NEW NURSE TRANSITIONS: A QUALITATIVE STUDY OF PERCEIVED DIFFCULTIES

by

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The transition from student to registered nurse has proven difficult for new graduate nurses. While organizations have implemented structures and processes to support new nurse transition into practice, new nurse turnover continues. The retention of new nurses is important to sustaining a stable workforce, as they are utilized to fill vacancy gaps in acute care settings. In addition, the retention of new nurses is important to patient safety and quality of care.

Current research suggests that turnover rates among new nurses have decreased in some organizations, namely those that have implemented residency programs. Questions remain as to whether the decrease in turnover rates is due to the implementation of these innovative programs or a response to the current economic environment. Both qualitative and quantitative studies identify factors that contribute to the difficulties of the transition. These studies have focused primarily on developmental factors such as competence, confidence, and support.

This descriptive qualitative study utilized van Manen's (1990) phenomenological approach to gain meaningful insight into and understanding of the difficulties new nurses face as they transition from the role of student to practicing nurse. This study is unique in that it provides a comprehensive perspective to fully examine the difficulty of the transition for new nurses.

Four major themes emerged from this study's findings: transitioning into the role of professional nurse, applying knowledge to practice, navigating the organization, and building relationships. Nurse executives and leaders as well as nurse educators in academia may find these results useful to further develop and implement innovative strategies that address new nurse transitions from a broader perspective and with a more comprehensive lens.

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DEDICATION

This dissertation is dedicated to my parents Mrs. Lillie Mae Holloway and Mr. Mike Holloway Jr. who are with me in spirit. You have inspired and continue to inspire me daily. I am forever grateful for your precious love and for the values you instilled in me. Thank you for the sacrifices you made so that I could achieve so many dreams that seemed out of reach. You are forever loved and missed.

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TABLE OF CONTENTS

LIST OF TABLES……. xii

LIST OF FIGURES…… xiii

CHAPTER ONE: INTRODUCTION…….. 1

Definitions……. 5

Statement of the Problem ……. 6

Purpose ……. 7

Research Question ……. 7

Theoretical and Philosophical Perspectives …… 7

Delimitations …….. 9

Limitations ……. 10

Significance of the Study ……..... 11

Summary …… 12

CHAPTER TWO: REVIEW OF THE LITERATURE …… 13

Transitions ……. 13

Role Transition …….. 14

Transitions in New Nurses ……. 15

Transitions Types ……... 19

Summary …… 20

CHAPTER THREE: METHODOLOGY ……. 21

Research Question and Approach ……. 21

Rationale for Using Phenomenology …… 22

Study Sample …… 23

Analysis of Data …… 24

Researcher Awareness and Reflection …….. 30

Ethical Considerations ……... 33

Data Validity and Trustworthiness……. 34

Summary …… 36

CHAPTER FOUR: FINDINGS …… 37

Process for Coding Description …… 37

Participant Description …….. 37

Progression to Interpretive Thought ……. 38

Transitioning into the role of Professional Nurse ……. 40

Applying Knowledge to Practice ……. 43

Navigating the Organization …… 45

Building Relationships ……. 47

CHAPTER FIVE: DISCUSSION…… 52

Recommendations …… 61

Summary …….. 66

Limitations …… 68

Conclusions …… 68

REFERENCES …….. 70

APPENDIX A: Institutional Review Board Approval…… 79

APPENDIX B: Letter of Institutional Support…….. 80

APPENDIX C: Casey Fink Graduate Nurse Experience Survey©…… 81

APPENDIX D: Timeline for the Analysis Process…… 84

APPENDIX E: Example of Researcher Journal …… 86

APPENDIX F: Example of the De-identified Table of Verbatim Responses…… 88

APPENDIX G: The Coding Process in NVivo…….. 89

LIST OF TABLES

1. Four Major Themes and Related Subthemes…… 39

2. Comparing Brewington's Themes and Subthemes with Meleis's Transitions Types…… 54

LIST OF FIGURES

1. Brewington's Phenomenologic Structure of New Nurse Transitions…….. 50

CHAPTER ONE: INTRODUCTION

Nursing has changed drastically in the last few decades in that the healthcare profession is becoming more complex. It is not just about patients living longer with multiple chronic conditions or baby boomers retiring that causes nursing shortages, it is also about new nurses building a foundation that ensures a healthy work environment. For many new nurses, transitioning from the student role to that of a practicing registered nurse−also known as transition to practice−continues to be a difficult process while the turnover rate among hospital employees is increasing and dramatically so.

For the last fifteen years both qualitative (Duchscher, 2008; Duclos-Miller, 2011; Dyess & Sherman, 2009) and quantitative (Casey, Fink, Krugman & Propst, 2004; Kovner, Brewer, Fairchild, Poornima, Kim & Djukic, 2007; Ulrich, Krozek, Early, Ashlock, Africa & Carman, 2010) perspectives emphasized that new nurse competence, confidence and support are the foundations in developing effective learning strategies as they begin the transitioning phase from student learning to professional practice (Fero, Witsberger, Wesmiller, Zullo & Hoffman, 2008; Marshburn, Engelke & Swanson, 2009; Roth & Johnson, 2011; Ulrich et al., 2010).

While these comprehensive studies are noteworthy, the difficulties that new nurses encounter today as they transition into complex organizations and healthcare environments such as hospitals, warrant additional research so that administrators and educators can close the gap of concern related to new nurse transitions. That said, what difficulties do new nurses say they experience during this transition? How can administrators and educators, despite the innovative orientation structures and processes now in place, determine how to support their matriculation into the professional environment and reduce the high turnover within the first year of practice?

Attention to this matter is important in order to develop and maintain a stable workforce in a hospital environment?

Turnover threatens organizations abilities to maintain a stable workforce. Hunt (2009), in an article entitled "Nursing Turnover, Costs, Causes & Solutions" reported a 27 percent turnover rate for new nurses within the first year of employment. These data parallel those reported by the National Council of State Boards of Nursing (NCSBN) (2010) that 26 percent of new nurses leave their jobs in the first two years of employment. These findings are similar to those reported by Kovner et al. (2007) that 24 percent planned to leave their first jobs within two years of hire and another 37 percent felt ready to change jobs during the first year of the transition phase. Trepanier et al. (2012) reported significant decreases in turnover rates among fifteen hospitals that implemented a nurse residency program, suggesting that implementation of the programs resulted in decreases in turnover rates from 36 to 6.4 percent. Even with these impressive results these researchers recommend further studies to evaluate how much of this improvement was due to the economic impact on turnover. These recommendations also supported the significance of this research study designed to explore factors that contributed to the difficulties faced by new graduate nurses that may influence decisions and intentions to leave. Turnover rates and proposed job changes among new nurses within the first year of hire have implications for nursing workforce needs, quality of care, and patient safety as well as economic and financial considerations indicating there is a need to learn more. While the focus of this study is not about turnover per se, it is about the difficulties new nurses face.

In addition to new nurse turnover research, studies have also guided a need for the development of orientation structures and processes to address competence, confidence and lack of support that remain among the concerns new nurses face (Duchscher, 2008; Duclos-Miller,

2011). Current studies validate the need for a continued focus to address the gaps that exit (Goode, Lynn, McElroy, Bednash & Murray, 2013; Little, Ditmer, & Bashaw, 2013; Trepanier, Early, Ulrich, Cherry, 2012).

Roles and experiences as education nurse specialist, coordinator and director of professional practice provided opportunities for the researcher to observe, facilitate and validate structures and processes to support entry into practice. The continued turnover in lieu of innovative orientation processes fostered a renewed commitment to scientific inquiry to examine the experiences of new nurses with a broader transitions focus. In spite of the contributions made to support new nurses and improve turnover rates, there is more to learn from their experiences that may contribute to and inform the development of comprehensive initiatives and practices. Such insights may be used to equip new graduate nurses with the competencies necessary to provide safe effective care as they navigate into today's acute care environment. This need underscored the relevance of this study focused on understanding the difficulties they say they face as a result of the transition experience.

The Institute of Medicine (IOM), The Institute of Healthcare Improvement (IHI) and the Carnegie Foundation set forth national recommendations within their hallmark account to address improving healthcare and the healthcare system. All three reports describe the important roles nurses' play in the future of healthcare and are explicated further to emphasize the relevance of each to this research study. In October 2010 the Institute of Medicine released its report "The Future of Nursing: Leading Change, Advancing Health." The report highlighted the vital roles nurses, the largest segment of the healthcare workforce, play in leading change associated with the Affordable Care Act legislation. In fact, organizations rely on newly graduated nurses to meet vacancies and the complex healthcare needs of the projected 32 million

Americans that will have access to care by 2019 as a result of the *Patient Protection and Affordable Care Act* (IOM, 2010). Moreover, the report presents recommendations for high quality care and workforce strategies and the implementation of residency programs for new nurses to support the retention of nurses. These recommendations are important to quality care delivery, which further validates the need for this research study.

To accomplish the goal of improving quality in healthcare, Reinertsen, Bisognano & Pugh (2008), in their IHI report recommend well-designed systems and processes for care delivery. Recommended strategies include transforming care back to the bedside, optimization of communication and teamwork, and engaging frontline staff in innovation and quality improvement. The IHI movement to transform care at the bedside began as a call to address challenges such as increasing workloads, inefficient work processes and the negative work environments that nurse's face in daily practice. New professional colleagues, susceptible to these encounters, could benefit from transformational efforts at the bedside. Understanding the difficulties from their voice provides sustenance for the composition of relevant approaches.

The Carnegie Foundation adopted processes utilized in continuous quality improvement paradigms to transform education. In their book, *Educating Nurses: A Call for Radical Transformation,* Benner et al. (2010) set forth a call to action for schools and service providers and proposed professional opportunities for change. Being primarily focused on nursing education, the authors highlight ever-changing and complex practice environments that require a range of scientific knowledge and use of sophisticated technology needed to practice safely. Faculty shortages and competition for clinical placement also impact the preparation of students ready to enter the nursing workforce. As practice changes occur at an astonishing rate, it is critical for nursing education to keep pace with and produce safe practitioners. Nurses spend

more direct time with patients than any other healthcare provider, their role in surveillance, quality care and patient safety is critical and also expected by administrators upon entry into practice.

Organizations, in their quest to assure nurses are prepared to competently practice in acute care settings, have developed and implemented nurse residency programs as transition to practice strategies (Goode et al., 2013; Little et al., 2013; Ulrich et al., 2010). The need for nurse residencies was recommended and supported by the Carnegie Foundation study on nursing education (Benner et al., 2010) and the IOM recommendations regarding the future of nursing (IOM, 2010) to address workforce as well as quality and safe patient care. Although these programs tout increased new graduate retention rates the turnover rate for new nurses remains high. It is clear from the research studies, researcher experiences and hallmark documents from the IHI, IOM and Carnegie Foundation, that this qualitative study designed to uncover the difficulties that new nurses' say they face, adds to what is known and provides a compelling understanding of the difficulties of the transition from student to professional nurse.

Definitions

For the purpose of this study, the following definitions are used:

New Nurse. Newly graduated nurses with no or less than one year previous experience in their first RN role within an acute care setting and hired into an organizational residency program.

Transitions. Meleis (1994) proposed that transitions is one of the concepts central to the discipline of nursing. The passage or movement from one state or condition to another, triggered by change, process and direction (Chick and Meleis, 1986). For the purpose of this study, the concept is used to define the passage from the role of student to that of registered nurse.

Lived Experience. The life world, the world as one immediately experiences it (van Manen, 1990, p.9)

Lived Meaning. The way a person experiences and understands his or her world as real and meaningful. Lived meanings describe aspects of a situation as experienced by the person in it (van Manen, 1990, p. 183).

Essence. The nature of an experience whereby the description reawakens or shows the lived quality and significance of the experience in a fuller or deeper manner (van Manen, 1990, p. 10).

Statement of the Problem

New nurse transition has been widely examined (Bowles & Candela, 2005; Dyess et al., 2009; Feng & Tsai, 2012; Fero et al., 2008; Kovner et al., 2007; Marshburn et al., 2009; Rush, Adamack, Gordon, Lilly, & Janke, 2013; Ulrich et al., 2010). These studies have researched competence, confidence, critical thinking, mentoring, orientation and support, namely aspects to address developmental concerns. Despite these examinations, recent research validates continued difficulties in transitions into the professional role (Chandler, 2012; Hoffart, Waddell & Young, 2011; Trepanier et al., 2012). While innovative strategies have been implemented to address these concerns, they have not alleviated the complications new nurses say they face.

In summary, research studies relevant to new nurse transitions are critical to nursing practice and have framed innovative structures and processes such as the implementation of nurse residency programs to support new nurses. Despite these programs, turnover rates remain high among this role group. Since large cohorts of new nurses are hired into organizations to fill vacancies and to reduce the workforce gaps related to the nursing shortage, an aging workforce, complex work environments and complex patient care needs, it is imperative to explore their

perceived concerns. This comprehensive view is useful in order to identify ways to support these new professionals, reduce turnover, and sustain a workforce prepared to meet the complexities predicted in the future of healthcare. Although noteworthy, the primary focus of new nurse transitions research has focused on developmental aspects. This study examined, from a broader perspective, the developmental aspects of the transition, as well as the situational, organizational and health illness aspects, within the context of the transitions types as expressed in Meleis Transitions Theory (2010).

Purpose

The purpose of this qualitative study was to gain meaningful insight into and understanding of the difficulties new nurses say they faced as they transition to the registered nurse role. This qualitative research study uncovered the meanings and understanding of difficulties that existed, giving voice to those experiencing the phenomenon.

Research Question

The research question for this study was "What difficulties, if any, are you currently experiencing with the transition from the 'student' role to the 'RN' role?" This question is item IV of the Casey-Fink Graduate Nurse Experience Survey©, 2002.

