INFLUENCES ON TRANSITION TO PRACTICE OUTCOMES AMONG NEW NURSES

By

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This research explored the investigation of influences on transition to practice outcomes among new graduate nurses in a nurse residency program. The study participants consisted of 641 nurse residents from the Versant RN Registry™ from 2010-2011. They represented 84 facilities in 14 states across the United States. A descriptive correlational design was utilized to gain insight on the impact mentoring and debriefing had on gains in competence and confidence, the degree of comfort in assuming a staff nurse role at the end of the residency, and job satisfaction. A secondary data analysis was conducted using the Versant RN Nurse Residency™ database. Frequencies and percentages, chi-square analysis, and independent t-tests were applied to the data set. The study results showed mentoring and debriefing as positive influences on gains in competence and confidence, comfort in assuming a staff nurse role at the end of the nurse residency, and job satisfaction. The results were moderated by nursing educational preparation and previous healthcare experience. Bachelor-prepared new graduate nurses and nurses with previous healthcare experience related a higher degree of comfort in assuming a staff nurse role at the end of the nurse residency. Future research should include expanded analysis of the new outcome variable of degree of comfort in assuming a staff nurse role at the end of nurse residency programs. Continued evaluation of the effectiveness of mentoring circles would also contribute to the nursing literature with regard to economic feasibility.

Key words: transition-to-practice, new graduate nurse, mentoring, debriefing, nurse residency

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DEDICATION

This research study is dedicated to new graduate nurses, nursing program faculty and nursing leadership in healthcare organizations. Unit-based preceptors, nurse residency program mentors and debriefers are also included in this dedication. Thank you for your efforts regarding new graduate nurse transition to practice.

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CHAPTER ONE: INTRODUCTION

Transition from nursing school to hospital-based clinical practice is a phenomenon that has experienced a resurgence of concern. Early interest in transition to practice started with the study of reality shock among new graduate nurses (Kramer, 1974). The mismatch between registered nurse role expectations and actual work settings continues to pose a dilemma for the nursing profession.

Many factors contribute to this continual concern for new graduate transitioning into practice. Increased acuity, nurse accountability for patient outcomes, and safety initiatives in hospital settings make transition to practice a priority concern (Aiken, Clarke, Sloane, Lake, & Cheney, 2008). Additionally, pay-for-performance, value-based purchasing and workforce return on investment are economic realities that make it critical that costly new graduate transition programs are measured and validated (Scott, Engelke, & Swanson, 2009). The prevalence of very sick patients in today's hospitals, coupled with unrealistic expectations of novice nurse decision-making in complex situations, can result in environments of poor patient outcomes (Ebright, Urden, Patterson, & Chalko, 2004). A deepening decline in skill levels among nursing staff is a troubling phenomenon caused by poor work environments (Stanton & Rutherford, 2004). Environmental factors such as higher patient to nursing staff ratios and interpersonal conflict are contributors to poor work environment experiences among new graduate nurses (McKenna, Smith, Poole, & Coverdale, 2003). Residency programs are needed to help bridge the gap between the supportive school environment and typical acute care work environments. The call for federally-funded standardized transition to practice (TTP) programs for the nursing profession will hopefully be validated by continued focus on the phenomenon (Spector, & Echternacht, 2011).

The 2010 Institute of Medicine (IOM) report discussed the cyclical nature of registered nurse supply and demand. Economic indicators point toward an increased need for expanding the nursing workforce to meet healthcare reform goals (IOM, 2010). More registered nurses will be needed to implement increased preventive care and primary care initiatives. Nurse residency programs have been in existence for many years, but have typically been suspended during periods of increased supply of experienced nurses (Dracup & Morris, 2007). When the American economy improves and baby boomers feel safe to retire, nursing demographics will once again shift, reflecting a shortage of highly-experienced nurses at the bedside (Buerhaus, Auerbach, & Staiger, 2009). This necessitates the renewed focus on training and retention of new graduate nurses. Recent studies have predicted an emerging expertise gap in nursing, described as a condition whereby experience levels decline with the retirement of seasoned nurses.

Currently most hospitals are staffed with approximately 10% new graduate nurses. With a mass exodus of highly-experienced baby boomer-aged nurses, staffing numbers of new graduate nurses may rise to a much higher ratio, perhaps as high as 50% (Orsolini-Hain, & Malone, 2007). This may result in an increase in unsafe patient care environments in hospital settings. Results of these and many other studies on advantages of structured nurse residency programs helped fuel the call to seek federal funding to support standardized TTP initiatives (Spector, & Echternacht, 2011).

The exodus of aging nurses, along with those who re-entered the workforce due to economic conditions will produce the next shortage. The 2010 IOM report on the future of nursing included the recommendation for the implementation and evaluation of nurse residency

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programs to address the next projected nursing shortage. Cyclical hiring, training, and replacing new graduate nurses have resulted in a negative financial impact on hospitals, and also, a negative impact on the profession of nursing as it relates to satisfaction in the role (Ulrich, Krozek, Early, Ashlock, Africa, & Carman, 2010). Despite the increased emphasis on providing structured new graduate nurse residency programs, the turnover rate in the first nursing job among first and second-year novice nurses has not substantially improved. Inconsistencies exist across many areas of the country with reports of average cumulative turnover rates from 24-49% at 24 months in some areas (Scott, Engelke, & Swanson, 2008; Kovner, & Djukic, 2009; Ulrich, Krozek, Early, Ashlock, Africa, & Carman, 2010).

North Carolina, Ohio, and Illinois were recently selected by the National Council of State Boards of Nursing (NCSBN) to study transition to practice. The goals of the study are to provide mechanisms for defining and shaping the development of novice nurses, and for making the case for standardized programming across the country (NCSBN, 2011). Shortened lengths of new graduate hospital orientation, poorly-prepared nurse preceptors, and inadequate nursing school clinical experiences contribute to an insufficient skill mix in patient care. A study by the Advisory Board Company found discrepancies in perception among hospital nursing executives and school of nursing leaders regarding nursing graduates' preparation for providing safe and proficient patient care (Berkow, Virkstis, Stewart, & Conway, 2008). The results indicated that 90% of academic nursing leaders believed graduates were well-prepared, as opposed to 10% of hospital-based nurse leaders. Gaps between integration of knowledge and skills at the bedside were further showcased in two large studies among top nursing researchers that highlighted the effects of changes in nursing practice on novice learning (Kovner, Brewer, Fairchild, Poornima, Kim, & Djukic, 2007; Benner, Sutphen, Leonard, & Day, 2010). The lengths of TTP programs

vary among institutions, and experiences vary among TTP programs. The type and number of preceptors are inconsistent and inadequate in many facilities. While the impact of precepting on new graduate transition has been a focus of study, the components of structured mentoring and clinical debriefing are often missing in TTP and have not been studied adequately for impact and effectiveness (Ulrich, Krozek, Early, Ashlock, Africa, & Carman, 2010).

Nurses must manage patient care in the midst of many distractions, with a low margin for error pertaining to patient safety (Benner, Sutphen, Leonard, & Day, 2010). Fear, guilt, and lack of multifaceted support are common experiences among novice nurses (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002). Factors affecting entry and retention in the nursing profession, such as nurse-to-nurse incivility, intent to stay, perceived competence, and overall satisfaction in the role is reaching crisis proportions (Spence Laschinger, Leiter, Day, & Gilin, 2009). These factors mandate safe transition programs for new graduates who are entering work environments and who fill the vacancies during the emergent nursing shortage.

Statement of the Problem

While there is a call and a need for nurse residency programs, there are inconsistencies in how they are organized, what components they include and the length of time they are offered (Scott, Engelke, & Swanson, 2009). Large scale studies on effective interventions and outcomes are also minimal (Berkow, Virkstis, Stewart, & Conway, 2008; Kramer, Maguire, Halfer, Budin, Hall, Goodloe, Klaristenfeld, Teasley, Forsey, & Lemke, 2012). Growing economic limitations challenge the ability of nurse leaders to gain support for these expensive programs. Therefore there is a need to evaluate the effectiveness of TTP program strategies. Two strategies, mentoring and debriefing, are work intensive and costly; yet, these two strategies are often cited as being essential to the new graduate's transition experience (Scott, & Smith, 2008). Intentional

(or structured) mentoring has been identified as a key factor in fostering confidence and reducing stress in the first year of nursing practice, however quality improvement measures are needed in the areas of topic selection and commitment to manpower availability (Ulrich, Krozek, Early, Ashlock, Africa, & Carman, 2010). New graduate nurses, in the skill-acquisition-phase of development, may become overwhelmed if mentoring is not planned and structured to meet the new graduate's needs (Scott, & Smith, 2008). Mentors are needed as a key factor in transition to the nursing profession in fostering professional growth via ongoing advice and support of new graduates (Woodfine, 2011). However, consistent commitment and availability of mentoring initiatives is frequently lacking in transition programs.

Debriefing, reflection, and feedback within the clinical environment have been identified as key components for closing practice gaps, facilitating learning, and instilling frontline accountability, particularly among novice learners (Advisory Board, 2012). Yet, implementation of debriefing within the patient care environment is poorly understood and often limited (Rudolph, Simon, Raemer, & Eppich, 2008; Overstreet, Billings, & Kowalski, 2010; Advisory Board, 2012). The concept of debriefing is a principle component of clinical post-conferences in nursing school; however, this opportunity is often missing when nurses enter the hectic clinical hospital environment as new graduates. Meetings designed to review progress during the orientation period of new nurses serve to facilitate role transition (Goodwin-Esola, Deely, & Powell, 2009). Despite agreement that debriefing can be beneficial, it has been difficult to highlight the efficacy of post-care debriefing in the clinical environment, in the absence of widespread empirical data to validate proposed favorable outcomes. The conclusion drawn from a study on debriefing among nursing students found that student insight, via examining and processing clinical events, provided clinical staff and educators the information needed to design

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future experiences (Stockhausen, 2005). The goals of debriefing during critical experiences include helping participants understand, analyze, and synthesize what they thought, felt, and did during patient care scenarios in order to improve future performance in similar situations (Rudolph, Simon, Raemer, & Eppich, 2008). The absence of a forum for recapping clinical experiences results in task-oriented nursing with a deficit in contextual knowledge integration needed to provide safe and efficient nursing care. Attempts at incorporating reflection in the clinical nursing environment have demonstrated gaps in defining and operationalizing the concept. There is a need for replication of successful interventions (Forneris, & Peden-McAlpine, 2007). The impact of debriefing is a chief area of concern and inquiry in light of the transition and learning needs of new graduate nurses. Facilitation of learning is an integral component of positive perceptions of the work environment (Dyess, & Sherman, 2009). Therefore, empirical evaluation of the influence that mentoring and debriefing have on the new graduate transition experience is needed. Additionally, exploration of how demographic factors influence the experience of mentoring and debriefing are also important.

