SENSE OF BELONGING AND NEWLY REGISTERED NURSE JOB SATISFACTION

A RESEARCH PAPER

SUBMITTED TO THE GRADUATE SCHOOL

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE

MASTERS OF SCIENCE

BY

KATHLEEN M. BURTON

DR. CYNTHIA THOMAS – ADVISOR

BALL STATE UNIVERSITY

MUNCIE, INDIANA

DECEMBER 2013
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>TABLE OF CONTENTS</td>
<td>ii</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>iv</td>
</tr>
<tr>
<td>CHAPTER 1: INTRODUCTION</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Background and Significance</td>
<td>4</td>
</tr>
<tr>
<td>Problem</td>
<td>4</td>
</tr>
<tr>
<td>Purpose</td>
<td>5</td>
</tr>
<tr>
<td>Research Question</td>
<td>5</td>
</tr>
<tr>
<td>Theoretical Framework</td>
<td>5</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>6</td>
</tr>
<tr>
<td>Limitations</td>
<td>7</td>
</tr>
<tr>
<td>Assumptions</td>
<td>8</td>
</tr>
<tr>
<td>Summary</td>
<td>8</td>
</tr>
<tr>
<td>CHAPTER II: REVIEW OF LITERATURE</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>9</td>
</tr>
<tr>
<td>Theoretical Framework</td>
<td>9</td>
</tr>
<tr>
<td>Job Satisfaction</td>
<td>10</td>
</tr>
<tr>
<td>Transition to Practice</td>
<td>17</td>
</tr>
<tr>
<td>Role Socialization and Job Satisfaction</td>
<td>24</td>
</tr>
<tr>
<td>SUMMARY</td>
<td>39</td>
</tr>
<tr>
<td>Job Satisfaction</td>
<td>39</td>
</tr>
<tr>
<td>Transition to Practice</td>
<td>40</td>
</tr>
</tbody>
</table>
Role Socialization and Job Satisfaction ................................................................. 41

CHAPTER III: METHODOLOGY

Introduction ............................................................................................................. 43
Research Question ................................................................................................. 43
Population, Sample, and Setting ........................................................................... 43
Protection of Human Subjects ............................................................................. 43
Procedures ............................................................................................................ 44
Research Design ..................................................................................................... 44
Methods of Measurement ...................................................................................... 45
Summary ................................................................................................................ 45
References ............................................................................................................. 47
Abstract

RESEARCH PAPER: Sense of Belonging and Newly Registered Nurse Job Satisfaction

STUDENT: Kathleen M. Burton, RN, BSN, CCRN

DEGREE: Masters of Science

COLLEGE: College of Applied Sciences and Technology

DATE: December, 2013

Newly registered nurses experience increased stress during the role transition from the educational setting to professional practice. Job stress and role conflict are predictors of job satisfaction and nurse turnover (Winter-Collins & McDaniel, 2000). The purpose of this study is to describe the relationship between newly registered nurses’ sense of belonging and job satisfaction. Kramer’s Reality Shock (1974) is the theoretical framework. The sample will consist of 250 newly registered nurses randomly selected from the Indiana State Board of Nursing mailing list. The Mueller-McCloskey Satisfaction Scale (1990) will measure job satisfaction. A modified Hagerty-Patusky Sense of Belonging Instrument will measure job satisfaction. The findings will provide information regarding the relationship between a sense of belonging and job satisfaction in new registered nurses.
Chapter 1

Introduction

Job satisfaction is of highest importance in retention of new registered nurses. With a cost of approximately $40,000 to replace one nurse, health care organizations must find ways to enhance job satisfaction and increase retention of registered nurses (Halfer & Graf, 2006).

Job satisfaction has been reported to be based on the employee’s perception of the work environment. McNeese-Smith’s (1999) analysis of job satisfaction discovered that when a work environment was described as “wholesome, pleasant and challenging,” individuals reported to be satisfied with the environment. Another opinion of job satisfaction focuses on fulfilling a need. According to Knoop (1995), people may not be satisfied with work because the work does not fulfill their needs.

Literature related to the work environment, three components of job satisfaction are:
(a) positive work environment, (b) retention of staff, and (c) reduction of staff turnover (Shader, Broome, Broome, West, & Nash, 2001). Shader et al. (2001) showed an important correlation occurs between job satisfaction and retention. Employees who are satisfied with work tend to remain in their work environment.

Work environments that value people and a sense of fit with one’s environment are attributes all employees seek (Hagerty, Lynch-Sauer, Patusky, Bouwsema, & Collier, 1992). Baumeister & Leary (1995) suggested that belongingness is as strong a need as the need for food. People who lack belongingness may exhibit signs of maladaptation, stress, conflict, jealousy, anxiety depression, and possible health problems. Chronic stable conditions of high belonging tend to produce a positive affect while chronic deprivation often produces a negative affect (Baumeister & Leary, 1995). DiMeglio et al. (2005) address the need to ensure that practice environments
are respectful and rewarding and should be places where there is a sense of belonging for all staff members.

**Background and Significance**

To address retention issues of new registered nurses, programs have been designed to facilitate the transition into the professional nurse role to increase job satisfaction and role socialization. Varying degrees of success to increase job satisfaction and intent to stay have been reported by new registered nurses participating in internship programs (Messmer, Jones & Taylor, 2004; Newhouse, Hoffman, Sufita & Hairston, 2007), nurse residencies (Casey, Fink, Krugman & Propst, 2004; Altier & Krsek, 2006; McKenna & Newton, 2008) and orienting and mentoring programs (Delaney, 2003; Scott, Engleke & Swanson, 2008; Gill, Deagan & McNett, 2010).

Orientation processes may be vital to successful transition from student to professional nurse. Predictor variables of quantity and quality of orientation were significantly associated with turnover of new registered nurses. Satisfaction scores increased following a structured orientation program that contained a curriculum on the unit patient population (Halfer & Graf, 2006). Development and implementation of well-designed orientation and mentoring programs, was found to improve satisfaction and decrease turnover (Gill et al., 2010). The reverse was found to be true when the new registered nurses’ intent to leave was predicted by job satisfaction where 60% of new nurses responded that needs were not met during the orientation period (Scott et al., 2008).

Preceptor skills affect new registered nurses’ perceptions and progress while stress and socialization significantly affect new registered nurses’ role acquisition during orientation as a new registered nurse (Delaney, 2003). Casey, Fink, Krugman, and Propst’s (2004) study
findings discovered that preceptors played a significant role in job satisfaction and role competency for the new registered nurse. Messmer et al.’s (2004) study concluded that novice nurses obtained a higher level of critical care knowledge, self-confidence and socialization following a preceptorship with an experienced ICU nurse. When a new registered nurse has an experienced preceptor, the transition experience is less stressful, thus job satisfaction increases.

Nurse residencies have also been known to increase job satisfaction and positively progress role transition in new registered nurses. Altier and Krsek (2006) found that increased job satisfaction and a 87% retention rate of new nurses was achieved following participation in a one-year residency program.

McKenna and Newton (2008) discovered that new nurses were working to develop a sense of belonging, independence in practice and explore future career progression during the first 12 months of professional practice. A formalized 12 month new registered nurse program that provided rotations through different clinical areas was then started in Australia. The greatest career development occurred when nurses settled into one clinical area and began practicing nursing there. This study found that nurses would benefit more if they began in the chosen clinical area immediately and not rotated through several clinical areas during the transition program.

An internship program called SPRING, was effective in improving new nurse retention in the first year of employment. When formal internship or transition programs include role socialization, as well as educational experience, retention rates improve (Newhouse et al., 2007). Eigsti’s (2009) study increased retention rates as well as satisfaction scores of nurse interns following completion of a 900-hour critical care nurse internship.
Following orientation, new registered nurses often lack support of peers. Due to these comments, Lehigh Valley Health Network created a new role of clinical resource specialist (CRS). The main responsibility of the CRS was to support current and new registered nurses on the evening and night shifts. Two years following implementation, Gemberling, Tretter-Long, Reiner, Potylycki, and Davison’s (2011) study evaluated the efficacy of the CRS role. The researchers found that the CRS role received positive feedback and new registered nurses greatly benefitted from the one-on-one interaction with the CRS. The CRS became a mentor and provided recognition and positive feedback to the new registered nurses.

Winter-Collins and McDaniel’s (2000) study discussed the issue of new nurse satisfaction linked to the work environment. The findings revealed that a strong relationship existed between a sense of belonging and new registered nurse satisfaction. Further investigation, based on Winter-Collins and McDaniel’s study, may confirm findings from previous research.

Problem

An adjustment period occurs as new registered nurses transition to the role from students to professional nurses. New registered nurses may experience job stress and role conflict during the orientation period. The orientation process may help determine the new registered nurses’ sense of belonging and job satisfaction (Winter-Collins & McDaniel, 2000).