Theoretical and Philosophical Perspective

Qualitative descriptive studies are considered naturalistic and include typical approaches to sampling, data collection and analysis (Sandelowski, 2000). This qualitative designed study provided a comprehensive summary of events in terms of the written texts that described the transitions experience for new nurses. The qualitative theoretical and philosophical perspectives of this study were informed by the works of van Manen, Creswell and Sandelowski. Sandelowski

presented qualitative description as both distinguishable from and foundational to other qualitative methods (2000 & 2010).

This qualitative study was informed by Max van Manen's (1990) hermeneutic phenomenological approach. Hermeneutic phenomenology is based on Husserl's descriptive and Heidegger's interpretive traditions which seek to grasp the meaning of an experience (van Manen, 1990). According to van Manen (1997), "phenomenology poses two distinct challenges: The thematic and expressive dimensions of inquiry, which have implications for semantic and mantic, discursive and nondiscursive understanding" (p. 345). When thematic meaning is turned to expressive meaning, the question we ask turns from "What does the text speak about?" to "How does the text speak"? (p. 345). The aim of phenomenological studies is to establish a renewed contact with the original experience (van Manen, 1990). Creswell (2007) describes hermeneutic phenomenology as a form of phenomenology focused on lived experience and interpretation of texts. Van Manen's work was particularly useful to underpinning this research because the meanings are unique to each individual. Descriptive summaries from studies such as this yield the concepts or themes useful to future phenomenological research studies (Sandelowski, 2000).

Meleis's Theory (2010) is a middle range theory based on the life world of persons and the universal human experience they evoke. Concepts of the theory include health-illness, developmental, situational, and organizational dynamics triggered by critical events and changes that influence both individuals and environments. Meleis, Sawyer, Im, Messias, and Shumacher (2000) describe the process as patterns of multiplicity, complexity and multi-structural transition, meaning they do not occur in isolation. Rather, they occur in conjunction with other types and

are characterized by different dynamic stages, milestones, and turning points defined through processes and terminal outcomes.

Meleis's Transitions Theory has been widely used in nursing practice and was used as the lens to compare the transitions experience as described by these new nurses. Transitions theory has been used primarily to emphasize the role of nurses in supporting patients and families through health illness transitions and for informing nursing interventions to facilitate better patient outcomes (Im, 2011; Kralik, Visentin & van Loon, 2006). The utility of Meleis's transitions theory includes the transition from clinical nurse to academic educator (Anderson, 2009), experiences of life transitions such as entering a nursing home (Davies, 2005) and health illness transitions experiences such as diabetes (McEwen, Baird, Pasvogel & Gallegos, 2007). Few studies utilize Meleis transitions theory as a framework to guide the study of transitions as it relates to new nurses; therefore, this study addresses the difficulties new nurses experience as they transition into the workplace from a novel perspective. The research study was designed to analyze the responses that identified difficulties of the transition for this cohort of new nurses hired into a nurse residency program.

Delimitations

The study was delimited to responses to a question posed at the conclusion of the orientation process. All responses from the second administration of the Casey-Fink New Graduate Experience Survey© question IV were included in the analysis and aggregated to uncover any additional themes that emerged. Results are not generalizable to other nursing populations and were subjective to interpretation. The participants formed a convenience sample of newly hired nurses, who completed orientation within an acute care hospital in the southeastern United States and responded to the question IV of the survey. These new nurses

participated in a nurse residency program that varied from sixteen to twenty four weeks depending on the level of care. The service areas were general medical surgical (16 weeks), intermediate (20 weeks and critical care (24 weeks).

The data consisted of written text in response to the question "What difficulties, if any, are you currently experiencing with the transition from the 'student' role to the 'RN' role? Through phenomenological inquiry using van Manen's (1990) methods, this study uncovered the meaning and essence of a phenomenon through reflexively analyzing the structural and thematic aspects of the experiences faced as they transitioned from student to practicing nurse. Data validity and trustworthiness were assured through triangulation, and researcher verification of the accuracy of verbatim texts.

The researcher is prepared educationally and experientially to conduct this study. This doctoral candidate completed a three-hour course on qualitative research within the doctoral studies curriculum. In addition, 28 years of experience as a direct care nurse, nurse in a large tertiary care center provided experiences specific to this study topic and expertise in nursing professional practice. These experiences were identified and considered throughout the analysis phase of the study as a reflexive awareness of my own experiences (van Manen, 1990).

Limitations

The sample was limited to new nurses hired within the study period of January 2011 and July 2012 at an acute setting in the southeastern United States. These newly hired nurses made up the convenience sample for this study designed to explore the meaning of the difficulties new nurses face. Study participants completed the Casey-Fink Graduate Nurse Experience Survey© in 2011and 2012 administered towards the end of orientation that coincided with the structured weeks of orientation as defined within their unit level of care. Question IV was the focus of this

qualitative analysis. The sample met stated inclusion criteria for these newly hired nurses practicing in a large hospital in the southeastern United States

Significance of the Study

Investigating the difficulties new nurses experience as they transition into the role of practicing nurse is relevant to nurse educators, nurse leaders, and the nursing profession. The importance of understanding the factors related to new nurse transitions into the workplace is critical to workforce supply and demand to meet future healthcare needs. The study findings were considered with the lens of a comprehensive transitions framework to better understand a broader array of experiences associated with new nurse transitions that have not been reported in the literature. This study presented a comprehensive way to explore factors that influence the difficulties of the transition in addition to competence, confidence and support. This study was designed to discover the nature of the difficulties new nurses experience as they transition from the role of student to nurse.

It is essential that graduates acquire the competencies and skills required to participate in and lead quality improvement efforts that positively affect patient care outcomes and improve the work environment. A comprehensive understanding of difficulties new nurses face during the transitions period as they matriculate from the role of student to registered nurse may contribute to the development of new paradigms of support during this complex and dynamic period. This knowledge can be used to advise practice and education standards to promote a successful experience into an acute care setting.

Summary

Healthcare organizations rely on new nurses to fill current vacancies and to meet the healthcare needs of the future. The increasing demand for nurses in hospitals compounds this need. Nursing shortages, forecasted baby boomers leaving the workforce and complex healthcare environments drive supply and demand to care for patients. Turnover and its resulting effects on patient safety and quality care further support the need to understand the difficulties new nurses experience and why they leave as they transition into practice. These discoveries, useful to understand a comprehensive view of registered nurses as they transition into their first professional role, presents a platform for developing new strategies to support them as they enter these complex environments. Further, understanding the difficulties new nurses face provides insight into addressing concerns around patient safety and quality of care. Recommendations from the IOM (1999, 2004 & 2010) clearly endorse the need to identify and execute strategies to enhance processes that support new nurses during this most vulnerable period thus adding to the significance of this study.

CHAPTER TWO: REVIEW OF THE LITERATURE

The purpose of this qualitative study was to gain meaningful insight into and understanding of the difficulties new nurses say they faced as they transition to the registered nurse role. The literature review included analysis of transition literature as it related to new nurse transitions. A review of research-based literature was conducted. Databases searched included CINAHL, Medline and ProQuest. The literature review covered a fifteen year time frame, ranging from 1998–2013, using the search terms of new nurse transitions, transitions, nurse transitions and new graduate nurse transitions.

The most relevant peer-reviewed articles, dissertations and scholarly papers were included in the study. Life transitions and transitions as experienced by patients and families were excluded from the study.

This chapter explored relevant literature related to transitions. This review is organized to define from a global perspective the meaning of transitions and to further delineate that meaning within the context as defined by Meleis and others. In addition, role transitions, transitions in new nurses and Meleis's transitions types are further described within this chapter.

Transitions

Transition, as defined by Merriam-Webster (2011), is the passage from one state, stage, subject, or place to another. For the purpose of this study the passage from one stage refers to the transition from student to registered nurse. Transitions, according to Meleis, Sawyer, Im, Messias and Schumacher (2000), are a central concept of nursing. The types of transitions have been identified, analyzed and formulated into a framework to articulate the relationships of its components. The majority of work and research studies focus on transition as it relates to nursing as the primary caregiver of clients undergoing various transitions. The studies focus on

nurses' roles in preparing and facilitating processes to prepare patients for impending transitions. Meleis's Transitions Theory (2010) is a middle-range theory based on the concept of transitions in the life world of persons and the universal human experience they may evoke. Types of transitions theory include health-illness, developmental, situational, and organizational dynamics. Transitions, triggered by critical events and changes influence both individuals and environments. Meleis, Sawyer, Im, Messias, and Shumacher (2000) describe transitions as patterns of multiplicity and complexity. Transitions into employment are described as multi-structural, meaning they do not occur in isolation, but rather in conjunction with other transitions types. According to Chick and Meleis (1986), transition is the passage from one state to another state triggered by change. Transitions characterized by different dynamic stages, milestones, and turning points are defined through processes and terminal outcomes. Concepts from Meleis transitions theory provide a broader view of the transitions process useful to this study.

According to Meleis's (2010), there are four types of transitions: Developmental, Situational, Health-Illness, and Organizational. The four types define the dynamic stages of transition most relevant to the process new nurses may undergo as they enter into their first nursing roles in an acute care setting. Transitions theory often provides an excellent lens through which nursing phenomena can be systematically and comprehensively viewed (Im, 2011).

Role Transitions

Several qualitative research studies and scholarly papers have focused on the transition of experienced nurses as they matriculate to advanced roles such as nurse educator (Anderson, 2009; Manning & Nevile 2009) and nurse practitioner (Duke, 2010; Kelly & Mathews, 2001; Woods, 1999). These reports suggest that regardless of the practice setting, situational role transition can be stressful and turbulent. Structures and processes to support these nurses during

the transitions period are focused on orientation, development and competence. Situational role transitions, as described by Schumacher and Meleis (1994), are changes in job role function and scope of practice. In addition, research to examine the transition from student to newly qualified professional across social work, teaching, nursing and allied health professions has been conducted (Moriarty, Manthorpe, Stevens & Hussein, 2011). Their research suggests a need for more complex methodologies to understanding the transition from student to professional role. The researchers in this social work study support those items highlighted within the nursing literature and focuses primarily on development, competence and practice readiness. Recommendations from this work include strategies to examine a broader range of perspectives to improve the experiences of new practitioners. Further research would broaden understanding of the transitions process and its impact on improved outcomes.

Transitions in New Nurses

The transition of graduate nurses from student to professional has been a long-standing issue with numerous studies having been conducted to explore the transition of new nurses. These studies focus on new nurses' ability to identify and manage patient problems on performance-based assessments and new nurse competence, confidence and support (Fero et al., 2008; Kovner et al., 2007; Marshburn et al., 2009). Most studies related to new nurse transitions report the stressors and problems they encounter (Fero et al., 2008; Kovner et al., 2007; Scott, Engelke, & Swanson, 2008; Ulrich et al., 2010). These stressors have led to high turnover and in some instances new nurses have decided to leave nursing altogether. While these studies focused on new nurse characteristics, environmental factors and clinical competence, implications for future studies are recommended including those focused on structures and processes to support new nurses upon entry into practice, integration of residency programs and strategies to improve

new nurse retention. Fink, Casey, Krugman and Goode (2008) conducted a qualitative study to understand nurse residents' role transition difficulties. The researchers contend the study design provided detail to their previous quantitative study results. Their findings included difficulty with role changes, lack of confidence, workload, fears and orientation issues. These study findings are significantly relevant to this study and confirm the need to understand from the voices of the new nurses their experiences and its relevance in today's environment. Understanding the difficulties new nurses face during the transition may unveil unique needs that may influence and further address the implications set forth to support and retain new nurses in ways that may not yet be known.

Concerns regarding new nurse transitions are being addressed at state and national levels. Roth and Johnson (2011) conducted a transition to practice study in North Carolina. While the study revealed information on new nurse confidence and competence, implications for future research focuses on recognition of the demands that may exceed the ability of new nurses. This study is one example of the need to address new nurse transitions from a statewide perspective and confirms the concerns national studies are examining to understand new nurse experiences. The proposed study may indeed unveil some of the demands not yet uncovered as new nurses describe the difficulties they experience during the transition from student to practicing nurse.

Dyess et al. (2009) suggest that the problems with new nurse transition to practice are more serious today. These researchers conducted a qualitative study to better understand the needs and experiences of new nurses. They utilized focus groups to understand the needs of new nurses and a hermeneutic analysis to identify themes. The themes that emerged from their study were confidence and fear, less than ideal communication, experiencing horizontal violence, professional isolation and complex critical decision making. The study confirmed the importance

of the need for continued research to fully understand the needs of new nurses and focused on aspects of the nursing profession that may promote a smoother transition into practice. Key points of the study include the need to identify factors contributing to the dynamic transition of new graduates as they are rapidly deployed into chaotic practice environments with increasing patient acuity and cost conscious environments.

Marshburn et al. (2009) conducted a study to understand the relationship between the characteristics, perceptions and clinical competence of new nurses. Their findings confirm that new nurses lack competence and critical thinking ability and also feel unsupported by their preceptors. Their findings further validate the need to evaluate transition programs and preparation strategies to support new nurses in their abilities to function in increasingly complex environments.

Understanding the meaning of the difficulties new nurses face may prove innovative for nurse executives and educators in developing new transitions frameworks that will address concerns of patient safety and quality and retention among new nurses. Understanding the difficulties these colleagues face may unveil themes yet to be known.

Research studies to understand transitions processes of the graduates of accelerated nursing programs are limited (Oermann, Alvarez, Sullivan & Foster, 2010; Oermann, Poole-Dawkins, Alvarez, Foster & O'Sullivan, 2010; Raines, 2009). This study will include all new nurses who responded to the question "What difficulties, if any are you currently experiencing with the transition from the student role to the RN role?" All responses from the new nurses will be included in the analysis regardless of degree level.

