should be encouraged to: (a) lend psychosocial support and provide directions on career development; (b) give opportunities for self-expression and promotion; and (c) provide learning opportunities by assigning challenging tasks. It was
believed effective mentoring involving role modeling may reinforce the job satisfaction of the new nurses and the commitment to the hospital. It was recommended future research involve a longitudinal design using new registered nurses from different countries (Weng et al., 2010).

New Nurse Perceptions

New registered nurses may question themselves and their practice during the first year of professional transition. Marshburn et al. (2009) examined the relationship between new nurses’ performance-based measurements and personal perceptions of clinical competence. Investigated themes were: (a) relationship of new nurses’ characteristics to respective self perceptions of competence; (b) relationship of new nurses’ characteristics to performance-based measures of clinical competence; and (c) relationship of new nurses’ self-perceptions of competence to performance based measures of clinical competence. The design was of descriptive correlational. There was no stated framework used.

The study environment was a 755 bed tertiary care academic medical center. New nurses had completed the Performance Based Development System (PBDS) during the first week as a component of the organization’s orientation process. All new nurses attended a program focused on the management of clinical issues one day per week for five weeks. During the program, the Casey-Fink Graduate Nurse Experience Survey was administered. The sample consisted of 265 new registered nurses who had responded between 2004-2006. There were 78.9% (N=209) of the participants that were white, 87.2% (N=231) were female, and 57 % (N=153) held an associate’s degree in nursing (Marshburn et al., 2009).
Two instruments were used for data collection in the study. The PBDS measures three areas: (a) problem management; (b) communication; and (c) technical skills. Video clinical simulations were used with responses given in reaction to statements provided. Organization raters underwent interrater reliability testing on a yearly basis using the same criteria maintaining consistent objectivity of this instrument. The PBDS has been used for 20 years and has been tested for reliability and validity. The second instrument was the Casey-Fink Graduate Nurse Experience Survey. This Likert type survey measures the new nurses’ experience at entry to practice through the transition period.

The survey was analyzed using Varimax rotation in three areas: (a) patient care; (b) professional role; and (c) support available while functioning as a professional nurse. Test reliability was measured using the Cronbach alpha scale (Marshburn et al., 2009).

Scores of new nurses’ perceived competence were highest in 3 areas: (a) 81% (N=214) could complete patient care assignments on time; (b) 92% (N=245) were comfortable communicating with patients and families; and (c) 83% (N=220) were comfortable delegating tasks to nursing assistants. Seventy percent (N=186) expressed having difficulty prioritizing and organizing patient care needs. Fifty seven percent (N=153) were overwhelmed by patient care responsibilities and workloads. Sixty three percent (N=166) were confident in communicating with physicians and 53% (N=140) were comfortable making suggestions for changes to the nursing plan of care. The lowest number of responses in clinical competence was that 47% (N=124) of new nurses expressed feeling comfortable in caring for a dying patient (Marshburn et al., 2009).

There was no significant difference in patient care and perceived professional role competences with education and experience levels. Significant differences were noted
based on ethnicity, gender, and age with black nurses scoring significantly lower on the patient care scale compared to white nurses, male nurses scoring higher on the professional role of communication scale compared to female nurses, and nurses older than 35 years scoring lower compared with nurses 35 years and younger. The criteria of problem management as measured by the PBDS was not met by 61.1% (N=161) of new nurses. There was not a significant relationship between meeting the criteria for problem management or communication based on an age difference, gender, ethnicity, or education. New nurses who had previous experience as nursing assistants, nurse externs, licensed practical nurses, or emergency medical technicians were more likely to meet the criteria for problem management (Marshburn et al., 2009).

There was a relationship between new nurses’ perceptions of clinical competence and a performance-based measure of clinical competence. Nurses who met the criteria for problem management were more confident about patient care skills; new nurses who had previous health care experience were more likely to meet the criteria for performance-based measures of clinical competence. These nurses were more confident in communicating with physicians, families, and patients (Marshburn et al., 2009).