Background of the Problem

Transition to nursing practice as a phenomenon of research study began approximately seventy years ago with the reading of a paper on the importance of employing professional standards and methods for bridging the gap between theory and practice (Townsend, 1931). Emphasis was placed on the need for interpretation and implementation of content shared in physician-led medical lectures pertaining to patients familiar to nursing staff. Nurses from the actual patient care environment interpreted and implemented content from the lectures (Townsend, 1931).

The goals of nurse residency programs include enhancement of confidence and competence. The seminal work of Patricia Benner (1984) and Marlene Kramer (1974) highlighted the need for TTP programs that are effective, structured, and standardized (Spector, and Echternacht, 2011). Several recent studies have called for a renewed focus on standardizing TTP based on the current state of healthcare. The Joint Commission issued a call for standardizing transition programs for newly-licensed nurses (Joint Commission White Paper, 2002) along with the Carnegie study of nursing education (Benner, Sutphen, Leonard, & Day, 2010). Disciplines such as pharmacy, medicine, physical therapy, and pastoral care provide a formal transition to practice program for its graduates. Three healthcare disciplines including pharmacy, medicine, and pastoral care receive federal funding from the Centers for Medicare & Medicaid Services (CMS, 2012) for transition programs.

Mentoring programs for novice teachers are mandated in approximately thirty states with seventeen states receiving funding for programs (American Association of State Colleges and Universities, 2006). Despite being the largest segment of healthcare providers in the country, nursing lags behind other disciplines in securing federally-funded assistance for TTP. The American Association of Colleges of Nursing (AACN) along with the University Health System Consortium (UHC) has championed better educated nurses in the workforce through its residency project. It provides a seamless transition from baccalaureate programs through the first year in the workforce (AACN/UHC, 2012). Support for the expansion of TTP programs requires joint commitment between educational leaders at the baccalaureate and community college levels to solidify a standard entry-to-nursing practice degree.

When new graduate nurses transition to their first clinical position, they face a variety of challenges such as accelerated independent accountability. Prior to computerized licensure

testing which occurred in 1994, new nurses were previously precepted for at least three months before accepting full responsibility and accountability as independent practitioners due to the delay in examination results (Dyess, 2009). Hospital administrators want and expect newly-hired nurses to be educated and independent as soon as possible to meet staffing shortages. Preceptor availability lacks consistency due to required education and frequent burnout of existing staff along with the constant cyclical nature of staff turnover (Beecroft, Hernandez, & Reid, 2008). Studies highlighting perception of clinical competence have shown gaps between perception and actual performance specific to ethnicity, lack of mentors and role models, and lack of organizational support for transition-to-work programs (Marshburn, Engelke, & Swanson, 2009; Scott, Engelke, & Swanson, 2008; Scott, & Smith, 2008).

The concept of clinical competency among new graduate nurses has revealed discrepancies between perceptions of observers (preceptors, nurse managers) and new graduate nurses. Confidence in skill competency has also shown variances among TTP participants. New graduate nurses have articulated that clinical experiences foster the greatest learning opportunities; however, developing a confident, professional self concept can be challenging. Environmental factors, such as lack of support in problem-solving, few nurses who seem to love their jobs and complex patients all contribute to negative transition and self concept development (Kelly, & Courts, 2006). A review of the nursing literature portrayed a correlation between work environments and professional burnout (Leiter, & Laschinger, 2006; Aiken, Clarke, Sloane, Sochalski, Busse, Clarke, Giovannetti, Hunt, Rafferty, & Shamian, 2001). It is disheartening to discover burnout among nurses who have only been in practice for one to two years, but the phenomenon exists. Novice nurses are having sleep problems and emotional breakdowns in the clinical environment (Perkins, 2010; Olson,2009). In a recent study, 62% of newly-licensed RNs

reported experiencing verbal abuse in the workplace thus contributing to dissatisfaction within the profession (Kovner, Brewer, Fairchild, Poornima, Hongsoo, & Djukic, 2007). Professional socialization, a key component in nurse residency programs, fosters a sense of belonging and helps build confidence and competence in the professional nursing role (Kramer, Maguire, Halfer, Brewer, & Schmalenberg, 2011).

Versant

The Versant RN Registry™ program is a privately-owned comprehensive education and training system designed to transition new graduate nurses from school to the professional working environment. The company's origins began in California in 1999 starting with a pilot study in a children's hospital. Evaluation and refinement of the pilot led to expansion of the program to three additional hospitals. The Versant client list has currently expanded to greater than 85 hospitals across the United States. The company has collected evidence-based outcomes on its programs on more than 12,000 nurses (Versant, 2012). The program is integrated into an organization's structure from recruitment through matriculation and graduation. Programming includes five components including preceptor-guided clinical immersion, education and curriculum, formal mentoring, formal debriefing classes, and looping (visiting each portal that patients move through during the hospital experience). Outcomes for the residency program are measured using a variety of metrics including turnover, organization return on investment (ROI), and validated instrumentation. Published data has shown improved retention, confidence, and competence in new graduate nurses over a ten-year period (Ulrich, Krozek, Early, Ashlock, Africa, & Carman, 2010). Ongoing research initiatives center on developing additional evaluation and coaching methodology to further support transition to practice success. Versant

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made their ten-year database on new graduate nurses available for research with the hopes that more studies will emerge validating the effectiveness of transition programs.

Purpose of the Study

The purpose of this study was to examine the influences of intentional mentoring, structured debriefing sessions, and demographics (educational preparation, age, previous healthcare experience) on transition to practice outcomes (perceived gains in competency, perceived gains in skills confidence, degree of comfort in assuming a staff nurse role, job satisfaction) in new graduate nurses during the first two years of practice. The objective of this research study was to determine the potential relationships among demographics, intentional mentoring, and structured debriefing sessions.

Theoretical Framework

Afaf Meleis' Transitions Theory (2010) was the theoretical framework for this study. Transitions Theory is a middle-range, situation-specific theory utilized in nursing research and practice. The theory evolved in the early 1990's in exploring transitions as a central concept in the discipline of nursing (Schumacher, & Meleis, 1994). Nurses facilitate transitions to new roles with the goal of promoting self care.

Transitions are characterized as the period between two distinct states or situations of being that are relatively positive and stable, during which redefinition of self occurs in varying degrees (Meleis, 2010). Schumacher and Meleis (1994) recognized the significance of the concept for not only nurse researchers, but also nurse clinicians and theorists. Transitions theory is a middle-range, situation-specific theory that is well-suited for nursing practice, particularly among novice nurses (see theoretical model in Appendix A). Several studies on the transition

from student nurse to staff nurse were conducted between 1986 and 1992. The literature has indicated for quite some time that it takes a collaborative effort between educators and hospital employers to facilitate a positive transition experience for new graduate nurses (Alex, & McFarlane, 1992; Talarczyk, & Milbrandt, 1988).

There are four major transition categories that have been identified by Schumacher and Meleis (1994) including developmental, situational, health-illness, and organizational transitions. The transition category for this study is situational transition. Situational transition is defined as transition in a variety of educational and professional roles which includes the new graduate registered nurse's transition and mastery of the professional RN role (Meleis, 1994). Nursing education activates the phenomenon of situational transition. Nursing education includes not only matriculation through nursing school, but also the orientation period in the hospital setting; thus, ongoing nursing education is a catalyst for situational transition (Meleis, 2010).

Understanding situational transition can inform the research surrounding the phenomenon of TTP by providing a lens to view phases and potential factors for enhancing the process. When an individual experiences events such as matriculation through an educational program leading to an adoption of a new role, factors involved in the transition can either facilitate or serve as a barrier to the transition process. Barriers to healthy transitions include poor work environments, lack of socialization, and lack of organizational support (Ebright, Urden, Patterson, & Chalko, 2004; Kelly, & Courts, 2007; Krichbaum, Diemert, Jacox, Jones, Koenig, Mueller, & Disch, 2007). Facilitators of a positive transition experience include positive preceptors, adequate length of orientation, and supportive colleagues and managers (Kramer, Maguire, Halfer, Brewer, & Schmalenberg, 2011; Scott, & Smith, 2008; Ulrich, Krozek, Early, Ashlock, Africa,

& Carman, 2010). Outcome indicators of a positive transition include a sense of well-being and the development of confidence and competence at the end of the transition experience.

Using transition theory and an extensive review of the literature on new graduate transition, Scott (2008) developed a conceptual model of new graduate nurse transition into the workplace that will guide this study (see Appendix B). The model portrays three periods of transition including anticipatory socialization, organizational socialization and socialization outcomes. Anticipatory socialization encompasses what nursing students bring to the workplace including variety in educational settings, prior experiences, and expectations of the nursing role. Additionally race, age, marital status and other demographic variables shape the new graduate that enters practice and affects realistic versus unrealistic anticipation of the nursing profession and transition experiences. Once novice nurses enter the hospital environment, organizational tactics such as orientation processes, organization/ unit culture, and personal needs affect adjustment to work. Outcomes of job satisfaction and organizational commitment are dependent on traditional influences and methods. Testing the Scott (2008) model will provide a repeat study of the influences of anticipatory socialization and will investigate two new organizational socialization strategies, mentoring and debriefing, on transition to practice among new graduate nurses. Mentoring and debriefing are strategies that could potentially affect the process of situational transition by creating effective learning opportunities and a smoother move from student to professional nurse.