Purpose

The purpose of this study is to explore the correlation between new registered nurses’ sense of belonging and job satisfaction. This is a replication of Winter-Collins and McDaniel’s (2000) earlier research.
Research Question

1. What is the relationship between sense of belonging in the work place and job satisfaction for new registered nurses?

Theoretical Framework

Kramer’s (1974) Reality Shock Theory is the framework for this study. Kramer developed the theory of Reality Shock based on research findings regarding new registered nurses’ transitional experiences into the professional role. Prior research by Corwin (1960), McGuire’s work on the Sociological Immunization Theory (1962), Kramer (1966) and Merton’s Anticipatory Socialization (1968) served as the basis for Kramer’s framework. Kramer hypothesized that participation in the program by newly registered nurses would introduce participants to the ideals and behaviors necessary for anticipatory socialization. Kramer established that nurses who participated in the Anticipatory Socialization program had fewer absences from work, put forth more leadership, and were supposed as happier as and more inspired than the control group (Kramer, 1974).

Kramer described a four phase cycle new nurses experienced in the transition from student to professional nurse. Phase one was “skill and routine mastery,” where the goal was the mastery of nursing skills and routines. Phase two was “social integration.” Following the increased confidence that resulted from skill mastery, personal impression was now at the focal point. Phase three, “moral outrage,” occurred following frustration and anger over the recognition of the professional nurse role.

“Conflict resolution” is the fourth and final phase. Options for the newly registered nurse were: (a) maintain values but change behaviors; (b) withdraw from the nursing profession,
(c) adjust to the values in the work setting; (d) abandon values from school and conform to the work value system; (e) rebuff the values of both school and work environments; (f) select professional values; or (g) choose a position of interdependence within the contradictory value system (Kramer, 1974).

Reality shock remains significant today. Kramer’s (1974) Reality Shock Theory is appropriate for this study for the reason that the challenges that new registered nurses will experience are discussed in the four phases of transition to the professional nurse role. Levels of job satisfaction will rise and fall in an unsurprising relationship in each phase of reality shock.

**Definition of Terms**

**Conceptual.**

Demographic characteristics recognized by Winter-Collins and McDaniel (2000) will be used to provide information regarding qualities which may impact new registered nurses’ sense of belonging and job satisfaction. These qualities incorporate age, nursing education, work setting, unit classification, length of orientation, length of time in position, and number of registered nurses on the unit.

**Operational.**

Demographic characteristics will be evaluated using a survey developed by Winter-Collins and McDaniel (2000). The survey will evaluate: age, nursing education, work setting, unit classification, length of orientation in weeks, number of months in position, and number of registered nurses on the unit by answer completion of the participants.

**Conceptual.**

Job satisfaction was defined by Mueller and McCloskey (1990) as “the degree of positive affective orientation toward employment” (p. 113). Winter-Collins & McDaniel (2000)
referred Hellman’s (1997) study that “links satisfaction and turnover or intent to leave is an inverse relationship” (p.677).

Operational.

The Mueller-McCloskey Satisfaction Scale (MMSS)(1990) measures job satisfaction. The 31-question 5-point Likert scale instrument identifies eight subscales of job satisfaction, which are: (a) professional opportunities; (b) extrinsic rewards; (c) control; (d) balance, (e) praise; (f) schedule; (g) coworkers; and (h) interaction opportunities.

Conceptual.

Hagerty et al., (1992) defined sense of belonging as “the experience of personal involvement in a system or environment so that persons feel themselves to be an integral part of that system or environment” (p. 173). “Sense of belonging is an important aspect to study because of the impact interpersonal relationships have on an individual” (p. 173). Winter-Collins and McDaniel (2000) identified the importance of considering a sense of belonging since interpersonal relationships affect individuals. An individual’s sense of belonging in an environment is dependent on the strength of relationships within that environment.

Operational.

The Hagerty-Patusky Sense of Belonging Instrument (SOBI) (1995) SOBI is a 49-item self-report tool that uses a 4-point Likert scale and measures a sense of belonging.

Limitations

This study is limited by the fact that the new registered nurse participants are surveyed only one time and variable amounts of time following successful completion of the NCLEX® boards will have elapsed for each nurse. Studying new registered nurses from only one state within the United States is a third limitation.
Assumptions

New registered nurses encounter some degree of reality shock during initial employment as a professional nurse. Reality shock may produce an absence of a sense of belonging in the new work setting. Job satisfaction is contingent upon the work situation.

Summary

Role conflict and job stressors occur during the orientation period of the new registered nurse. The purpose of this descriptive correlational study is to ascertain the relationship between new registered nurses’ sense of belonging and job satisfaction during the first 18 months of professional practice. This study will replicate a previous study by Winter-Collins and McDaniel (2000) and attempt to confirm previous findings that a positive correlation is present between new registered nurses’ sense of belonging and job satisfaction across demographic characteristics. Kramer’s (1974) Reality Shock Theory is the framework for this study.
Chapter II  
Review of Literature

Introduction

As a new registered nurse transitions into the professional role, job dissatisfaction can occur and with that, turnover. A supportive work environment has been reported in literature to increase job satisfaction in new registered nurses. The purpose of this study is to explore the correlation between new registered nurses’ sense of belonging and job satisfaction. This is a replication of Winter-Collins and McDaniel’s (2000) earlier research. The literature review includes research studies concentrating on new registered nurses’ sense of belonging and job satisfaction. Literature is organized into four sections: (a) theoretical framework; (b) job satisfaction; (c) transition to practice; and (d) role socialization.

Theoretical Framework

Kramer’s (1974) Reality Shock Theory is the framework for this study. Kramer developed the theory of Reality Shock based on research findings regarding new registered nurses’ transitional experiences into the professional role. Prior research by Corwin (1960), McGuire’s work on the Sociological Immunization Theory (1962), Kramer (1966), and Merton’s Anticipatory Socialization (1968) served as the basis for Kramer’s framework. Kramer hypothesized that participation in the program by newly registered nurses would introduce participants to the ideals and behaviors necessary for anticipatory socialization. Kramer established that nurses who participated in the Anticipatory Socialization program had fewer absences from work, put forth more leadership, and were supposed as happier as and more inspired than the control group (Kramer, 1974).
Kramer described a four phase cycle new nurses experienced in the transition from student to professional nurse. Phase one was “skill and routine mastery,” where the goal was the mastery of nursing skills and routines. Phase two was “social integration.” Following the increased confidence that resulted from skill mastery, personal impression was now at the focal point. Phase three, “moral outrage,” occurred following frustration and anger over the recognition of the professional nurse role.

“Conflict resolution” is the fourth and final phase. Options for the newly registered nurse were: (a) maintain values but change behaviors; (b) withdraw from the nursing profession, (c) adjust to the values in the work setting; (d) abandon values from school and conform to the work value system; (e) rebuff the values of both school and work environments; (f) select professional values; or (g) choose a position of interdependence within the contradictory value system.

Reality shock remains significant today. Kramer’s (1974) Reality Shock Theory is fitting for this study for the reason that the challenges that new registered nurses will experience are discussed in the four phases of transition to the professional nurse role. Levels of job satisfaction will rise and fall in an unsurprising relationship in each phase of reality shock.

*Job Satisfaction*

New registered nurses experience an adjustment period in learning new skills and a new role and feel increased stress and frustration. Job stress and role conflict are strong predictors of decreased job satisfaction and possible turnover. Therefore, it is imperative to identify stressors which influence sense of belonging and contribute to job satisfaction. The purpose of Winter-Collins and McDaniel’s study (2000) was to investigate the relationship between new registered nurses' sense of belonging and job satisfaction, using Kramer’s (1974) Reality Shock Theory as the theoretical framework.
The population was 250 new registered nurses randomly selected from the Indiana Health Professions mailing list between January 1996 and January 1997. Of the 250 questionnaires mailed, 107 surveys were returned, 12 surveys did not meet the inclusion criteria for a new registered nurse. The final sample consisted of 95 (38%) surveys meeting the criteria for a new registered nurse. Each subject received a mailed survey to be completed anonymously. A new registered nurse was defined as having completed the RN licensure examination within the last 18 months (Winter-Collins & McDaniel, 2000).

The following characteristics were reported by the authors. The work setting revealed that 69% \((n = 65)\) of subjects worked in a hospital, 19% \((n = 18)\) in long-term care, 6% \((n = 6)\) in community care, and 2% \((n = 2)\) in home care. The educational degree obtained revealed that 61% \((n = 58)\) of subjects held an ADN and 38% \((n = 36)\) held a BSN. The unit classification where the new registered nurse was employed revealed that 30% \((n = 28)\) worked in a medical surgical unit, 15% \((n = 14)\) worked in the intensive care units, 5% \((n = 5)\) worked in an obstetric unit, 3% \((n = 3)\) worked in home health and 1% \((n = 1)\) worked in the operating room. The length of orientation ranged from a few days to 36 weeks with a mean of 7 weeks. The length of time in the present position ranged from 1 week to 96 months with a mean of 10 months. The number of other RNs on the unit ranged from 0-100 with a mean of 15.8 (Winter-Collins & McDaniel, 2000).