It was noted that nurses’ perceptions of skill knowledge and actual provision of care were similar as the gaps between these could lead to patient safety issues and errors. The researchers confirmed that as new nurses increase self-confidence and became more comfortable with skills, new nurses were more likely to be successful in performance. Educators must prepare nurses to function in an increasingly complex environment and aid new nurses to recognize limitations. The findings offer educators strategies, activities, and behaviors to facilitate the transition of new nurses into the workplace.
Health care organizations need to evaluate existing transition programs, educational resources, and continuing education opportunities offered to new registered nurses (Marshburn et al., 2009).

Hospitals have found that developing and retaining the competence and confidence of new registered nurses was a major challenge. Ulrich et al. (2010) analyzed a ten year longitudinal database to evaluate results of a residency program for newly registered nurses. A conceptual framework was used with concepts based on evidence of relationships with outcomes related to: (a) individual new graduates; (b) organizations; and (c) patient care. Data was collected over a ten-year period from 6,000 new registered nurses who completed an RN residency program. The new nurses worked for hospitals belonging to a hospital system in the United States with cohort sizes from 4 to 110 residents. Fifty one percent (N=3060) of the new nurses had earned bachelor’s degrees. Fifty two percent (N=3120) were 23-30 years old. The new nurses were involved in a standardized residency program. The program included: (a) classes; (b) clinical immersion; and (c) mentoring (Ulrich et al.).

Measurement instruments were used to: (a) obtain information concerning RN resident progress; (b) allow the organization to compare cohorts of residents; and (c) improve the RN residency. Twelve instruments were used to measure each of the concepts: (a) competency; (b) satisfaction; (c) confidence; (d) empowerment/autonomy/role dissonance; (e) group cohesion/organizational commitment; and (f) turnover intent. It was stated that the measurement instruments were validated and reliable (Ulrich et al., 2010).
Analysis in the Ulrich et al. (2010) study supported the advantages of residency programs to individual new nurses and organizations that utilized the program. Results indicated an accelerated increase in competence and self-confidence, and a significant decrease in turnover intent and actual turnover. The results further supported the need for a clinical immersion component with dedicated preceptors and utilizing additional structured supportive components in the form of mentors throughout the residents’ first year of practice. The results helped to further define the characteristics of a successful RN residency program from an individual and organizational standpoint. These included: (a) defining a set of standards based upon an outcomes-validated set of competencies; (b) the teaching of those standards; (c) monitoring and managing adherence to those standards; and (d) objectively evaluating success in achieving demonstrated competencies expected of a competent nurse using quantitative and qualitative outcomes measures (Ulrich et al.).

In conclusion, the authors of the Ulrich et al. (2010) study stated both new registered nurses and organizations benefited from the implementation of a structured immersion RN residency. It was recommended that formal RN residencies with measured outcomes should become the norm for all new registered nurses.

*Transition into the Nursing Profession*

Newly registered nurses lack competence, especially with leadership skills, which were identified as the greatest difference between academic and work life. The purpose of Wangensteen et al.’s (2008) study was to identify how recently graduated nurses experience the first year as a registered nurse. The qualitative design used phenomenological methods to understand the lived experience of the participants. There
was no stated framework in this study although results were broken down conceptually into categories derived from the theme of Experience of Growth and Development. The development of these categories occurred during the development of the study; the specific year was not stated. Twelve newly registered nurses from Norway met inclusion criteria for the study. Ten (10) participants were females and two (2) were males. Eight (8) participants were working in hospitals (4 in a medical unit and 4 in a surgical unit). Four (4) were employed with home care agencies. Participants ranged in age from 23-44 years (MN=30). Eight (8) new nurses had work experience in health care prior to starting nursing education (Wangensteen et al.).

Wangensteen et al. (2008) interviewed individual nurses toward the end of the nurses’ first year of employment. Interview times were scheduled by the participants. Most interviews were held in a conference room in the hospital or home care district.

