JOB SATISFACTION AND WORK ENVIRONMENT:
GRADUATE NURSES’ PERCEPTIONS

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ABSTRACT

RESEARCH PAPER: Job Satisfaction and Work Environment: Graduate Nurses’ Perceptions

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Turnover rate of new graduate nurses is often due to the inability to manage and organize complex work environments, inexperience with high patient acuity, and coworker relations (Halfer & Graf, 2006). Failure to succeed in these areas leads to problematic transitions from student to graduate nurse, low job satisfaction and high turnover (Halfer & Graf, 2006). The purpose of this study is to examine new graduate nurse job satisfaction, perceptions of the work environment, and changes in perceptions of confidence with length of time in position. This is a replication of Halfer and Graf’s (2006) study. Kramer’s Reality Shock Theory (1974) is the framework. The convenience sample will include 100 graduate nurses hired over 1 year working in the IU Health Network in inpatient units. The Halfer-Graf Job/Work Environment Nursing Satisfaction Survey will measure new nurse confidence in delivery of care, perceptions of work environment, and job satisfaction over time. Findings will help nursing leaders identify sources of new nurse job satisfaction to redesign educational approaches to support role transition of new graduate nurses.
Chapter I

Introduction

The health care industry is becoming increasingly complex, and nurses must have a high level of skills to practice in this environment (Cho, Lee, Mark & Yun, 2012; Craig, Moscato, Moyce, 2012; Fennell & Adams, 2011; IOM, 2011). According to the United States Bureau of Labor Statistics (2012), the need for registered nurses is expected to increase 26% between 2010 and 2020 due to advancements in technology, trends toward preventative care, and an aging population. In a statement to Congress, the American Nurses Association (ANA) president Daley stated, “…there is a critical need to develop a stronger nursing workforce to fill a projected 1.2 million nursing jobs that will open within the next decade, and to meet the increasing healthcare demand of an aging population” (ANA, 2012, p. 1). With the passage of the Affordable Care Act (ACA) in 2010, Medicare and Medicaid programs are expected to insure 32 million Americans who were previously uninsured (IOM, 2011). More nurses will be needed to meet the increasing demand for healthcare.

Nursing represents the largest sector of the health professions, with more than 3 million registered nurses in the United States (AMN Healthcare, 2011). Over the coming years, a significant number of experienced nurses will opt to seek employment outside of
nursing, shift to part-time roles, retire, or otherwise alter career plans, thereby diminishing the workforce. According to Weng, Huang, Tsai, Chang, Lin, and Lee (2010), new nurses have a higher turnover rate than experienced nurses. Employing organizations must concentrate efforts on assisting and supporting graduate nurses throughout the transition period from student to professional nurse to decrease new nurse turnover, and increase nurse retention.

Reports of new nurse turnover vary, but are significantly high. Weng et al. (2010) reported high ranges of 35% to 60% of new nurse turnover within the first year of employment. According to the AMN Healthcare 2011 Survey of Registered Nurses, new nurse turnover ranges from 55%-61%, only 58% of nurses are satisfied with the current position, and 45% intend to make career changes in the next 1 to 3 years. Cho et al. (2012) reported that new nurses leave the first jobs at a rate of 18.1% within 1 year, while 26.2% leave within 2 years. One reason for the turnover is the transition from the role of student nurse to the role of staff nurse often holds many unrealistic expectations by both employing organizations and graduate nurses. Employing organizations expect competent, highly skilled, and efficient graduate nurses upon hire. New nurses enter the profession expecting to practice as an experienced nurse, having completed a degree. However new nurses lack organizational skills, self confidence, and practical experience required to care for multiple acutely ill patients (AHCA, 2010; Cho et al., 2012; Craig et al., 2012; IOM, 2011; Morrow, 2009; vanWyengeer & Stuart 2012).

Several studies have documented high stress levels and job dissatisfaction among nurses entering the profession (Bowles & Candela, 2005; Cho et al., 2012; Fink, Krugman, Casey, & Goode, 2008; Halfer & Graf, 2006). Nurse disillusionment and
dissatisfaction, according to Fink et al. (2008), account for high turnover rates. Applebaum, Fowler, and Fiedler (2010) reported that 98% of nurses experience increased stress, and 93% believed quality of care has decreased due to the current nursing shortage. The literature suggests that stress is a reason why nurses leave the profession. High nurse turnover, the aging nurse workforce, and a rapidly increasing elderly population in need of care, will lead to staffing crises nationwide (AMN Healthcare, 2011; Applebaum et al., 2010; Cho et al., 2012; IOM, 2011; vanWyngeeren & Stuart 2012). Retention of both experienced and new nurses is critical to meet demands of care.

Bridging the gap from student to professional nurse, and improving job satisfaction begins with socializing, supporting, and transitioning new graduate nurses into the nursing subculture of a hospital (Fink et al., 2008; McKenna & Newton, 2008). Halfer and Graf (2006) believed that nurse job satisfaction will lead to retention. Regardless of the existing multitudes of orientation programs available, the gap still exists today. While 90% of surveyed academic leaders believe graduate nurses are fully prepared to practice safely and effectively, only 10% of hospital executives agree (Berkow, Virkstis, Stewart, & Conway, 2008). Further study is needed to examine the work environment of new nurses and reasons for turnover.

**Background and Significance**

One of the first researchers to examine the transitional phase, nursing school to professional practice, and the conflicts new nurses experience was Marlene Kramer (1974). Kramer’s work on the socialization of new nurses brought attention to the gap between the theory that students were taught in schools, and the reality of nursing practice within organizations. Kramer (1974) stated, “New graduates can analyze and
synthesize, but can’t catheterize” (p. vii). Kramer believed that resolving the problems of reality shock was essential for new nurses to grow into the nursing leaders of tomorrow.

Historically, nursing schools were hospital-based diploma schools, and nursing students staffed hospitals in an apprenticeship model where students learned nursing by practicing. Nursing education transitioned to colleges and universities to improve education and skills, and to include more theory. However, a gap still exists in the transition of students to professional nursing practice (Anderson, Linden, Allen, & Gibbs, 2009; Berkow et al., 2008; Cho et al., 2012; Craig et al., 2012; Dick & Cragg, 2003).

When nurses studied in the hospital-based setting, graduates knew the expectations of the hospital, and the hospital knew the skills and knowledge of the nurses. Hospitals expected new nurses to be fully prepared to practice upon graduation. With the change in the acuity of patient care and high stressed environment, the transition to the work environment changed dramatically. New nurses were not prepared to practice independently immediately upon graduation. Graduates were not familiar with the work environment, and began to need more extensive orientation programs (Dick & Cragg, 2003). Kramer (1974) recognized this gap, and the need to support new nurses transitioning into practice.

Anderson et al. (2009) found that graduate nurses who were supported through the role transition were more satisfied, more engaged, and had much higher retention rates at 1 and 2 years. Halfer and Graf (2006) also found that graduate nurses’ satisfaction and independence improved significantly when supported by nurse leaders, and were mentored throughout the first 18 months of employment. Halfer and Graf (2006) believed efforts to prepare and socialize graduate nurses through orientation programs
will narrow the preparation-practice gap, thereby decreasing turnover and increasing new graduate satisfaction. This study will validate Halfer and Graf’s work.

Problem

The high turnover rate of new graduate nurses is often due to the inability to manage and organize complex work environments, inexperience with high patient acuity, and coworker relations (Halfer & Graf, 2006). In an era of cost containment, nurse administrators are expecting competent, efficient graduate nurses to enter the profession ready to deliver effective quality care. Failure to succeed leads to problematic transitions from student to graduate nurse, poor job satisfaction, and turnover (Halfer & Graf, 2006).

Purpose

The purpose of this study is to determine relationships among new graduate nurses’ job satisfaction, perceptions of work environment, and changes after a length of time in position. This is a replication of Halfer and Graf’s (2006) study.

Research Questions

1. What are the sources of new graduate nurse job satisfaction and dissatisfaction?
2. What are the perceptions of the work environment?
3. Do perceptions change with length of time and the position?