The instruments used were the Mueller-McCloskey Satisfaction Scale (1990), the modified Hagerty-Patusky Sense of Belonging Instrument (1995) and a demographic survey. The demographic survey asked questions regarding demographics in which descriptive statistics examined the demographic variables. The Mueller-McCloskey Satisfaction Scale (1990) measured eight types of job satisfaction and had internal consistency coefficients of 0.89 to 0.90.
Total satisfaction scores ranged on a scale from a low of 1 to a high of 5. The modified Hagerty-Patusky Sense of Belonging Instrument (1995) measured a sense of belonging with a content validity index of 0.83 and a Cronbach alpha coefficient of 0.86. The scale ranged from a low of 1 to high of 4 (Winter-Collins & McDaniel, 2000).

Findings showed that total satisfaction scores revealed that new registered nurses were most satisfied with the coworkers (M=4), and least satisfied with professional opportunity (M=2.9) and with home health the least satisfied (M=2.2). Sense of belonging scores revealed a mean of 2.9. Sense of belonging based on type of unit revealed that new registered nurses in home health and OB had the highest with a mean of 3.0 and 2.9 respectively. Nurses in the OR revealed the lowest sense of belonging with a mean of 2.7 (Winter-Collins & McDaniel, 2000).

Findings revealed that significant correlations existed between sense of belonging and interactional opportunities ($r = 0.38, p = 0.00$), praise ($r = 0.35, p = 0.000$), control ($r = 0.35, p = 0.001$), coworkers ($r = 0.33, p = 0.001$), with a probability of 0.001), and schedules ($r = 0.28, p = 0.006$). The strongest relationship was between the sense of belonging and new registered nurse total satisfaction ($r = 0.40, p = 0.000$) (Winter-Collins & McDaniel, 2000).

The authors concluded that a strong sense of belonging was associated with job satisfaction. A nurturing environment is imperative for a sense of belonging and the quality not the quantity of co-worker interaction is of importance. Findings also highlighted the need for new registered nurses to have a mentoring program and nurturing to enhance identification within the work setting thus becoming increasingly satisfied and more productive within their health care setting. The results of this study should give managers and administrators incentive to increase the sense of belonging and job satisfaction level of new registered nurses (Winter-Collins & McDaniel, 2000).
Nurse researchers report that new registered nurse turnover rates of 35-60% occur within the first year of employment (Beecroft, Kunzman, & Krozek, 2001). Turnover has an inverse relationship to job satisfaction. As job satisfaction increases, turnover decreases. The purpose of this study was to understand the new registered nurse experience so that effective strategies could be presented to ease transition and augment satisfaction and retention. Kramer’s (1974) Reality Shock was the framework for this study (Halfer & Graf, 2006).

Participants were new registered nurses working in a Magnet designated children’s hospital in Chicago, Illinois. Each nurse was provided a structured orientation specific to unit patient populations and a clinical preceptor who mentored and assisted the new nurse with unit socialization. The sample was 84 new registered nurses. The participants completed surveys at the 3, 6, 12 and 18 month time intervals. The instrument used was the Halfer-Graf Job/Work Environment Nursing Satisfaction Survey (2006). The survey instrument was designed to obtain confidence and competence in nursing care delivery, perceptions of the work environment and job satisfaction over time by new registered nurses. There were three demographic questions that required a written response and a 21-item group of statements seeking degree of agreement. The statements described the organizational work environment using a 4-point Likert scale with ratings from strongly agree to strongly disagree. A Pearson-Brown split/half reliability of 0.8962 was noted. Test-retest reliability at 3 months was 0.92, 6 months was reported at 0.92, followed by 0.96 at 12 months and 0.88 at 18 months (Halfer & Graf, 2006).

Variables were analyzed for survey attrition. The no-attrition model excluded participants failing to answer the instrument items at both 3 and 18 months of employment. There were three variables that improved significantly, but were not affected by attrition: (a) new nurse’s understanding of leadership expectations; (b) ability to accomplish work and manage the
demands of the job; and (c) an awareness of professional development opportunities. New nurse satisfaction improved with novice nurses mastering two stressful areas identified as: work organization and clinical tasks. Survey attrition did affect the two variables of the ability to identify work resources and access to information to perform the job (Halfer & Graf, 2006).

Three variables changed significantly over time and revealed lesser satisfaction at specific time intervals, however these later improved within 18 months of employment. The variables were: (a) knowledge and skills to perform the job; (b) access to resources; and (c) ability to participate in professional development opportunities. As described by Kramer’s (1974) Reality Shock Theory, these variables may have been positively influenced during the honeymoon phase. Following completion of the orientation period, new registered nurses’ working independently began to experience conflict with the ideals and realities of the work setting.

Survey attrition did impact the significance of seven variables that changed over time: (a) mistakes were treated as learning opportunities; (b) professional contributions were valued; (c) physicians were respectful; (d) management of staffing schedules; (e) comfort level when asking questions; (f) satisfaction with work schedule; and (g) the overall job satisfaction. Variables that indicated job dissatisfaction were: (a) resolving unit issues (6 months); (b) staffing schedules (6 and 12 months); (c) scheduled work days and hours (6 and 12 months); and (d) participation in professional development programs (3, 6 and 12 months) (Halfer & Graf, 2006).

Flexible scheduling practices support the premise of life/work balance desired by new registered nurses. The findings also imply that new registered nurses seek ongoing professional development opportunities during and after the initial orientation period.
Longitudinal nurse satisfaction studies can assist nursing leaders to identify sources of professional gratification and frustration and can impact decisions related to nursing practice and education. These findings can assist to redesign educational and work practices to support the role transition of new registered nurses.

As the current nursing shortage increases, recruitment and retention of new registered nurses will become a crucial issue. The purpose of Altier and Krsek’s (2006) study was to evaluate job satisfaction and retention of new registered nurses following their participation in a one-year residency program. Benner’s (1984) Novice to Expert model was the framework for the study (Altier & Krsek, 2006). The Nurse Residency Program included: (a) core curriculum of the residency program; (b) general orientation program at each hospital; (c) preceptor guided clinical experiences; (d) guidance from a resident facilitator; and (e) clinical course work.

The standardized core curriculum consisted of a series of learning and work experiences focused on: (a) evidenced-based practice; (b) patient safety goals (minimizing risk and communication); (c) leadership; (d) and professional development.

There were 316 baccalaureate-prepared participants from six academic medical centers that completed a job satisfaction questionnaire at hiring and upon completion of the 1-year residency program. A demographic survey and the McCloskey-Mueller Satisfaction Survey (MMSS; Mueller & McCloskey, 1990) were included. The MMSS scale was a 31-item, 5-point Likert scale that ranged from 1 = very dissatisfied to 5 = very satisfied. A Cronbach’s alpha of .89 was reported and the test-retest reliability of the MMSS was .79 (Altier & Krsek, 2006).

The mean participant age was 26.34 years and 89% of the participants were female. Ethnic groups consisted of: (a) Caucasians 76%; (b) African Americans 9.5%; (c) Hispanics 5.4%; (d) Asians 5.7%; (e) Native Americans 0.03%; (f) and other/unknown 3.5%. Twenty five percent
held previous non-nursing degrees consisting of: Baccalaureate (18.3%), Associate (6%) and Masters (0.6%). The mean participant grade point average (GPA) results were: GPA scores of 3.5-4.0 (37%); GPA of 3.0-3.49 (51%); GPA of 2.5 to 2.9 (9.2%); and GPA of 2.0-2.49 was less than 1% while 2.5% failed to report their GPA (Altier & Krsek, 2006).

Nine elements were measured for satisfaction from the MMSS: (a) intrinsic rewards; (b) scheduling; (c) balance of family and work; (d) coworkers; (e) interaction opportunities; (f) professional opportunities; (g) praise and recognition; (h) control and responsibility and (i) total satisfaction. Two of the 9 elements, satisfaction with praise and recognition (p = .001) and satisfaction with professional opportunities (p = .007), demonstrated a statistically significant decrease in from pre-residency to post-residency. The other seven elements demonstrated minimal change (Altier & Krsek, 2006).

None of the scales were statistically significant when associated with gender, GPA and a previous non-nursing degree. Participants in the non-white group were combined for ethnicity comparison purposes. The mean satisfaction scores of the Caucasian participants were higher than non-white participants in three satisfaction elements of coworkers, interaction opportunities and professional opportunities. The difference between the two ethnic groups was statistically significant with coworker satisfaction being (p = .002), interaction opportunities (p = .001) and professional opportunities identified at (p = .042) (Altier & Kresk, 2006).