Interviews were audio recorded for 45-60 minutes. The participants were asked to describe experiences from the first day as a nurse. The interviews were transcribed verbatim and analyzed for conventional content with the categories derived from data obtained. Transcripts were further analyzed using manifest (obvious meanings of the text) and latent (interpretative reading capturing the deep structural meaning conveyed by the text) content analysis. Triangulation was ensured by all three authors independently reading the transcripts. The transcripts were divided into meaning units; which were condensed, abstracted, and grouped into subcategories. Categories were discussed with adjustments made until a consensus was reached among the researchers. The main theme of experience of growth and development was developed with additional categories and subcategories derived. No reliability of the tests was reported (Wangensteen et al.,
2008). All participants described nursing as “tough.” The participants further described appreciating and learning from individual experiences.

Wangensteen et al. (2008) placed study findings into categories of experience of being new, gaining nurse experience, and gaining competence. These categories were divided into subcategories of: (a) uncertainty and chaos; (b) need for induction; (c) need for a supportive environment; (d) need for recognition; (e) awareness of responsibility; (f) need for positive experiences; (h) becoming experienced; and (i) managing challenges. The researchers concluded that new nurses possess a positive attitude toward being a newly registered nurse possibly because of learning strategies that enable the new nurse to adjust to the responsibilities of the new role. Recommendations and implications are that employers provide induction programs for new registered nurses, having experienced nurses available for feedback and support, and that employers should not schedule new nurses as the only nurse on duty.

New registered nurses transition from an academic environment to professional practice. McKenna & Newton (2008) explored how new nurses develop knowledge and clinical skills during the first 18 months following graduation and the factors that promote or inhibit the development. Colaizzi’s Framework for Analyzing Qualitative Data (1978) was used in this study. Twenty-five nurses who were involved in graduate year programs and employed at four health care facilities in Australia initially participated in the study. Eight participants were from a large regional hospital; 13 from public metropolitan hospitals; and four from a private outer metropolitan hospital. There were 21 female and four male participants with an age range of 21-45 years. At the end
of the study there were nine participants still actively participating. The reason for this decrease was not explained.

Focus group interviews were conducted in hospitals where the participants were working. The interviews lasted from 30-40 minutes and were moderated by one of the researchers. An effort was made to ensure equal power relationships existed between the moderator and the participant since a few participants were known to the researchers from previous undergraduate programs. All of the participants had been members of the focus groups conducted between four, six, 11, 12, and between 16 and 18 months following the year of graduation. Three key questions were developed from transcripts analyzed from the interviews at six and twelve months. The researchers stated that the use of focus groups facilitates group interaction which allowed richer data to be sourced than by individual interviews. No other reliability was reported (McKenna & Newton, 2008).

The themes in the McKenna & Newton study (2008) were: (a) sense of belonging; (b) independence; and (c) moving on derived from the analysis of the data. A “sense of belonging” was identified as becoming achievable after completion of the graduate year. Graduates voiced contentment at being able to settle and work in one ward. The theme of a “sense of belonging” was identified as a critical aspect of workplace socialization, enabling workplace learning to occur. “Independence” was identified following the first 18 months of practice. This theme was demonstrated through levels of knowledge attained, development of confidence, and a feeling of increased responsibility. The theme of “moving on” was demonstrated by the graduates viewing themselves as providing education and support for others. Mentors were sought
out by the graduates at this stage providing a role model to aid in developing attributes and skills.

Participants indicated the graduate program was protective for them, providing a buffer between being a student and a fully practicing nurse. McKenna & Newton (2008) also noted new nurses did not identify themselves as fully-fledged registered nurses during the new graduate program experience. Benefits to new nurses were identified as helping develop confidence and a way to attain more knowledge. The authors acknowledged results of the study might not be representative of the experiences of 16 graduates who dropped out of the study. No indication was provided as to why these new nurses dropped out of the program. The authors concluded it is important to ensure workload and stress do not reduce new nurses’ confidence. It was noted new nurses wished to move into specialty areas during the independence phase, causing a concern general medical surgical areas were left with inexperienced staff. This study indicated a need to retain experienced nurses in this area for mentoring new registered nurses (McKenna & Newton).