Theoretical Framework

Kramer’s (1974) Reality Shock Theory is the framework. According to Kramer (1974), reality shock occurs for all new registered nurses as nurses enter professional practice. Reality shock is a shock-like reaction that occurs when the work situation new nurses have been preparing for does not align with the values and ideals anticipated (Kramer, 1974). This framework is appropriate for this study because the Reality Shock
Theory (Kramer, 1974) gives valuable insight into the difficulties and challenges new nurses face during the professional role transition.

**Definition of Terms**

**Conceptual: Job Satisfaction.**

Job satisfaction was defined by Halfer and Graf (2006) as the degree to which new graduate nurses are happy and positive with regard to practice role.

**Operational: Job Satisfaction.**

Job satisfaction will be measured using the Halfer-Graf Job/Work Environment Nursing Satisfaction Survey (2006) which is a 21-item, 4-point Likert scale. Seven factors include: professional respect, career development, work schedule, information access, competence, work management, and becoming part of a team (Halfer & Graf, 2006).

**Conceptual: Work Environment.**

Work environment encompasses the physical location, resources available, quality of surroundings, coworker relations, and additional perks and benefits granted the graduate nurse while engaged in the performance of job duties (Halfer & Graf, 2006).

**Operational: Work Environment.**

Work environment will be evaluated using the Halfer-Graf Job/Work Environment Nursing Satisfaction Survey (Halfer & Graf, 2006).

**Conceptual: Length of Time in Position.**

Length of time in position in this study is graduate nurse employment during the first 18 months at the set survey time intervals of 3, 6, 12, and 18 months (Halfer & Graf, 2006).
Operational: Length of Time in Position.

Length of time in position will be measured using the data collected from demographic fill-in-the-blank questions regarding length of employment (Halfer & Graf, 2006).

Limitations

In generalizing the results of this study, limitations should be considered. The study will be conducted in one healthcare setting. The results of the study may not be generalizable due to the fact that each new graduate is socialized based on individual experiences and perceptions of the nursing work environment. This study will survey new graduate nurses in central Indiana hospitals; therefore, the findings cannot be generalized to other states or countries.

Assumptions

New graduate nurses transition through a period of Reality Shock. The transition period from student nurse to professional nurse can be stressful. Negative experiences during role transition can lead to dissatisfaction and turnover. Socialization can increase job satisfaction and retention.

Summary

It is essential that nurse leaders focus on recruitment and retention. Supporting graduate nurses, and easing the transition from student nurse to professional nurse is one way to improve retention. Job satisfaction and positive work environments are crucial variables in retaining graduate nurses and improving commitment to the profession. The purpose of this study is to determine relationships among new graduate nurses’ job satisfaction, perceptions of work environment, and changes after a length of time in
position. This is a replication of Halfer and Graf’s (2006) study. Kramer’s (1974) Reality Shock Theory is the framework. Findings from this study will provide information regarding variables that affect graduate nurse satisfaction in order to improve retention rates.
Chapter II

Literature Review

Introduction

Making the transition from nursing student to professional nurse requires graduates to master a multitude of nursing skills to care for complex critically ill patients. In an era of cost containment, nurse administrators are expecting competent, efficient graduate nurses to enter the profession ready to deliver effective quality care. High stress levels and low confidence, coupled with inexperience and poor coworker relations, make the transition from school to work a difficult one, and often lead to job turnover and attrition from nursing (Halfer & Graf, 2006).

Purpose

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Research Questions

1. What are the sources of new graduate nurse job satisfaction and dissatisfaction?
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Theoretical Framework

Kramer’s (1974) Reality Shock Theory is the framework. According to Kramer (1974), reality shock occurs for all new registered nurse graduates as nurses enter professional practice. Reality shock is a shock-like reaction that occurs when the work situation that new nurses have been preparing for does not align with the values and ideals of nursing school (Kramer, 1974).

In 1974, Marlene Kramer published the theory referred to as reality shock. The theory postulated that a clash of school values and workplace values can occur in new graduate nurses resulting in difficulty socializing into the profession. Kramer distinguished between professional nursing values and bureaucratic values, and argued that in the educational setting nursing students were socialized to professional values and were taught ideal nursing practice. Kramer suggested that students were unaware of learning the ideal rather than the norm. This can result in conflict when new nurses enter the work setting, and are faced with bureaucratic values that are incompatible with the learned professional values (Kramer, 1974).

According to Kramer (1974) nursing schools and nurse-employing organizations represent two different subcultures of the nursing world. The norms, values, and behavioral expectations between school and work differ more than two different work settings (Kramer & Schmalenberg, 1977). The nursing student values cognitive skills, effective work, and holistic care of one and two patients (Schmalenberg & Kramer, 1979). In contrast, organizations value some aspects of autonomy, essential care for many patients, responsibility for self and others, efficient work, and technical and organizational skills (Kramer, 1974).
Kramer (1974) conceptualized reality shock for new nurses as role deprivation, the incongruence between a nurse’s experience of practice and the ideal conception of nursing practice. Kramer’s 1968 study examined role deprivation using Corwin Role Conception-Role Deprivation Scales. Corwin’s three scales measure bureaucratic, professional, and service role conceptions. Graduate nurse responses and reactions to situational questions and scenarios represent levels of role deprivation. Based on the outcomes, Kramer (1974) described four groups newly graduated nurses may imitate to resolve value conflicts. The groups are: organization woman, bicultural troublemakers, rutters, and lateral arabesquers. Kramer believed successful nurses were able to retain both high professional and high bureaucratic values, and became bicultural (Kramer, 1968).

To encourage newly graduated nurses to hold high professional values and gain bureaucratic values, Kramer advocated two interventions. Anticipatory socialization was the first program that introduced nursing students to bureaucratic values and challenged professional values while nurses were still in school. Nursing students were given forums to express anger and frustration within a safe, supportive environment. Kramer believed this would prepare students by giving the necessary resources to resolve value conflicts prior to entering the workplace (Kramer, 1974). The second program was “bicultural training” that allowed new nurses to share conflicts faced in the workplace, and provided training in managing conflicting values and conflict resolution (Schmalenberg & Kramer, 1979).

Kramer found that nurses progressed through four phases: honeymoon, shock and rejection, recovery, and resolution. During the first phase, new nurses focus on learning
the necessary skills for work and the unit routines. Nursing is exciting, new, and wonderful. Difficulties in negotiating this phase can lead to feelings of being overwhelmed, and threaten the graduate nurse’s self-confidence. In the second phase, the new nurse’s main concern is fitting in with coworkers. During this phase, nurses encounter shock and moral outrage, characterized by anger or frustration related to the discrepancy between school-learned, professional values and the bureaucratic values encountered in the workplace. The third phase is a ‘reality check.’ The graduate nurse begins to objectively evaluate the workplace situation, during which negativity, anxiety, and tensions decrease. Finally, phase four is resolution. By the time the new nurse reaches resolution, there is an acceptance of the new role in the work environment, and an understanding of how the nurse can influence the environment and adapt. In this phase, the new graduate nurse either learns to effectively cope, or may choose to leave the position, and/or the profession completely. Kramer theorized that the phases are not necessarily chronological, and are independent of one another (Kramer, 1974).

Kramer’s (1974) work resulted in widespread recognition that transition to the workplace of new graduate nurses needed to be addressed. Although there are few reports that anticipatory socialization and bicultural training programs were actually implemented, there are numerous studies on interventions targeted at helping graduate nurses adjust to the workplace. Themes will be drawn from, and incorporated from Kramer’s (1974) research on reality shock. This framework is appropriate for this study because the Reality Shock Theory (Kramer, 1974) gives valuable insight into the difficulties and challenges new nurses face during the professional role transition.
Organization of the Literature

This literature review will concentrate on three areas pertaining to graduate nurses’ transition into professional practice. The first section provides an overview of socialization and transition experiences of new nurses and focuses on phases graduate nurses experience throughout the orientation process. The second section will examine strengths and weaknesses of transition programs and focuses on length of orientation programs, preceptorships, and coworker relations. The third section discusses new nurse job satisfaction and turnover and focuses on specific reasons nurses remain in or leave positions.