The new graduate nurse in today's hospital environment spends a shorter period of time than the suggested three years to competency that Benner (1984) has explained in her work. During the transition process, skill acquisition and the management of the transition process can be enhanced within the experiential learning cycle. Debriefing is a critical component of the four

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phases of the experiential learning loop including (1) Concrete Experience defined as the immediate personal learning encounter or critical incident in the patient care environment; (2) Reflective Observation whereby a review or recap of events takes place both cognitively and verbally, asking questions about the experience; (3) Abstract Conceptualization, the formation of concepts and generalizations about a phenomenon that serve to inform, provide insight, or answer questions, and; (4) Active Experimentation, the formation and execution of a planned response to the next similar experience or new situation (Kolb, 1984). David Kolb expanded the previous work of John Dewey, Kurt Lewin, and Jean Piaget. Dewey, Lewin, and Piaget laid the foundation for experience-based learning. Dr. Kolb developed the experiential learning loop model in order to highlight experience as the source of learning and development, and to further explain his perspective on the process of experiential learning. New graduate nurses as "people in transition" need the assistance of a facilitator to minimize potential risks, guide professional development, and contribute to nursing role mastery (Meleis, 2011).

Research Model

This research study explored the influences of intentional mentoring and structured debriefing experiences on the development of perceived gains in competence and confidence among participants in a large nurse residency program. Degree of comfort in assuming a staff nurse role was also examined as well as satisfaction with nursing as a job and career. Relevant influences such as age, educational preparation, previous healthcare experience, and gender identified in previous studies were examined to determine the relationships among variables. The research model depicts the components and structure of the study (see Figure 1).

Conceptual assumptions of the research model include the correlation between program elements (mentoring, debriefing) and measurable outcomes (perceived gains in competency,

perceived gains in confidence, degree of comfort in assuming a staff nurse role, and job

satisfaction). These conceptual relationships have been affirmed in the nursing literature

(Kramer, Maguire, Halfer, Brewer, & Schmalenberg, 2011). Previous research attempting to

link findings have lacked rigor with respect to standardized processes, sample sizes, and

replication (Scott & Smith, 2008; Dyess & Sherman, 2009; Overstreet, Billings, & Kowalski,

2010).

Research Model of New Graduate Nurse Transition to Practice

Demographics

1. Educational Preparation

2. Age

3. Previous Healthcare Experience

New Graduate Residency

1. Perceived Value of New Graduate Nurse Residency Program

2. Perceived Overall Value of Mentoring

3. Perceived Overall Value of Debriefing

4. Perceived Value of Mentoring/Debriefing Session Topics

Outcomes

Perceived Gains in Competency

Perceived Gains in Confidence

Degree of Comfort in Assuming a Staff Nurse Role

Job Satisfaction

Student Nurse

New Graduate Registered Nurse

Competent Professional Registered Nurse

Situational Transition: First 18 Weeks of Nursing Practice

Figure 1. Research model of new graduate nurse transition to practice.

Significance of the Study

This study has the potential to make a significant contribution to the body of nursing knowledge on factors that account for a positive transition to nursing practice. Dimensions of residency programs (mentoring and debriefing) were examined using a large database of new graduate nurses. Demographic influences of TTP components were explored in this study. This research will have the capacity to benefit new graduate nurses by strengthening the understanding of the impact of mentoring and debriefing. Nurse leaders will be supported in advocating for these components in their TTP programs as a result of this study. Ongoing studies of transition to nursing practice are needed to validate effective strategies for retention, job satisfaction, clinical competence, and role mastery among newly-graduated nurses.

Research Questions

The following research questions were investigated using data collected from the Versant® national RN residency database. In the first two years of hospital-based nursing practice:

1. What are the characteristics of the study sample?

2. What are the characteristics of intentional mentoring in the study sample with regard to (1) type of mentoring participation (one-to-one or mentoring circle); (2) frequency of meeting with mentor or mentoring circle; (3) perceived value of mentoring sessions in fostering the transition from new graduate nurse to professional competent nurse; and (4) perceived value of the content of the mentoring sessions?

3. What are the characteristics of structured debriefing with regard to (1) perceived value of the debriefing sessions; and (2) perceived value of the content of the debriefing sessions?

4. Is there an association between type of mentoring, perceived value of mentoring sessions, perceived value of debriefing, previous healthcare experience and educational preparation on perceived degree of comfort in assuming a staff nurse role at the end of the residency?

5. Is the relationship between perceived value of mentoring and debriefing on degree of comfort in assuming a staff nurse role at the end of the nurse residency moderated by previous healthcare experience and educational preparation?

6. Are there differences between the (1) value of mentoring, (2) value of debriefing, and (3) degree of comfort in assuming a staff nurse role with regard to (1) gain in perceived nurse competencies measured with the Slater Nursing Competencies Rating Scale; (2) gain in perceived nurse confidence measured with the Versant Adult Skills Competency Self-Confidence Survey; and (3) nurse job satisfaction measured with the Versant Nurse Job Satisfaction Scale, and are any of the relationships moderated by educational preparation and previous healthcare experience?

Theoretical and Operational Definitions

Theoretical and operational definitions of key terms used in this study will be portrayed in a table for succinct grouping followed by a summary of each term. Although several terms may have more than one definition and many applications, they will be presented within the context of application to the current study.

Table 1

Theoretical and Operational Definitions

Term	Theoretical Definition	Operational Definition
Transition to Practice	Period between being a student nurse and an independent professional registered nurse.	Same as theoretical (NCSBN, 2012)

Table 1. Theoretical and Operational Definitions (continued).

Term	Theoretical Definition	Operational Definition
Nurse Residency Program	Planned experience between educational preparation and independent, competent nursing practice (NCSBN, 2012).	Comprehensive education/ training system designed to transition newly-graduated registered nurses (Versant, 2012).
New Graduate Nurse	Newly-licensed registered nurse (Kramer, 1974)	RN with less than 6 months to 2 years of nursing experience
Debriefing	Manner by which experience facilitates learning (Kolb, 1984).	Facilitated, structured sessions for sharing feelings about experiences (Versant, 2012).
Mentoring	Supervision/ support of nurses in practice settings (Andrews & Wallis, 1999).	One-to-one mentors or mentor circles whereby two to three mentors assume responsibility and provide support for a group of residents via scheduled meetings (Versant, 2012).
Clinical Competence	Ability to function in the role of staff nurse exhibiting behaviors, accountability, and safety in patient interventions (medication administration, time management, and communication.	Same as theoretical
Confidence	Belief in positive achievements, persistence, and self-awareness (White, 2009).	Belief in oneself to act in a professional manner (nursing skills, communication, and collaboration).
Job Satisfaction	Organizational commitment (Blegen, 1993).	Same as theoretical

Transition to Practice

The phenomenon of transition to practice (TTP) is defined in the literature as the period between being a student nurse and an independent professional registered nurse (Townsend, 1931; Talarczyk, & Milbrandt, 1988; Schumacher & Meleis, 1994; NCSBN, 2012). The NCSBN best portrays TTP via its model depicting the integration of education, practice, and regulation. These elements surround components of feedback and reflection during the initial six

to twelve months of transition. The inner core of the regulatory model contains the steps of

professional practice starting with licensure, clinical immersion, transition modules, and

competencies (NCSBN, 2012). The regulatory model provides a standardized template for the

design of TTP programs across the country.

Nurse Residency Program

Nurse residency programs (NRP) are defined as planned experiences designed to train or

orient new graduate nurses to the professional nursing role. The phrase "guided clinical

immersion experience" also describes the acculturation experience of the new nurse (Ulrich,

Krozek, Early, Ashlock, Africa, & Carman, 2010). Versant® describes its NRP as a

comprehensive education and training system designed to transition newly-graduated registered

nurses to practice (Versant, 2012). Several professions have programs incorporating stages

beyond academia. Nursing lacks a standard name for its program, but several names are used to

describe it such as orientation, internship, residency, or fellowship. It incorporates the stages of

transition and integration into practice (Kramer, Maguire, Halfer, Brewer & Schmalenberg,

2011).

New Graduate Nurse

The term "new graduate nurse" in this study refers to a registered nurse who is newly-

licensed, and has not exceeded two years of clinical nursing practice since graduation from a

school of nursing. Interchangeable terms include "novice nurse", and "nurse resident".

Debriefing

Debriefing is a complex term described by Kolb (1984) as the manner by which

experience facilitates learning via a four-stage process. The four-stage process consisting of

concrete experience, reflective observation, abstract conceptualization, and active

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experimentation form the basis of the structural foundation of the learning process (Kolb, 1984).

For the purposes of this study, debriefing refers to guided recapping of events, reflection, and review of pertinent incidents in the clinical environment. The Versant® model features facilitated, structured sessions which are designed for nurse residents to share feelings about experiences. Topics are identified by debriefing leaders, nurse residents, or both parties. The debriefing process measured in this study comprises these formal facilitator-led debriefing sessions. Content is selected from a list of topics common to the experience of novice nurses such as death and dying, conflict management, and self care rather than from actual events the new graduate experiences (Ulrich, Krozek, Early, Ashlock, Africa & Carman, 2010).

Mentoring

Mentoring in this study refers to the intentional partnering of nurse residents with an advisor, coach, confidant, or facilitator of professional growth inclusive of educational activities, guidance in decision-making, and feedback sessions. The mentoring template in this study consists of assigned mentors as well as mentoring circles. The "mentoring circle" template consists of two to three mentors who assume responsibility for a group of Versant® nurse residents (Ulrich, Krozek, Early, Ashlock, Africa & Carman, 2010). Supervision and support of nurses in the practice setting is consistent with definitions of the term among nursing studies (Andrews & Wallis, 1999).

Clinical Competence

Clinical competency in this study is defined as the ability or capacity to function in the role of staff nurse defined by behaviors such as accountability, safety in patient interventions such as medication administration, time management, and communication. Clinical competency refers to perceived gains in competencies per self-report.