According to Duclos-Miller (2011) a high percentage of new nurses still turnover within the first year of nursing practice. These statistics have implications for quality and patient safety

and contribute to the nursing shortage and workforce needs. In addition, new nurse turnover has a critical impact on patient safety, quality of patient care and nursing care delivery, as this group accounts for approximately 25 percent of the nursing workforce (NCSBN, 2010).

While the majority of new nurses begin their entry transition on general medical surgical areas, a fair number matriculate to critical care and other specialty areas, requiring more astute and advanced skill sets and needs. (Bowles & Candela, 2005; Kovner et al., 2007). This descriptive qualitative study will allow the researcher to gain deeper insight in and understand the meaning of the transition to the new nurse in various practice areas.

Research studies have focused on new nurse competence, confidence, retention and support, propelling the implementation of residency programs and other orientation structures and processes to address known practice gaps within acute care settings. The study findings of Scott et al. (2008) support monitoring factors that satisfy, dissatisfy, support, construct and standardize orientation processes through transition to work strategies. As nurse executives and regulatory agencies continue to drive patient safety and quality of care initiatives, financial incentives and the recruitment and retention of staff, it is important to understand the difficulties new nurses face as they transition. New transitions frameworks and practice not yet developed may better support nurse leaders and educators to proactively understand and respond to the difficulties facing new nurses.

As new nurses transition into practice, it will be important for nurse executives to understand the investment in the future of the nursing workforce and the implications for patient safety and quality care. The impact of the difficulties new nurses face may uncover themes yet to be addressed as it relates to the transition of new nurses. Recommendations for future strategies support research including qualitative research designs to examine and understand the

perceived experiences of new nurses (Vasseur, 2009). In addition, study recommendations include extensive research on residency programs and standardized approaches to meet the unique needs of new nurses (Hanighen, 2012; Henderson, 2011; Jones, 2008). Boswell and Wilboit (2004) conducted a qualitative study to assess new nurses' perceptions of nursing practice and quality of patient care. They interviewed 67 new nurses and found that communication with physicians and fear of causing accidental harm were concerns for new nurses. Difficulties in communication have tremendous implications for patient safety and quality care as new nurses may not report pertinent information relevant to the plan of care. It is important to understand the concerns of new nurses during this vulnerable period that places them at risk for feeling inadequate about the care they are able to provide, increases their level of stress and decreases their self confidence.

Transitions Types

Transitions, according to Meleis (2000) are diverse, complex and multidimensional allowing the researcher to further integrate themes into a transitions framework that describes the essence and meaning of the difficulties new nurses face. The purpose of organizing themes uncovered during data analysis into Meleis transitions types may support a unique conceptual view of transitions from a nursing practice paradigm. The majority of research using Meleis (2000) transitions theory focuses on patient care and delivery paradigms used primarily to examine changes in health status and patient experiences and responses during times of transition. For the purpose of this study, the concept of transitions was used to define new nurses' passage from the role of student to practicing nurse roles within acute care settings. Meleis (2010) has identified four transitions types relevant to nursing:

Health Illness Transitions. The impact on individuals and families by transitional events. This transitions type addresses the varying roles nurses play within the healthcare system and their role in assisting others facing transitions difficulties (Meleis, 2010, p. 40).

Developmental Transitions. Highlights change in the cycle of life of individuals. These interrelated properties of the transition experience highlight critical points and events that result in change at the single-person level (Meleis, 2010, p. 39),

Situational Transitions. Focus on educational and professional role conversions and shifts throughout one's career, practice setting or care unit. Situational transitions define factors to meet requirements and adjustments within the dynamics of the transition (Meleis, 2010, p. 39).

Organizational Transitions. Transitions into the work environment and selected factors that may influence the experiences, relationships and patterns of response of the people who enter and begin integrating into these multidimensional and diverse patterns. These transitions may be precipitated by social, political, economic or organizational changes (Meleis, 2010, p. 40).

Summary

It is clear that the meaning of the difficulties new nurses experience as they transition into practice have been developmental in nature, meaning the focus has been on competence, confidence and support to address the retention of new nurses. Understanding the meaning of the difficulties new nurses face is important to nursing, patient safety, quality of care and future workforce needs. Recent studies recommend qualitative research designs to understand the difficulties new nurses face.

CHAPTER THREE: METHODOLOGY

The purpose of this qualitative study was to gain meaningful insight into and understanding of the difficulties new nurses say they faced as they transition to the registered nurse role. Chapter three introduces the research question, rational for use of phenomenology, study sample, analysis of data, process for coding, researcher awareness and reflection, ethical considerations, data validity and trustworthiness and a summary of the methodology.

Research Question and Approach

Phenomenology was selected to answer the question "What difficulties, if any, are you currently experiencing with the transition from the student role to the RN role?" I chose phenomenology to gain insight into the difficulties new nurse's face, as told from their perspectives. This approach is suited to the exploration of the difficulties of the experiences in the context and understanding of how new nurses interpreted their transitions situation and deal with the difficulties they were facing at that time. New nurses experiencing the transition were the most appropriate to gain this understanding.

A good phenomenological description resonates with one's sense of lived life and is "something one can nod to" (van Manen, 1990, pg. 27), meaning the phenomenon is something one has experienced or could have experienced. This approach lent itself to providing a deeper understanding and meaning of the phenomenon. This descriptive qualitative study was designed to identify and understand the difficulties new nurses say they faced. Identifying and understanding these difficulties may be useful to support the development of new theoretical models or frameworks or add to existing models relevant to the transition of new nurses into complex healthcare organizations.

Rationale for Using Phenomenology

van Manen's (1990) phenomenological approach was chosen because it resonated with me as a meaningful way to understand the experiences of others, in this case, new nurses. Phenomenological inquiry as described by van Manen, (1990) supported my quest to gain new knowledge and understanding of the transitions experience as expressed within the texts written in response to the research question. According to van Manen (1990) phenomenological research is "the study of essences; and the description of the experiential meanings as we live them" (pp. 9-11). Lived experience, as described by van Manen (1990), is reflective as past presence and never grasped in its immediate manifestation. For this study, participants reflected upon and described the difficulties they experienced through text. The event of the transition and their meanings were explicitly captured within the analysis and interpretation of texts that provided deeper understanding and meaning of the difficulties of the transition. Phenomenological research borrows from other people's experiences and reflections and for this study, the meaning and reflection was found within the stories of the new nurses.

The essence of the phenomenon was discovered through the rich descriptions of the text from the voice of those experiencing the transitions. Phenomenological text as described by van Manen (1990) is descriptive in the sense that it names something, "and in the naming it points to and lets something show itself" (van Manen, 1990, p. 26). In essence, it seeks to find out or discover the meaning of how a phenomenon is experienced.

Theme analysis as described by van Manen (1990) is "the process of recovering a theme or themes that are embodied or dramatized in the evolving meaning and imagery of the work" (p. 78). In this study the analysis of the text is from the new nurses' view of the transitions experience. Thematic analysis supported the process of discovery and disclosure to understand

with deeper meaning a phenomenon, namely the transitions experience for these new nurses that was embodied in their responses. The process of analyzing a phenomenon through themes gave order to the writing of the research, creating the "structures of the experience" (van Manen, 1990, p. 79). Uncovering themes is described as "knots in the webs of our experiences" (van Manen, 1990, p. 90). van Manen's, (1990) approach framed the process to isolate themes from the written texts where new nurses' described their experiences. The aspects of isolating themes included: the holistic or sententious approach; the selective or highlighting approach; the detailed or line by line approach (p. 92).

While the phenomenon of transitions has been studied from both qualitative and quantitative perspectives, the difficulties of the experience have not been comprehensively addressed. I wanted to understand the meaning of the transition experience for this cohort of new nurses. van Manen's (1990) approach provided the structure to uncover the themes embodied in the evolving meaning and understanding of the phenomenon from their voices.

Study Sample

New nurses experiencing the transition from student to registered nurse are the most suitable population to share their difficulties from their view of the experience. The study was approved by the Institutional Review Board (Appendix A) on April 4, 2013 and a letter of institutional support to conduct the study was granted (Appendix B). Newly graduated nurses hired at a large tertiary center in the southeastern United States between January 2011 and July 2012 and responded to the Casey-Fink Graduate Nurse Experience Survey© (Appendix C) as a part of their residency program made up the study sample. This study focused on and analyzed one hundred eighty two responses in reply to the open ended question IV of the survey that

specifically asked “What difficulties if any are you currently experiencing with the transition from the ‘student’ role to the ’RN’ role?”.

All new nurses hired at this large tertiary care center completed the Casey-Fink Graduate Nurse Experience Survey© (2002) within the fourth week of orientation and again just prior to completing a structured residency program. For the purposes of this study, only the responses to question IV from the survey written just prior to completing orientation were analyzed. This process gave voice to those experiencing the transition and those willing to share their experience by responding to the survey. This aligns with van Manen’s (1990) view that those experiencing a phenomenon provide a deeper understanding of their experience. New nurses in this organization received anywhere from twenty weeks to twenty-eight weeks of orientation within the nurse residency program, specific to their work area, for example general medical surgical nurses received sixteen weeks of orientation, intermediate care nurses received twenty weeks of orientation and those that matriculated to the ICU received twenty-four weeks of orientation. These new nurses were fully immersed into the culture of their units and practice environments that equipped them to describe and authenticate their unique experiences and the difficulties they perceived they faced.

Analysis of Data

The analysis, interpretation and synthesis of the text for this qualitative study were guided by van Manen’s (1990) phenomenological approach. Data analysis involved six steps: turning to the phenomenon, investigating the experience, isolating themes, writing descriptions, staying oriented to the research study question and stepping back to look at the whole in an iterative manner (van Manen, 1990). Each step is explicated in light of this research. Further, Appendix

D highlights the timeline for the analysis process and Appendix E presents an example of the researcher journal.

Turning to the phenomenon. The first step of the data analysis process began by extracting the verbatim responses of participants who answered the open ended question IV of the Casey Fink Graduate Nurse Survey©. Turning to the phenomenon of interest to understand the transition of new nurses provoked a commitment from me to understand the transition experience of new nurses. The aim of this phenomenological study was to transform the transition experience of new nurses "into textual expression" (van Manen, 1990, p. 36). This process occurred through reading and re-reading the text written in response to question IV of the Casey Fink Survey. Written responses were read, de-identified, extracted verbatim and entered into a word table. The de-identified table included numbers with no name or identifying data included. Numbers were assigned to maintain anonymity of the participants and their responses. One hundred and eighty-two responses were extracted verbatim into a word table. One hundred and fifty five new nurses wrote a response to this particular survey question. Twenty-seven of the new nurses did not write a response, this means they left the survey question blank. An example of one page of the de-identified word table that includes verbatim responses is presented in Appendix F.

Investigating the experience. The second step of the analysis process supported investigating the transitions experience for new nurses. The final word table reflective of the extracted verbatim responses was shared with two committee members in electronic format and hard copy. The table that was eight pages long in landscape view contained responses that ranged from one word to five sentences per entry. This element of the analysis process included coding

the written responses and required reading and re-reading the written responses, consideration of question IV upon which the new nurses responded in written text, organizing, coding and highlighting like categories and isolating themes. All responses were subsequently uploaded into NVivo10, a qualitative data analysis software package used to organize, manage and explore qualitative data. Analysis of the text written by the participants in response to the question explored continued throughout the analysis process reflective of all new graduate nurses hired during the January 2011 to July 2012 timeframe. According to van Manen (1990), phenomenological research establishes contact with the original experience. The new nurses were asked to recall their transitions experiences through written texts in response to a question that was part of a survey administered just prior to the completion of their orientation. To establish contact with the original experience the researcher read, re-read and entered verbatim each de-identified response to question IV of the Casey Fink Graduate Nurse Experience Survey©, 2002.

The process of coding data in NVivo presented another opportunity for investigation of the transitions experience as written by the new nurses and to authentically remain conscious of my perspectives as described within the researcher narratives. Two committee members and I coded data independently and met once a week for three weeks in order to capture multiple perspectives in understanding the essence of the transition experience and to discuss our findings through triangulation. The following is the process for coding data in the context of this descriptive qualitative study.

I met with a consultant with expertise in the use of NVivo10 and qualitative methodology to support the organization, coding and the analysis process for the study every other week for four weeks. The coding of the verbatim responses was approached in three distinct ways. For

example, one committee member, coded through the process of highlighting frequently occurring words and phrases, I coded in NVivo. Emerging categories and corresponding item numbers were distinctly identified. The second committee member coded by circling frequently occurring words or phrases and provided an overall summary for each page of tables. After uploading the responses in NVivo10, I coded each selection of the responses within a node. A node is essentially the collection of primary references or categories (NVivo10). The references for node collection were manifested from the responses of the survey. Each node was named and categorized from the coding of similar or reoccurring texts, words, phrases or sentences. Categories and names derived from the independent coding and those within NVivo were compared. The iterative process for the analysis comprised exploring the data through reading and transcribing verbatim, coding independently and within NVivo, categorizing, naming the nodes or categories, highlighting evolving themes and recoding within the nodes to uncover the final themes and evolving meaning.

Isolating themes. The third step was to uncover the structure of the meaning of the experiences new nurses say they face during the transition. The researcher identified themes that emerge from the data and the analysis process that included reading and re-reading texts (van Manen, 1990). Nodes that emerged were reviewed and isolated into themes. In addition, the committee members individually coded responses. Their analysis processes included highlighting, circling and categorizing terms that most frequently occurred in the written responses. Code books were derived during the holistic, selective and detailed line by line approach to study the meaning of the transition to new nurses (van Manen, 1990). Through the process of NVivo, coding twenty five nodes or categories reflective of recurring words and phrases that evolved during the initial phase. Data were re-coded within the nodes a second time

and organized further into similar categories. During the second phase, thirteen categories evolved.