Socialization and Transition Experiences of New Nurses

The socialization of nurses to critical care units is a challenging process, as new nurses gain knowledge, and strive for skill proficiency. It is essential to understand the socialization process to ease transition, and prepare nurses to care for acutely ill patients. The purpose of this grounded theory study was to examine the process by which new critical care nurses are socialized in order to develop a theory that strengthens and enhances the process. The two frameworks were Kramer’s (1974) Theory of Reality Shock, and Benner’s (1982) Novice to Expert Theory (as cited in Reising, 2002).

The study was conducted in a variety of critical care settings in central and south central Indiana hospitals. The sample was 10 registered nurses who were new to critical care, and who were in the first month of orientation. Participants were recruited by the researcher during orientations based on critical care educator recommendations, and were followed for 5 months. Participants’ ages ranged from early 20’s to late 40’s. The majority (80%) were female, and 90% were white. Nurses had 0 to 20+ years in nursing,
with a wide range of experiences including home health care, inpatient hospital units, and rehabilitation (Reising, 2002).

Monthly participant interviews, participant journaling, note-taking, preceptor interviews, and printed orientation information were used to collect data. Constant comparative analysis was used analyze data (Reising, 2002).

Five themes emerged from the data regarding critical care nurse socialization.

Theme 1: “The Prodrome,” revealed the reasons participants gave for choosing critical care nursing. Excitement, challenge and “being the best” were dominant reasons. Despite trepidation, participants were eager to face the new challenges (Reising, 2002).

Theme 2: “Welcome to the Unit,” meant that after some preparatory critical care classes, participants began working in critical care units with preceptors. Nurturing and encouraging preceptors left participants feeling reassured and less fearful (Reising, 2002).

Theme 3: “Disengagement/Testing,” concerned preceptors’ withdrawal, forcing the participant to work more independently while being evaluated on care delivery. Preceptors were interviewed regarding expectations during this phase. Preceptors were looking for organization, prioritization, problem-solving skills, quick decisions, independence, and motivation. Although participants experienced vulnerability during this phase, questioning abilities and desires to remain in critical care, 80% regained control and independently sought out sources to improve knowledge and skills (Reising, 2002).

Theme 4: “On My Own,” revealed that at 6-10 weeks of orientation, participants were delivering care independently of preceptors. Although more independent, participants utilized other staff nurses as resources to assist with skills new nurses had not
yet mastered. Participants were forced to function at higher levels relating to decision-making regarding patient care issues. Many voiced disappointment in self, and believed comfort levels and capabilities should be better (Reising, 2002).

Theme 5: “Reconciliation,” meant that new nurses seek reassurance from other nurses as normal progression occurs. Peers reassured new nurses that only time, usually 6 months to 1 year, and experience would increase comfort levels. New nurses came to the realization that ongoing education, practice, and continued support from peers were required to improve skills and feel comfortable (Reising, 2002).

Reising analyzed the data and generated a theory called “Navigating the Challenge.” Reising described phases of the socialization process as being marked by expectations, self-set or set by others, that new nurses must aspire to meet. The new nurse meets expectations by personal goal setting, self-analysis, and continuous attention to external cues. Findings support the work of Kramer and Benner (Reising, 2002).

The author concluded that new nurse socialization into critical care units is a difficult transition filled with many challenges during the five phases of the orientation process. Exploring the process is crucial to understanding how it can be improved, thereby improving nurse retention and patient outcomes (Reising, 2002).

For graduate nurses, orientation marks a new beginning filled with mixed emotions and stress as the new role is learned. The orientation process is crucial in developing confidence, feelings of accomplishment, facilitating growth and preparedness, and influencing immediate and long term outcomes. The purpose of this qualitative study was to explore graduate nurses’ experiences as nurses transition from student to practice (Delaney, 2003).
The study took place in a hospital. Out of 18 graduate nurses employed, 10 were chosen to participate in the study. Participants, ages 22-40, were either associate or baccalaureate prepared. Criteria for inclusion in the study required the graduates to have completed the hospital’s orientation program, to verbalize feelings during transition, and to not have oriented with Delaney (2003). The question investigated was: “What are graduate nurses transition experiences during orientation?” (Delaney, 2003, p. 437).

Graduates were interviewed in the hospital in a private setting to encourage sharing of emotions regarding experiences. Audio taped interviews lasted less than 60 minutes. Interviewers included demographic information. Colaizzi’s (1978) phenomenological method was used to analyze data. The investigator kept a journal to record personal ideas and biases that may have potentially skewed data (Delaney, 2003).

The researcher reviewed each sentence of the interviews and collected 224 statements considered significant. The statements were translated into expressed meanings, and organized into 10 themes. Theme 1: “Mixed Emotions,” meant that all graduate nurses voiced similar feelings ranging from pride and excitement to fear and nervousness, regarding graduation and entering the first nursing job (Delaney, 2003).

Theme 2: “Preceptor Variability,” meant that graduate nurses’ impressions and feelings toward preceptors significantly affected thinking and development. Skilled and knowledgeable preceptors helped graduates feel comfortable and positive, while more green, or unpracticed preceptors left graduates feeling uncertain and negative (Delaney, 2003).

Theme 3: “Welcome to the Real World,” meant that graduate nurses recognized the expectations of the “real world” in terms of the ideal versus reality. Expectations were
remarkably different. Graduates soon discovered that nursing practice had different goals. Stressors most commonly voiced by graduates were increased nurse-patient ratios, increased responsibilities, time management, and fear of making mistakes (Delaney, 2003).

Theme 4: “Stressed and Overwhelmed,” described the anxieties and insecurities that surfaced when graduates were learning new skills or managing responsibilities. Starting IVs, calling doctors, multiple admissions, and disorganization, were some of the greatest stressors. Participants cited poor time management skills, disorganization, and heavy patient loads, as being frequent sources of stress and frustration (Delaney, 2003).

Theme 5: “Learning the System and Culture Shock,” meant that graduates were frustrated with trying to negotiate the organization’s procedures and protocols, and trying to understand the system. Acceptance by staff, and feeling welcomed in the unit, were important to new nurses. If staff responded positively to the graduates, this decreased anxieties, and increased comfort levels. Theme 6: “Not Ready for Dying and Death,” meant that death and dying issues posed significant emotional readiness issues for participants in dealing with patients and families (Delaney, 2003).

Theme 7: “Dancing to Their Own Rhythm,” meant that as graduates moved through orientation, as organizational skills and prioritizing skills improved, graduates felt more comfortable and prepared. Graduates observed styles and techniques used by preceptors. Graduates chose the styles the nurses liked, and used styles to create patterns of practice. When things did not go as planned, prioritizing became invaluable (Delaney, 2003).

Theme 8: “Stepping Back to See the View,” meant that using self-reflection during various stages of orientation was valuable for graduates to see and appreciate progress,
and how far the graduate had come. Self-reflection was essential in building confidence, believing in self, and setting goals (Delaney, 2003).

Theme 9: “The Power of Nursing,” meant that although stress was a major factor throughout the orientation process, all graduates acknowledged the value and the power of nursing. Graduates had learned much, sharpened skills, and experienced valuable rewards (Delaney, 2003).

Theme 10: “Ready to Fly Solo,” meant participants were nervous, but more secure about completing orientation. Graduates expressed positive feelings about the orientation program and were encouraged and confident. All participants felt comfortable ending orientation. Most stated 12 weeks was adequate and the nurses were ready to be independent (Delaney, 2003).

The authors concluded that graduates went through multiple phases, experienced various stressors, and faced reality shock. By 18 months, new graduates had learned the system and how to work solo. Graduates found great meaning in work, expressed readiness to be on own by the end of 12 weeks, and transitioned well into the professional RN role (Delaney, 2003).