Confidence

Confidence is defined as a belief in oneself to act in a professional manner with respect to nursing skills, communication, and collaboration in the role of staff nurse. An additional definition includes the belief in positive achievements, persistence, and self awareness (White, 2009).

Job Satisfaction

For the purposes of this study, job satisfaction is defined as feelings of commitment to the work setting and hospital organization. This definition is consistent with major indicators of nursing job satisfaction across multiple studies (Blegen, 1993).

Summary

In summary, continued research on transition to nursing practice as a phenomenon of interest among many stakeholders is necessary in addressing current healthcare challenges. The term "compression complexity" refers to the many sideline roles for professionals that are compressed by time for example technology integration and increased documentation (Krichbaum, Diemert, Jacox, Jones, Koenig, Mueller & Disch, 2007). Another term, "simultaneity" refers to caring for multiple patients with complex clinical conditions in a quality manner (Kramer, Maguire, Halfer, Brewer & Schmalenberg, 2011). Both terms refer to nursing care dilemmas that particularly handicap new graduate nurses. This study is critical for addressing the dilemma of "hire, educate, and replace" among new graduate nurses which is often affected by poor work environments (Ulrich, Krozek, Early, Ashlock, Africa & Carman, 2010, p.363). Patient safety concerns along with pay-for-performance incentives will also be aided by the attention to positive implications of the transition to practice experience among new graduate nurses. As long as problems such as intense pressure on new graduate nurses, rapid release of new graduates as independent practitioners, lack of mentors and role models, lack of training in communication skills, and lack of debriefing opportunities in the clinical environment exist, there will be a critical need for further inquiry in order to best serve our future generations of professional registered nurses. Current and future studies need to focus on specific strategies that are most effective in achieving positive outcomes for new graduate nurses in transition at the most efficient cost. These processes require attention among clinical researchers and scholars in a manner that disseminates results related to experiences, responses, and outcomes during the transition process (Meleis, 2010, p.5). Transition as a primary focus area of inquiry for nurse scientists remains relatively untapped despite the number of studies of the phenomenon.

CHAPTER TWO: REVIEW OF THE LITERATURE

This chapter reviews the literature associated with influences and processes of transition to nursing practice among new graduate, newly-licensed registered nurses. The review will begin by examining literature related to the new graduate nurse. The outcomes of competence, confidence, and job satisfaction among new graduate nurses will be included in the first section of the literature review. Next, new graduate nurse transition to practice will be examined including the influences of demographics (educational preparation, age, previous healthcare experience, gender). The chapter will end by exploring nursing literature related to nurse residency programs along with the components of mentoring and debriefing.

The New Graduate Nurse

The most recent comprehensive report on new graduate nurses is captured in the National Sample Survey of Registered Nurses (2008). The survey is conducted every four years by the United States Department of Health and Human Services, Health Resources and Services Association.

Demographics

Demographics of new graduate nurses have evolved with societal and economic factors. The U. S. job climate has led many adults to consider nursing as a second career due to promises of salary levels, job security, and opportunities to support a family on one income.

Recent graduates entering the nursing profession with a Bachelor of Science in Nursing (BSN) degree represented 39% in 2008 compared to 29% in 2000. Associate Degree nurses (ADN) represented 58% in 2008 compared to 40% in 2000, and diploma graduates were 3% of new graduate nurses in 2008, compared to 30% in 2000 (U.S. Department of HHS, HRSA, 2010). These percentages reflect not only the continued predominance of the ADN vehicle of

entry to nursing practice but also a significant increase in BSN-prepared nurses. Recent new graduate RN's have more than likely completed postsecondary education prior to entering nursing. This is probably attributable to the U.S. economic climate regarding job availability and career dissatisfaction. In the 2008 national survey of registered nurses, approximately 67% reported having previous experience in healthcare mostly as nursing assistants (69%) followed by licensed practical nurses (LPN's) or licensed vocational nurses (LVN's) (18%) (BHPR-HRSA, 2008).

As of 2008 there are increased numbers of new graduate nurses less than 30 years old for the first time in thirty years. It is thought that perhaps recruitment efforts among younger candidates are finally beginning to pay off (Larson, 2010). Registered nurses graduating before 2001 were an average of 26.7 years of age compared to an average age of 30.8 in 2008. Both age statistics represent an overall slightly aging group of new graduate nurses which has been a growing trend from periods greater than thirty years ago. The percentages of ethnic minority nurses have increased to almost 17%, up from 12% in 2004. The percentages of men in nursing also increased (10%) with this cohort portraying a greater degree of diversity compared with the group prior to 2001 (6%). In addressing diversity, nursing leaders have expressed the goal to have the nursing workforce better reflect the population it serves. The impact of changing U. S. demographics will necessitate attention to diversity concerns among patients and healthcare providers alike. In 2008, new graduate nurses comprised approximately 20% of all RN's who were employed. The majority of the new graduates continue to be employed by hospitals, with the most recent number at 83%. The Health Resources and Services Administration findings also revealed an equivalent percentage of new graduates working full time.

Challenges/ Outcomes

New graduate outcomes encompass several crucial elements reflected in the transition to practice experience (NCSBN, 2011). The complex health care needs of current hospitalized patients require initiative, resilience, and perseverance in learning the job. The gap regarding perceptions of practice readiness between educators and employers presents an added challenge in transition. The expertise gap between new graduate nurses and experienced nursing staff has resulted in environments with fewer resources for providing comprehensive, complex patient care. Despite the abundance of transition programs across the country, they are variable in effectiveness, and non-existent in some locations. Practice errors occur at a higher rate among new graduate nurses mainly due to increased stress levels (Saintsing, Gibson, & Pennington, 2011; Fink, Krugman, Casey, & Goode, 2008; Elfering, Semmer, & Grebner, 2006). Turnover and retention rates contribute to a cyclical process that hinders the stages of skills acquisition. Three categories of new graduate outcomes will be examined from the literature including competence, confidence, and satisfaction.

Influence of Educational Preparation on Transition

Differences in the demographic of educational preparation related to outcomes (confidence, competence, and job satisfaction) are represented in the nursing literature in two basic themes. Among studies that supplied demographic data related to educational preparation, the analysis of outcomes often did not factor degree type. Otherwise the analysis of educational preparation as an independent or predictor variable was not present at all. Historically, Krugman and Preheim (1999) discovered that BSN-prepared nurses scored higher in satisfaction than ADN or diploma-prepared nurses. However new graduate BSN nurses were not analyzed separately from the general population of BSN nurses. New graduate BSN-prepared nurses in some studies

have been found to have higher levels of job satisfaction in addition to seasoned nurses (Roberts, Jones, & Lynn, 2004; Rambur, McIntosh, Palumbo, & Reiner, 2005; Thompson, 2011). This is thought to be correlated with higher expectations of the professional RN role. It is noteworthy; however, that both BSN and ADN new graduate nurses experience a decline in overall job satisfaction over time. This was revealed in studies that collected job satisfaction measurements at various time intervals. A large funded cohort study (n = 2,748) examined job satisfaction as a subset of work attitudes and perceptions about job opportunities (Brewer, Kovner, Yingrengreung, & Djukic, 2012). T-tests and Chi-square analyses were used to process responses to the survey tool. Weighted samples were analyzed to ensure that cohort response rates from different regions were similar. Overall job satisfaction was essentially the same between the two cohorts (2004-2005 group, and 2007-2008 group); however, the authors cautioned that large sample sizes require caution when interpreting the findings. With large sample sizes, small changes in predictor factors may portray a large or small impact which could affect clinical significance as opposed to statistical significance. It is thought that even though BSN-prepared nurses arrive with higher expectations of the professional role than their counterparts, both groups experience reality shock after approximately one month of practice (Thompson, 2011). Limitations of several studies that compared outcomes among educational groups centered on small sample sizes in single geographic locations, which hampered generalization.

Quantitative studies that used a tested instrument for determining satisfaction frequently used the McClosky-Mueller Satisfaction Scale (MMSS) (Mueller & McClosky, 1990). The MMSS is a tool commonly used in nursing job satisfaction studies. It is comprised of eight subscales obtained by factor analysis. The subscales (Extrinsic Rewards, Scheduling,

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Family/Work Balance, Co-workers, Interaction Opportunities, Professional Opportunities, Praise and Recognition, and Control and Responsibility) have reliability estimates ranging from a Cronbach's alpha of .52 to .89. Four of the subscales (Extrinsic Rewards, Family/Work Balance, Co-workers, and Professional Opportunities) fell below the .70 minimum for estimated reliability. A North Carolina study used the MMSS to analyze job satisfaction of new graduate BSN-prepared nurses (Roberts, Jones, & Lynn, 2004), finding that satisfaction ratings were commensurate with intent to stay. Construct validity was assessed in that study by correlating the MMSS subscales with subscales of the Job Characteristics Inventory (Sims, Szilagyi, & Keller, 1976), finding modest to good correlations between the two instruments. Other studies constructed scales or extracted satisfaction components from existing instruments.

Among scales designed by nurse researchers measuring work satisfaction, the Halfer-Graf Job/Work Environment Nursing Satisfaction Survey was found to have a test-retest reliability of .96 at a one-year interval. The 21-item Likert scale survey was designed to obtain data on job satisfaction over time intervals (3, 6, 12, and 18 months), as well as additional elements of the new graduate experience (Halfer, & Graf, 2006). The study found a close correlation between work scheduling and satisfaction of new graduates; nonetheless, demographics were not specified in the results. Various types of instrumentation among studies contribute to the literature designating satisfaction as a key factor in retention. While most studies concluded that satisfaction affected intent to stay, there was a paucity of research that examined satisfaction with regards to degree type.

Influence of Age on New Graduate Transition

With regard to age, the literature shows that younger new graduate nurses have been less satisfied than older novice nurses (BHPR-HRSA, 2008; Cho, Lee, Mark, & Yun, 2012).