Writing descriptions. The fourth step included "Creating phenomenological text," according to van Manen (1990, p. 111) is the object of the research process. The researcher, after reading and re-reading the text reflected upon the core meaning and essence of what the text spoke. This process included making sense of the parts and grasping the meaning of the whole of the transitions experience in an understandable way. The text that gave voice to the nurses' transitions experience were summarized in a meaningful way and provided rich descriptions of the phenomenon in narrative expression.

Staying oriented to the research study question. The fifth step of the process bought the researcher back to the question. The research question for this qualitative study is "What difficulties, if any, are you currently experiencing with the transition from the 'student' role to the 'RN' role?" To stay oriented to the research question, the researcher reflected upon her knowledge of transitions experiences in relation to that described by others. This strategy decreased the chances of "getting side tracked or settling for preconceived opinions and conceptions" (van Manen, 1990, p. 33). The research question understudy remained in the forefront of the entire process. It was located at the top of the table that displayed the verbatim responses and was read after each written response was entered verbatim and coded.

The researcher reflected upon her unique orientation experiences in comparison to the structures and processes in place for these new nurses. This researcher was hired during a timeframe whereby new nurses received orientations of approximately 4–6 weeks. The primary focus of orientation was experiential learning at the bedside. Organizational expectations of new

nurses during that timeframe differed from those faced today as did the challenges of patient care. Patient acuities were less complex when compared to the patients cared for in acute care settings in today's healthcare environments. In addition, the professional relationships among nurse colleagues, physicians and others on the healthcare team promoted a sense of pride and value in being a professional nurse. The physical layout of units, physician rounding practices and communication among professionals promoted an environment of support and development. In addition, the process of triangulation provided an opportunity for the researcher to not only reflect upon her own transition experiences, but also the experiences of others, that occurred in rich discussions and validation of themes among the committee members and I as well as the consultant and I.

Stepping back to look at the whole. Lastly, the sixth step of the process is an analysis of the whole. van Manen (1990) described achieving cohesiveness between the research process and writing of the text as maintaining balance between the parts and the whole. This process allowed the researcher an opportunity to view the parts meaning each individual entry and the whole meaning the themes that emerge from the totality of meaning within the written texts. This step of the process was achieved through coding all entries verbatim in NVivo 10©, coding each statement, each node and consolidating like themes to understand the essence of totality and meaning of the perceived difficulties new nurses faced during their transition. The study data were derived from an analysis of existing data. These data were coded in NVivo to create nodes that provided a primary level of meaning and relationship within and among the essence of the texts. Nodes were coded and recoded into similar categories. The method of reduction was reached through selectively coding, moving from the parts to the whole in understanding the

difficulties of the transition for new nurse. This step of the process is reflective of looking at the whole in an iterative manner (van Manen, 1990).

The final step in the data analysis process was selective coding. This represents the reduction stage to establish final and overall themes that were compared to Meleis's Transitions Theory (2010). This process of analysis was foundational to moving from parts to the whole that described the meaning of the difficulties of the transitions experience for new graduate nurses within four related themes: role transitions, role development, establishing relationships and navigating the organization.

Researcher Awareness and Reflection

van Manen (1990) recommends initial awareness and reflection. I made explicit my understandings by identifying and unveiling initial experiences as a part of phenomenological reflectivity and reflected upon my own beliefs prior to the implementation of this study. This process of self-reflection continued throughout the study analysis and aspects of initial awareness and reflection were disclosed. What follows is the chronology of my trajectory and experiences that describes my personal and professional interest in the phenomenon of transitions.

I understand the impact of new nurse turnover on patient safety and quality of care and the overall practice environment. I have 28 years of nursing experience, within an acute care setting and have progressed to doctoral candidate. Reflecting upon my experiences as a new nurse, reminds me of the level of confidence I bought to my first role as a registered nurse and the aspects of development through preceptor support. I began my journey confident in performing the skills and tasks of basic nursing care such as starting peripheral intravenous lines and inserting urinary catheters and nasogastric tubes. A four-week orientation which consisted of minimal classes was specifically focused on enhancing my ability to provide hands on care at

the bedside. This entailed execution of the nursing process and included rounding with physicians and communicating the patient's response to care in a meaningful way. The professional relationships developed with colleagues and physicians provided what I perceived as a supportive environment.

I encountered a successful orientation that was foundational to the future of my nursing career. After working five years on the same general surgical unit as a staff nurse, charge nurse and subsequently assistant nurse manager, I developed proficiency in the care of a specific patient population and subsequently transferred to a critical care unit where I served as charge nurse and preceptor. The level of proficiency gained in the role of staff nurse led to other opportunities and promotions such as nurse manager. The manager role included responsibility for assuring the competence of the nurses. Towards the end of my three-year tenure as a nurse manager, I began to explore opportunities in staff development and became the education nurse specialist for a critical care unit and intermediate unit. This role provided autonomy in leading and guiding the professional development of nurses that included orientation of new nurses. It was early in my staff development journey that I realized the orientation process for new nurses matriculating to critical care would need to be refined. The events encountered during my tenure as an education nurse specialist helped me to realize the critical need for successful orientation processes at the unit level.

My professional journey continued as I assumed the role of education coordinator for nursing. This role shifted my responsibilities from a unit professional development perspective to a global organizational perspective. This role allowed autonomy to develop and execute innovative orientation processes that incorporated the Performance Based Development System (PBDS). Data results from PBDS assessments were designed to individualize the orientation

process to meet the unique needs of newly hired nurses, however, these refined processes did not decrease new nurse turnover.

Lastly, I became the Director of Professional Practice and the Magnet Program Director this promotion paralleled my entrance into doctoral studies where my interest in new nurse transitions continued. The experience of leading the organization's "Journey to Magnet" excellence and subsequent designation required a focus on retention, turnover and the support of new nurses as they transition into practice. These experiences remain the impetus driving the inquiry for this research study.

As part of a qualitative course within my doctoral studies, I had an opportunity to conduct a pilot study. The pilot qualitative study was designed to understand the meaning of support for new graduate nurses. The unpublished study was entitled: "Understanding the experiences of new nurses through the lens of support." The study was designed to assist nurse leaders in learning more about the experiences of new graduates upon entry into practice. Findings of the study validated the need for implementation of guidelines to support the development of preceptors and to support policies surrounding the maximum number of preceptors appropriate for a successful experience. These findings were important to enhancing orientation structures and processes useful to impact the retention of new nurses.

Involvement in education and practice provided opportunities to evaluate first-hand the importance of supporting new nurses as they transition into practice. A stable workforce is critical to the provision of healthcare and new nurses are relied upon to fill the gaps. As the director of professional practice I am directly and indirectly involved in the development, recruitment, and retention of new nurses important to cultivating and sustaining a healthy professional practice environment.

It has been my observation that many new nurses enter the workplace enthusiastic about beginning their new roles as professionals. I believe new nurses are excited about entering into the profession of nursing. They have basic knowledge and skills needed to provide safe care. While new nurses have acquired the basics of safe care they require support and hands on experience at the bedside to further enhance matriculation in healthcare organizations and complex acute care environments. Orientation processes are filled with didactic education and simulated experiences that may increase confidence yet decrease opportunities for the needed hands on experiential learning required by new nurses. Further, experienced nurses may not fully embrace new nurses especially when there is a sustained high influx of new nurses due to nurse turnover. Somewhere during the first six months to one year, many of these new colleagues either turnover, leave the profession altogether or transfer into another unit within the same organization. I want to understand better the transition experience for the new nurses that enter into organizations with structures and processes designed to support learning, growth and development.

Ethical Considerations

This study was approved by the Institutional Review Board (IRB) on April 4, 2013 (Appendix A). In addition, I received permission for access to the Casey-Fink Graduate Nurse Experience Survey© data from the Administrator of the Center for Learning and Performance and Vice President of Human Resources at the study site which is a tertiary care center in the southeastern United States.

The identities of all participants remained anonymous as I received only the pages of the survey that contained question IV and demographic data that did not include their name. All

materials and data were maintained in confidence and stored in a secure drawer in my office once access had been granted.

Data Validity and Trustworthiness

Validity and trustworthiness were established through triangulation, reflexivity and prolonged engagement with the data. Each element and the process for operationalizing each component are described in detail within this section.

Triangulation. Triangulation is the process of combining multiple observers, theories, methods or data sources. The premise of triangulation is that it provides a diverse way of looking at the same phenomenon and adds credibility, strengthens confidence and adds cross data consistency (Patton, 2002, p. 555-556). Two committee members read the extracted texts for the purposes of interpretation, validation and peer debriefing. We met weekly for three weeks. Collaborative conversations resulted in rich discussions and allowed for deeper insight and understanding of the phenomena under study (van Manen, 1990). Another dimension in triangulating the data involved working with a consultant with expertise in the use of NVivo 10 and qualitative methodology that validated the coding process. We then met every other week for four weeks. Appropriate triangulation of the data was accomplished by engaging two dissertation committee members who are experts in qualitative methods in the analysis of the data. The committee members and I discussed the themes that emerged and the essence of the new nurse transitions experience. We then validated the distinct themes that emerged consistently during the analysis process. The process of triangulation captured the multiple perspectives of the research team and validated the phenomena of the difficulties of the transition as expressed by the new nurses.

Reflexivity. Reflexivity is a way of emphasizing the importance of self-awareness, political and cultural consciousness and ownership of one's perspectives. Being reflexive involves self-questioning and self-understanding (Patton, 2002, p. 64). To further establish validity and trustworthiness the process of reflexivity was invoked as a method to examine and reveal my own experiences and background with regard to the transition experience. According to van Manen (1990) knowing too much about the phenomena we want to investigate can pose a problem in phenomenological studies. Van Manen (1990) recommends making explicit one's understandings, beliefs, biases and assumptions instead of forgetting "what we know" (p. 47). Throughout the study I discussed and took into account my own awareness, assumptions and reflections by keeping a journal that described the authenticity of my perspectives as described in the researcher reflection and awareness section of this report. Reflexivity provided an opportunity for me to renew contact with my original transitions experience to support an analysis of the structural or thematic aspects of the transitions experience for this cohort of new nurses (van Manen, 1990).

Lastly, prolonged engagement with the data is the method that keeps the text and responses of the survey in front of the researcher. This process included staying oriented to the research study question to decrease the chances of "getting side tracked or settling for preconceived opinions and conceptions" (van Manen, 1990, p. 33). Prolonged engagement with the data invoked validity, trustworthiness and truth of the essence of that the new nurses said about the difficulties of their transitions experience. The research question was located at the top of the word table that contained the participant's responses to the survey question.

The verbatim texts as written by the new nurses were read and re-read, extracted verbatim into a word document, analyzed and coded within NVivo. The nurses' response of the

transitions experience were categorized, synthesized and further reduced into subthemes and major themes. Further, the researcher went back to the literature to examine the findings of this study in comparison to what others have found with regard to the transitions experience for new nurses.

Summary

This chapter described the proposed design and research methodology. Theoretical and philosophical underpinnings were framed within the approaches of van Manen (1990). Analysis and interpretation included turning to the phenomenon, investigating the experience, isolating themes, writing descriptions, staying oriented to the research study question and stepping back to look at the whole. Each unique step within the approach supported this qualitative study designed to understand the meaning of the difficulties new nurses face as they transition. Themes that emerged from the text describing the difficulties new nurses face were compared to Meleis's transitions types.

The findings of this qualitative study may contribute new knowledge and meaning of the difficulties experienced by new nurses as they transition into practice. Understanding the meaning of the difficulties may unveiled themes not comprehensively covered in the literature yet important to the transition process. Lastly, the findings from this study may contribute to new theoretical frameworks useful to understand the multifaceted aspects of the transitions experience for new nurses.

CHAPTER FOUR: FINDINGS

The purpose of this qualitative study was to gain meaningful insight into and understanding of the difficulties new nurses say they faced as they transition to the registered nurse role. This qualitative research study uncovered the meanings and understanding of difficulties that existed, giving voice to those experiencing the phenomenon.

The themes, transitioning into the role of professional nurse, applying knowledge to practice, navigating the organization and building relationships were the major findings of this study. These themes represent the difficulties of the transition experience for new nurses. This chapter addresses participant description and progression of interpretive thought that delineates four major themes and related subthemes.

Participant Description

The convenience sample for the study included all new nurses hired during the January 2011–July 2012 timeframe at a hospital in the southeastern United States. They participated in the Casey–Fink Graduate Nurse Experience Survey© as a part of their orientation process.

The 182 new nurses completed the survey just prior to the end of their orientation. The age of the new nurses hired was 63 percent under twenty-five years of age, with 25.8 percent being between the ages of 25–35. Eight percent of the nurses' ages ranged from 35–54 and 2 percent were over 55 years of age. All of the respondents were new graduate nurses in their first professional nursing role. The degree level of the participants varied in that 54.9 percent were bachelors prepared, 42.3 percent were associate degree prepared. Three of the nurses (1.6 percent) did not respond to the question about their degree level. The majority of respondents who participated in the survey during their orientation period were Caucasian, accounting for 86 percent of the convenience sample, while 7.6 of those hired during the timeframe were African

American. The combined percentage for other minority groups that includes Hispanic, Asian and other made up 4.3 of the total population studied. A few of the participants 1.6 percent did not respond to the question regarding race. The majority of new nurses hired during this timeframe, 84 percent, identified themselves as female, and 16 percent of the new nurses were male. Twenty one of the one hundred and eighty two nurses responded by writing in the word none and twenty seven of the new nurses did not write a response.

Progression of Interpretive Thought

The meanings and understanding of the difficulties that exist for new nurses were uncovered through an analysis of their written texts in response to the question "What difficulties, if any, are you currently experiencing with the transitions from the 'student' role to the 'RN' role?" The thirteen subthemes were selectively coded within similar nodes that produced the four major themes. Themes that emerged from this analysis gave voice to those experiencing the transition and described the essence of what makes the transition experience difficult for the new nurse. The major themes of the study findings that describe the essence of the transition for these new nurses include: transitioning into the role of professional nurses, applying knowledge in practice, navigating the organization and building relationships. The themes and corresponding subthemes are described in detail and further delineated within the context of the whole, which represent the four major themes that describe the difficulties experienced by this cohort of new nurses.