Newly registered nurses entering the work force found they have neither the practice expertise nor confidence to perform the work. The purpose of Duchscher’s (2008) study was to expand and further investigate the aspects and processes of the transitions in the new nurse’s experiences. The Conceptual Framework of Transitional Stages (Duchscher, 2007) was used to conduct the study. The population was fourteen (N=14) female graduate nurses from the same baccalaureate nursing program from two major cities in Canada.
A demographic survey and six face to face interviews were conducted at 1, 3, 6, 9, 12, and 18 months. There were also two focus groups with participants from the second major city. Pre-interview questionnaires requested the completion of process-revealing exercises in the form of (a) letter writing; (b) collage construction; (c) picture drawing; (d) monthly journals; and (e) ongoing e-mail communication. The exercises were conducted with participants over an 18 month study period. The results of the questionnaires and interviews measured the processes of: (a) anticipating; (b) learning; (c) performing; (d) concealing; (e) adjusting; (f) questioning; (g) revealing; (h) separating; (i) rediscovering; (j) exploring; and (k) engaging in regards to the stages of transition into the profession. Reliability of the tests was not reported (Duchscher, 2008).

Findings confirmed there was an evolution of stages during the transition process as: (a) doing; (b) being; and (c) knowing. The transition was described as evolutionary and ultimately transformative for all participants. The transition process was described for the new nurses entering professional practice as: (a) a process of making a significant adjustment to changing personal and professional roles at the beginning of their nursing career; and (b) encompassing a period of 12 months for the initial transition. Duchscher (2008) stated throughout the 12-month period of transitioning process there were times when the new nurses did not follow a linear progression of the transitional stages. Some of the circumstances that interfered with the progression were: (a) the introduction of new events; (b) relational circumstances; and (c) unfamiliar or complex practice situations.

Duchscher (2008) recommended allowances should be made for new nurses to have a reduced workload with the dependable access to an experienced clinical colleague who was compensated for and educated about the advanced leadership role. The clinical
colleague should have a trusting relationship with the newly registered nurse. Newly registered nurses’ transitioning during orientation required repeated practice of a multitude of nursing skills required by the individual nursing unit. In order for this to occur, skillful preceptoring by many different clinical experts who should be available to oversee the performance of these skills was recommended. This interaction with clinical experts will further cultivate an environment of teamwork, satisfying the new nurse’s desire to belong. Prolonged orientation periods with a balance of classroom theory and clinical practice were recommended for at least four months. Recognition of the changing needs of the new nurse through the transition period and customizing the strategies was also recommended (Duchscher).

**New Nurse Turnover**

While investigating new nurses’ perceptions of the work experience, Halfer & Graf (2006) found 35%-60% of new nurses leave first jobs during the first year of employment. As a result, there was a feeling of personal failure and a high financial loss to the organization. The purpose of this study was to understand the human elements behind turnover providing insight into designing interventions for new nurse retention. The framework of the study was conceptual with themes of professional respect, career development, work schedule, competence, work management, and becoming part of the team. These themes were drawn and incorporated from Kramer’s (1974) classic research on reality shock, Magnet hospital research, and organizational commitment research.

Registered nurses at a 265 bed Magnet status children’s hospital served as the population for the Halfer & Graf (2006) study. Eighty-four new registered nurses working less than one year on inpatient units served as the final study sample. The nurses
received a structured orientation with a pediatric curriculum specific to unit patient populations while being mentored by a clinical preceptor regarding job functions and unit socialization. Eighty percent (N=67) of the nurses were from Generation X and 71% (N=60) worked a night shift or rotating day-night shift. Two and a half years after inception, 67 nurses remained active in the study with the remaining 20% representing a turnover in the cohort group.