The overall scores for the MMSS demonstrated that levels of satisfaction remained consistent throughout the first year of professional practice for seven elements. The overall retention rate at the end of the program was 87%. The Nurse Residency Program was deemed a success and would be continued (Altier & Krsek, 2006).

The study indicated that non-white new registered nurses (24%) were dissatisfied
with coworkers, interaction opportunities and professional opportunities. Additional studies are needed to address the cultural and linguistic needs of minority nurses and more research is needed to determine the satisfaction of the minority nurse (Altier & Krsek, 2006).

Transition to practice

Transitioning to professional practice is a complex and multidimensional process. The orientation process may be vital to the successful transition. The purpose of this study was to explore new registered nurses’ transition experiences from student to professional nurse. Data was analyzed using Colaizzi’s (1978) framework (Delaney, 2003).

Inclusion criteria for the study was new registered nurses participating in a hospital’s caring-based orientation program. The sample consisted of 10 female graduate nurses, ranging in age from 22 to 40. Seven nurses were single, 2 were married and 1 was divorced. Eight nurses earned associate degrees, and 2 had earned baccalaureate degrees (Delaney, 2003).

Interviews were conducted, audio recorded and transcribed verbatim. Using a phenomenological design, 10 themes were developed. Validation of the themes was done by 4 of the participants. The 10 themes that emerged were: (1) mixed emotions, (2) preceptor variability, (3) welcome to the real world, (4) stressed and overwhelmed, (5) learning the system and culture shock, (6) not ready for dying and death, (7) dancing to their own rhythm, (8) stepping back to see the view, (9) the power of nursing, and (10) ready to fly solo (Delaney, 2003).

The findings of Delaney’s (2003) study demonstrate that preceptor skills significantly affect new registered nurses’ perceptions and progress and that stress and socialization significantly affect new registered nurses’ role acquisition. The transition from student to professional nurse
should include: explanation of the institutional system, limiting and carefully selecting preceptors, providing support groups, encouraging the use of journaling to foster socialization and self-reflection and continuing education programs for preceptors.

Many novice nurses lack confidence in their ability to provide critical care to patients. An internship program for novice nurses was designed and implemented to assist with rapid transition in the Intensive Care Unit (ICU) nurse role. Messmer et al.’s (2004) study was conducted to determine if working with experienced nurses in the ICU environment, enables novice nurses to effectively transition into the role of ICU nurse. Benner’s (1984) “Novice to Expert” Theory was the framework for the internship program.

Paul’s (1998) definition of critical thinking was used to evaluate the program. Novice nurses that demonstrated academic and clinical excellence enrolled in baccalaureate nursing programs were nominated for the program. Twelve new registered nurses were eventually selected for inclusion into Group 1 of the first year of the program and for Group 2 for the second year of the program. The six week program consisted of a hospital nursing orientation program and didactic classroom instruction that included physical assessment skills and clinical experiences with a preceptor in either the adult or neonatal (NICU) ICU.

The Watson Glaser Critical Thinking Appraisal (WGCTA)(1980), Toth’s Basic Knowledge Assessment Tool (BKAT)(1994) and the Neonatal ICU Nursing Assessment Competency Exam (1999) were used as study instruments. The participants assigned to the adult ICU completed the WGCTA and BKAT and those assigned to NICU completed the WGCTA and NICU exam, at both the beginning and the end of the program. The preceptors also completed the WGCTA at the beginning and the end of the program for comparison data. Participants were also required to
maintain a journal during the six week program, documenting how the experience affected them from the cognitive and affective perspectives.

WGCTA was developed to measure students’ critical thinking skills. Scores ranged from 0 to 80, with a higher score representing a higher level of critical thinking. WGCTA split-half reliability coefficients ranged from 0.69 to 0.85. The BKAT Version 5 is a 100-item test that tests key components of adult critical care nursing. Cronbach’s coefficient alpha was .83 with a reliability of 0.86 (Messmer et al., 2004).

The content validity of the NICU exam was established by five expert nurses and included key components of neonatal critical care nursing, similar to the BKAT. Post-program knowledge scores (BKAT or NICU exam scores) increased in both Groups 1 and 2. The mean pre-program score for Group 1 was 64.5 while the post-program mean score was 81.0. Group 2 had a mean preprogram score of 67.83 and a mean post-program score of 76.42 (Messmer et al., 2004).

Critical thinking scores decreased slightly in both groups. The mean pre-program score of the WGCTA for Group 1 was 62.75, compared to the mean post-program score of 60.08. For Group 2, the pre-program mean score was 55.67 and the post-program mean score was 51.83. There were no statistically significant changes in the preceptors’ mean WGCTA scores pre- and post-program, but the pre-program scores for both preceptor groups were higher than the scores post-program, similar to the novice nurses of both Groups 1 and 2 (Messmer et al., 2004).

Analysis of the reflective journals revealed several themes: “bridging the gap between education and practice,” “focusing on theoretical and practical sides of critical care,” “building self-confidence and self-esteem” and “socializing into the ICU nurse role.” This information was used to facilitate communication (Messmer et al., 2004).
In this study, the didactic information in the critical care classes was validated with the increase in the post-program knowledge scores. The increase in knowledge scores also demonstrated the importance of interdisciplinary education in the program. Case studies were used to provide examples of clinical situations in the NICU program (Messmer et al., 2004).

Messmer et al. (2004) recommended that a different study be conducted to determine whether the WGTCA was an appropriate tool to use when measuring critical thinking needed in the practice of nursing. The authors also recommended finding a critical thinking instrument that could be used to evaluate changes in critical thinking skills that occur as novice nurses progress towards being expert nurses.

The findings indicated that the program was valuable in developing self-confidence and self-esteem and helped the novice nurses socialize into the ICU nurse role. The program confirmed that novice nurses, working alongside experienced nurse preceptors, obtained a higher level of critical care knowledge and performed confidently in the ICU environment.

New registered nurses must transition from student to the role of registered nurse. The purpose of McKenna and Newton’s (2008) study was to explore how new nurses develop knowledge and skills over the first 18 months of practice.

The sample initially consisted of 25 new registered nurses from four health care facilities in Victoria, Australia that participated in a formalized 12 month new registered nurse program providing rotations through different clinical areas. Focus group interviews were conducted between 4 and 6 months, 11 and 12 months and at 18 months. 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 4 male participants, ranging from 21 to 45
years of age. Twenty-four new registered nurses completed their degree programs in the state of Victoria while one completed the university program outside of Australia. Nine participants were actively participating in the third and final focus group interviews at 18 months (McKenna & Newton, 2008).

The focus group interviews were conducted in hospitals where the participants worked. The interviews focused on the participants’ perceptions of the most influential impact on knowledge, skill and personal development as registered nurses. The focus group interviews were audiotaped and transcribed verbatim. Questions were developed from the analysis of the focus groups at six and twelve months and were then used during the last focus group interviews at 18 months. All data was analyzed using Colaizzi’s (1978) framework.

Findings revealed three main themes: sense of belonging, independence and moving on. “Sense of belonging” emerged as voiced contentment at being able to settle and belong in one ward, being treated with respect and as an equal. Workplace engagement fostered confidence and independence as a nurse. “Independence” was confirmed through levels of knowledge attained thus confidence developed with increased responsibility. Knowledge attained was practical and relevant, rather than theoretical. Independence was also perceived as assuming more responsibility for the delivery of patient care. This included more autonomous decision making and less need for seeking clarification with a greater level of confidence that had been previously experienced. “Moving on” was described as providing education and support to others, began further career progression in specialty areas of nursing or beginning postgraduate studies. Perceptions of themselves as registered nurses had developed significantly from the 12 month to the 18 month period (McKenna & Newton, 2008).

The authors concluded that new nurses, within the first 18 months of graduation,
are working to develop a sense of belonging, independence in practice and explore future development. The development of nurses beyond the graduate year does not end with the completion of the 12 month transition program. McKenna and Newton’s (2008) study showed that the new registered nurses began to develop a sense of belonging, and independence in practice as well as interest in future development during the six months following the completion of the transition program. Once the nurses settled into one specific clinical area and began practicing nursing, the focus group reported the greatest development as registered nurses. Therefore, it appears that new registered nurses would benefit and begin to adjust more easily if started in the clinical area immediately following graduation and not rotate through several clinical areas during the transition program.

Job satisfaction has a major impact on the retention of new registered nurses and is influenced by several factors. These factors include: stress related to patient acuity, belief that patient care is unsafe, perception of too much responsibility and lack of guidance, and support on the job (Bowles & Candela, 2005). Support, guidance and access to resources during the transition from student to professional nurse are crucial to new registered nurses’ perception of personal success or failure, thus impacting job satisfaction and retention. Without a supportive organization and programs to ease transition for new registered nurses, turnover is often the result.