Qualitative studies on job satisfaction have attributed job dissatisfaction to lack of assertive communication skills and conflict management (Zinmeister, & Schafer, 2009; Halfer, 2011; Anderson, Linden, Allen, & Gibbs, 2009). Environments lacking support and nurturing, notably among the people encountered, are key factors in dissatisfaction particularly among younger new graduate nurses. Horizontal violence, described as interpersonal conflict among nurses, is unfortunately a common experience among new graduate nurses (McKenna, Smith, Poole, & Coverdale, 2003). Among the 547 new graduate nurses participating in the well-known New Zealand study on horizontal violence, 46% were less than thirty years old. The remaining groups who indicated their age in the survey were between thirty and forty years of age (25%). This showed that almost two-thirds of new graduate nurses (71%) from a sample of 545 respondents provided feedback on experiences of incivility in the workplace which is associated with dissatisfaction. A limitation of the study was the absence of correlation between age and percentage of response to outcomes categories.

When people experience job dissatisfaction, they frequently search for another job, compare the new job with their current job, and then leave the current job if they deem the alternative to be better (Halfer, 2011). This greener-grass phenomenon is particularly characteristic of younger new graduate nurses (Mitchell, Holtom, Lee, Sablynski, & Erez, 2001; Kovner, Brewer, Greene, & Fairchild, 2009; Olson, 2009). By understanding factors that contribute to this phenomenon, targeted strategies can be implemented to address them.

Nursing job satisfaction has been defined as the degree of positive affective orientation towards nursing (Blegen, 1993). Recent graduates are less satisfied compared with previous new graduate nurses (HRSA, 2008). Reasons for dissatisfaction among new graduate nurses include work stressors associated with sicker patients, increased workload, and inadequate support

(Adams, & Bond, 2000; Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Chen-Chung, Samuels, & Alexander, 2003; Shaver, & Lacey, 2003). Previous studies have found that nurses in the United States exceed other countries with regard to job dissatisfaction (Aiken, Clarke, Sloane, Sochalski, Busse, Clark, Giovannetti, Hunt, Rafferty, & Shamian, 2001). The understanding of job satisfaction in new graduate nurses is critical with regard to TTP initiatives (Anderson, Linden, Allen, & Gibbs, 2009; Gil, Deagan, McNett, 2010; Rosenfeld, Smith, Iervolino, & Bowar-Ferres, 2004).

Influence of Previous Healthcare Experience on New Graduate Transition

In the last national sample survey of registered nurses, more than half of all registered nurses (67%) reported working in healthcare prior to becoming RN's. The majority of RN's with previous experience were nursing assistants (69%) with the remaining percentages consisting of licensed practical nurses (18%) and other (13%) (BHPR-HRSA, 2008). Seven studies that captured previous healthcare experience among new graduate registered nurses reflected the representation of this demographic in the literature (Roth & Johnson, 2011; Marshburn, Engelke, & Swanson, 2009; Andersson & Edberg, 2010; Kramer, Maguire, Halfer, Brewer, & Schmalenberg, 2011; Ebright, Urden, Patterson, & Chalko, 2004; Fink, Krugman, Casey, & Goode, 2008; Beecroft, Santner, Lacy, & Kunzman, 2006).

A study featuring the relationships of new graduates' perceptions of clinical competence versus measured performance-based competence revealed that previous experience (nursing assistant, nurse extern, LPN, emergency medical technician) enhanced problem management (Marshburn, Engelke, & Swanson, 2009). The Marshburn study (N= 265) utilized a descriptive correlational design to examine relationships between new nurses' performance-based measurements and perceptions of clinical competence. Findings showed no significant

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differences in patient care and professional role based on previous experience among new RN graduate nurses. However, the relationship between problem management and previous experience was significant (chi-square = 1, [n = 221] = 5.15, p = .03). The conclusion was that experience had a positive effect on the new nurse's preparation for practice, and new nurses with experience were more likely to meet the criteria for performance-based measures of clinical competence (Marshburn, et al., 2009).

Despite some findings of relationships between previous experience and enhanced performance in the RN role, few studies were able to identify contributable factors (Roth & Johnson, 2011; Andersson & Edberg, 2010; Ebright, et al., 2004; Fink, et al., 2008; Beecroft, et al., 2006). In a study that examined the impact of residency programs on professional socialization of newly licensed registered nurses (N= 907), conclusions suggested that utilization of previous experiences among new registered nurses may enrich reflective practice sessions (Kramer, Maguire, Halfer, Brewer, & Schmalenberg, 2011).

Job Satisfaction in New Graduates

The nursing literature contains numerous studies on job satisfaction, and the new-graduate nurse sub-group is well represented. Among quantitative and qualitative studies, the literature has shown that support during the transition to practice contributes greatly to job satisfaction (Scott, Engelke, & Swanson, 2008; Cho, Lee, Mark, & Yun, 2012; Anderson, Linden, Allen, & Gibbs, 2009; Gil, Deagan, & McNett, 2010; Dyess, & Sherman, 2009; Ulrich, Krozek, Early, Ashlock, Africa, & Carman, 2010; Kramer, Maguire, Halfer, Brewer, & Schmalenberg, 2011; Mills, & Mullins, 2008). Support tactics include all of the elements listed in nurse residency programs across the country (clinical immersion experience, preceptorship, mentorship, and debriefing).

Instruments used to measure job satisfaction in quantitative studies include the MMSS referenced earlier. In the year 2000, new graduate nurses (n = 95) were surveyed by researchers that examined satisfaction in connection with a sense of belonging (Winter-Collins, & McDaniel, 2000). In addition to the MMSS, the researchers used the Hagerty-Patusky Sense of Belonging Instrument and results showed no significant differences between BSN and ADN graduates with respect to satisfaction levels (p = 0.56) or in sense of belonging (p = 0.45). Sense of belonging and satisfaction portrayed a statistically significant relationship (p = 0.000, r = 0.40).

A longitudinal study of job stress and satisfaction among Australian new graduate nurses was conducted using a sample of 110 participants (Chang, & Hancock, 2003). The results revealed that role overload (explained variance of 42%) and role ambiguity (explained variance of 16%) influenced role stress which showed a negative correlation with job satisfaction. The first few months of nursing practice reflected these results. It is noteworthy that by the end of the first year, repeated measures showed role overload to be the sole factor associated with dissatisfaction.

The major themes related to the expectations, perceptions, and satisfaction of new graduate nurses (among qualitative studies) were establishing relationships and learning the job (Gil, Deagan, & McNett, 2010; Meyers, Reidy, French, McHale, Chisholm, & Griffin, 2010). Safety concerns between hospital preceptors (seven groups) and new graduate nurses (six groups) were explored by using focus groups (Myers, et. al, 2010). Extracted themes were categorized into knowledge-building components for the development of clinical simulation scenarios. Both parties agreed that stress reduction would evolve as a byproduct of interventions.

In summary, the literature on job satisfaction among new graduate nurses points to several elements that affect satisfaction among this vulnerable group. What we know is that when nurturing of new graduates takes place, overall job satisfaction is enhanced (Grindel, & Hagerstrom, 2009). We also know that the perceptions of the work experience which vary among new graduates are a direct reflection of environmental factors including people as well as processes (Halfer, & Graf, 2006). Because of less-than-ideal retention rates among new graduates, much work remains to be done in addressing this dilemma.

Development of Competence in New Graduate Nurses

Differences in competence and confidence related to educational preparation displayed ambiguities in the literature or were not addressed at all. In some studies confidence has been related to age in the literature with older new graduates expressing a higher degree of confidence than their younger counterparts. A large comprehensive study (n = 6,000) examining confidence and competence among new graduate nurses found accelerated increases in both outcomes within the structure of the Versant RN Residency™ program (Ulrich, Krozek, Early, Ashlock, Africa, & Carman, 2010). Overall competence was assessed in the Versant® study using the Slater Nursing Competencies Rating Scale (Wandelt, & Stewart, 1975). The Slater scale is an 84-item scale that measures perceived role competencies per self-report and observed report. It is a 5-point Likert scale with response ranges from 5 (excellent) to 1 (poor). The Cronbach's alpha for the scale is .98. Scoring is reflected accordingly: the higher level of perceived competence, the higher the score. Confidence was measured in the Versant® study utilizing the Skills Competency Self-Confidence Survey, which was created by Versant®. It is a self-report scale that measures confidence related to skills acquisition. Results were measured and interpreted as improvement over time. Perceived confidence was measured at 12 and 24 months,

with the highest possible score being 147. Results showed increased confidence at the end of the 18-week residency program. Confidence diminished somewhat after the one-year mark, but gradually increased throughout the second year of nursing practice (Ulrich, Krozek, Early, Ashlock, Africa, & Carman, 2010). This dip in confidence during the year following the provision of full support is typical of experiences in the literature among new graduates. Demographics of age and educational preparation were provided in the study; however, outcomes of competency and self confidence were not reported by these variables.

The development of confidence and competence among new graduate nurses continues to be a challenge for acute-care environments. Self confidence is a pre-requisite for competence. When people believe they can succeed in the face of adversity, they possess the incentive to push forward (Bandura, 2001). There are numerous instruments in the literature to assess clinical competence. The Slater Nursing Competencies Rating Scale (Wandelt, & Stewart, 1975), one of many research instruments listed in the CINAHL database, is perhaps the most well-known. It measures perceived competencies of actions performed by nurses as they care for patients. Self-report and observer reports are utilized with this tool. Major issues regarding the assessment of competency include inconsistencies among the people making the assessment, and the reliability/validity of the instrument. As of the year 2000, it was very rare that the aforementioned issues surrounding the measurement of clinical competence were addressed in the nursing literature (Norman, Watson, Calman, Redfern, & Murrells, 2000). The literature review included a study that used the Slater instrument to measure competency among new graduate nurses (Ulrich, Krozek, Early, Ashlock, Africa, & Carman, 2010). In that study residents performed self-assessments and trained observers also performed observations. Trained observers performed observations on random samples of nurses from each

organization's (in the longitudinal study) comparison group and samples of residents from each cohort. Individual nurse resident competencies were also assessed and validated by preceptors for each resident in the program. This general competency assessment/ validation tool was a company designed tool (reliability/validity not supplied in the article). Results from the Slater tool yielded residents rating themselves higher on competency than the observers at week 2 and week 18 (end of residency). The observers noted significant progress in competency throughout the residency period, and at the end of residency the average observed ratings were equal to or greater than ratings of the comparison groups.