Halfer & Graf (2006) used a survey instrument that included demographic fill-in-blanks, a Likert-type scale seeking degree of agreement for 21 statements, and four open-ended questions. The survey instrument was designed to examine new nurse confidence in the delivery of competent nursing care, perceptions of the work environment, and job satisfaction over time, and was developed by the principal investigator and a nurse researcher. The instrument items were shaped by a literature review. Survey items were validated by members of the nursing recruitment and retention committee; this committee was comprised of nurse leaders, educators, clinicians, and recruiters in the study setting with revisions made based on the critique of the committee. The demographic questionnaire included questions regarding birthdate, length of employment, and scheduled work shift. The statements on the 4-step Likert-type scale sought a degree of agreement for 21 statements that described the organizational work. Four open-ended questions were directed to participation in professional development opportunities and unit problem solving; mastering tasks and getting the job done; satisfaction with job competence, professional respect, information access, and becoming a part of the team; and satisfaction with work schedules.
The survey for the Halfer & Graf (2006) study was mailed at 3, 6, 12, and 18-month intervals that corresponded with the new nurse’s length of tenure. Non-respondents were sent a second mailing and reminder 3 weeks after the initial mailing. Reliability was met with a sample of 122. The instrument was tested for homogeneity and resulted in a Pearson-Brown split/half reliability of 0.8962. Test-retest reliability at 3 months was 0.92, 6 months 0.92, 12 months 0.96, and 18 months 0.88. A factor analysis using a Varimax rotation was completed on the 12 instrument items (Halfer & Graf, p. 152).

Findings by Halfer & Graf’s (2006) study indicated all variables showed a positive mean score by 18 months of employment suggesting that the new nurses were pleased with overall experience in transitioning to the first professional position. There was some unexplained survey attrition which resulted in a no-attrition model that excluded anyone who did not answer the item at 3 and 18 months of employment. New nurse satisfaction grew with the mastery of two stressful areas for new nurses, work organization and clinical tasks. The survey attrition affected the significance of the variables of the ability to identify work resources, and access to information to perform the job. Other variables affected by survey attrition were ones that changed over time: (a) mistakes treated as learning opportunities; (b) professional contributions valued; (c) physicians are respectful; (d) management of staff schedules; (e) comfort with asking questions; and (f) satisfaction with schedule and the job overall. Variables showed dissatisfaction at different points in the survey process included participation in solving unit issues, staffing schedules, scheduled work days and hours, and participation in professional development programs. Positive mean scores on two variables remained
consistent over the 18 months were the nurses’ satisfaction with developing effective working relationships and feeling supported by leaders.

Open-ended questions in the Halfer & Graf (2006) study revealed that answers to the questionnaire in the first 3 and 6 months reflected the focus on mastering tasks and getting the job done. Dissatisfaction with the inability to participate in professional development opportunities and unit problem solving were stated early, but by 18 months the satisfaction had increased. At 12 months, the comments were satisfactory in regard to job competence, professional respect, information access, and part of the team. Job satisfaction was also noted in comments regarding autonomy and positive working relationships with physicians. There was dissatisfaction with work schedules at 6 and 12 months, but no longer true at 18 months.

Findings in the Halfer & Graf (2006) study identified implications for practice and education of new nurses. Scheduling practices needed to be reviewed during the interview process and orientation. There should be recognition of what appears to be a grieving process a new nurse experiences with the loss of the academic schedule. Professional development in the form of mentoring was mentioned as a means to develop positive attitudes toward scheduling. It was recommended mentors share stories regarding how to balance work schedules with sleep needs and family time. It was also stated mentoring may help new nurses adjust to the demands of the nursing profession during the critical 18 months of a first job.

Contemporary concerns for increased new registered nurse turnover and decreased competence have spurred initiatives to develop nurse residency programs. Scott et al. (2008) investigated the influence of personal factors such as orientation,
continuing education and staffing shortages on new nurse job satisfaction, intent to leave the job, and intent to leave the profession. The conceptual framework was the New Graduate Nurse Transition into the Workplace (Scott et al.). This framework was developed to illustrate possible influences on the successful transition of new registered nurses into the workplace. Themes developed were anticipatory socialization (student), organizational socialization (novice), and socialization outcomes of synergy and dissonance (competent practitioner) representing the first two years of nursing practice. Themes were further divided into subcategories of: (a) education; (b) personal experiences; (c) expectations; (d) organizational tactics; (e) environmental realities; (f) person-environment fit; (g) job satisfaction; (h) career satisfaction; (i) organizational commitment; (j) intent to leave/stay; and (l) turnover.