What follows are the major themes and the related subthemes that emerged from the analysis. The subthemes are role transition, delegating to others, lack of experience, fears, time management, responsibility, pulling everything together, confidence, organization, documentation, relationships, treated like a student and communication. Each major theme is

summarized and discussed within the context of the related subthemes that includes exemplars of what new nurses said about the difficulty of the transition as they experienced. Coding in NVivo, selective coding, descriptions, inclusion and exclusion criteria are further explicated in (Appendix G). Table 1 includes the four major themes and related subthemes.

Table 1

Four Major Themes and Related Subthemes

Major Themes	Subthemes
Transitioning into the Role of Professional Nurse	Role Transition
	Delegating to Others
	Lack of Experience
	Fears
	Time Management
	Responsibility
Applying Knowledge to Practice	Pulling Everything Together
	Confidence
Navigating the Organization	Organization
	Documentation
Building Relationships	Relationships
	Treated Like a Student
	Communication

Transitioning into the Role of Professional Nurse

Transitioning into the role of professional nurse is the largest and most complex of the themes that encompassed new nurse role specific experiences from the context of factors important to transitioning into a new role. The related subthemes include role transition, delegating to others, lack of experience, fears, time management and responsibility. Overall, new nurses transitioning into their first professional role expressed concerns about the transition from student to practicing nurse. Of particular concern is their "*inability to delegate* to others on the team. Emotional aspects were also found to impact the transitions experience for new nurses. The new nurses expressed being *"fearful, overwhelmed, scared and worried"* about the "*responsibility"* of caring for complex and high acute patients, caring for "*patients that code"* and recognizing that "*they are the nurse*" responsible for patient care. Lastly, the transition was described as difficult *when they feel school has not prepared them* for the reality of the roles and responsibilities they have just entered. What follows are the subthemes: role transition, delegating to others, lack of experience, fears, time management and responsibility that describe the meaning and essence of transitioning into the role of professional nurse.

Role transition was expressed as *"that I'm the nurse," "Role and responsibility as a new nurse," "being the facilitator of care," "transitioning from care partner to RN," "knowing what to do-what my responsibilities are and what they aren't"* as a new nurse. Questions of readiness for the role and responsibility of RN is expressed as "*am I really ready*" to care for patients. New nurses in facing the reality of their new role feel a sense of role ambiguity in becoming a practicing nurse, describing the difficulty of disconnecting from the student role. New nurses also express concerns with "*working nights," "lack of sleep," "adjusting to fulltime schedule,"*

and "flipping from night shift to day shift classes." These concerns could impact the health and well-being of new nurses during this highly stressful period.

Delegating to others was found to be a difficulty of the transition. The difficulty in delegating to others was expressed as simply "*delegating tasks" or "delegating to others."* In addition to the difficulty of delegating tasks to others, some new nurses that are not comfortable with delegating felt compelled to complete tasks themselves. This was expressed as "*Delegating, I usually do tasks myself, helps me learn more about my patients."* New nurses share the difficulty of delegation from the perspective of the strained relationships with more experienced support staff that affects their ability to delegate. This was expressed as *"at times delegating to experienced nursing assistants can be a struggle."* Delegation authority to unlicensed assistive personnel resides with the registered nurse. Inexperience with delegating to others may impact new nurses' ability and comfort in delegating to those who may be informal leaders on the unit or when there is an age difference between those they are delegating to and themselves.

Lack of experience was expressed as a consistent theme among the new nurses, described as "*I feel like nursing school did not fully prepare me for a nursing job because there are more responsibilities and more patient loads than in school," "too many classes", "information review from school, need more time on the floor," "It is difficult to put previous book knowledge into play sometimes and to recollect these things when I haven't ever had practice in a clinical setting," "I believe my major struggle is my lack of experience," "Not being exposed to different things and learning situations, I wish I had more of an opportunity to be exposed to more skills/procedures," "lack of experience in school."* These findings are concerning in that the new nurses are nearing the end of their orientation and perceive they lack

the experiential learning they need to care for patients. In addition, their responses also reveal their perceptions of a disconnection between their clinical experiences as students and their orientation as a new nurse as well as their experiences in classes and the reality of the experience at the bedside. Lack of experience is a consistent finding in the literature (Benner et al., 2008; Casey et al., 2004; Ellerton & Gregor, 2003; Roth, et al.).

Fears emerged as an unanticipated theme. Few studies address the fears that new nurses say they experience (Duchsher, 2009; Lavoie-Tremblay et al., 2008). Fears as described by the new nurses included being scared, overwhelmed and worried. Descriptions of fear consist of: "*Fear and doubt," "I'm having some personal difficulties in which I am scared to be on my own," "Fear of acuity of patients," "being completely responsible a little scary," "worried I may not know how to intervene−the initial actions prior to calling for help," "I am nervous about coming off of orientation because I won't have that extra support person (my preceptor)," and fear of practicing w/my own license.* The context of fears not only encompasses the fear of being a responsible nurse, but a fear of coming off of orientation and feeling they will not have the support they need. This could have implications for the retention of new nurses and also the psychosocial and emotional well-being of new nurses. In addition, fears may facilitate or impair their ability to successfully progress through the transition phase.

Time management was expressed as lack of organizational skills useful to manage time. New nurses described the difficulty of time management as simply "*Time Management or time control.*" Other responses highlight the essence of not having time as highlighted in this response "*I feel nurses are willing to help but don't have time"* and difficulty *"managing time with multiple patients," "everything takes me longer because I always have to stop and ask a question."* Contributing factors of time management within the context of the study findings

include caring for complex patients and the volume of patients, and inefficient use of resources to support them to complete their assigned duties and role responsibilities.

Responsibility the final subtheme that made up the major theme of transitioning into the role of professional nurse is expressed as new nurses' feeling a sense of overwhelming responsibility for patient care. This difficulty is described simply as "*overwhelming responsibility," "increased responsibilities, learning things we did not in school," "I feel that nursing school did not fully prepare me for a nursing job because there are more responsibilities and more patient care loads than in nursing school," "assuming all responsibility for patient care," "learning all the responsibilities as an RN"* and *"nurses are responsible for everything."* Having a sense of overwhelming responsibility can impact the health and well-being of new nurses and also facilitate feelings of stress that may inhibit their ability to provide safe and quality care. In addition, these new responsibilities may also impede their ability to remain focused on their own development and transition.

Applying Knowledge to Practice

Applying knowledge to practice the second major theme describes the factors that influence knowledge development and its applicability to nursing practice. This theme encompasses the subthemes of pulling everything together and confidence, highlighting the developmental aspects of the transition and factors that make transition experiences difficult. Pulling everything together described the experience of developing *critical thinking, clinical reasoning, clinical judgment and competence* to safely care for the "*high acuity" "volume"* and increasingly complex patients in acute care settings. These new nurses said they need "*more time on the floor"* as opposed to *"time in the classroom"* to support their learning to care for patients. They said they have *"too many classes"* that are *"a review from school"* indicating the

importance of experiential learning to develop the clinical reasoning and judgment to safely care for patients. They fear they will "*run the risk of becoming a tasking nurse*" In addition, co-worker and preceptor expectations were perceived to *negatively impact their confidence level*, the second subtheme of the second major theme. Supportive and dedicated preceptors and clinical coaches that understand the importance of *not doing for*, the new nurses and that have the ability to guide the new nurse in the provision of safe and quality care is important to their ability to develop in the role.

Pulling everything together encompassed *critical thinking, reasoning, decision making, critical thinking and competence*. In addition to the difficulty being described as "*Pulling it all together,*" the meaning of this difficulty is expressed as "*full responsibility*" for sick patients, "*critical thinking skills,*" ability to manage "*acute situations," "catching red flags," "making decisions," "piecing together knowledge gained in nursing school with real life situations in my clinical area," and "using my nursing judgment to confidently make suggestions"* or recommendations to facilitate nursing care interventions. New nurses expressed concerns that they will not be able to *pick up on the subtle chang*es that will keep patients safe and that they will not be able *to respond when faced with acute changes* and situations. According to Benner, Hughes, and Sutphen (2008), increasing patient acuities and the complexities of care demand higher order thinking. Research confirms that new nurses lack critical thinking ability that is foundational to the development of clinical reasoning, decision making and clinical judgment (Fero et al., 2008; Dyess et al., 2009, Roth et al., 2011).

Confidence was expressed as a difficulty of the transitions experience for new nurses, the meaning of this theme within the context of the descriptions from the verbatim text written by the new nurses included the use of the word *"confidence," "My coworker's expectations of my*

performance varies so extremely which affects my confidence," "confidence when talking to others," "becoming confident being alone," "Not confident in my knowledge and skills," I'll be glad when I know more and am more confident," and "building confidence in my own skills and judgment, in school I was always helping on backup and not my own judgment." The description of confidence suggests that not only do new nurses lack confidence in their skills and abilities, the expectations of others contribute to their level of confidence. In addition, this cohort of new nurses felt that lack of support from their preceptors and coworkers contributed to their lack of confidence. These findings support other researchers who found that new nurses lacked confidence in their knowledge and abilities to provide patient care. Contributing factors included lack of experience, competence and lack of preceptor support (Casey et al., 2004; Duchscher, 2008; Marshburn et al., 2009). Casey et al. (2004) studies found that new nurse level of confidence improved overtime.

Navigating the Organization

Navigating the organization, the third major finding of the study describes the lack of political astuteness, organizational factors, and unit and organizational culture that made the transition difficult for new nurses. Organization and documentation are the subthemes that make up this major theme. The emergence of navigating the organization as a major theme was unexpected. Their perceptions of how navigating the organization makes the transitions experience difficult was described as discrepancies or *gaps* in what they knew or what they had learned as compared to what was observed in the practice setting or modeled by their preceptor and peers. This theme was expressed as "*knowing which rules are the real rules*" and what is taught in "*classes is contradicted on the floor*." Surprisingly "*unit and organizational politics*" was also described as a difficulty within the context of navigating the organization. In addition,

the impact of technology on new nurse transitions was perceived to affect their ability to be efficient, thus making their transitions experience difficult. This was expressed as "*redundancies in documenting in the electronic health record,*" and navigating the electronic health record within the context of the "*numerous places to document.*" In essence this cohort of new nurses had not developed organizational savvy to navigate the setting in which they worked. The organization and documentation subthemes are described in the passages that follow, with examples of the responses of new nurses.

Organization emerged as a relevant subtheme within this qualitative study findings that highlighted new nurses' difficulty when policy and procedure and practices do not line up with what they have been taught in school and within the organizations orientation process that includes preceptor or clinical coach advisement. Further, new nurses express concerns around not knowing organizational politics. Exemplars include "*Making sure to follow policy makes me nervous when older nursing staff does different," "There is a lot to learn about the hospital and its politics that you aren't exposed to as a student," "learning all the stuff, policies/real world ways of doing things that they don't teach you in nursing school," "Also knowing what supplies are and where to find them, especially when physicians asks for them," "understanding specific hospital policies," "knowing where to find the answer to questions-where policy guidance is found" and "knowing which rules are the real rules when things taught in classes are contraindicated on floor."* While critical thinking development, clinical reasoning and decision making are important to safe patient care, it is important for new nurses to understand and adapt to the policies and practices of the organization.

Documentation emerged as the second subtheme within the navigating the organization theme. This subtheme was expressed as a difficulty of the transition for the new nurses. The

technology designed to support nursing practice is perceived as a barrier contributing to the transition experience difficulty. This difficulty was described as *"documentation," "charting," I have a tendency to get behind with my charting," "Recognizing the difference between the right way to do tasks/document and the way things are actually done/expected to be done," "all the charting and how redundant it gets to chart the same thing in three different places," "making sure I get all documentation in before I leave and that it is correct."* These new nurses understand the importance of documentation that is timely and accurate, but expressed that they don't have time to document effectively because the process for documentation is redundant and inefficient. As acute care organizations continue to implement technology to support practice, it will be important to examine their impact on the transition of new nurses.

Building Relationships

Building relationships the fourth major theme of the study findings describes the difficulties of the transition from a relational perspective that includes how new nurses are treated on their units and their experiences in communicating with others on the team. Corresponding subthemes for this major theme include: relationships, being treated like a student, and communication. *Relationships and value* of new nurses as contributing members of the team was described as an indicator impacting the transitions experience. *The number of preceptors* and *lack of preceptor support* was described overtly as contributing to the difficulty of the transition. This was expressed as "*some preceptors help without me asking,*" and "*I've been with ten different preceptors.*" In addition the transition to professional nurse is difficult when the preceptor, clinical coach and others on the healthcare team "*treat them as a student"* as opposed to being a valued professional colleague. Other relationship concerns are with regard *to nurse colleagues, physicians and nursing assistants.* Communication was described as a major

contributor of relational concerns. The subthemes are further delineated and described from the voice of the new nurses.

Relationships are portrayed as a difficulty of the transition and described in terms of relational disconnects among new nurses and preceptors/clinical coaches, co-workers and physicians. Descriptors include "*working with experienced RNs they can be mean," "Many people have very high expectations of what a new RN should know that I feel are unrealistic," "professional interactions are dealt with via the preceptor," "Being treated like an inferior staff member," "There is a steep learning curve but I don't feel my preceptor is invested in making me successful," "It is difficult to know that EVERY mistake I make, that is common to new grads to make, is just going straight to the charge nurse, the SDA and gossiping around the other staff members," "I was ONLY told that I was doing a bad job and* [was] *behind where I am supposed to be during orientation," and "lack of support from preceptor." "They see me as a young girl instead of an RN."*

Treated like a student an interesting subtheme that emerged within the written text was expressed as being "*treated like a student," "treated like an inferior team member,*" "*still treated like a student by some other nurses*" and "*treated like an advanced student.*" The feelings of treatment as a student are preceptor or clinical coach driven in that they do for the new nurses. The essence of being treated like a student "*w/my preceptor still there for me it's hard to know how it will really be on my own." "Sometimes I'm worried when they do things for me if I'll be able to know what to do by myself."* Additionally new nurses said they experienced a sense of being devalued as a member of the team and as a professional nurse.