The Performance Based Development System (PBDS) (Del Bueno, 1990) was used in a study to measure performance-based clinical competence among new graduate nurses. It was combined with the Casey-Fink Graduate Nurse Experience Survey (1999) in examining relationships between new graduate nurses' perceptions of clinical competency and measured performance-based clinical competence (Marshburn, Engelke, & Swanson, 2009). The PBDS has been utilized since 1985 in more than 350 health care facilities in 46 states in assessing critical thinking skills (Del Bueno, 2005). The Casey-Fink Graduate Nurse Experience Survey is designed to assess the new graduate nurse TTP experience. There are twenty-four questions structured in a Likert scale. Section I of the scale contains questions related to comfort level with specific skills and procedures. Section II asks new nurses to rate their comfort, confidence, and available support while functioning as a professional nurse. Exploratory factor analysis performed on the twenty-four items in the scale yielded three subscales. The three subscales included patient care, professional role, and support. Cronbach's alpha reliability coefficients for the three subscales range from .67 to .89. Results of this study included findings that showed positive correlations between previous nursing work experience (nursing assistants, nurses

externs, licensed practical nurses, emergency medical technicians) and problem management (performance-based competence). With perceived clinical competency, there was no significant relationship between meeting criteria for problem management and demographics (age, gender, ethnicity, educational preparation). However, black new graduate nurses in the study scored lower on perceived clinical competency than other ethnic groups. That finding opened a new possible area of inquiry related to ethnicity and perceptions of competency.

In conclusion, the construct of clinical competence is firmly embedded in the profession of nursing, and it remains an ambiguous proposition. The literature has demonstrated that there is conflict between the perceptions of competence among key stakeholders (Watson, Stimson, Topping, & Porock, 2002; Berkow, Virkstis, Stewart, & Conway, 2008). Moreover, assessments of competence continue to be problematic due to the lack of rigor and methods utilized in assessment. Nurse researchers need to do more work with respect to clarification of competency, how to operationalize the concept, and the assessment of competency as it relates to outcomes of new graduate nurses.

Development of Confidence in New Graduate Nurses

Skill acquisition among novice nurses is often associated with confidence as with the use of the Skills Competency Self-Confidence Survey used by the Versant RN Residency™ program. This self-rating instrument reflects core skills that each resident is expected to possess by the end of the program. Results are reported as percentages of a maximum score and are interpreted as improvement over time. In the study, confidence pertaining to skills started high (70%), dipped to approximately 58% by week two, and slowly climbed to nearly 80% by the end of the residency (Ulrich, Krozek, Early, Ashlock, Africa, & Carman, 2010). Those findings were consistent with the premise of reality shock among new graduate nurses. Other studies

linking skill acquisition with confidence validated its significance in positive transition experiences (Schoessler, & Waldo, 2006; Berkow, Virkstis, Stewart, & Conway, 2008).

Self-concept of new graduate nurses was measured in a three-site study (n = 132) using two instruments. The Professional Self-Concept Instrument (PSCI) (Arthur, 1992) was developed to measure three dimensions of professional self-concept such as professional practice, satisfaction, and communication. It is a 27-item Likert scale with possible scores ranging from 27-108. Cronbach's alpha was 0.83 for the sample of questions used in the study, and the ranges of scores on the PSCI were 58-106 with a mean score of 83. Those scores reflected a higher self-concept than nurses in a previous study who had been working for an average of four years (Arthur, Sohng, Noh, & Kim, 1998). The level of professional self-concept was positively correlated with age. There were no statistical differences with educational preparation or marital status (Kelly, & Courts, 2006).

Qualitative studies have matched findings in quantitative studies related to self-confidence. Age has also been shown to be a factor in overall self confidence particularly among second-career graduates of accelerated nursing programs (Oermann, Poole-Dawkins, Alvarez, Foster, & Sullivan, 2010; Andersson, & Edberg, 2010). Confidence in nursing has also been shown to develop over time (Delaney, 2003; Zinmeister, & Schafer, 2009; Olson, 2009). Graduates of accelerated nursing programs often bring maturity and previous work skills to clinical patient care environments (Oermann, et. al, 2010). In a qualitative study conducted at the University of North Carolina at Chapel Hill, researchers set out to learn more about transition experiences among graduates of accelerated nursing programs. Two focus groups were held (n = 13) with managers evenly divided among the groups, and audio taped interviews were analyzed and summarized. With regard to confidence, nurse managers reported that all new graduates

seemed to lack confidence in their clinical skills regardless of educational preparation. They reported that lack of confidence in knowledge and abilities caused new graduates to be reluctant to consult with experienced colleagues when unsure about decisions or approaches to patient care. Managers noted differences in graduates' transition related to factors other than educational preparation, for example, the younger graduates were more confident with the use of computers and technology yet lagged behind in overall confidence as a professional nurse. The managers noted that all new graduates expected perfection from themselves which contributed in varying degrees to their performance in the clinical environment. The novice-to-expert continuum along with the pace at which they moved along the continuum was also unappreciated by the actions of the new graduates as a whole (Oermann, et. al, 2010).

In summary, quantitative and qualitative studies reflect that diminished self-confidence is a common experience among new graduate nurses. Many new nurses transition from being the smartest person in their class to feeling totally incompetent. This lack of self-confidence contributes to stress in the first year of nursing practice (Smith, 2007). Anticipatory socialization (education, experiences, expectations), along with organizational structure (organizational tactics, environmental realities, person-environmental fit) have been found to directly impact socialization outcomes (Scott, Engelke, & Swanson, 2009). We know that self-confidence generally improves with time; moreover, we also know from the literature that skills acquisition is positively correlated with self-confidence. What we do not know is whether confidence will continue to decline associated with demographic or environmental factors. Continued nursing studies will contribute to ongoing understanding of this construct along with targeted intervention application.

Transition to Practice

The literature review of current research on transition to practice revealed the emphasis on the exploration of standardization strategies that meet regulatory and fiduciary concerns in addition to the aforementioned outcome concerns. Transition from a structured academic setting to an unfamiliar complex patient care environment can be a highly stressful experience. New graduate nurses frequently struggle to acclimate to environments in which they have limited exposure along with unrealistic expectations (Kramer, 1974; Dyess & Sherman, 2009). Because of the significant gap between educational preparation and today's acute-care environments, attention to new graduate nurse transitioning is not only a nice thing to do but also a necessity (Scott, Engelke, & Swanson, 2008; Benner, Sutphen, Leonard, & Day, 2012). Examination of the phenomenon of TTP in the context of outcomes achieved by a structured American-based nurse residency program will contribute to the understanding of process and practice issues among new nursing professionals.   It will also help support the essential nature of these program expenditures by hospitals.

Demographic Influences on TTP

The generational group called the "millennials" born between 1980 and 1999 has described their first year in practice as being in unfamiliar territory replete with hurdles for which they were unprepared (Olson, 2009). The challenge in complex acute-care environments is the integration of knowledge and skills in a timely manner to support the needs of the patient. The goal of this 23-33 year-old cluster is to find their niche in nursing, and they will move around until they find a nursing area that matches their needs. Millennial nurses have explained the difficulty of constant worry and anxiety in reference to making a mistake along with the dilemma of finding their own voice in the midst of experienced co-workers (Olson, 2009). The

millennial novice nurse cohort excels in technological and multitasking skills, but at the same time they desire the nurturing and continuous feedback that they have received throughout their lives. Parents, coaches, and teachers have provided constant feedback and assurance; thus, therapeutic relationships in the work environment are a valuable commodity. When comparing graduates of accelerated nursing programs, managers have reported that previous work experience and maturity among this group contributed to a favorable transition to practice. However, generational differences aside from educational preparation were pertinent factors in adaptability as well (Oermann, Poole-Dawkins, Alvarez, Foster, & Sullivan, 2010).

Nurse Residency Programs

New graduate residency is the transition to practice (TTP) vehicle for new graduate nurses. Nurse residency programs (NRP) vary in name, size, components, and length. The nurse residency is the critical period between educational preparation and independent, competent nursing practice. It is a key factor in acclimating new graduate nurses to the patient care environment. The novice nurse needs clinical practical experience and support from competent nurses in order to develop professionally (NCSBN, 2011). Increasing concern regarding new graduate nurse turnover and inadequate beginning competencies has been the catalyst for initiatives to standardize nurse residency programs (Johnson, & Cleary, 2006). Despite the literature showing the first year of nursing practice as a critical influence on retention and satisfaction, nurse executives are often confined by economic constraints. This limits their ability to provide quality orientation experiences (Scott, Engelke, & Swanson, 2008). The National Council of State Boards of Nursing has embarked on a national transition to practice study to strengthen the argument that TTP should be a regulated process at the state level (NCSBN, 2011). The NCSBN regulatory model was designed to incorporate evidence-based

elements and recommendations from key stakeholders. There have been national calls for formal

TTP programs, and several standardized programs across the country have been very successful;

however, current statistics show that we are not there yet (JCAHO, 2002; Hofler, 2008; NCSBN,

2011).

Debriefing

Debriefing in nursing is a key element in clinical teaching. It is defined as a process that

examines clinical encounters with the purpose of fostering clinical reasoning (Dreifuerst, 2009).