The sample (N=329) was obtained by a random stratified sampling of the North Carolina Board of Nursing database of registered nurses actively employed and newly licensed for a period of not shorter than 6 months and not longer than 2 years. The data collected from this sample was used in a secondary analysis for the study. The sample was de-identified for analysis. Data was obtained from a survey developed by the North Carolina Center for Nursing (NCCN) to gather information about new registered nurses. The internal consistency and reliability of these satisfaction items were confirmed in a previous study on general staff nurses. Twelve variables collected from the NCCN survey were coded and used in the study. The variables included were: (a) age; (b) race; (c) marital status; (d) education; (e) quantity of orientation; (f) quality of orientation in needs met or not met; (g) frequency of staffing shortages; (h) level of job satisfaction;
(i) intent to leave current position; (j) intent to leave nursing; and (k) turnover. Statistical reliability was noted in the variables (Scott et al., p. 77).

Educational preparation and job satisfaction were found to be the best predictors of career satisfaction. One of the most significant findings in the study was the critical role that orientation in the first job plays in promoting new graduate nurses’ job satisfaction and retention. Scott et al. (2008) found longer orientation met all of the new nurses’ needs and led to more satisfaction with current jobs and nursing as a career. The development of confidence and competence were essential in developing good feelings about the job. It was noted ADN prepared nurses had higher degrees of career satisfaction than BSN graduates. Graduate nurses who experienced fewer occurrences of staffing shortages were more satisfied with the job than new nurses who experienced frequent staffing shortages and viewed the job with greater dissatisfaction.

Scott et al. (2008) concluded that it is essential to develop and implement standardized transition to work programs for new registered nurses. Nurse executives should examine new nurses’ perceptions of the quality and duration of orientation experiences and correlate these perceptions with job satisfaction, career satisfaction, and turnover. It is also indicated that health care organizations, leaders, and nurse managers need to buffer new nurses’ work stress by placing them in units that have adequate staffing and expert nurse mentors.

Pellico et al. (2009) stated turnover of 13%-70% of newly licensed registered nurses (NLRNs) within the first year of practice has been reported in the literature. Pellico et al. analyzed a survey conducted of NLRNs concerning comments about work life. The purpose of the analysis was to better understand factors that promote retention
of NLRNs and what contributes to turnover. The framework was the Analysis of Themes by Krippendorff (2004). Pellico et al. used Krippendorff’s technique to analyze themes: (a) colliding expectations; (b) the need for speed; (c) you want too much; (d) how dare you; and (e) change is on the horizon.

Newly licensed registered nurses from 34 states and the District of Columbia were randomly selected for the study from 51 Metropolitan Statistical (MSA) and 9 rural areas. New nurses were defined as RNs who passed the National Council Licensing Exam (NCLEX) for the first time between 6-18 months prior to completing the survey. The sample size was N=612. The mean age of the participants was 33.4 years. Eighty one percent (N=500) were white and 92.7% (N=567) were women. There were 56.2% (N=343) nurses that had earned an associate degree, 36.9% (N=225) earned a baccalaureate degree, 5.2% (N=31), and 0.5% (N=3) had earned a master’s or doctoral level degree. Eighty four point three percent (N=515) worked full time. Seventy five point three percent (N=460) worked in non-Magnet facilities and 80.2% (N=490) in acute care hospitals. The 16 page survey from which the parent study was conducted consisted of 207 items including: (a) 8 demographic questions; (b) scales to assess RNs’ attitudes about work; (c) questions about the RNs’ intention about future work; (d) work attributes; (e) job opportunities; (f) and an option to provide additional comments. The survey scales were reported to be reliable and valid (Pellico et al., 2009, p. 195).