Most hospitals have orientation programs to assist new registered nurses transition from student to professional at the beginning of employment. Following the completion of orientation, new registered nurses often lack support from peers (Guhde, 2005). Comments from
new registered nurses related to lack of support following orientation, resulted in the creation of a new role, clinical resource specialist, (CRS) at Lehigh Valley Health Network (LVHN).

LVHN is a 988-bed acute care, academic Magnet-designated health network in Allentown, Pennsylvania. The main responsibility of the CRS is to support current and new registered nurses on the evening and night shifts. The CRS must coach, mentor and support staff in order to facilitate exceptional care by utilizing professional, evidenced-based practice. Serving as a resource nurse for night and evening shifts, the CRS utilizes effective communication skills with patients, visitors, staff and professional colleagues. The CRS exhibits effective leadership and team building skills, collaborates with unit leaders and supervisors to maximize individual development, and provides global education to staff on off shifts. CRSs encourage staff development and empowerment by promoting team work and professional practice. CRSs also participate in research and encourage staff to participate in and apply research in practice.

Following two years of role implementation, quantifiable information was desired to establish efficacy of the CRS role. Using Benner’s (1984) framework, Gemberling et al.’s (2011) study evaluates the clinical support by new registered and off shift nurses of the CRS role at LVHN.

An electronic 27-question survey was conducted to evaluate the CRS role from the staff nurse perspective. Staff nurses (N=950) working a shift after 7:00 pm were invited to participate in the study. Respondents (n=415) primarily worked on a medical-surgical unit (n=169) or in a critical care setting (n=112). Twelve questions asked respondents to quantify the utilization of the CRS in 10 defined clinical situations. Findings for CRS utilization from highest to lowest percentages by respondents with 1 or more calls to the CRS were: new procedure, intravenous/phlebotomy, policy/procedure, rapid response team/code blue, patient status, clinical
judgment, low volume/high risk process, order clarification, rhythm interpretations, and intravenous medications.

Ten questions of the survey used a 4-point Likert scale (1 = disagree strongly to 4 = agree strongly) to identify staff nurses’ perceived values of the CRSs. These questions addressed the responsiveness of the CRS, the effect of CRS intervention on staff RN comfort and anxiety level, and potential error prevention. Respondents scored the CRS above 3.25 in the areas of value. The question, (a) “knowing that this hospital has a CRS available on the off-shift has decreased my anxiety as a new RN” (p. 325) was scored at 3.75. Also, the question, (b) “CRSs have helped me prevent potential errors,” (p. 325) was scored as agree moderately or agree strongly by 95% of the respondents (Gemberling et al., 2011).

Most respondents answered “yes” to a question that inquired if phone support provided by the CRS was appropriate and useful in select situations. Also, the overall value of the CRS role on a 1-10 scale was 8 or greater for 81% (n = 338) of the respondents. Three open-ended questions resulted in 80% of the respondents providing positive written feedback in regards to the CRS role. One remark stated “without the CRS, she would have quit her job as a new RN.” Survey feedback showed the CRS role is valued highly by the staff (Gemberling et al., 2011).

New registered nurses benefit from the one-on-one interaction with the CRS, where clinical situations and skills become invaluable learning experiences. The CRS is a mentor for new nurses and provides recognition and positive feedback on skills the nurse already possesses, as well as instruction and encouragement when the nurse encounters uncharted territory.

Role Socialization and Job Satisfaction

As new registered nurses have become an important part of hospital recruitment, a renewed interest has evolved to focus on factors that affect turnover and retention. Casey et al.’s (2004)
study focused on the identification of stresses and challenges experienced by new registered nurses, utilizing Kramer’s (1974) Reality Shock as the theoretical framework.

This study was conducted in six acute care facilities in the Denver metropolitan area; one academic teaching hospital, three private for-profit facilities and two not-for-profit hospitals. There were 784 surveys distributed with 270 (34%) respondents. All participants in Phase 1 of the study were new registered nurses. During Phase 2, a revised survey was distributed to new registered nurses entering an expanded new registered nurse residency program at the academic teaching hospital. Participants in the study completed a voluntary survey (Casey et al., 2004).

A nurse experience survey was developed from a comprehensive literature review and pilot tested for content validity and reliability. The instrument was revised multiple times during the course of the study and used to collect both quantitative and qualitative data. The revised Casey-Fink Graduate Nurse Experience Survey (2004) consisted of 5 sections: demographic information; skills/procedure performance (3 open ended questions); comfort/confidence (25 items using a Likert scale response with 1= strongly disagree and 4=strongly agree); job satisfaction dimensions (9 items) and work development/difficulties in role transition (4 open ended questions). Participants were surveyed at various times during the first year of practice and the data was divided into 4 time periods; 0-3 months, >3 to ≤ 6 months, > 6 months to ≤ 12 months and > 1 year (Casey et al., 2004).

Following analysis of the demographic profiles of the participants, the data revealed that the average participant was a Caucasian female, age 35 or younger with previous healthcare experience. Participants (95%) at the academic teaching hospital had a bachelor of science in nursing compared to 71% of the participants at the community hospitals. At the academic teaching hospital more than 59% of the participants had 3 more preceptors during the orientation
period compared 39% of the participants at the community hospitals. The length of orientation at the community hospitals ranged from 6 to 10 weeks and varied by hospital. Orientation length at the academic teaching hospital ranged from 12-24 weeks. Although the participants worked in a wide variety of clinical areas, the length of orientation periods that is reported is for medical/surgical orientation (Casey et al., 2004).

Investigator-generated surveys were administered to participants (n=209) to collect data concerning skills and procedures. Eighteen frequent activities and procedures were listed on the survey and participants were asked to choose three skills/procedures with which nurses were most uncomfortable performing. The revised survey was used for subsequent data collection (n=61) and enabled participants to self-enter 3 skills/procedures that they were uncomfortable in performing. The data from both surveys were combined. Approximately 54 procedures were identified by the participants; however, 15% identified 7 skills/procedures in the survey that they were uncomfortable performing. These 7 skills/procedures were: code blue, chest tubes, intravenous skills, epidurals, central lines, blood administration and patient controlled analgesia. Only 4% of new registered nurse participants were comfortable performing all skills and procedures (Casey et al., 2004).

A survey was given to participants to determine level of comfort and confidence performing as a professional nurse. The original survey had 20 statements but after a revision, 25 statements were measured. Results of all participants (n=270) showed a statistically significant difference in comfort and confidence scores by level of experience. Five statements found to be of significance were comfort and confidence with: communicating with interns and residents, communicating with attending physicians, delegation to ancillary personnel, setting priorities for and organizing patient care needs and making suggestions for changes to the nursing plan of
care. The comfort and confidence significantly improved between 6 months and 1 year. Participants beginning nursing practice rated as “comfortable and confident,” but between the time period of 3 and 12 months, confidence level declined and continued to decline at 6 to 12 months. Comfort and confidence in the RN role increased with the highest rating after one year of experience (Casey et al., 2004).

Participants (N=270) were surveyed regarding job satisfaction with a nine item questionnaire containing items associated with salary, benefits and work schedule. Thirty-nine percent were satisfied with salary, 70% were satisfied with benefits, and 65% were satisfied with vacation time. Participants were satisfied with overall work schedule (84%), however, only 41% were satisfied with the opportunity to work “straight days.” The weekend work schedule was reported as 65% satisfaction. Forty percent of surveyed had the perception that there was little opportunity for career growth in that particular employment setting. Seventy-three percent of participants were satisfied with the positive feedback received from managers, preceptors and co-workers. Total job satisfaction mean score for phase 1 (n=167) (mean=31.35 ± SD 5.403) and phase 2 (n=61) (mean 3.18±SD 4.249). This data excludes participants with greater than 1 year experience because of lack of participants in the phase 2 category. Participants in phase 1 experienced less job satisfaction with more experience (P=.02), whereas, phase 2 participants had higher job satisfaction as experience progressed (P=.008) (Casey et al., 2004).

The role transition portion of the survey consisted of open-ended questions concerning the difficulties of transitioning from student to registered nurse. Upon analyzing the qualitative data, six themes were ranked in order of frequency: (a) confidence, (b) peer and preceptor relationships, (c) dependence and independence, (d) work environment, (e) organization and priority setting, and (f) physician relations (Casey et al, 2004). The authors concluded that new
registered nurses perceived it took at least 1 year to feel comfortable and confident in the nursing role. The preceptor played a significant role in job satisfaction and role competency of the new registered nurse (Casey et al., 2004).

New registered nurses experience a stressful role transition into healthcare organizations with almost 30% leaving the first job within one year (Bowles & Candela, 2005). New registered nurses lack confidence and comfort in the role of a registered nurse until 12 to 18 months after graduation. New nurses may require supportive interventions to decrease attrition. The purpose of this study was to test whether the internship program, Social and Professional Reality Integration for Nurse Graduates (SPRING) improved new nurse retention, a sense of belonging and organizational commitment. The Donabedian model (1966) was the framework for this study (Newhouse et al., 2007).