Graduate nurses experience stress during the transitional period from school through the first year in professional practice, during which expectations are high. Stress often leads to job dissatisfaction and graduate nurse turnover. The purpose of this descriptive, repeated-measures study was to determine the specific challenges graduate nurses face in the first year following graduation (Casey, Fink, Krugman, & Propst, 2004).
The setting was six private hospitals located in the Denver metropolitan area. One hospital was a teaching hospital; the other five were for-profit or not-for-profit acute care facilities. The convenience sample included 270 new graduates. The demographic data revealed that the average participants were Caucasian females who were \( \leq 35 \) years old, had previous healthcare experience, and held bachelor’s degrees. New graduates (N=250) completed the survey over a period of 3 years (Casey et al., 2004).

The authors designed the Casey-Fink Graduate Nurse Experience Survey to measure graduate nurses’ experiences at baseline, 3, 6, 12, and >12 month intervals throughout the first year following graduation. The tool was pilot tested for content validity and reliability. The tool had five sections: section 1-demographics, section 2-skills and procedure performance, section 3-comfort and confidence, section 4-job satisfaction, and section 5-work environment and role transition. The tool had a Likert scale with responses ranging from strongly disagree (1), to strongly agree (4), as well as open-ended questions (Casey et al., 2004).

Section 2: “Skills and Procedure Performance” (Casey et al., 2004, p. 305) asked graduates to choose the top three skills nurses were not comfortable performing on patients. Graduate nurses (15%) listed seven skills as being the most challenging: “code blue, chest tubes, IV skills, epidurals, central lines, blood administration, and PCA” (Casey et al., 2004, p. 306). After 1 year in practice, all nurses were feeling more comfortable with all skills, with the exception of epidurals. Nurses were still not comfortable with epidural care after 1 year in practice (Casey et al., 2004).

Section 3: “Comfort and Confidence” (Casey et al., 2004, p. 305) found new graduates were initially uncomfortable discussing patient care issues with interns,
Residents, and physicians, but by 6-12 months reported feeling more confident. Confidence and comfort with delegating, priority setting, organizational skills, and care plan contributions also improved by 12 months in practice. Caring for dying patients and personal life stressors were other sources of discomfort reported by graduate nurses. Graduates (99%) were confident communicating with patients and families, and were supported by friends and family in professional goals. ANOVA testing found comfort and confidence scores were different based on experience level. Scores were lowest when experience was between 6-12 months, and highest when experience was \( \geq 12 \) months (Casey et al., 2004).

Section 4: “Job Satisfaction” (Casey et al., 2004, p. 306) found graduates were satisfied with schedules, vacation time, and benefits. Nurses (73%) reported satisfaction with leadership feedback. Salary scored the lowest level of satisfaction, rating at 39% dissatisfied. For all participants except nurses at the teaching hospital, job satisfaction scores dropped as experience was gained (Casey et al., 2004).

Section 5: “Difficulty With Role Transition” (Casey et al., 2004, p. 307) allowed participants to verbalize and expand on personal experiences and difficulties during transition. Based on responses, six themes emerged:

1. Confidence was shaken as new graduates reported feeling inadequate, incompetent, unsure, and anxious with regard to patient care issues. Participants approaching the one year mark reported improved confidence and comfort in abilities.

2. Graduates reported peers showed no acceptance or respect and preceptors were inconsistent and did not provide necessary support.
3. Graduates struggled with wanting to be autonomous and needing to depend on more experienced coworkers to get the job done. By the final survey, graduates expressed less dependence on peers.

4. Work environment related comments revolved around understaffing, perceived poor pay, lack of vacation time, and difficulties in rotating shift. New graduates also believed they were placed in charge positions prematurely.

5. Graduates practicing for $\leq$ six months reported deficiencies in time management skills, prioritization skills and organizational skills. By 12 months, new nurses reported feeling more confident and competent in these areas.

6. Nurses practicing $\leq$ six months found it disconcerting to communicate with physicians listing personal insecurities, poor confidence and physician disrespect as primary reasons. By one year, nurses no longer voiced this as a challenge (Casey et al., 2004, p. 308).

Casey et al. (2004) found graduate nurse difficulties and challenges were generally resolved by 1 year in practice. The authors concluded it is essential to extend orientation programs to 1 year to improve nurse proficiency and comfort level. The first year of practice for graduate nurses is stressful, and requires structured support to ensure new nurses develop into competent and confident caregivers in the acute care setting (Casey et al., 2004).

**Strengths and Weaknesses of Transition Programs**

Turnover rate of new graduate nurses is often due to difficulties in managing and organizing complex work environments, inexperience in caring for high acuity patients and coworker relationships (Halfer & Graf, 2006). Failure to adjust leads to difficult
transitions, job dissatisfaction and turnover. The purpose of this study was to determine sources of new graduate nurse job satisfaction, perceptions of work environment, and changes after a length of time in position. The framework was Kramer’s (1974) Theory of Reality Shock (Halfer & Graf, 2006).

The setting was a 265 bed Magnet status children’s hospital. The sample included 84 new graduate nurses hired over the span of 1 year to work on inpatient units. The nurses were followed during the first 18 months of employment. Participants were primarily Gen Xers, and worked the night or swing shift (Halfer & Graf, 2006).

The authors designed the Halfer-Graf Job/Work Environment Nursing Satisfaction Survey to measure new graduate nurses’ perceptions of work environment, job satisfaction, and perceived competency. Variables were measured at 3, 6, 12 and 18 months of employment over a 2 1/2 year period. The 21-item tool used a 4-point Likert-type scale with options ranging from strongly agree (4) to strongly disagree (1). There were four open-ended questions. The tool also included demographic data. The 21 statements focused on seven factors: “professional respect, career development, work schedule, information access, competence, work management and becoming part of a team,” (Halfer & Graf, 2006, p. 152). The reliability for the tool was .89 “Test-retest reliability at 3 months was 0.92, 6 months 0.92, 12 months 0.96 and 18 months 0.88” (Halfer & Graf, 2006, p. 152).

The first research question was: “What are the sources of new graduate nurse job satisfaction and dissatisfaction?” (Halfer & Graf, 2006, p. 151). The findings revealed sources of dissatisfaction for graduate nurses in the first 12 months were frustration with schedules and shifts, lack of involvement in resolving problems in the unit, and lack of
programs offered to help graduates grow and develop. The findings may indicate the significant impact that night and swing shifts have on job dissatisfaction for new graduates. The authors found that graduate nurses were satisfied with the relationships built with co-workers, sense of belonging on the unit, and perceived support from managers. The satisfiers were positively ranked at 3 months, and remained constant at 6, 12 and 18 months (Halfer & Graf, 2006).

The findings for research question 2, “What are their perceptions of the work environment?” (Halfer & Graf, 2006, p. 151), revealed that new nurses perceived skill mastery, completing tasks, getting work accomplished, and keeping on schedule were overwhelming. Nurses were frustrated with personal learning curves, and asked for more classes to reinforce knowledge base. Other areas of concern were complex patient assignments, nurse-patient ratios related to patient acuity, lack of experience, lack of organizational skills and new situations (Halfer & Graf, 2006).

The findings for the third research question, “Do these perceptions change with length of time in their position?” (Halfer & Graf, 2006, p. 151), revealed that by 18 months of employment, graduates positively responded to all seven factors. The graduates had a definite adjustment period at 6 and 12 months that affected job satisfaction negatively. By 18 months, graduates had negotiated skill mastery, the environment, and interpersonal dynamics. This boosted self-confidence, resulting in job satisfaction and a smooth transition into independent practice (Halfer & Graf, 2006).

The authors concluded there was a need for continued support of new nurses through professional development opportunities, prolonging preceptorship with seasoned nurses, and more flexible work scheduling upon completion of orientation. Conclusions
were consistent with Kramer’s findings, that graduates have difficult transition periods during the first 18 months as nurses negotiate the Reality Shock between patient needs and organizational demands. The “honeymoon” phase reveals many of the perceived challenges for graduates worsen before improving. Halfer and Graf (2006) also concluded that many variables can affect intent to stay for new graduates, but most improve significantly over time (Halfer & Graf, 2006).

New graduates are not confident entering professional practice. Special orientation programs can facilitate transition. The purpose of Newhouse, Hoffman, and Hairston’s (2007) study was to investigate whether a specialized internship program could improve the graduate nurses’ socialization, organizational commitment, and retention.