Communication, foundational to building professional relationships and facilitating nursing care was expressed as a subtheme within the developing relationships theme and

described as a source of difficulty of the transition among new nurses. Difficulty communicating with physicians, patient and families and colleagues is expressed as "*communicating with doctors,*" "*sometimes it's difficult to stand up to doctors about changing the plan of care,*" "*talking to doctors,*" "*feeling comfortable calling out mistakes or situations that may need extra attention,*" "*knowing who to call when communicating with physicians,*" "*at times doctors don't take me seriously when I recommend interventions and I know I'm correct but I feel they think I'm just the new grad,*" "*communicating with MD's that are not usually on my floor,*" and "*talking to families without giving false hope.*"

The findings of this study are illustrated within Brewington's Phenomenologic Structure of New Nurse Transitions. The circular nature of the structure depicts the essence of the phenomenon as described within the rich descriptions of their texts that embodied the difficulty of the transition from the role of student to registered nurse. The circle depicts the whole of the dynamic and complex cycle of the transitions experience as portrayed in Figure 1.

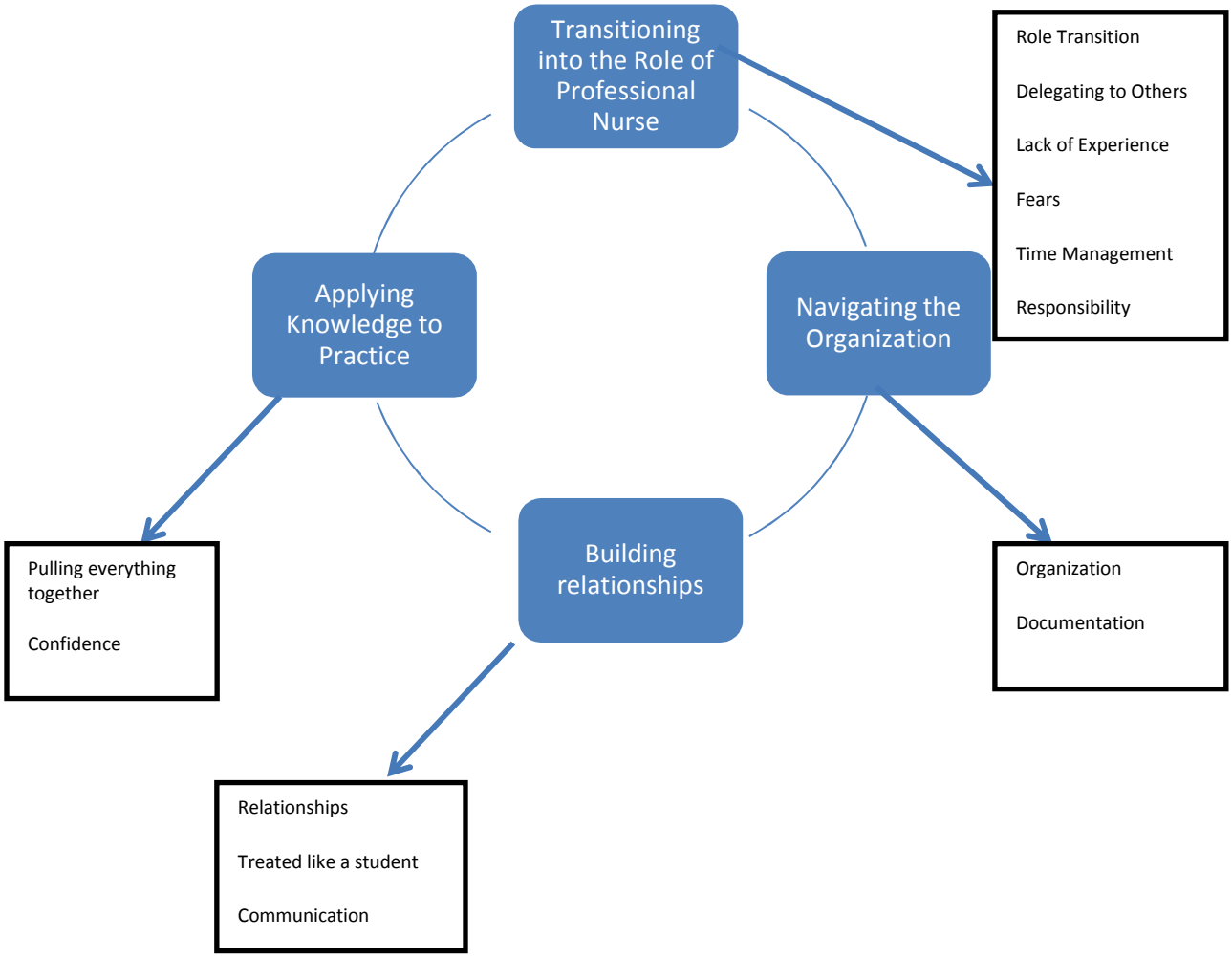

Figure 1. Brewington's Phenomenologic Structure of New Nurse Transitions.

The essence of the transitions experience for this cohort of new nurses is presented as a structure of their perceived difficulty. The structure illustrates the evolving meaning and imagery of the new nurses' perception of the transitions experience (van Manen, 1990). Further, the circle represents a dynamic nature that provides a different way of knowing and grasping the lived experience of their transition (van Manen, 2007).

This descriptive qualitative designed study provided meaningful insight into and understanding of the transitions experience for new nurses. The essence of the difficulties of the

transitions for these new nurses was found within the major themes. The theme of transitioning in the role of professional nurse was of particular importance to these nurses. It was within the textual expression of this theme that they described their concerns with delegating to others, lack of experience, fears, inability to manage time and the overwhelming responsibility they felt in being a professional nurse. Applying knowledge to practice encompassed developmental capacity aspects that included pulling everything together and gaining confidence. Pulling everything together was described in the context of knowledge development such as critical thinking, clinical reasoning and knowing. The theme of navigating the organization highlighted organizational culture and their experiences with the electronic documentation system. Within this theme, they describe organizational policy, politics, procedures and rules in a way that invoked a sense of insecurity. Lastly, it was under the theme establishing relationships where this cohort of new nurses described the difficulty in building relationships with others. Through textual expression, they describe how they felt about their experiences of being treated like a student and their difficulty in communicating with others on the healthcare team. Their rich descriptions provide a compelling portrayal of the difficulties they perceived and gave meaning and understanding to the transitions experience.

CHAPTER FIVE: DISCUSSION

The purpose of this qualitative study was to gain meaningful insight into and understanding of the difficulties new nurses say they faced as they transition to the registered nurse role. Additional in-depth discussions to support a comprehensive way to address new nurse transitions are presented in this chapter. Themes from the study findings are compared to Meleis's Transitions Theory with a particular focus on the types of transitions (2010). These transitions types underscore major developmental events, role changes, the impact of transitions on one's health illness state, and environments and how they affect the lives of those working within them. Meleis's Transitions Theory (2010) is the lens upon which the interconnectedness among the themes is discussed. Further, this chapter is organized to discuss study findings and compare them to what other researchers have found. In addition, recommendations for further research, recommendations, limitations and conclusions will be discussed.

To further understand the transitions experience for new nurses, the four major themes were compared to Meleis's (2010) Transitions types. Meleis's (2010) Transitions types include development transitions, situational transitions, health illness and organizational transitions. These transitions types are defined below.

Developmental Transitions

Major developmental event such as becoming a nurse (Meleis, 2010, p. 39).

Situational Transitions

Educational and professional roles such as ADN to BSN, student to nurse or school to practice. Role transition into the responsibility within the context of the professional nurse role or the essence of becoming a nurse (Meleis, 2010, p. 39).

Health Illness Transitions

The impact of the transition on health illness state such as physical or emotional (Meleis, 2010, p. 40).

Organizational Transitions

Environment and how it affects the lives of those working within them such as relationships, structures, dynamics, technology, policies, practices and expectations (Meleis, 2010, p. 40).

Transitions, activated by critical events and changes influence individuals and environments in a dynamic fashion. These patterns and types of transitions are complex and multifaceted and can occur simultaneously (Meleis et al., 2000). The essence of the experiences as described by this cohort of new nurses validates the difficulty, multiplicity and complexity of the transition from the role of student to nurse. The new nurses, through their written text, describe the difficulty of the transition from their view of the world that focuses on role transition, role development, organizational and relational factors. Using Meleis's definitions, Brewingtons's themes and subthemes are compared to the Meleis's transitions types. Table 2 presents the relationship of the major themes and subthemes of this study to Meleis Transitions types.

Table 2

Comparing Brewington's Themes and Subthemes with Meleis's Transitions Types

Meleis's Transitions Types	Brewington's Themes	Brewington's Subthemes
Developmental	Applying Knowledge to Practice	Pulling Everything Together Confidence
Situational	Transitioning in the Role of Professional Nurse	Role Transition Delegating to Others Lack of Experience Time Management Responsibility
Health Illness	Transitioning into the Role of Professional Nurse	Fears
Organizational	Navigating the Organization and Building Relationships	Organization Documentation Relationships Treated Like a Student Communication

In addition to the transitions types, there is a noted relatedness to the developing confidence and coping aspect within the patterns of response and preparation and knowledge aspects of the transitions conditions facilitator and inhibitor aspects of the transitions theory model (Meleis, 2010). That is, both developing confidence and preparation and knowledge are

found within the applying knowledge to practice theme of my study, described as difficulties of the transition. Preparation and knowledge, described as facilitators and inhibitors of the transition within Meleis Transitions Theory, was also noted within the transitions experiences that emerged from navigating the organization themes of this study. While Meleis Transitions Theory has not been used to examine the transition experience for new nurses, the themes of my study supports the expansion of its utility among this group. The transitions experience for this cohort of nurses was described as complex and multifaceted paralleling Meleis Transitions types. What follows are the findings of this study compared to the findings of others who have researched new nurse transitions.

Casey et al. (2004) examined specifically the difficulties of the transition from the role of student to practicing nurse. These researchers reported six findings important to the transition that included: lack of confidence in skill performance, critical thinking and clinical knowledge; relationships with peers and preceptors; struggles with dependence and independent practice; frustration with the work environment; organization and priority setting skills and communication with physicians. Many of their themes emerged as subthemes within my study findings, seven years later, such as lack of confidence, critical thinking and clinical knowledge; relationships with peers and preceptors; time management and communication with physicians. These subthemes fit primarily within three of the broader themes that emerged from my study findings namely transitioning into the role of professional nurse, applying knowledge to practice and building relationships.

Delegating to others continues to be a concern for new nurses as other researchers have reported delegating to others as challenging for new nurses (Casey et al., 2004; Scott et al., 2008; Ulrich et al., 2010). Unlicensed assistive personnel such as nursing assistants and care partners

are of particular concern and influence the difficulty in delegating to others. This difficulty was described within the transitioning into the role of professional nurse theme.

The area that did not emerge as a theme or subtheme within my study findings when compared to those of Casey et al. (2004) was lack of confidence in skill performance. Technical skills did not emerge as a difficulty of the transition for this group of new nurses. Their expressions of the challenges they face have the potential to impact organization's ability to retain necessary human resources. In addition, patient safety and quality of care may be jeopardized based on perceived lack of experiential learning, lack of confidence, fears, ineffective communication and strained intra and inter-professional relationships. Navigating the organization represents an additional theme that emerged from the findings of this study that was not described within the original work of Casey et al. (2004). This finding suggests the need for continued focus to examine the impact of organization culture on the difficulties of the transitions experience for new nurses.

Duchscher's (2009) theory of transition shock has relevance to the new nurse experience. Transition shock as defined by Duchscher is the experience of moving from the role of student to the less familiar role of practicing nurse. The transition shock theory focuses on the new graduate roles, responsibilities, relationships and knowledge. The study findings share relevance and support the themes that emerged within Brewington's Phenomenological Structure of new nurse transitions that describes their experiences and the need for a broad perspective to inform transition to practice paradigms for new nurses. While the language differed within Duchschers's (2009) study, the definitions are similar and parallel in relationship and further represent the complexities of the transition for new nurses.

The transition from student to new graduate nurse is challenging and stressful as new nurses are expected to hit the ground running (Phillips, Kenny, Esterman, Smith, 2013). Most new graduates experience role transition difficulties and require assistance to transition into their new roles. New graduate nurses require support as they transition into their professional roles and simultaneously become members of the inter-professional team (Laschinger & Smith, 2013). Because of their perceived lack of experience and overwhelming responsibility, they verbalize concern about their contributions to patient care. Fear, worry and overwhelming responsibility as described by this cohort of new nurses validates the importance of a comprehensive focus to transitioning into the role that has tremendous implications for patient safety and quality of care and the mental health of new nurses. International reports also validate that new nurses are exposed to cultures that they were not prepared for. While the factors that influence a successful transition are multiplicative, the attitudes and behaviors that are encountered at the beginning of the transition influence the quality of the transition experience (Phillips et al., 2013; Thrysoe, Hounsgarrd, Dohn, & Wagner, 2012; Read & Laschinger, 2013).

A qualitative study conducted by Deppoliti (2008) to explore the construct of personal identity in new nurses found that responsibility, learning from others, nurse-physician relationships, and systems issues were paramount to address and facilitate a successful transition. The study findings support the themes that emerged in my study and parallel the organizational and relationship themes of the study.