Each of the five themes discovered through content analysis were derived from and supported by statements from the open ended questions. The theme of “colliding expectations” noted conflict between the NLRNs’ personal view of the profession and the lived experience as a novice. “The need for speed” theme described the pressures related
to a variety of time issues. The theme, “you want too much”, expressed the pressure and stress NLRNs feel personally and professionally. Unacceptable communication patterns between providers were described under the theme of, “how dare you.” Finally, optimism was expressed for the future as NLRNs speak of transforming the health care systems in the theme of, “change is on the horizon.” Study results supported the existence of gaps in RN readiness for practice after graduation. Further results supported younger RNs have the comfort and confidence to resign positions that do not meet needs.

New nurses were impatient with what they view as inefficient and ineffective healthcare systems and/or nursing curricula (Pellico et al., 2009, p. 200).

It is suggested, as a result of the findings of this study, the nursing profession is in a position to spearhead reform in patient care and in education and work environments. Study findings supported the need for more orientation, capable preceptors, comprehensive residency programs, and adequate staffing for a first employer of NLRNs. Additionally, the need to increase student clinical time, improve program content, and provide a realistic view of nursing was identified. Newly licensed registered nurses wish to see educational changes in the form of 8-hour clinical days, more realistic patient/nurse ratios, and communication activities that include change of shift reports, delegating, rounding with physicians, and documenting. Some of the complaints that NLRNs voiced and perceptions of first experiences could be termed as perennial complaints leading to the question that if organizations wish to improve NLRNs working conditions that perhaps it is time to listen, hear, and heed their words (Pellico et al., 2009).
Summary

The transition to a professional nursing role can be challenging and overwhelming to newly licensed registered nurses (NLRNs). Literature reflects research confirming and investigating support in the form of mentoring NLRNs. Mentoring can help the new nurse transition into a fully functioning professional role, increasing job retention and reducing job turnover.

The framework for this study was Action-Theory and Confirmation as used by Ronsten et al. (2005). Initial concepts for the framework were introduced by Pörn (1988). The effects of mentoring were studied by: Ronsten et al.; Beecroft et al., 2006; Ryan et al., 2010; and Weng et al., 2010. The perceptions of newly registered nurses were studied by Marshburn et al., 2009 and Ulrich et al., 2010. Transition into the nursing profession was investigated by Wangensteen et al., 2008 and McKenna & Newton, 2008. New nurse turnover was studied by: Halfer & Graf, 2006; Duchscher, 2008; and Scott et al., 2008.

This was a replication of Ronsten et al.’s (2005) study. The purpose of this study was to describe the role of mentors from the perspective of newly licensed nurses (NLRNs) regarding a sense of competence, role development, and acceptance into the profession. Study findings may guide the development of future clinical procedures in nursing for mentoring new nurses.
Introduction

Newly registered nurses may find the challenges of the professional nurse role overwhelming. To ease transition into professional practice, role acquisition, and sense of competence, many nursing organizations assign nurse mentors (Ronsten et al., 2005). The purpose of this study is to describe the role of mentors from the perspective of newly licensed registered nurses (NLRNs) regarding a sense of competence, role development, and acceptance into the profession. This study is a replication of Ronsten et al.’s (2005) study.

Research Questions

1. What extent does a mentoring role provide a sense of competence while new nurses transition to the nursing profession?

2. What place do mentors have in NLRNs’ role development and acceptance into the nursing profession?

Population, Sample, and Setting

Fifteen NLRNs working at one of three community hospitals within one hospital network in Indiana are targeted for the study population. The NLRNs will be completing a 6-12 month mentorship program designed and offered by the hospital network. The
NLRNs will be given the choice of attending one of two interviews. Two personal focus group interviews will be held at each of the three hospitals with one planned prior to the beginning of a scheduled shift and one after the completion of a scheduled shift. The NLRNs will be encouraged to relate actual events from personal nursing practice. Participants will be asked to fill out a questionnaire immediately after the interview.

Protection of Human Rights

This study will be submitted to the Institutional Review Boards of: (1) Ball State University and (2) the hospital network for approval. Once permission is obtained, an introductory letter will be sent to the anticipated study participants. Signed informed consent will be obtained prior to the beginning of the personal focus group interviews. Only the researcher and statistician will view the collated data thus ensuring anonymity. There are no foreseen risks identified with study participation. Benefits include the opportunity for NLRNs to confirm the role of the mentor in regards to a sense of competence, role development, and acceptance into the profession. Study findings will guide the development of future clinical guidelines in nursing for mentoring new nurses.