Donabedian’s model of structure, process, and outcome was the framework (Newhouse et al., 2007).

Newhouse et al.’s (2007) sample included newly hired graduate nurses from The Johns Hopkins Hospital. New graduates were divided into two groups. The experimental group members would be attending the SPRING internship, as well as 10 educational programs during the first year of practice. The nurses were provided with a dedicated SPRING nurse educator to assist with, and oversee the program. The comparison group consisted of newly hired nurses who would not be participating in the SPRING internship. Over a 12-month period seven departments were transitioned into the experimental SPRING group. The study took place over a 3-year period, and the researchers estimated 200 new graduate hires per year (Newhouse et al., 2007).

Newhouse et al. (2007) measured the following outcomes: retention, organizational commitment, sense of belonging, and anticipated turnover. The
Instruments used to measure outcomes included The Organizational Commitment Questionnaire (OCQ), Modified Hagerty-Patusky Sense of Belonging Instrument, and the Anticipated Turnover Scale (Newhouse et al., 2007).

The OCQ measures how committed a person is to the organization. The 15-item tool had a 7 point Likert scale with options ranging from strongly agree (1), to strongly disagree (7). Newhouse et al. (2007) measured “valued involvement and fit” according to the Modified Hagerty-Patusky Sense of Belonging Instrument. The 32-item tool had a 4 point Likert scale with options ranging from strongly agree (1), to strongly disagree (4). The Anticipated Turnover Scale (Newhouse et al., 2007) measured the likelihood of a new graduate nurse voluntarily leaving a position. The 12 item tool had a 7 point Likert scale with choices ranging from agree strongly (1), to disagree strongly (7). Each instrument’s test reliability and validity were acceptable in a variety of subjects and samples (Newhouse et al., 2007).

Research question 1 was: “Is there a difference in organizational commitment, sense of belonging, and anticipated turnover for new nurse graduates who complete the SPRING internship program in comparison with the new nurse graduates who do not complete the SPRING program?” (Newhouse et al., 2007, p. 51). Findings revealed there were no differences in sense of belonging or organizational commitment between the groups at baseline, 6-month, or 12 month time periods. There were, however, measurable differences in anticipated turnover between the groups, with 6-month SPRING nurses being less likely to leave the job (Newhouse et al., 2007).

Research question 2 was: “Does participation in SPRING result in higher retention of new nurse graduates than that of those who do not attend SPRING?” (Newhouse et al.,
Newhouse et al. (2007) concluded that the internship program SPRING helped retain the new nurse graduates. Structured internship programs provide graduate nurses with the social support, need recognition, skills practice, and education needed for competency and confidence in the first year of practice (Newhouse et al., 2007).

Transition programs exist to support new nurses in most hospitals in a variety of formats, yet little is known regarding the degree to which assistance is provided or the ease of transition for nurse graduates. The purpose of this descriptive study was to appraise transition support programs in order to understand the strengths and weaknesses. The framework was Schumacher and Meleis’ (1994) process of life transitions theory (as cited in Evans, Boxer, & Sanber, 2008).

The study was conducted at seven hospitals in Sydney, Australia, and surrounding cities. The facilities ranged from 195 beds to 530 beds, public and private, and housed many specialty units (Evans et al., 2008). The sample included 22 participants, 9 were new graduates, and 13 were experienced nurses. The new nurses had completed orientation in the last year, and experienced nurses had been preceptors in transition programs. All transition programs were 12 months in duration, and included three to four rotations through different units, study days, clinical assessments, and performance reviews (Evans et al., 2008).

The authors used a descriptive design. Face to face interviews were pilot tested to ensure credibility. New nurses were interviewed for 1 hour. The interviews were audio
taped and transcribed, and the information was used to formulate themes (Evans et al., 2008).

The researchers identified three themes. Theme 1 was: “Programs operate in a clinical environment which results in unsupportive behaviour toward new nurse graduates” (Evans et al., 2008, p. 18). New graduates identified bullying toward themselves, and others who were not regularly employed by the unit, as a common problem. Bullying led to new graduates not working on the unit of choice, and in one case, leaving nursing completely. Graduates complained that scheduling was unfair, as new nurses were required to work more weekends, evenings, and nights. While regular staff members were allowed to request days off, and/or switch with other staff members, new graduates did not have this option. New graduates and experienced nurses believed the primary reason for the transition program was to staff the hospital. The hospitals relied on new nurses to provide patient care since the hospitals lacked sufficient numbers of experienced nurses. Nursing units varied in support offered to new nurses. One unit offered no preceptors, and when units offered preceptors, staffing was often inadequate, leading to poor support for new nurses (Evans et al., 2008).

Theme 2 was: Nurse unit managers influence the experiences of new graduate nurses in their workplace” (Evans et al., 2008, p. 19). Findings were that nurse managers were very powerful, controlling staffing, budgeting, and unit morale. Nurse managers rarely acknowledged new nurses as part of the team. This was particularly problematic when evaluations were due, and managers had no knowledge of new nurses’ clinical abilities. Managers depended on other staff members for information (Evans et al., 2008).
Theme 3 was: *Transition support programs are provided to redress the perceived inadequacy of university preparation for registered nurses*” (Evans et al., 2008, p. 20).

Both groups believed graduate nurses were ill-prepared by nursing schools to practice in the real world setting, and lacked confidence. New graduates and experienced nurses believed more classes were not the answer, but practical experiences were needed. Graduates needed to know not only what task needed accomplished, but also why the patient needed it. When educational needs surfaced, experienced nurses believed the onus was on hospitals to provide the necessary education to remediate new nurses (Evans et al., 2008).

Authors concluded that transition programs had strengths and weaknesses. When supported, new nurses developed into contributing team members who were accepted, confident, and had a sense of belonging. Preceptors were seen as strengths when utilized appropriately. The 1-year length of the orientation program offered an acceptable transition period for new nurses. It provided the necessary adaptation time for nurses to gain confidence (Evans et al., 2008).

Weaknesses of the program were lack of support, and nurses assuming charge roles before ready, resulting in anxiety and fear. Bullying was another weakness, leaving new nurses feeling stressed and lacking confidence. New nurses believed expectations were unrealistic, since nurses lacked adequate clinical support. New nurses needed guidance while practicing new skills and applying knowledge. Unit rotations were good, however rotations occurred prematurely. Just as nurses were gaining confidence, nurses had to learn a new unit. This decreased confidence and increased anxiety (Evans et al., 2008).
New nurses primarily participate in 12-month orientation programs in hospital settings. It is necessary to evaluate how nurses continue to develop after orientation programs are completed. The purpose of this qualitative study was to follow new nurses after graduation during the 12-month orientation program, and for 6 months following the transitional support program’s end, to evaluate continued skill and knowledge development (McKenna & Newton, 2008).

The study took place in four Victoria, Australian hospital settings, in rural and metropolitan areas, and in public and private hospitals. The sample included 25 nurses who were 84% female, ages 21-45, and 96% obtained degrees from a Victoria university. By the final phase of the study, only nine nurses (36%) remained from three hospitals (McKenna & Newton, 2008).

The authors utilized three focus group interviews conducted every 6 months to gather data. The interviews were audio taped, lasted 30-40 minutes, and were conducted in private hospital seminar rooms where nurses were employed. Colaizzi’s (1978) phenomenological method was used to analyze data, and to develop themes (McKenna & Newton, 2008).

Three themes emerged following data analysis. Theme 1: “Sense of Belonging,” meant that participants were unable to gain a sense of belonging in the first 12 months following graduation, as nurses were being shifted from unit to unit as part of the graduate transition program. Graduate nurses were only able to fully socialize and belong once nurses were assigned a permanent unit (McKenna & Newton, 2008).

Graduate program rotations may delay socialization because the nurses are not recognized as unit staff members. Other staff members were reluctant to include, accept,
and/or respect graduates, knowing the nurses will soon be moving on to different units. However, participants were respected more by staff and physicians upon completion of the program, having had the experience of rotating to, and learning other units (McKenna & Newton, 2008).