Ulrich et al. (2010) reported the characteristics of a successful transition within a nurse residency. These key characteristics included clinical experiences with dedicated preceptors, support for nurse residents, accountability, communication, rigorous evaluations and outcomes and a structured framework for an integrated residency. My study supports these findings related

to experiential learning, preceptor support and communication. These themes parallel the subthemes within the applying knowledge to practice and building relationships themes that emerged in the findings of my study. These findings validate the need for a continued emphasis on developmental and relational aspects of the transition.

Previous studies report new nurses felt unprepared to manage patients, communicate with physicians and organize care (Candela & Bowles, 2008; Casey et al, 2004). Fast forwarding 5–10 years later, the findings of my study validate that new nurses continue to report feeling unprepared to care for patients and continue to have difficulty communicating not only with physicians, but also with patients and families and their peers. Valdez (2008) suggests that new graduates were faced with having to learn to function within an unfamiliar culture while being asked to assume more responsibility.

Outcomes such as turnover are important to understand within the context of the transition. The impact of turnover an outcome of a transition that is difficult and challenging has been studied. To understand the impact of the transition on turnover rates for new nurses, Kovner et al. (2007) suggest new nurses felt moderate support from their nurse managers and were positive when reporting professional relationships with physicians. Relationships with managers were linked to new nurse turnover and while the previous study reports moderate support from the nurse manager, these new nurses describe lack of support from the preceptor and other nurses on the unit, not the manager. Additionally, the findings of my study refute those of their study in that communication and relationships with physicians was described as a difficulty of the transitions experience cohort of new nurses and seen as a positive experience for new nurses in the Kovner (2007) study. Unprofessional relationships and communication can thwart the confidence of the new nurses, impacting their ability to provide safe and quality care, and can

influence their comfort and ability to communicate acute patient changes to physicians. In addition unprofessional communication may halt the ability to progress through a successful role transition.

While lack of support emerged as a subset within the building relationships theme, it was linked primarily to the lack of support from the clinical coach or preceptor. New nurses are often disillusioned by what they perceive as negative interactions and communication with experienced nurses (Kelly & Ahern, 2008). Uncivil behaviors by coworkers are sources of psychological distress for new nurses that may impede their ability to transition into their new roles. Eliminating sources of distress such as those found within an unsupportive environment is important to protect the health of new graduates and retain them as valuable resources and members of healthcare team (Laschinger, Wong, Fegan, Young-Ritchie, Bushell, 2013).

Research reports the impact of emotional or psychological variables and transition shock from the perspective of the transitions experience for new nurses (Duchscher, 2009; Lavoie-Tremblay et al., 2008). Psychosocial aspects of the work environment and the demands of heavy workloads, time constraints and the complexities of patient care within acute care settings may cause psychological and cognitive difficulties among new nurses (Lavoie-Tremblay et al., 2008). Understanding the meaning of the psychosocial and psychological impact on the transitions experience for new nurses must be considered as important to new transitions frameworks useful to support new nurses in their transition. Research studies have focused on the socio-developmental and socializing of the new nurse into the practice environment (Duchscher, 2008; Duchscher, 2009). While these findings support the findings of my study, it also confirms that relationships must be studied within a broader context to understand magnitude of and essence of

what makes building relationships difficult for new nurses and the interprofessional teams they partner with on their units and unique work environments.

Brewington's Phenomenologic Structure of New Nurse Transitions provides a unique perspective that may inform practice approaches to address the difficulties of the transitions experience for new nurses that includes the essence of their perceived difficulties. The findings suggest a need to further explore new ways to assist new graduate nurses with the transition into the role of professional nurse and to support them in navigating the organization. In addition, the findings may be useful to inform and expound upon Meleis Transitions theory and its utility in new graduate nurses and upon the relational and emotional aspects of new nurse transitions.

It is clear that these difficulties impact the transitions experiences of new graduate nurses who are nearing the completion of their residency program and expected to become safe practitioners within an acute care setting. In spite of the fact that some organizations have implemented established residency programs and report higher retention rates among nurse residents, new nurse turnover overall continues to be high (Goode et al., 2013; Little et al., 2013; Ulrich et al., 2010). The findings of this study reflect the voices of new nurses hired into an organization designed residency program. This study provided insight into the difficulties that they experienced. Interestingly, twenty-one nurses responded none to question IV of the survey, which could be interpreted to mean that they had no difficulties during the transition from student to registered nurse. It is unclear as to whether the nurses had no difficulties during the transition, had a high level of confidence, or did they not know what they did not know. These questions remain unanswered and perhaps may be explored in the future. The results of the study provide a stepping stone for future studies addressing new nurse retention.

Recommendations

Large cohorts of new nurses are hired into organizations due to vacancies and workforce gaps related to the nursing shortage, an aging workforce, complex work environments and patient care needs. Understanding the difficulties of the transition may indeed reduce turnover and support the retention of a well prepared workforce to meet predicted future healthcare needs. The success of new nurses is critical to the nursing profession. Strategies and best practices to change the dynamic and difficult aspects of the transition process will require a comprehensive and simultaneous approach inclusive of developmental, role transition, relational and organizational strategies. The recommendations that follow may be useful to transform orientation processes in a way that reshapes the culture of the practice environment. According to van Manen (2007), phenomenology has practice value in that it reaches into the depth of our being, prompting a new becoming. The compelling descriptions of the transition experience for this cohort of new nurses may inform what nurse executives, nurse educators and colleges and schools of nursing should consider.

Recommendations for nurse executives and leaders. Understanding the difficulties of the transition experience for new nurses is important for nurse executives who have ultimate responsibility for nursing practice. Successful transitions experiences are critical to safe and quality patient care and important to retaining new nurses, a valuable resource to organizations. Implications for patient safety and quality of care are found within the developing relationships theme that emerged from the study findings. The Joint Commission (2008) emphasized the importance of positive nurse to nurse relationships on patient safety and quality care that are dependent upon teamwork. This cohort of new nurses verbalized concerns about the difficulty in communicating with physicians, their peers and patients and families. Improvements in

communication are important to enhancing new nurse ability to serve as advocates for their patients, engage in teamwork and to convey acute patient changes to physicians or other resources on the healthcare team.

Improvement in communication is essential to patient care delivery and can impact patient outcomes. The investment in resources to support the orientation and integration of new nurses into the chaotic healthcare environments of today is critical to retaining them. In addition, a refueling of traditional processes for on boarding new nurses into health care organizations must be re-evaluated and include strategies to further develop their ability to communicate, to develop confidence in their abilities, skills and knowledge and eliminate negative behaviors that thwart respectful and supportive work environments. Implementing practices to prevent mistreatment and exclusion may support the ability to retain new graduates, thus sustaining valuable resources in the workforce.

Promoting an environment of excellence and equity within orientation structures and processes must also be re-established. The Institute of Medicine (2010) report recommended 80 percent of nurses be minimally BSN prepared by 2020. Currently the degree level of nurses mentoring and coaching new nurses within this tertiary care center is inclusive of associate degree, diploma, and baccalaureate prepared nurses. Does degree level contribute to the difficulty of the transition experience among these new nurses who need support putting it all together? There is evidence that Magnet hospitals have better work environments, nurse outcomes and a highly educated nursing workforce as compared to non Magnet Hospitals (Kelly, McHugh & Aiken, 2011).

Further, it is important for nurse leaders to understand and address the concerns of the new nurses as they navigate these complex systems and the initial stage of role transition

(Duchscher, 2009). A clear understanding of these experiences may provide further insight into and understanding of the factors that make the transition difficult and their impact on new nurse retention challenges, patient safety and quality of care and high turnover rates within acute care organizations (Dyess & Sherman, 2009). Further reflection of the essence of the transitions experience conveys a critical message in that new nurses are expected to fill the gaps of vacancies within healthcare organizations.

Recommendations for nurse educators. Nurse educators within acute care settings are key players in developing and executing programs to support the practice of new nurses. The National Council of State Boards (NCSBN) of Nursing and Boards of Nursing (BON) examined the issues of training and retention of new nurses (National Council State Boards of Nursing, 2013). They report the impact of transition to practice experiences on patient safety, healthcare outcomes, errors, stress and turnover. These BON findings framed the development of a transition to practice model to assist nurses in the transition from school to practice settings. Critical aspects of the model include preceptor training, patient centered care, communication, evidenced based practice, quality improvement and informatics. The findings of the NCSBN and BON initiatives support the need for preceptors with a level of expertise useful to facilitate new nurses' clinical reasoning, and clinical judgment at the point of care.

Clinical coach selection and development is important to devise strategies that may further decrease the difficulties of the transition as described by these new nurses. Because of their rapid deployment into acute care setting, increasing patient acuity and chaotic practice environments strategies to support clinical orientations must be expanded beyond traditional unit based experiences and include building relationships with others on the team (Dyess &

O'Sherman, 2009). These enhanced strategies will support new nurses' integration as a valued member of the inter-professional team.

The relationship with the clinical coach or preceptor was found to inhibit and make difficult the transitions experience for some of the new graduates. In addition to clinical coach and preceptor selection, it is important to evaluate what it is like for the experienced nurses working with new nurses (Ballem & MacIntosh, 2013). A qualitative study by Ballem and MacIntosh (2013) found that experienced nurses asked to work with new graduates within busy hospital environments felt their workload increased and while they expressed verbal support of new nurses, their stories did not reflect supportive comments. Coach and preceptor support is important to a successful transition for the new nurse; however, the coach or preceptor must also be supported by nurse leaders to decrease stressors that may mediate such burnout with the volume of new nurses they precept. It will be important to understand the perspectives of the clinical coach or preceptor to assure they are getting what they need to effectively support new nurses during this time of transition. Their perspectives can inform the sustainability of a positive work environment that attracts, supports, and retains new nurses (Ballem & MacIntosh, 2013).

New nurses describe lack of experience as a difficulty of the transition related to the perception of too many classes that were a review from school that took them away from learning experiences at the bedside. Reevaluation of didactic structures and processes to assure they are meeting the transitional needs of new nurses is needed. In addition to experiential experiences at the bedside, communication with physicians, patients and families and the comprehensive responsibilities and role of professional nurse are fearful and overwhelming. These emotional variables may impact the health illness state and balance for new nurses, leading to turnover, errors and other risks to patient safety, quality of care and individual nurses.

Recommendations for schools and colleges of nursing. Lastly, the new nurses in describing their transitions experience, believed school did not prepare them for a nursing job and that their educational preparation was lacking in experiential learning. They are fearful of communicating with physicians, patients and families. New nurses are uncomfortable calling out mistakes or situations with regard to patient care. Partnerships with leaders in acute care organizations are important to assure students receive meaningful clinical rotation experiences that mirror the realities of these complex systems to enhance experiential learning needs. Simulated experiences while valuable may detract from the essence of real world experiences and dialogue with patients and families. The main findings of this study reinforced the need for additional preparation about role transition for senior students and strategies to bridge educational curricula that reflect the escalating work place expectations within the acute care settings new nurses are hired into. Previous research studies have focused on the importance of support, confidence and competence (Fero et al., 2008; Marshburn et al., 2009; Roth et al., 2011; Ulrich et al., 2010). A high percentage of new nurses (25 percent) have difficulties with critical thinking, problem recognition, reporting essential clinical data and initiating relevant nursing interventions within a scenario based assessment (Fero et al., 2008). The ability to critically think is important to patient safety and confidence development among new nurses expanding their clinical judgment and reasoning.

Further, Marshburn et al. (2009), report a relationship between new nurse perceptions and performance based measures on clinical competence. New nurses that met expectations for problem management were also more confident in patient care. Transition to practice initiatives in the state of North Carolina studied competence and confidence development of new nurses working in acute care hospitals (Roth et al., 2011). Their research found a significant relationship

between preceptor support and new nurse competence. New nurses reported low competence scores with regard to clinical reasoning and judgment. Enhancing the clinical rotation learning experience by establishing new paradigms that focus on the ever changing and complex healthcare environment for senior nursing students may contribute to an even better prepared nurse entering today's workforce that is able to meet organizational demands. This recommendation supports the goal of integrating these new professionals into the dynamic and complex practice environments in a way that provides success for both the new nurse and the organization and considers the internal and external influences of the care environment.

Communication, a foundational theme that contributed to the difficulty new nurses experience, may be linked to new nurses' inability to disconnect from the technology they utilize or perhaps organizations must consider innovative ways to incorporate these technologies into daily practice. Incorporating communication experiences with physicians, patients and families and team learning may help student nurses develop and build interpersonal relationship skill sets that will carry over into their first nursing roles in acute care settings. In addition, incorporating opportunities to delegate to other students may address the difficulty they expressed about working with and delegating to unlicensed personnel.

Summary

The purpose of this study was to gain meaningful insight into and understanding of the difficulties new nurses face as they transition to the registered nurse role. The study uncovered the difficulties of the transition as described by new nurses, giving voice to their experiences and presents a unique and comprehensive approach to understanding the difficulties they face during the transition The main findings of this study support the need to continuously evaluate orientation structures and process to assure they are designed to provide seamless yet

comprehensive transitions experiences that addresses the dynamic yet complex transition into acute care settings.

The findings of the study validate the need for strategies to not only enhance the critical thinking ability, confidence and support of new nurses, but to also consider role transition, relational and organizational components critical to the transition. The themes that emerged within this study provide a comprehensive view of the transitions experience as described by those experiencing the phenomenon, inclusive of more than developmental and relational factors with primarily the preceptor. Rather, the themes support the need to consider workplace environments, the culture of the unit, nurse to nurse relationships, communication and the impact of the multifaceted forces that make up healthcare environments of today. The greatest risk for turnover supports the need for new approaches and programs to support new nurses' transition to practice. These new nurses may not be retained without improving the things that make the transitions experience difficult, namely transitioning into the role, applying knowledge to practice, navigating the organization and establishing relationships. The results of the study provide implications for continued focus to adequately address the transition experience among this generation.