The sample consisted of 492 new registered nurses employed at The Johns Hopkins Hospital. The initial group was surveyed before implementation of the SPRING program. The experimental group of 377 new registered nurses attended the SPRING program and completed surveys at 6, 12, 18 and 24 months. The comparison group for nurse retention was 115 new registered nurses who did not participate in SPRING but completed surveys at 12, 18 and 24 months. SPRING was a 1-year internship program that provided intensive socialization and educational experience to support new nurses in the professional development and transition into the professional nursing role. SPRING was comprehensive; providing education, group exercises, mentoring, and individualized personal development plans for new registered nurses. This program also included unit orientation and 10 educational seminars for the participants (Newhouse et al, 2007).

Three survey instruments were used for the study: Organizational Commitment
Questionnaire (OCQ) (Mowday, Steers & Porter, 1979), Modified Hagerty-Patusky Sense of Belonging Instrument (1995), and the Anticipated Turnover Scale (1987). The OCQ was a 15-item, 7-point Likert scale that ranged from strongly agree to strongly disagree and measured how strong an individual identifies with or is involved in an organization. Reliability was reported in a coefficient alpha with ranges from .82 to .93 (Mowday, Steers, & Porter, 1979).

The Modified Hagerty-Patusky Sense of Belonging Instrument (1995) was a 32-item, 4 point Likert scale that ranged from strongly agree to strongly disagree. The instrument included 2 domains: Psychological experience (SOBI-P) (18 items) and Antecedents (SOBI-A) (14 items) that measured valued involvement and fit and antecedents of sense of belonging. Reliability was estimated by internal consistency coefficient alphas for SOBI-P (a = 0.91-0.93) and SOBI-A (a = 0.63-0.76). The Anticipated Turnover Scale (1987) was a 12-item self report survey using a Likert scale with 7 response options ranging from agree strongly to disagree strongly and measured perception of the possibility of voluntarily terminating the position. Reliability was measured with a coefficient standardized alpha of .84 (Hinshaw & Atwood, 1982).

SPRING nurses had lower anticipated turnover at 6 months, indicating that these nurses were less likely to consider leaving their position than baseline nurses. At the same time, 6-month nurses had a lower antecedent sense of belonging than at baseline and at 12 months. SPRING nurses had higher retention rates at 12 months than non-SPRING nurses.

The SPRING program was effective in improving new nurse retention in the first year of employment. This study also supported the value of a comprehensive program for new registered nurses in improving nurse retention and decreasing new registered nurse intent to leave the organization at 6 months. New registered nurses need organizational support through
the first year of transition into practice. When formal internship or transition programs include role socialization of new registered nurses, in addition to skills and knowledge acquisition, retention rates improve and turnover is decreased.

New registered nurses enter a chaotic workplace characterized by nursing shortages, high patient acuity and scarce resources. Health care facilities are challenged to transition these new registered nurses in a way that will develop proficiency, foster satisfaction and encourage retention. The purpose of this study by Scott, Engelke and Swanson (2008) was to investigate the influence of anticipatory and organizational socialization variables on job and career satisfaction, intent to leave current position, turnover and intent to leave the nursing profession. A random sample of new registered nurses from varied facilities and geographic locations met inclusion for this study. The conceptual framework was outcomes for anticipatory and organizational socialization.

Scott et al.’s (2008) study was a secondary analysis of data collected by the North Carolina Center for Nursing (NCCN). The population was identified through a random sampling of 329 actively employed and newly licensed nurses by the North Carolina Board of Nursing. Newly licensed was defined as a period not shorter than 6 months and not longer than 2 years.

A survey instrument, developed by NCCN researchers, contained seven questions which measured job and career satisfaction. Reliability of these questions was confirmed in a previous study on general staff nurses. Twelve variables were coded and used for this study (Scott et al., 2008). These variables were: age, race, marital status, education, quantity of orientation, quality of orientation, frequency of staff shortages, level of job satisfaction, level of career satisfaction, intent to leave current position, intent to leave nursing and turnover. Descriptive data was collected and used to characterize the sample. That data included: current employment status,
position type, work setting, number of positions and employers, hours worked per week, and average patient caseload per day (Scott et al., 2008).

A test for the model using 5 predictors (marital status, race, quality of orientation, frequency of short staffing and career satisfaction) against a constant-only model in job satisfaction was statistically reliable with $p < .001$. The same reliability of $p < .001$ was found with the predictors of: marital status, age, degree, quality of orientation, frequency of short staffing and job satisfaction for measure of career satisfaction. These results suggest that the predictors, as a set, reliably distinguish between new registered nurses satisfied with their job and career and those that were not. Job satisfaction was predicted 64.1% of the time, whereas job dissatisfaction was predicted 75.3% of the time, resulting in a 70% overall success rate. The model successfully predicted 91.1% of the participants satisfied with their career but only 37.6% of those dissatisfied, resulting in a 75.8% overall prediction rate (Scott et al., 2008).

When analyzing the participants’ intent to leave their current job, job satisfaction and career satisfaction were added as independent variables. A test of the full model with eight predictors (quality of orientation, marital status, frequency of short staffing, continuing education on delegation and conflict management, race, and job and career satisfaction) against a constant-only model was statistically reliable with $p < .001$. This result indicates that the predictors, as a set, reliably distinguished between new nurses that would leave current jobs in less than 3 years and those that would not. Participants intending to stay longer than 3 years were successfully predicted 78% of the time, whereas intention to leave within 3 years was successfully predicted 59.8% of the time. This results in an overall prediction success rate of 70% (Scott et al., 2008).

Analysis outcome for job satisfaction ($p = .793$) and intent to leave job ($p = .59$) were not significant. Analysis outcome for career satisfaction was significant ($p = .05$), indicating poor fit
between observed and predicted values. Analysis of intent to leave the nursing profession was limited because only 6% of the sample intended to leave within 3 years. However, univariate analysis of the associations of job satisfaction, career satisfaction and intent to leave current position in less than 3 years with the intent to leave nursing in less than 3 year found that only career satisfaction and nurses’ intent to leave current job were significantly associated with intent to leave nursing in less than 3 years (Scott et al., 2008.)

Only the predictor variables of quantity and quality of orientation were significantly associated with turnover of new registered nurses. The strongest predictor of job satisfaction was frequency of short staffing. Educational preparation and job satisfaction were the best predictors of career satisfaction. One of the most significant findings of this study (Scott et al., 2008) was the crucial role that orientation in the first job plays in promoting new registered nurses’ job satisfaction and retention. Nurses who experienced a longer orientation that met their needs in first nursing positions were more satisfied with their current jobs. This suggests that the first nursing orientation experience might have an influence on job satisfaction over the initial 12 to 24 months of transition from school to work. The strong association found between orientation, job satisfaction and turnover supports the need for health care agencies to recognize the value of orientation to new registered nurses and to fund it appropriately.

Scott et al. (2008) also found an association between staffing shortage and job as well as career dissatisfaction in new registered nurses. The new registered nurses’ career satisfaction and job satisfaction were strong predictors of the intent to leave current jobs and to leave nursing within 3 years, thus causing turnover.
The finding that ADN nurses had higher degrees of career satisfaction suggests that BSN graduates may be less tolerant of adverse working conditions and more likely to leave nursing. This study also supports monitoring the factors that satisfy and dissatisfy new registered nurses from orientation through the first 2 years of practice and evaluate differences based on educational preparation. These findings could be used to structure educational support and practice environments that meet the needs of both ADN and BSN nurses.

Scott et al. (2008) conclude that adequate orientation and transition-to-work programs for new registered nurses and placing them in well-staffed units should be promoted. There is a clear relationship between the quality and quantity of new nurses’ orientation and the satisfaction and retention of these novice professionals.

Nurse internship programs (NIPs) have been used for many years as a strategy for recruiting and retaining nurses for acute care settings (Owens et al., 2001). NIPs can facilitate the transition of inexperienced newly registered nurses to productive team members (Fey & Miltner, 2000; Owens et al., 2001). The purpose of Eigsti’s (2009) study was to evaluate retention rates, and satisfaction of education received while participating in a Critical Care Nurse Internship Program (CCNIP). Eigsti also compared satisfaction scores between nurses currently employed in a critical care unit and those who were not. Benner’s (1982) Novice to Expert model was the framework for the study (Eigsti, 2009).

The CCNIP program consisted of: (a) agency orientation (72 hours); (b) clinical time in critical care unit (672 hours); (c) clinical observation outside of critical care unit (64 hours); and (d) didactic time in the classroom (96 hours). Twenty-six participants, who participated in the CCNIP at Elkhart General Hospital as newly registered nurses, completed and returned a
satisfaction questionnaire. The questionnaire included demographic information, 6-point and 4-point Likert scales, a 1-5 rating scale and yes/no questions. The questionnaire had not been tested for reliability (Eigsti, 2009).