Theme 2: “Independence,” meant that in the 6 months following the 1-year graduate program, participants were no longer sheltered by the program. Nurses were forced to function independently, apply knowledge, and practice more responsibly. As participants’ autonomy increased, so did confidence levels. Participants learned to meld classroom learning with practical, clinical knowledge to see the bigger picture. Despite feeling more independent, nurses in the 12-month program had difficulty defining self as a registered nurse. Rather, nurses were in limbo, identifying more closely with the term ‘transitional graduates’ (McKenna & Newton, 2008).

Theme 3: “Moving On,” meant that during the phase between 12 and 18 months, nurses welcomed the preceptor role to help others navigate the way. It was the nurse’s responsibility to assume this role. Some nurses created new relationships with experienced nurses who served as mentors to assist in continued professional growth. Many nurses enrolled in post graduate classes, specialty orientations, and/or focused on advancing skills and knowledge in the current position (McKenna & Newton, 2008).

The authors concluded that rotating new graduates may help graduates to gain skills, but may have a downside. It takes at least 12 months to gain confidence in the role. The authors also concluded professional development extends beyond orientation. New nurses continue socializing into the professional role, increasing autonomy and
exploring avenues to advance practice in the 6 months following the transitional graduate program (McKenna & Newton, 2008).

**New Nurse Job Satisfaction and Turnover**

Turnover of new nurses is often due to job dissatisfaction related to heavy patient care assignments, short staffing, and inability to provide quality patient care. Job dissatisfaction causes new nurses to leave current positions, and/or the profession, for more rewarding and satisfying jobs. The purpose of this study was to identify sources of job satisfaction and dissatisfaction for new nurses to better understand how to retain nurses, thereby improving quality patient care, and decreasing financial losses to healthcare organizations (Roberts, Jones, & Lynn, 2004).

The setting was a hospital located in the southeastern United States. Questionnaires were sent to 275 graduates in a one-time mailing. The sample included 123 (45%) BSN prepared graduate nurses who were primarily white, female, single, and employed in nursing full-time. Participants were employed in the current position for less than 1 year. The average age was 26-years (Roberts et al., 2004).

The authors used the McCloskey-Mueller Satisfaction Scale (MMSS) to gather data regarding job satisfaction. The 31-item tool had a 5 point Likert scale with options ranging from very unsatisfied or very unimportant (1), to very satisfied or very important (5). Discrepancy scores were calculated and compared with hospital based and outpatient based participants. It was used to measure satisfaction and importance. Discrepancies would ideally be zero, indicating importance and satisfaction were equally adequate for participants. The 31 items were divided among eight subscales: extrinsic rewards, scheduling, family/work balance, co-workers, interaction, professional opportunities,
praise and recognition, and control and responsibility. The MMSS has been used in previous research studies, and has documented proof of acceptable reliability and validity (Roberts et al., 2004).

Participants were classified into three groups: hospital or outpatient setting, clinical practice area, and intent to stay. The authors found only one significant MMSS scale difference between the hospital and outpatient groups. Outpatient participants determined scheduling to be very important, and were highly satisfied with scheduling. Conversely, hospital based participants determined praise and recognition to be very important, and were highly satisfied with praise and recognition (Roberts et al., 2004).

Results based on clinical area of practice found differences only between nurses employed in pediatrics and nurses employed in general medical-surgical units. Pediatric nurses were more satisfied with the MMSS subscales of co-workers, interaction, praise and recognition, and control and responsibility, than general medical-surgical nurses. When area of practice was further broken down into length of time in position, authors found nurses were more satisfied with praise and recognition when employed less than 6 months (Roberts et al., 2004).

Graduates were classified into likely to stay or stayers, and unlikely to stay or leavers. Participants who were likely to stay were highly satisfied with seven out of eight of the MMSS subscales measured. Leavers and stayers rated high importance levels on most of the eight MMSS subscales. However, stayers rated high satisfaction on seven out of eight of the subscales, while leavers had high discrepancy scores, indicating higher dissatisfaction on most MMSS subscales (Roberts et al., 2004).
Roberts et al. (2004) concluded that when high discrepancies exist between job aspects valued as important, and dissatisfaction with the same aspects, nurses are likely to leave positions in less than 1 year. The authors concluded it is imperative nurse administrators focus on areas of importance to better guide efforts in increasing satisfaction, fulfillment, and nurse retention (Roberts et al., 2004).

New nurses who are not satisfied with career choices are at risk of leaving the nursing profession. While recruitment of highly skilled nurses is important, increased efforts must be made to retain qualified nurses, thereby containing hospital costs and increasing quality patient care. The purpose of this study was to understand new nurses’ perceptions about assimilating into the nursing profession, and to learn the expectations of themselves, and the organization (Boswell, Lowry, & Wilhoit, 2004).

The study took place in a level I trauma center in southeast Appalachia. The sample included 67 graduate nurses hired to work on one of 13 different nursing units within the last 12 months. The sample consisted of nurses between 21-53 years of age, <= 12 months on the job, and a variety of nursing degrees ranging from LPN to baccalaureate (Boswell et al., 2004).

The researcher designed a 17 question instrument that measured interpersonal dynamics, perceptions of organizational environment, and included demographic data. Two questions were open-ended, describing personal experiences. Other questions had a Likert-type scale with options ranging from very important, to not very important. The instrument was tested for validity and internal consistency, and was found to be acceptable and reliable (Boswell et al., 2004).
Findings from questions relating to interpersonal dynamics and nurses’ perceptions of the work environment were that 97% of nurses were happy with choice of profession, and 45% found the transition from school to the work environment difficult. With regard to length of orientation, nurses in specialty areas wanted ≥ 1 year orientation, while nurses working in non-specialty areas agreed that 6 months was adequate (Boswell et al., 2004).

Continuing education opportunities were very important to new nurses (60%), especially nurses planning to seek advanced degrees. Approximately half of the new nurses experienced minimal anxiety related to causing patients harm. Nurses working in a specialty area rated anxieties higher. Other items ranked as very important by the majority of nurses were opportunities for advancement, flexible work schedules, and salary. Findings from the Kendall Tau correlation revealed the longer nurses were in practice, the less supervision nurses desired (Boswell et al., 2004).

Findings from open-ended questions were the more knowledge and experience nurses had, the more confidence and less fear were experienced discussing patients’ issues with physicians. An unanticipated finding was that 31% of graduate nurses did not rate preceptors as the most important sources of support and encouragement. Rather, relationships with other staff nurses were rated more influential by 69% of new nurses (Boswell et al., 2004).

The authors concluded that while the majority of participants were happy with choice of profession, most were still at risk of attrition during the difficult transition from school to the professional environment. Self-doubt, lack of confidence, feelings of inadequacy, and stress can lead to negative experiences and delayed development. The
Onus lies with hospital leadership to determine the needs of new nurses and improve orientation programs in order to retain competent nurses. Easing graduate nurses’ transition into the professional role leads to job satisfaction and improved patient outcomes (Boswell et al., 2004).

First job experiences for graduate nurses are primarily in hospital settings. High stress levels in this setting, and the challenge of meeting the needs of critically ill patients often causes negative perceptions of the job, resulting in turnover and wasted organization resources. The purpose of this descriptive study was to examine perceptions of new nurse graduates in the first 5 years to determine first job choice, perceptions of the work place, and reasons for leaving (Bowles & Candela, 2005).

The study took place in Nevada. The majority of the 352 nurses surveyed were females, <35-year-old, working in for-profit hospitals in urban settings. The majority were BSN prepared full-time employees, working 12-hour shifts. This position was the second position in <2 years (Bowles & Candela, 2005).

The authors designed the Survey of Nurses’ Perceptions of First Job Experience which was divided into three sections. Section 1 included 14 questions describing the first position held post graduation, and 3 questions about current position if first job was vacated. Section 2 queried about perceptions of the work place. The tool included 31 questions, with a 6-point Likert scale, with options ranging from (1) strongly disagree, to (6) strongly agree. Section 3 addressed demographic data, and inquired about current employment. Data were collected during a 3-month period. The tool was pilot tested, and had a Cronbach reliability score of 0.89 (Bowles & Candela, 2005).
Section 1 was: “Reasons for Leaving First Job” (Bowles & Candela, 2005, p. 134). Section 1 found nurses left the first job due to patient care related issues such as unsafe care, poor working environment, poor administrative support, location was unfavorable (unit and/or city), and other job related factors of noncompetitive pay and benefits (Bowles & Candela, 2005).