Surrogate terms include reflection, recapping, and critique. Novice nurses around the world have

identified dissatisfaction and burnout from their job as being due to lack of support from peers

and management (Suzuki, Itomine, Saito, Katsuki, & Sato, 2008; McKenna, Smith, Poole, &

Coverdale, 2003; Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Kovner, Brewer, Fairchild,

Poornima, Hongsoo, & Djukic, 2007; Leiter & Laschinger, 2006). Reported incivility

experiences among the novice nurse raises concerns as to whether appropriate interventions are

being deployed to circumvent adverse experiences. Support for new graduate nurses is a

necessity for minimizing adverse events; however, the timing and type of intervention that is

most effective in reducing dissatisfaction is an area of ongoing debate. Debriefing sessions

particularly among new graduate nurses should be scheduled, structured, and facilitated in order

to provide a safe haven for sharing and discussing TTP experiences (Ulrich, Krozek, Early,

Ashlock, Africa, & Carman, 2010). Debriefing sessions are listed as one of five elements of the

successful Versant RN Residency™ program; however, the details of its structure and

application are missing from the literature. Emergency patient events, patient deaths, wayward

communication events, and personal work/life balance are all topics that benefit from the

administration of debriefing sessions (Chandler, 2012; Krichbaum, Diemert, Jacox, Jones,

Koenig, Mueller, & Disch, 2007; Kramer, Maguire, Halfer, Brewer, & Schmalenberg, 2011). The facilitation of debriefing is an essential competency particularly in TTP programs, yet few nursing studies have provided examples of its application in the acute-care environment.

The concept of debriefing in nursing has mostly been discussed in the simulation literature as an adjunct clinical teaching methodology (Childs, & Sepples, 2006; Jeffries, 2005; Spunt, Foster, & Adams, 2004). Debriefing has been used to reinforce critical aspects of clinical experiences in addition to the exploration and discussion of theory and practice constructs. This activity provides a vehicle for reflective learning and fosters the development of clinical confidence (Jeffries, 2005). The concept of debriefing is a principle component of clinical post-conferences in nursing school, yet this opportunity often goes away once nurses enter the acute care environment as a newly-graduated nurse. The conclusion drawn from a study on debriefing among students found that student insights created by examining and processing clinical events provided clinical staff and educators with information to design experiences to foster transition from student to registered nurse (Stockhausen, 2005). This was accomplished by reflective journaling which has been mentioned by leading TTP nurse researchers (Benner, 1984; Benner, Sutphen, Leonard, & Day, 2010). The Stockhausen (2005) study also featured group debriefing forums which allowed students to share and compare clinical experiences. The debriefing forums were unstructured and were similar to clinical post-conferences.

Medical education has traditionally included formal debriefing sessions in the clinical environment during the residency experience. Nursing as a profession has lagged behind in this effort. The absence of a forum for recapping clinical experiences may result in task-oriented nursing with a deficit in contextual knowledge integration needed to provide safe and efficient

nursing care. Progress meetings, another form of debriefing, can be utilized to facilitate role transition among new graduate nurses (Goodwin-Esola, Deely, & Powell, 2009).

The scheduled progress meetings in this study were provided during the yearly orientation of approximately forty new graduate nurses. The meetings lasted thirty minutes and occurred in the clinical educator's office. Planned clinical assignment coverage allowed the preceptor to attend along with the novice nurse. If conflict arose between the dyad (preceptor & novice nurse), the clinical educator provided the opportunity to meet with them separately. Discussions during the progress meetings were tailored to individual needs identified jointly by the dyad. Despite the detailed examples of how progress meetings were conducted, the number of attendees per session was not supplied in the article.

Nurse faculty members from Vanderbilt University have identified components that should be addressed in a debriefing session (Overstreet, Billings, & Kowalski, 2010). The seven components of debriefing include elements that not only discuss events and evaluate learners but also how to do so in a positive manner. The acronym "Ee-chats" is used to describe the seven components of nursing debriefing which are Emotion, Experience counts, Communication, Higher-order thinking, Accentuate the positive, Time, and Structure (Overstreet, et. al, 2010). The impact of debriefing is a chief area of concern and inquiry in light of the transition and learning needs of new graduate nurses which play an integral part in the positive perception of the work environment (Dyess & Sherman, 2009). Articles portraying the link between the professional practice environments and retention encourage nursing leaders in healthcare organization to take the lead in addressing factors associated with turnover rates. The Advisory Board recently discussed methods to instill frontline accountability which included creating

holistic peer feedback mechanisms (Advisory Board, 2012). This form of debriefing could serve as a teambuilding mechanism that would benefit the transition of new graduate nurses.

In summary, debriefing as a concept in nursing is recognized as an essential element in transition to practice among numerous nursing studies, yet the nursing literature is lacking in studies that clarify and validate the process. This is an enormous gap in the literature that this study will attempt to address.

Mentoring

Mentorship as a construct associated with new graduate nurses has been defined in the literature as providing support, guidance, being a role model, and as the provision of coaching for newly graduated nurses (Scott & Smith, 2008; Cottingham, Dibartolo, Battistoni, & Brown, 2011; Komaratat & Oumtanee, 2009; Beecroft, Santner, Lacy, Kunzman & Dorey, 2006). The summation of the experience of mentorship is best described as the relationship between the experienced and one in need of guidance with professional development being the overarching goal (Butler & Felts, 2006).

Mentorship as a term associated with nursing began to appear in the nursing literature in the 1980's mainly focusing on mentoring in academic settings. It was followed by a plethora of studies in the 1990's which included mentorship in clinical areas (Andrews & Wallis, 1999). Previous studies focusing on the essence and process of mentoring in practice environments revealed inconsistencies regarding the role of mentors and the concept of mentorship. It has been discussed within several frameworks such as the character in Homer's odyssey that was a nurturing figure, the English National Board's (ENB, 1994) wise-counselor depiction, and the Project 2000 generic catchall title covering preceptors and supervisors (Andrews & Wallis, 1999; Brown & Edelman, 2000). While an alignment of the mentorship definition has stabilized in the

last ten years, there are still inconsistencies concerning the identity of the role and the processes involved in the role.

The mentor role has been used interchangeably with the preceptor role particularly in light of a practice-based profession such as nursing. Clinical staff is used to perform a myriad of roles associated with the integration of knowledge and skills among new graduate nurses (Benner, Sutphen, Leonard & Day, 2010). A qualitative study examined mentorship from the perspective of new graduate nurses using a Grounded Theory design. The goal was to explore what effective mentors looked like in the practice environment. New graduate nurses in the study (n = 25) identified the importance of a "relational connection" (p. 120), and would have preferred to choose their mentor instead of having a mentor assigned. The second strongest finding (among six) in the study was the perception of the quality of the experienced nurses' practice (Ferguson, 2010). The literature is replete with the benefits of mentoring, notably, professional development, and as a retention adjunct (Butler & Felts, 2006; Cottingham, Dibartolo, Battistoni & Brown, 2011; Persaud, 2008; Hayes & Scott, 2007; Halfer, 2011; Kramer, Maguire, Halfer, Brewer & Schmalenberg, 2011; Buffum & Brandon, 2009; Bratt, 2009; Grindel & Hagerstrom, 2009). However, what's missing in the literature is a quantified template for the structure and process of mentorship along with quantitative analysis of outcomes associated with the mentoring construct.

A study conducted in Thailand used a mentorship model to prepare new graduate nurses for competency. New graduate nurses in the study (n = 19) worked with trained mentors for one month. This occurred following two evaluations of nursing competency by head nurses. The mentorship model was based on the Morton-Cooper and Palmer (2000) mentoring-in-practice concept. An experimental instrument, a control instrument, and an evaluation instrument were

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used in this quasi-experimental study. The study was set up as a one-group three-time design. Data were analyzed via Wilcoxon signed ranks tests and the results revealed significantly higher nursing competency scores after application of the mentorship model. Limitations of the study were small sample size and lack of a control group. Study authors recommended replication of the study along with inclusion of additional factors to increase the effectiveness of the training method.

Several studies portrayed well-planned mentoring processes, but many of them proved to be less successful over time. This was widely a result of two key factors including time commitment and educational deficits regarding the roles (Scott & Smith, 2008; Beecroft, Santner, Lacy, Kunzman & Dorey, 2006; Urlich, Krozek, Early, Ashlock, Africa & Carman, 2010; Grindel & Hagerstrom, 2009; Gilmer, Kopeikin, & Douché, 2007).

With respect to the process of mentoring, new graduate nurses have viewed mentorship as an additional burden added to an already overwhelming transition experience. Novice nurses have described meeting with mentors as additional time-consuming activities. They have also mentioned the incompatibility between mentors and mentees with respect to background, communication style, and availability of scheduling (Scott & Smith, 2008; Beecroft, Santner, Lacy, Kunzman & Dorey, 2006). Among mentors, time commitment to the role along with educational training and accountability in the role were factors in less-than-desired outcomes (Scott & Smith, 2008; LaFleur & White, 2010; Hickie, Lyttle & Harris, 2007).

Transition to practice programs for new graduate nurses require the important element of mentorship; however, in today's healthcare environment economic feasibility has hampered mentorship efforts. Effective strategies for success must be the focus of ongoing inquiry (Scott & Smith, 2008). Among the studies with structured mentorship programs, three of them

provided training for the mentors. But even with that, commitment with follow-through proved to be a deficit. In other studies, the need to refine topic selection in mentoring sessions was identified as an area for improvement (Mills & Mullins, 2008; Beecroft, Santner, Lacy, Kunzman & Dorey, 2006; Urlich, Krozek, Early, Ashlock, Africa, & Carman, 2010). The need for replication was a common theme among researchers who provided feedback on next steps. This call for replication was usually associated with studies that incorporated small sample sizes, or funded studies that would prove to be a challenge for economically strapped organizations. The lack of quantitative analysis along with fiduciary returns on investment proved to be deficits as well (Fox, 2010; Persaud, 2008; Mills & Mullins, 2008).

In summary, the literature on mentorship of new graduate nurses touts the benefits of providing support and guidance in the transition to practice from the school environment. We know from the literature that positive outcomes such as improved retention rates have been achieved for limited time spans in selected areas. We also know that mentorship initiatives can be expensive endeavors with regard to patient care staffing challenges and availability of clinical staff mentors functioning in the role. This is evidenced by the attrition of mentors across designated time spans. What we do not know is whether there is a quantifiable affect of structured mentorship on factors related to the transition to practice experience such as perceived competency, perceived confidence, and overall job and career satisfaction.