The mean participant age was 28.4 years, 84.6% were female and 53.8% were married. Nursing education programs attended by the participants included: BSN (57.7%), ADN (34.6%) and diploma programs (3.8%). The mean number of years since completion of the CCNIP was 4.12, with 13 participants having 4 or less years of experience and 13 participants with 4.5 or more years of experience. The retention rate of participants continuing to work in a critical care environment since completing CCNIP was 76.9%, with 73.1% continuing to work in the Critical Care Center (CCC) at Elkhart General Hospital (Eigsti, 2009).

Satisfaction of the educational components of the CCNIP was measured using a 6-point Likert scale ranging from 1 = completely dissatisfied to 6 = completely satisfied. Mean satisfaction scores were: (a) overall impression of education was 5.62 (SD=0.571); (b) program met expectations was 5.50 (SD=0.648) and (c) total amount of time in the program was 5.50 (SD=0.510) (Eigsti, 2009).

Satisfaction scores for all components of CCNIP were affirmative. The five Educational components measured were: (a) didactic work (M = 5.46, SD = 0.508); (b) orientation time in CCC (M = 5.50, SD = 0.510); (c) relationship to mentor (M = 4.81, SD = 1.059, (d) relationships to other preceptors (M = 4.77, SD = 0.863), and (e) observation time in ancillary departments (M = 4.23, SD = 0.765). Participants also ranked the five components on a scale of 1-5, with 5 being the most valuable and 1 being the least valuable. The results were: (a) orientation time in CCC; (b) didactic work; (c) relationship to mentor; (d) relationship to other preceptors and (e) observation time in ancillary departments (Eigsti, 2009).
Satisfaction with support from various persons encountered during the program resulted in:
(a) nurse educators (M = 5.54, SD = 0.811); (b) family and friends outside of Elkhart General Hospital (M = 4.96, SD = 0.889); (c) other experienced CCC nurses that were nonmentors and nonpreceptors (M = 4.85, SD = 1.008); (d) other nurse interns (M = 4.72, SD = 0.678); (e) CCC manager (M = 4.69, SD = 0.928); (f) mentors (M = 4.68, SD = 1.282); (g) other preceptors (M = 4.44, SD = 1.003) and (h) physicians (M = 4.19 and SD = 1.096) (Eigsti, 2009).

The lower satisfaction scores related to mentors was not anticipated. Upon further review, it was found that a group of 6 participants that were in a larger than normal CCNIP group at the same time, may have had less individualized attention, more scheduling conflicts, fatigue, and mismatch of personality and learning styles which resulted in the lower satisfaction scores (Eigsti, 2009).

To determine satisfaction scores between participants still working in a critical care environment and those who were not, all components of the CCNIP were tabulated using an independent-sample t test. No statistically significant differences in mean satisfaction scores were found. All scores were positive, with the exception of support from physicians by the group of respondents that were no longer working in critical care.

Using a 4-point Likert scale with 4-very important and 1-not a critical care nurse now, the respondents rated the importance of CCNIP in the development as a critical care nurse as very important or important. All respondents (100%) would recommend the CCNIP to other newly registered nurses interested in working in critical care and 92.3% accepted a nursing position at the hospital because a CCNIP was available.

The CCNIP was deemed successful based on elevated satisfaction scores and retention rates of nurse interns. Success may be attributed to the hospital’s long term commitment to the
program, close relationships of nurse educators, mentors, interns and managers, continued updating and revising of program and keeping intern groups small in each session.

Many research studies have examined factors influencing nurse satisfaction and intent to leave work units, organization or the nursing profession. Many new registered nurses are choosing to leave the nursing profession following less than 5 years of nursing practice (Aiken et al., 2001; Crow, Smith & Hartman, 2005). A small amount of research has investigated satisfaction levels, perceptions or intent to leave among newly registered nurses. Therefore, the purpose of Gill, Deagan and McNett’s (2010) study was to investigate the expectations, perceptions and satisfaction of new registered nurses within the first month of employment and after 6 and 12 months of employment. The Price-Mueller (1997) model was the conceptual framework used for this study.

The population invited to participate in the study were 77 newly registered nurses who were hired to work within an inpatient care area at a Level 1 trauma academic county hospital. A total of 13 new registered nurses (17% response rate) accepted the letter of invitation to participate in the study. Due to attrition and organization departure, seven nurses completed the study in its entirety, which yielded a 9% response rate (Gill, et al., 2010).

Investigators met individually with each nurse at three time points during the first year of employment: after 1, 6 and 12 months. The nurses completed a brief demographic questionnaire during the first meeting. At each meeting, the nurse was asked a series of open-ended questions using an interview format to gather qualitative data on expectations and perceptions. All interviews were audiotaped and transcribed. Interview questions were based on concepts identified in the Price-Mueller model and included queries regarding the new nurse’s
expectations and perceptions about relationships with other nurses and coworkers, workload, learning opportunities, acknowledgment and the role of the RN.

Following each interview, the nurse completed an abbreviated version of the National Database of Nursing Quality Indicators (NDNQI) (2004) survey for RNs, to gather quantitative data on new nurse perceptions and satisfaction levels. The NDNQI instrument was a 10-item, 5-point Likert scale that ranged from strongly agree to strongly disagree. Statements included were: physician appreciation of work, opportunities for decision making and autonomy, sufficient time for patient care, level of team work, status of nursing within the hospital, overall job satisfaction, leadership qualities of nursing managers and satisfaction with the chief nursing officer. The NDNQI has been reported as reliable, with a reliability coefficient = .91 (Taunton et al., 2004).

Following the final interview, the new registered nurses completed a brief survey on intent to leave. Using a 3-item, 5-point Likert scale response with 1= Never and 5 = Everyday, the participants were asked to indicate how often they contemplated leaving the unit, the organization, or the profession of nursing.

Two main themes emerged from data analyses of the qualitative interviews: Establishing Relationships and Learning the Job. The first item dealt with expectations and perceptions that new registered nurses had about establishing relationships with various members of the health care team. All of the new registered nurses expected to become “part of the team” at some point during the first year. Some of the participants believed that they would be welcomed initially and looked forward to establishing relationships with coworkers, while others believed that establishing relationships and feeling welcomed in their units might not happen initially, but would occur over time. New registered nurses reported both positive and negative experiences
establishing relationships during the course of the first year, but all expected to be viewed as peers among other nurses and as a contributing member of the healthcare team by the end of the 12-month period (Gill et al., 2010).

The second theme of Learning the Job, described the expectations and perceptions about learning the roles/responsibilities of the RN, the orientation length and structure, managing the workload, finding equipment, being acknowledged, learning unit and organizational logistics, scheduling and how to act in a crisis situation by the new registered nurses. Most respondents moved from a task-oriented view of the role at 1 month, to a more collaborative and multidimensional role at 1 year. Over the course of the 12-month period, the new nurses became more comfortable in the RN role and managing the assigned workloads. Many expected to be acknowledged for efficiently performing the job during the initial orientation period, but few expected any acknowledgment after the 12-month period (Gill et al., 2010).

From qualitative data analyses of the NDNQI survey, the new registered nurses were fairly satisfied, as noted by bar graph. The mean scores for a statement in regards to the respondent’s satisfaction that physicians generally appreciates the job that the nurse does increased with each survey to the highest score at 12 months (M = 5.00). But, in response to a statement in regards to good teamwork between coworkers and the respondent, the new nurses felt good teamwork (M = 5.00) at 6 months, but less of a sense of teamwork at 12 months (M =4.5). Gill et al. (2010) noted this same pattern was also seen in response to a statement in regards to satisfaction with the status of nursing in the hospital. Satisfaction with nurse managers dropped over the course of one year (1 month M = 4.69; 6 months M = 4.22; and 12 months, M = 3.5).

The intent to leave survey resulted that many new registered nurses considered leaving the unit where currently working a few times a month (M = 3.00). Some new nurses considered
leaving the organization (M = 2.5) and few thought of leaving the nursing profession (M = 1.0) (Gill et al., 2010).

Qualitative findings from this study recommend that orientation and mentoring programs for new registered nurses include techniques to aid in welcoming nurses on the unit level with introductions to unit personnel and other healthcare team members. Also recommended was exposing new nurses to the multifaceted role of the RN by developing and adhering to structured orientation programs that also include “extra” responsibilities required of them when no longer working with a preceptor (e.g. taking off patient orders, answering physician and family telephone calls, and delegating to unlicensed staff). Identification and education of the role of the nurse manager in regards to guidance, support and issue resolution to new registered nurses during orientation were also recommended (Gill et al., 2010).

Development and implementation of well-designed orientation and mentoring programs can assist in meeting the needs of newly registered nurses during the first 12 months in the nursing workforce. With effective implementation, the probability to improve new registered nurse satisfaction can decrease turnover rates and result in substantial financial and patient outcome benefits.