Procedures

After receiving approval from the Institutional Review Boards of the hospital network and Ball State University, a request for consent to acquire participant names and contact information from the three hospitals will be requested from the individual CNO overseeing the hospitals. Once consent is acquired, a letter will be sent to the nurse education department at each of the three hospitals requesting names and addresses of potential study participants. An introductory letter will be sent to the homes of the
anticipated study participants. All incurred cost will be personally funded by the researcher.

An additional detailed e-mail describing the study will be sent to the study participants. The researcher’s contact information will be included in the e-mail should the potential participants have any questions.

Research Design

A descriptive design will allow the researcher to examine the NLRNs’ perceptions of the mentoring role in regards to a sense of competence, role development, and acceptance into the profession. Information will be collected through personal focus interviews and questionnaires. Burns & Grove (2009) defined descriptive design as a method to identify a phenomenon of interest, identify variables within the phenomenon, develop conceptual and operational definitions of variables, and describe variables in a study situation.

Instrumentation, Reliability, and Validity

Personal focus group interviews and a questionnaire will be used to collect data regarding NLRNs’ perceptions of the mentoring role in regards to a sense of competence, role development, and acceptance into the profession. The questionnaire will address specific mentor behaviors, such as: (a) interest in the NLRN; (b) respect and empathy when a traumatic or demanding experience occurs; (c) flexible behaviors in individual situations; (d) support; (e) awareness of resources; and (f) guidance. The questionnaire utilizes ten “yes and no” questions regarding these specific mentor behaviors. The brief nature of the questionnaire will hopefully encourage responses to answer all of the questions. The questionnaire will be given to the study participants immediately
following the personal focus group interviews. Providing a questionnaire after the focus group interviews will allow for a better percentage of responses thus decreasing the threat to validity.

Personal focus group interviews will address supportive actions that reflect development of competencies in relation to mentors’ confirmatory actions. Specific actions addressed will include: (a) providing motivation toward competence; (b) guiding professional development; (c) providing physical and psychological support during traumatic events; (d) demonstrating understanding of the individual NLRN in relationship to their evolving role; (e) nurturing a relationship of trust; and (f) providing practical application to real nursing situations. Data from the personal focus group interviews will be recorded by one researcher eliminating the possibility of errors in equivalence. Interpretive reliability will be observed through the use of the SAUC model for categorization of interview responses. The four phases of interpretation as outlined in the Ronsten et al. (2005) study will be strictly followed. The method of personal focus group interviews provides validity by addressing the supportive actions that reflect development of competencies in relation to mentors’ confirmatory actions. The SAUC model of interpretation has been used in several studies regarding nursing: (a) theory building and nursing practice (Gustafsson, 2000); (b) nurses’ self relation in becoming theoretically competent (Gustafsson & Willman, 2003); (c) confirming nursing in community care (Gustafsson, 2005); and (d) confirming mentorship with new registered nurses (Ronsten et al., 2005) and is therefore well suited for use in this study. The four phases of interpretation are representative of strategies for examining the validity of qualitative measures as outlined in Burns & Grove (2009).
During recordings of the interviews, the participants will not be identified by name but by the first initial of their first name if directly addressed in the interview. Recordings of interviews will be stored in a locked file cabinet in the Adult Health Department of the School of Nursing. The key to the cabinet will be in the possession of the researcher. The recordings will be destroyed after the study is completed.

Summary

NLRNs may find the challenges of the professional nurse role overwhelming and as a result, many nursing organizations assign nurse mentors to ease the transition. The purpose of this descriptive study is to describe the role of mentors from the perspective of NLRNs. An anticipated sample of 15 NLRNs is expected. This study will replicate a previous study by Ronsten et al. (2005) and address NLRNs perceptions of mentoring in regards to a sense of competence, role development, and acceptance into the profession.
References