A comprehensive look at role specific, relational and organizational aspects in concert with developmental variables provide an innovative approach to address the factors that make transitions difficult for new nurses. According to Meleis (2010), a successful transition is one where feelings of distress are replaced with a sense of well-being and mastery of a change event. The findings of this study underscore the importance of addressing the things that make transitions experiences for new nurses difficult. New nurses understand their need for experiential learning and rely on preceptors and others on the healthcare team to be supportive,

authentic and inclusive in their approach. When these aspects are not congruent, there is a tremendous disconnect that negatively influences the fiber of care delivery.

Limitations

Study findings are limited to one nurse residency program in an acute care setting in the southeastern United States and may not be generalizable to other rural, urban or community based settings. This is a unique program designed by the organization. In addition, the characteristics of the new nurses comprise all levels of entry into practice that includes baccalaureate, associate degree, diploma and alternate entry prepared nurses.

Conclusions

It is clear from the themes that emerged that the transition from the role of student to registered nurse is complex and multifaceted. The essence of the difficulty of the transition as expressed by those that experienced the phenomenon was explicitly described in this section.

These findings suggest that the transitions experience for new nurses can be empowered or disempowered by the systems and processes designed to support the transition. The essence of the themes that emerged provided meaningful insight into the transitions experience for new nurses from a broad perspective that encompassed transitioning into the role of professional nurse, applying knowledge to practice, navigating the organization and building relationships.

Future research studies to address the factors that make the transitions experience difficult must continue to close the gap of concern and to promote a successful transition. These studies must evaluate the rapidly changing landscape of the healthcare environment and examine the factors that may motivate or impair the transitions experience. Qualitative research to address the transitions experience from the perspective of minority groups and other disciplines that work closely with new nurses must also be considered. More qualitative studies are needed to

advance new nurse transitions research to identify and reduce the difficulties of the experience and to ultimately decrease turnover rates within the nursing workforce. The collaborative efforts between practice and academic partners will be important to not only graduate new nurses ready for the ever changing environment of healthcare and to also successfully assimilate them into these settings. These new nurses must be ready for the complexities that lie ahead and for the challenge of meeting the healthcare needs of the people and communities that are counting on them.

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APPENDIX A: INSTITUTIONAL REVIEW BOARD APPROVAL

EAST CAROLINA UNIVERSITY
University & Medical Center Institutional Review Board Office
4N-70 Brody Medical Sciences Building· Mail Stop 682
600 Moye Boulevard · Greenville, NC 27834
Office **252-744-2914** · Fax **252-744-2284** · **www.ecu.edu/irb**

Notification of Exempt Certification

From: Biomedical IRB
To: Daphne Brewington
CC: Martha Alligood
Date: 4/4/2013
Re: UMCIRB 13-000726
New Nurse Transitions: A Qualitative Study of Perceived Difficulties

I am pleased to inform you that your research submission has been certified as exempt on 4/4/2013. Thi study is eligible for Exempt Certification under category #4.

It is your responsibility to ensure that this research is conducted in the manner reported in your applicati and/or protocol, as well as being consistent with the ethical principles of the Belmont Report and your profession.

This research study does not require any additional interaction with the UMCIRB unless there are propose changes to this study. Any change, prior to implementing that change, must be submitted to the UMCIRB review and approval. The UMCIRB will determine if the change impacts the eligibility of the research for exempt status. If more substantive review is required, you will be notified within five business days.

The UMCIRB office will hold your exemption application for a period of five years from the date of ths let you wish to continue this protocol beyond this period, you will need to submit an Exemption Certification request at least 30 days before the end of the five year period.

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

APPENDIX B: LETTER OF INSTITUTIONAL SUPPORT

March 7, 2013

Daphne Brewington, MSN, RN
Director Professional Practice
Vidant Medical Center
2100 Stantonsburg Road
Greenville NC 27835

Dear Daphne,
Congratulations on starting the preparatory work for your doctoral studies.
I am excited to offer our support of this study by supporting your access to the Casey-Fink survey data. I understand that you will need access to the information located on pages three and four of the instrument (Question IV & Demographic data). I also understand that these pages do not contain identifying data or names.

Let me know when you are ready to proceed.

Sincerely,

Donna Moses, MSN RN
Administrator, Center for Learning and Performance
Vidant Medical Center

APPENDIX C: CASEY-FINK GRADUATE NURSE EXPERIENCE SURVEY

Name: _____ Date: _____

IV. What difficulties, if any, are you currently experiencing with the transition from the *"student"* role to the *"RN"* role?

_____

_____

_____

Demographics: **Circle the response that represents the most accurate description of your individual professional profile.**

1. Age:
   a. Under 25
   b. 25 - 35
   c. 36 - 45
   d. 46 - 55
   e. Over 55

2. Gender:
   a. Female
   b. Male

3. Ethnicity:
   a. Caucasian (white)
   b. Black
   c. Hispanic
   d. Asian
   e. Other
   f. I do not wish to include this information

4. **Area of specialty:**

   a. Adult Medical/Surgical

   b. Adult Critical Care

   c. OB/Post Partum

   d. NICU

   e. Pediatrics

   f. Emergency Department

   g. Oncology

   h. Transplant

   i. Rehabilitation

   j. OR/PACU

   k. Psychiatry

   l. Ambulatory Clinic

   m. Other: _____

5. **School of Nursing Attended (name, city, state located): _____**

6. **Date of Graduation: _____**

7. **Degree Received:** AD: _____ Diploma: _____ BSN: _____ ND: _____

8. **Other Non-Nursing Degree (if applicable): _____**

9. Date of Hire *(as a Graduate Nurse)***:** _____

10. What previous health care work experience have you had:

a. Volunteer

b. Nursing Assistant

c. Medical Assistant

d. Unit Secretary

e. EMT

f. Student Externship

g. Other *(please specify)*: _____

APPENDIX D: TIMELINE FOR THE ANALYSIS PROCESS

Daphne Brewington's Data Analysis Process

Extracted data verbatim from the responses participants wrote to Question IV of the Casey Fink Survey towards the end of their orientation (April 19, April 20, April 21, and May 23)

Placed verbatim responses to the Casey Fink Survey into the de-identified table, word table file uploaded in NVIVO on May 23 (April 19, April 20, April 21, May 23)

Journal regarding initial review and thoughts (May 23)

Shared final table of responses with 2 committee members (May 23, 2013)

Electronic and hard copy of the de-identified table to Dr. Alligood and Pokorny (May 27, 2013)

Met with Dr. Annette Greer for consultation in coding and analyzing in NVIVO (May 30, 2013)

Researcher narratives (dates/time/thoughts) May 31, 2013

Research journal documenting activity, log date, persons, time discussions action plan, follow-up on action plans

Created folders in NVIVO to track meetings and memo memos:

- Dr. Alligood
- Dr. Pokorny
- Research Team Folder
- Folder for initial ten lines of one or two sentences
- Working Folder
- Final Folder

Independent Coding and Coding in NVivo (June 4 – 13)

Independent coding and development of a code book within NVivo

Created nodes/categories for reoccurring words, phrases and sentences

Coded and recoded within the nodes

Developed Files and memos (external files that link with NVIVO)

APPENDIX E: EXAMPLE OF RESEARCHER JOURNAL

Date	Researcher Thoughts and Comments
April 19	Read and extracted de-identified responses to question IV of the Casey-Fink Graduate Nurse Experience Survey ©. Each response was entered into a numbered word table
April 20	De-identified responses to question IV of the Casey Fink Survey read, extracted verbatim and entered into a numbered word table
April 21	De-identified responses to question IV of the Casey Fink Survey read extracted verbatim and entered into a numbered word table. Response 56 invokes questions about current orientation structures and processes
May 1	Responses read and re-read to assure they were entered verbatim
May 7	Responses read and re-read to assure they were entered verbatim
May 23	Met with Dr. Alligood and Dr. Pokorny. Actions: Updated timeline, reviewed responses, and developed a plan for free coding among the group. Daphne to set up time to meet with Dr. Annette Greer, consultation and expertise in the use of the NVIVO statistical package and qualitative methodology. The next meeting for Alligood, Pokorny and Brewington set for June 14 at 1000. Free coding by the committee members and coding in NVIVO by Brewington. The last 10 de-identified responses to question IV of the Casey Fink Survey were read, re-read, extracted verbatim and entered into a numbered word table
May 27	Final table that included all responses (182) were forwarded to Dr. Alligood & Dr. Pokorny electronically. Brewington uploaded the table into NVIVO 10. The group began coding data individually
May 30	Brewington met with Dr. Greer for consultation on the utilization of NVIVO. Actions: Develop plan for analysis, begin to practice coding within NVIVO. Create folders for memo's in NVIVO and external files that link to NVIVO.
June 1 – June 14	Read and re-read text, beginning stages of coding the first 56 de-identified responses in NVIVO. As I read and re-read the text, emotions are invoked as I reflect upon my own transitions experiences in contrast to the responses provided by the new nurses in response to question IV. Response # 13, 21 & 56 invoked questions about the structures and processes in place to support new nurses. The essence of the fears expressed by the new nurses regarding their experiences was quite surprising. "The very things that are meant to support the transition of new nurses are contributing to the difficulties they face"
June 14	Brewington met with Dr. Alligood and Dr. Pokorny. Brewington shared the process for analyzing data using van Manen's (1990) method and use of NVIVO to code data. Dr. Pokorny and Dr. Alligood will continue coding data individually and Daphne will continue coding in NVIVO. This process entailed investigating the experiences as described by the new nurses in their written text and isolating themes that emerged within

	the nodes of the data coded in NVIVO. The data that has been coded to date has evokes even more concerns about the structures and processes in place to support the transition of new nurses.
June 15 - 24	Brewington continues coding data in NVIVO on a daily basis. This process entails isolating themes that emerge from the coded data and described within the nodes in NVIVO. All responses to question IV has been coded in NVIVO
June 25	Brewington met with Dr. Greer to review coded data and to discuss processes for isolating themes that emerged within the nodes
July 3	Brewington met with Dr. Alligood and Dr. Pokorny to discuss and compare coded data (Triangulation). Results from the individual coding and coding in NVIVO matched and validated each other (Triangulation). Twenty-five nodes or categories emerged from the data. Brewington continued the process of recoding reoccurring words, phrases and sentences within similar nodes
July 8	Brewington reduced similar categories of nodes into 13 categories (Moving from the parts to the whole of the evolving themes
July 10	Met with Dr. Annette Greer regarding data analysis in NVIVO 10. The final phase, the selective phase of the coding process of reducing nodes further was conducted and provided the evolving meaning of the transitions experience for this cohort of new nurses into four distinct themes**.** Representing the essence of the themes that describe the meaning of the transition for new nurses.
July 24	Met with Dr. Annette Greer regarding Model Development within NVIVO10.
August 12	Themes were compared to Meleis's Transitions Theory

APPENDIX F: EXAMPLE OF THE DE-IDENTIFIED TABLE OF VERBTATIM RESPONSES

Responses to: What difficulties, if any are you experiencing with the transition from the "student" role to the "RN" role?

Number	Response
1	From Care Partner to RN
2	No Response
3	I'm Still Treated like a student
4	None
5	None
6	None
7	None
8	None
9	None
10	None
11	None
12	None
13	w/my preceptor still "there" for me it's hard to know how it will really be on my own. Sometimes I'm worried when they do things for me if I'll be able to know what to do by myself. Sometimes they help me w/out asking
14	Delegating I usually do tasks myself, helps me learn more about my pts
15	Task management
16	Pulling Everything together
17	Getting use to being able to make decisions & carry out patient care without having to ask an instructor. Realizing how much more work this job is. As students, we weren't prepared
18	Realizing the difference in authority & being able to change the pt's plan of care. A lot more responsibility and critical thinking required
19	None
20	Increased responsibilities, learning things we did not in school. Being the person people look to for information. Delegating tasks, confidence
21	I'm having

APPENDIX G: THE CODING PROCESS IN NVivo

Coding in NVivo Creating and naming Nodes	Recoding in NVivo Within similar Nodes	Selective Coding Within nodes and into emerging themes	Description	Inclusion	Exclusion
Accountability Adjusting to fulltime schedule Authority Being a nurse Clinical Reasoning, judgment & decision making Communication Confidence Delegating to others Documentation Fears Knowing Lack of Experience Lack of independence preceptor initiated Learning Need for more experiential learning No Response None Organization Overwhelming Patient Acuity	Communication Confidence Delegating to others Documentation Fears Lack of Experience Organization Pulling it all together Relationships Responsibility Role Transition Time Management Treated like a student	**Transitioning into the role of Professional Nurse** Role Transition Delegating to others Lack of experience Fears Time Management Responsibility **Applying Knowledge to practice** Pulling Everything together Confidence **Navigating the organization** Organization Documentation	Words, phrases or sentences that describe role ambiguity, the need for experiential learning, difficulty with time management and the overwhelming responsibility that invokes fear and emotional distress Words, phrases or sentences that describe clinical reasoning, clinical judgment, critical thinking, competence and confidence as difficulties of the transition Words, phrases, or sentences that describes inconsistencies in expectations, practices, politics, policies and procedures and technology to support practice	"That I'm a nurse" "nurses are responsible for everything" "I feel nursing school did not prepare me" "Pulling it all together" "Catching red flags" "Making Decisions" "learning all the stuff, policies/real world ways of doing things" "knowing which rules are the real rules"	None No Response

and Volume Very few difficulties Professional role Relationships Role transition Task Oriented Time Management Value as a new professional		**Establishing Relationships** Relationships Treated like a student Communication	Words, phrases and sentences that describes professional relationships with preceptors, unlicensed staff, colleagues, physicians and patients and families. Communication is an underlying subtheme	"treated like an inferior team member" "Treated like a student" "Lack of support from preceptor"	