Summary

Job Satisfaction

Examining the relationship between new registered nurses’ sense of belonging and job satisfaction was the purpose of Winter-Collins and McDaniel’s (2000) study. The authors concluded that a strong sense of belonging was associated with job satisfaction. Length of orientation did not correlate with sense of belonging, thus indicating that the quality, not the quantity, of co-worker interaction is of importance.
Halfer and Grafs’s (2006) study examined work environment perceptions and job satisfaction over a period of 18 months. Halfer and Graf (2006) wanted to understand the new registered nurse experience, so that effective strategies could be utilized to ease transition and augment satisfaction and retention. Remaining job dissatisfiers at 18 months were: (a) unresolved unit issues; (b) staffing schedules; (c) scheduled work days and hours; and (d) lack of professional development opportunities.

The evaluation of job satisfaction and retention of new registered nurses following participation in a one-year residency program was the purpose of Altier and Krsek’s (2006) study. At post-residency, findings revealed decreased satisfaction with praise and recognition and professional opportunities from pre-residency of all respondents. Non-white new registered nurses were dissatisfied with interaction and professional opportunities as well as co-worker relationships. Retention rate at the end of the program was 87%.

Transition to practice

The purpose of Delaney’s (2003) study was to explore new registered nurses’ transition experiences from student to professional nurse. Delaney’s (2003) findings validated those of previous studies that found that preceptor skills significantly affect new registered nurses’ perceptions and progress and also that stress and socialization significantly affect new registered nurses’ role acquisition.

Messmer et al.’s (2004) study was conducted to determine if novice nurses can effectively transition into the role of ICU nurse. The findings concluded that novice nurses obtained a higher level of critical care knowledge and self-confidence after working alongside experienced nurses. The preceptorship program assisted new registered nurses to socialize into the ICU nurse role as well as develop self-esteem.
A sense of belonging was also noted by McKenna and Newton’s (2008) study finding when exploring how nurses develop knowledge and skills over a period of time. The authors concluded that within 18 months, new registered nurses began to develop a sense of belonging, independence in practice as well as an interest in future development.

Gemberling et al.’s (2011) study was to evaluate if a new position of clinical resource specialist (CRS) was a value to new registered nurses following orientation. The findings concluded that the CRS was a mentor to new nurses and provided recognition, positive feedback on skills as well as instruction and encouragement.

**Role Socialization and Job Satisfaction**

Casey, et al.’s (2004) study focused on the identification of stresses and challenges experienced by new registered nurses at 3, 6 and 12 months following entry into professional practice. Two key findings emerged from this study: the perception that it took at least 12 months to feel comfortable and confident practicing in the acute care setting, and the significance of the preceptor role to job satisfaction, competency development, facilitation of personal adjustment to the practice role and influencing professional behaviors of the new registered nurse.

The goal of Newhouse et al.’s (2007) study was to evaluate if an internship program improved new nurse retention, a sense of belonging and organizational commitment. The outcomes determined that nurses who completed the internship had lower turnover, which indicated improvement in nurse retention and organizational commitment. It also noted that new nurses had an increased sense of belonging at the end of the internship.

Scott et al.’s (2008) study was to consider the influence of socialization variables on job and career satisfaction, intent to leave current position, turnover and intent to leave the nursing
profession. The authors found that adequate orientation and transition programs for new registered nurses as well as placement in well-staffed units increased job and career satisfaction, and decreased turnover and intent to leave current position and the nursing profession.

The goal of Eigsti’s (2009) study was to assess retention rates and satisfaction of education received while participating in a critical care nurse internship program. Final findings included elevated satisfaction score and retention rates of participants.

Evaluating the expectations, perceptions and satisfaction of new registered nurses over a period of time was the purpose of Gill et al.’s (2010) study. At the end of a 12-month period, findings included: new registered nurses expected to be viewed as peers and contributing members of the healthcare team, many expected acknowledgement for effectively performing the job during the orientation period, but few expected it after this time period. Satisfaction scores fell from previous scores at the 6-month period in regards to teamwork, status of nursing in the hospital and nurse managers. The study also showed that a few new registered nurses thought of leaving the nursing profession, an even higher number considered leaving the organization and many new registered nurses considered leaving the unit where currently working a few times a month. Recommendations included orientation and mentoring programs that include techniques to welcome nurses on the unit level and exposing new nurses to the multifaceted role of the RN by developing and adhering to structured orientation programs that include extra responsibilities required of them when no longer working with a preceptor. Identification and education of the role of the nurse manager to new registered nurses was also recommended.
Chapter III

Methodology

Introduction

An adjustment period occurs as new registered nurses transition to the role from students to professional nurses. New registered nurses may experience job stress and role conflict during the orientation period. The orientation process will help determine the new registered nurses’ sense of belonging and job satisfaction. The purpose of this study is to determine the relationship between new registered nurses’ sense of belonging and job satisfaction. This is a replication of Winter-Collins and McDaniel (2000) study.

Research Question

What is the relationship between sense of belonging in the workplace and job satisfaction for new registered nurses?

Population, Sample and Setting

The population for this study is 400 newly registered nurses, randomly selected from the Indiana Health Professional Bureau mailing list. The fee to obtain 400 nursing licenses is $160.00 (http://www.in.gov/pla/download.htm on September 13, 2013). The anticipated sample is (n=200). For this study, a new registered nurse is defined as a registered nurse who obtained licensure in the last 18 months (March 2012-August 2013). The study consists of a survey that will be mailed to each participant’s home address. All costs incurred will be funded by the researcher.

Protection of Human Subjects

This study will be submitted for approval to the Ball State University Institutional Review Board. Following this approval, the Indiana State Board of Nursing (ISBN) will be approached.
to obtain the registered nurse list. After permission has been granted, a cover letter explaining the study, demographic questionnaire and survey will be mailed to the participants’ homes. Consent is assumed with returned receipt of the survey. Data collected will only be seen by the researcher and the statistician, so that anonymity can be maintained. There are no known risks associated with participation in this study. Benefits will include the opportunity for new registered nurses to gain useful knowledge concerning a sense of belonging and job satisfaction during the transition from student to the professional nurse role. The findings may result in valuable information to assist new registered nurses’ transition to practice.

**Procedures**

Following approval from the Ball State University Institutional Review Board, a request will be submitted to the ISBN for a mailing list of new registered nurses who obtained licensure within the past 18 months (March 2012- August 2013).

A cover letter will be mailed to participants explaining the study and providing instructions on how to complete the demographic questionnaire and survey. Participants will be encouraged to take part in this study by returning the survey and questionnaire in the enclosed postage-paid envelope by a specific date.

**Research Design**

A descriptive correlational design will allow the researcher to examine the demographic characteristics and relationship, to the variables regarding a sense of belonging and job satisfaction. Burns and Grove (2009) defines a descriptive correlational design as a design that examines the relationships that exist in a situation.
Methods of Measurement

A survey will be used to collect demographic data of age, nursing education, work setting, unit classification, length of orientation, length of time in position, and number of registered nurses on the unit.

Study instruments are the Mueller-McCloskey Satisfaction Scale (1990) and the Hagerty-Patusky Sense of Belonging Instrument (SOBI) (1995). The Mueller-McCloskey Satisfaction Scale (MMSS) will measure job satisfaction. The 31-question instrument identifies eight types of job satisfaction. The subscales of job satisfaction comprise: (a) professional opportunities; (b) extrinsic rewards; (c) control; (d) balance, (e) praise; (f) schedule; (g) coworkers; and (h) interaction opportunities. A 5-point Likert scale will be used with 5-very satisfied and 1-very dissatisfied.

The reliability of the MMSS (1990) was determined using internal consistency coefficients and test-retest reliability. Cronbach alpha of all subscales combined was 0.89 and 0.90, revealing a high level of reliability (Mueller & McCloskey, 1990; Winter-Collins & McDaniel, 2000).

The Hagerty-Patusky SOBI measures sense of belonging using a 4-point Likert scale with 4-being the highest and 1-being the lowest. Reliability for the Hagerty-Patusky SOBI was determined using internal consistency and test-retest reliability. The Hagerty-Patusky SOBI measured a content validity index of 0.83 and a Cronbach alpha coefficient of 0.86 (Hagerty & Patusky, 1995; Winter-Collins & McDaniel, 2000).

Summary

Role conflict and job stressors occur during the orientation period of the new registered nurse. The purpose of this descriptive correlational study is to ascertain the relationship between
new registered nurses’ sense of belonging and job satisfaction during the first 18 months of professional practice.

An anticipated sample of 200 new registered nurses is expected. This study will replicate a previous study by Winter-Collins and McDaniel (2000) and attempt to confirm previous findings that a positive correlation is present between new registered nurses’ sense of belonging and job satisfaction across demographic characteristics.
References