Section 2 was: “Perceptions of First Job Experience” (Bowles & Candela, 2005, p. 132). Nurses’ perceptions were grouped into six areas, and divided into two broad groups: teamwork/care giving, and support of management. Teamwork/care giving meant nurses were concerned with poor staffing, but were positive regarding unit teamwork and collaboration. Support of management meant nurses were supported by direct management, but concerns and issues voiced to administration were unsupported (Bowles & Candela, 2005).

Section 3 included demographics and current employment information. Section 3 found the majority of participants had practiced 3-5 years, were earning $30,000-$40,000 yearly, and were employed in units housing >30 patients in hospitals with <200 beds. Fifty-three percent had left the first position, and were employed currently in a second position (Bowles & Candela, 2005).

The authors concluded that increasing the numbers entering into, and graduating from nursing schools, would not be the solution to the nursing shortage. Many factors affect nursing attrition such as work environment, patient safety, and administrative support. When nurses are supported, empowered, and encouraged turnover rates and attrition decrease (Bowles & Candela, 2005).
Nurse retention is a concern in nursing. Graduate nurses frequently vacate positions during the first year transitional period, citing low self-concept as the reason. The purpose of this descriptive, repeated measures study was to explore how graduate nurses think and feel about self and the job, and to determine if there is a correlation between self-concept and graduate nurse attrition over time (Cowin & Hengstberger-Sims, 2006).

The setting was the University of Western Sydney in Australia. The sample of 187 nurses had just earned Bachelor of Nursing degrees. The majority were 20-22-years, and females. By the final phase, 71 nurses (38%), continued in the study (Cowin & Hengstberger-Sims, 2006).

The authors designed the Nurse Self-Concept Questionnaire (NSCQ) which evaluated nurses’ self-concepts. The Nurse Retention Index (NRI) evaluated retention plans. The NSCQ has 36 positively worded questions, and had an 8 point Likert scale, with options ranging from definitely false (1), to definitely true (8). NSCQ evaluated the following six dimensions: nurse general self-concept, care, staff relations, communication, knowledge and leadership. The NRI was a six question tool that had the same type of Likert scale. Four of the questions were positively worded, and two were negatively worded. The answers to the questions were used to test three hypotheses posed by the authors. The tools were tested for validity and internal consistency and found to be reliable and valid (Cowin & Hengstberger-Sims, 2006).

Hypothesis 1 was: “A decrease in dimensions of nurse self-concept for student/graduate nurses will be evident from initial pre-graduation measurement to subsequent post-graduation measurements” (Cowin & Hengstberger-Sims, 2006, p. 62).
Hypothesis 1 was not supported, as testing found no significant changes over time. The six dimensions tested had highs and lows during different timeframes, indicating that once reality shock passes, graduates practice more confidently (Cowin & Hengstberger-Sims, 2006).

Hypothesis 2 was: “A decrease in retention plans for student/graduate nurses will be evident from initial pre-graduation measurement to subsequent post-graduation measurements” (Cowin & Hengstberger-Sims, 2006, p. 62). Hypothesis 2 was not supported, as testing found no significant changes overtime, indicating graduate nurses remain undecided throughout the transitional year as to retention plans (Cowin & Hengstberger-Sims, 2006).

Hypothesis 3 was: “A relationship between nurse self-concept and retention plans will be evident over time” (Cowin & Hengstberger-Sims, 2006, p. 62). Hypothesis 3 was supported, as testing revealed a positive correlation between graduate nurses’ self-concept and plans to remain employed in current position. The highest correlations were found at baseline and at 12 months, indicating that when new nurses feel unvalued and uncertain, attrition from the job, and/or profession, is likely (Cowin & Hengstberger-Sims, 2006).

The authors concluded that many factors affect graduate nurse’s self-concept, and that self-concept significantly increases in the last 6 months of the transitional year. Graduate nurses with high self-concepts are often retained, while nurses with low self-concepts leave positions. When graduate nurses are closely monitored during the transitional year, self-concept issues may be discovered early, and the nurse can be
counseled in order to increase confidence and improve retention (Cowin & Hengstberger-Sims, 2006).

Graduate nurses experience multiple stressors when transitioning into the profession, and many leave the first job within the first 2 years. The purpose of this longitudinal study was to estimate survival curves using survival analysis, to explore factors contributing to graduate nurse turnover in the first job, and to determine actual turnover rates (Cho et al., 2012).

The setting included multiple South Korean hospitals. The hospitals varied in size from large to small, and in location, from metropolitan to non-metropolitan. The hospital locations were categorized into three groups: hospitals in Seoul, six metropolitan hospitals, and non-metropolitan hospitals. The sample was 351 full-time employed graduate nurses. Two hundred sixty-three were diploma prepared, and 88 were BSN prepared (Cho et al., 2012).

The authors used the Graduates Occupational Mobility Survey (GOMS) to gather data over a 3-year period. GOMS evaluated three factors: individual and family characteristics, nursing education, and hospital characteristics. Job satisfaction was measured by 11 questions having a 5 point Likert scale, with options ranging from very dissatisfied (1), to very satisfied (5). The data were analyzed using survival analysis to determine actual turnover and the time graduates spent in first job. The authors categorized nurses into three groups: leavers, stayers, and dropouts (Cho et al., 2012).

The authors found many nurses (45%) were leavers, meaning the duration in first jobs was <2 years. Leavers were primarily 24-year-old females with diploma degrees, and working in large, unionized, non-metropolitan hospitals (Cho et al., 2012).
The authors estimated survival curves for new nurse graduates at 1, 2, and 3 years. The survival curve is the estimated time nurses will remain in the first job. Turnover rates were: 1 year turnover was 17.7%, 2 year turnover was 33.4%, and 3 year turnover was 46.3%. The results were similar to other longitudinal studies previously conducted (Cho et al., 2012).

The authors determined contributing turnover factors were similar to previous studies. Factors that increased the likelihood of nurses leaving the first jobs included: marriage, diploma degree, working in a small hospital, working in a non-metropolitan hospital, and job dissatisfaction. Working in unionized hospitals decreased the likelihood of nurses leaving the first jobs. Poor interpersonal relationships were reported most often as the reason for job dissatisfaction (Cho et al., 2012).

The authors concluded many factors influence nurse turnover rates, however, job dissatisfaction is the major reason given by graduate nurses for leaving jobs in the first year. Hospital characteristics such as size, location, and union presence were significant factors in determining new nurse turnover. The authors suggested stronger efforts need to be made in socializing new nurses into the workplace to increase job satisfaction and decrease turnover (Cho et al., 2012).

Summary

The purpose of this study is to determine relationships among new graduate nurse job satisfaction, perceptions of work environment, and changes after a length of time in position. This replication of Halfer and Graf’s (2006) study will examine new graduate nurses’ perceptions of the work environment and variables related to job satisfaction. Abundant research exists examining new nurse transition and socialization into the work
place beyond basic orientation. It is essential to explore the transition period of graduate nurses to better understand expectations, to ease the socialization process, to increase job satisfaction, and, ultimately, to decrease turnover and attrition.

Reising (2002) examined the process by which critical care nurses were socialized in order to strengthen and enhance the process. The author identified challenging phases new nurses faced throughout a 5 month transitional period. The transitional period is essential in developing confidence, growth, and preparedness in graduate nurses. Delaney (2003) concluded new nurses experience multiple stressors throughout transition, but after 18 months nurses expressed readiness to practice independently.

The purpose of Casey et al.’s (2004) study was to discern specific challenges graduates faced in the first year in the nursing profession. The authors identified specific challenges, and concluded challenges were primarily resolved by 1 year post graduation. Halfer and Graf (2006) studied the relationships among new graduate nurse job satisfaction, perceptions of work environment, and changes after a length of time in position. The authors concluded there was a need for continued nurse graduate support through professional development opportunities, prolonging preceptorships, and flexible work scheduling upon completion of orientation. Halfer and Graf (2006) also concluded that many variables can affect intent to stay for new graduates but most improve over time. Newhouse et al.’s (2007) study explored a specialized orientation program to determine whether it could improve graduate nurse socialization and retention. The authors concluded that structured orientation programs lasting at least 12 months decreased turnover by improving support, skills, and competency.
The purpose of Evans et al.’s (2008) study was to evaluate transition support programs in order to understand the strengths and weaknesses. The authors concluded the presence of preceptors, program length of at least 1 year, and unit rotations were strengths, while lack of support, unrealistic expectations, and bullying were program weaknesses. McKenna and Newton (2008) identified three phases graduate nurses navigate during the first 18 months following graduation. The authors determined transition programs should be extended beyond the traditional 12 months, to 18 months to ensure proper socialization of graduate nurses.

The purpose of Roberts et al.’s (2004) study was to identify specific sources of new nurse job satisfaction and dissatisfaction to better understand how to retain new nurses. The authors concluded that when discrepancies exist between factors new nurses value as important, and nurses have dissatisfaction with the same factors, nurses are likely to leave positions in less than 1 year. Boswell et al. (2004) studied new nurses’ perceptions of assimilating into the profession, and expectations new nurses have of self and of the organization. The authors concluded that while the majority of new nurses were satisfied with the profession, most were still at risk of leaving the profession due to stress, poor confidence, and feelings of inadequacy and self-doubt when perceptions were evaluated at <12 months in the profession.

In 2005, Bowles and Candela found that while many factors contribute to nurse attrition, when nurses feel supported, empowered, and encouraged turnover rates and attrition decrease. Cowin and Hengstberger-Sims (2006) explored the correlation between graduate nurse self-concept and retention. The authors concluded that self-concept significantly improved in the last 6 months of 1 year transitional programs, and
nurses with high self-concepts were retained in positions. The purpose of Cho et al.’s (2012) study was to explore contributing factors to new nurse turnover, and concluded job dissatisfaction was the major reason new nurses leave jobs.

The literature shows that successful socialization of new nurses into the profession is essential because of the relationship it shares with job retention. New nurses are filled with anxiety in the work place and lack the confidence to transition without adequate support and encouragement from senior nurses and nurse administrators. Research exists on new nurse transition and socialization into the work place beyond basic hospital orientations. This study aims to evaluate new nurse perceptions of job satisfaction and work environment to better understand and ease transition, and to improve the socialization, thereby decreasing attrition and improving retention of graduate nurses in the nursing profession.
Introduction

The turnover rate of graduate nurses is often due to nurse dissatisfaction with work environments, inexperience in caring for high acuity patients, and coworker relationships (Halfer & Graf, 2006). Failure to adjust leads to difficult transitions, job dissatisfaction, and turnover. The purpose of this study is to examine new graduate nurses’ job satisfaction, perceptions of work environment, and length of time in position. This study is a replication of Halfer and Graf’s (2006) study.

Research Questions

1. What are the sources of new graduate nurse job satisfaction and dissatisfaction?
2. What are the perceptions of the work environment?
3. Do perceptions change with length of time and the position?

Population, Sample, and Setting

The population will be new BSN graduate nurses hired to work within 6 Indiana hospitals over the span of 1 year (approximately 175 nurses). The anticipated sample for participation in the study is 50 graduate nurses who meet the criteria and are willing to participate. The criteria for participation is subjects must be BSN prepared registered
nurses who are in inpatient units between September 2012 through August 2013. Nurses will be followed during the first 12 months of employment.

Protection of Human Subjects

Approval for this study will be obtained from the Ball State University Institutional Review Board. Approval from each hospital will also be obtained. The rights and privacy of subjects will be protected at all times. Participation in the study is voluntary, and data will remain confidential. There are no identified risks to the participants or institutions involved in the study. The benefits to participation include identifying perceptions of graduate nurses regarding job satisfaction and work environments to better prepare and support new nurses during transitions into the profession. Lack of participation will not impact work or preceptor evaluations. Each participant will receive a letter of full study disclosure and an explanation of the study. The researcher will meet with all new orientation groups to discuss the study and answer questions.

Procedure

The researcher will meet with the nursing CNO of each of the six Indiana hospitals to explain the study and seek approval. After receiving approvals from the Ball State Institutional Review Board and each hospital’s Institutional Review Board, a request will be made to the hospitals’ Human Resources departments to obtain a list of the newly hired graduate nurses scheduled to attend new nurse orientation.

The researcher will meet with each nurse educator/orientation director to discuss procedures and staff participation. The researcher will hold an open meeting of nurse managers at all facilities to discuss the study and role of managers and staff in the study. After receiving approval, the researcher will attend the final day of new nurse orientation.
to meet with new orientees and preceptors, to discuss the study, and obtain work email addresses.

Upon the conclusion of orientation, sample study packets, including an explanation of the study, a survey, and an explanation of the process for completing and returning the survey, will be emailed as an attachment to participants. At 3, 6, 12, and 18 months, times that correspond with the new graduate nurses’ length of tenure, study packets will be emailed in the same fashion. A second emailing and reminder will be sent to non-respondents 3 weeks after mailings to increase the survey return rate. Participants will complete the attached survey and email back to the researcher.

**Instrumentation**

The Halfer-Graf Job/Work Environment Nursing Satisfaction Survey (2006) will be used. The authors designed the tool to measure new graduate nurses’ perceptions of work environment, job satisfaction, and perceived competency. The 21-item tool uses a 4-point Likert-type scale with options ranging from strongly agree (4) to strongly disagree (1). There are four open-ended questions; demographic data will also be collected. The 21 statements focus on seven factors: professional respect, career development, work schedule, information access, competence, work management, and becoming part of a team. Higher scores indicate new graduate nurses are satisfied with the factor.

**Reliability and Validity of Instrumentation**

The homogeneity and reliability for the tool was .89 according to Pearson-Brown. “Test-retest reliability at 3 months was 0.92, 6 months 0.92, 12 months 0.96, and 18 months 0.88,” in a study conducted by Halfer and Graf (2006, p. 152). The 21 questions
were subjected to factor analysis using Varimax rotation to determine the dominant concept areas covered in the survey. Seven factors were identified: professional respect, career development, work schedule, information access, competence, work management, and becoming part of the team. Responses to open-ended questions will be analyzed using content analysis to provide insight into the variable patterns and causes of job dissatisfaction at the measured time intervals. The survey tool items were validated by members of the nursing recruitment and retention committee in the study setting.

**Design**

This will be a repeated measures longitudinal design. Repeated measures designs take measurements on the same people over time or under different conditions (Choudhury, 2009). A longitudinal design tracks the same people over a period of time, and is used when the researcher is interested in how subjects change over time (Fain, 2004). This study will test for reliability. In this study, repeated measures will be taken of the perceptions of graduate nurses at 3, 6, 12, and 18 months of employment to see if these perceptions change over a length of time.

**Data Analysis**

Descriptive statistics will be used to organize and analyze demographic data collected. Inferential statistics, in the form of ANOVA, will be used to analyze significant differences among the group means. According to Fain (2004) ANOVA is an analysis of the variation present in an experiment. It is a test of the hypothesis that the variation in an experiment is no greater than that due to normal variation of individuals’ characteristics and error in their measurement. Variables will be measured at 3, 6, 12,
and 18 months of employment over a 30-month period. Tool scoring involves calculations based on mean responses to the variables.

**Summary**

In this chapter the methods and procedures to be used to examine new graduate nurse job satisfaction, perceptions of the work environment, and length of time in position are discussed. The anticipated sample is 50 new graduate nurses hired into one of six Indiana hospitals within a 1-year time period. Author designed surveys will be used to collect data voluntarily and anonymously with the hope of shedding insight into perceptions of graduate nurses and relationships to job satisfaction and retention.
References


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