Overall Perceived Value of Nurse Residency Programs

The literature contains a cornucopia of studies that have evaluated nurse residency programs from the perspective of participants. Two main dilemmas are associated with garnering this information. In studies involving surveys, frequently there are limitations on the types and content of questioning to obtain desired information. With quantitative studies, free-

text comments are often not shared in the literature. Qualitative studies provide rich data on the perceptions of new graduate nurses' transition to practice experiences. Quality of residency programs and overall orientation experiences are often vaguely explained by novice nurses. We sometimes do not know what the respondents were asked or how the questions were phrased. Among approximately eighty studies reviewed, syntheses of eight studies provide the best review.

New graduate nurses overwhelmingly express appreciation for efforts aimed at facilitating a positive transition experience. This is true despite unfavorable experiences within orientation programs.

New York University Hospitals Center researchers conducted a 5-year evaluation of their nurse residency program (NRP) from the perspective of program participants (Rosenfeld, Smith, Iervolino, & Bowar-Ferres, 2004). Surveys were mailed to 321 of 422 nurses who had completed the program. A response rate of 36% (n = 112) was obtained. The respondents rated "experience as independent nurse", and "classroom orientation" as the most satisfying elements. They rated "parties" and "clinical education days on the unit" as least satisfying elements of the NRP. Two open-ended questions were included in the survey tool requesting recommendations for revisions and soliciting comments about program elements. The two predominant themes that emerged from the residents' comments centered on mentorship and the clinical education days on the unit. Regarding mentorship, nurse respondents expressed erratic and bewildering experiences with mentors regarding selection, compatibility, and training. Scheduling of clinical education days on the unit was inconsistent with scheduling, and redundant in content. Feedback from the respondents was incorporated into revisions of the NRP.

Frustration with the elements of mentoring and preceptorships, especially with regard to establishing relationships, was cited in several qualitative studies (Gil, Deagan, & McNett, 2010; Beecroft, Santner, Lacy, Kunzman, & Dorey, 2006). Feedback on interactive residency modules used in a Nebraska study yielded a patient focused response element (Anderson, Linden, Allen, & Gibbs, 2009). Trends related to satisfiers in the program included patients, patient outcomes, and teamwork. Dissatisfiers were listed as staffing, scheduling, and physician interaction. Program elements of simulation scenarios, debriefing, and e-mail correspondence with peers were also favorably rated.

In a large comprehensive study that examined the impact of residency programs on professional socialization, thirty-four Magnet hospitals completed residency program questionnaires designed to examine several components (Kramer, Maguire, Halfer, Brewer, & Schmalenberg, 2011). The questionnaires were constructed to represent the components, themes, goals, and strategies of the professional socialization process described in the literature. The respondents consisted of experienced nurses, educators, and nurse managers in addition to new graduate nurses. Newly-licensed RN's accounted for 330 of the 907 respondents. The term "residency" was used to incorporate all special programs for new graduate nurses including "internships" and "fellowships". The questions asked were (1) To what extent do NRP's reflect the professional socialization process described in the literature? , and (2) What strategies and components are identified as effective by interviewees? Qualitative data analysis was performed using Strauss's (1987) constant comparative analysis technique. Methodology incorporated a demographic analysis of new graduate nurse responses. The results showed that all NRP's addressed professional socialization processes cited in the nursing literature. Components identified as most helpful with integration were clinical coaching, mentoring presentations, and

discussion sessions. Feedback from the questionnaire identified confusion regarding roles, particularly that of mentor. The new graduate nurses in the study (n = 330) were mentioned as being evenly divided on only one construct which was the benefits and drawbacks of multiple preceptors. The quantification of new graduate responses regarding other NRP elements was not provided in the article.

Common themes in the literature regarding the perceived quality of nurse residency programs include an overall appreciation for programs including the provision of coaching. Consistent mentioning of the mentorship component, work/ life balance, scheduling, and communication elements represent opportunities for improvement of programming. Even though nurse residency programs have been prevalent for quite some time, qualitative inquiry will continue to provide valuable insight toward evaluation of programming.

Summary of Literature Review

The literature has been reviewed regarding factors that affect transition to nursing practice among new graduate nurses. The demographics of age, educational preparation, previous healthcare experience, and gender related to the outcomes of confidence, competence, and satisfaction have not been adequately researched among nurse scholars. The literature contained very few studies that addressed the outcomes that factored demographics into results. The changing economic climate, regulatory mandates, and the call for increased professionalism among nurses make further inquiry in this area critical.

Components of new graduate residency programs were examined and found to lack the construct of debriefing in the clinical environment. Mentoring, proven for years to be beneficial in professional development, has been shown to possess ambiguity with regard to role specification and clarity of its application in the clinical environment. The confusion surrounding both constructs has impacted the perceived quality of orientation in general and nurse residency programs in particular. What we do know is that nurse residency programs are beneficial but continue to lack consistency and refinement. This warrants further inquiry as well.

New graduate outcomes have been addressed in the literature repeatedly; yet perceived competence, confidence, and job/career satisfaction among new graduate nurses have not reached levels of needed achievement identified by key stakeholders. Creating work environments that effectively transition new graduates into the workplace is critical for promoting job and career satisfaction. The state of the science regarding new graduate transition to nursing practice has evolved but faces continued challenges.

CHAPTER THREE: RESEARCH METHODOLOGY AND DESIGN

The purpose of this study was to examine the influences of intentional mentoring, structured debriefing sessions, and demographics (educational preparation, age, previous healthcare experience) on transition to practice outcomes (perceived gain in competency, perceived gain in skills confidence, degree of comfort in assuming a staff nurse role, and job satisfaction) in new graduate nurses during the first two years of practice.

The proposed study consisted of a secondary analysis of an existing database from the Versant RN Residency Program™. This chapter will present the study design, population sample, data collection instruments, as well as statistical methods that were used for the analyses of data.

Population and History of the Research Sample

The Versant® RN Residency program launched in California in 1999 as a one-year pilot with 50 new graduate nurses. A total of 68 new graduates were hired and were eligible for the program. All of the 68 new graduates did not remain in the program. Approximately 61% of new graduate nurses who dropped out of the residency program failed to pass the national licensure exam for registered nurses. The remaining 39% percent of RN's dropped out for various reasons (Beecroft, Kunzman, & Krozek, 2001). The resulting 50 new graduate nurses completed the entire program and were utilized in the initial study. The main goal of the residency program was to provide elements that would foster a positive transition to practice experience for new graduate nurses. The initial population consisted of California-based new graduate nurses at Children's Hospital, Los Angeles (CHLA). Forty-five new graduate nurses were eligible for the control group but only 28 of them completed and returned the required questionnaires for the single data point at the beginning of the residency program (Beecroft, et.

al, 2001).   Therefore, the control group of 28 nurses from the previous two years at CHLA was

utilized to benchmark findings. The control group had a higher percentage of new graduates

with advanced education such as 64% BSN compared to 58% BSN among the experimental

group. The new graduates in the control group were older than the experimental group which

consisted of a higher percentage of 23-30 year-olds. The control group also exhibited less

variety among areas worked in the hospital (three), than the experimental group (five areas). The

three areas of work among the control group were (1) Hematology/ Oncology, (2) Critical Care,

(3) Medical-Surgical. The areas of practice among the experimental group included two

additional areas of work which were the Operating Room and the Post-Anesthesia Care Unit/

Ambulatory Surgery Center. Results from the pilot study indicated better outcomes measures

(retention, confidence, competence) compared to the benchmarked two years prior to

implementation of the Versant residency. In the year following the initial pilot study, the pilot

was continued with 56 additional new graduate nurses. Three additional children's hospitals in

California participated in the beta phase of the research following the pilot. By July of 2003, 118

new graduate nurses had completed the residency at the beta sites. In 2004 CHLA officially

created the Versant RN Nurse Residency™ program and also launched a web-based

management system called Voyager®. That same year (2004) the RN residency program was

offered to general acute-care hospitals in addition to children's hospitals. Versant® expanded to

hospitals across the United States amassing a large database of outcomes. The Versant®

residency program initially started as a research endeavor with all participating organizations

obtaining Institutional Review Board (IRB) approval prior to implementing the residency. As of

2009 the residency program was transitioned from research status even though elements of the

research process (confidentiality of resident responses) were continued (Ulrich, Krozek, Early,

Ashlock, Africa, & Carman, 2010). The 10-year longitudinal database served as the conduit for the current study sample.

The population and sample for the secondary data analysis consisted of Versant® Nurse Residency graduates from 2010-2011. Permission to use the Versant® client sample for dissertation research was obtained by the researcher. The original data generated by nurse resident program participants was entered in the Versant Voyager® data management system. This data was de-identified and exported to the researcher, statistician, and dissertation advisor via a zip file. The study sample in the database represented approximately eighty-four client locations in fourteen states across the United States. The majority of Versant® program clients are located in the West, Midwest, and South. The Northeast did not have client representation at the time of the study. The sample size for the study was 641 nurses. Demographics for the study included age, educational preparation, previous healthcare experience, and gender.

Protection of Human Subjects

The University and Medical Center Institutional Review Board (UMCIRB) for East Carolina University served as the portal for external review of the study. The protection of the rights and welfare of human subjects involved in the research study was guaranteed by the submission of an application for expedited review or exempt-status declaration. The application and approval for the study by the UMCIRB were obtained prior to proceeding with the study. In secondary data analysis an expedited review by a single Institutional Review Board (IRB) member is often conducted due to minimal risk to research subjects (Polit, & Beck, 2008). The UMCIRB lists research studies of existing data under the categories of research that are exempt from review; however, an application for review was submitted in order to obtain formal documentation of the exemption for this study which can be found in Appendix D. Permission

to obtain access to the Versant® national database and to proceed with the study was obtained

from the Versant® organization. In association with the Versant® clients' confidentiality

approval at each site, no identifying information was used in this study. All data entered into the

Versant® organization's collection system was made anonymous prior to exportation.

<div align="center">**Instrumentation**</div>

Versant® Metrics

Metrics for this study included Versant® tools and instrumentation utilized to assess and

evaluate program components related to interests for this study. Three of the five categories of

Versant RN Residency™ metrics were examined, including demographics, measurement

instruments, and evaluations. The other two categories of metrics that were not used were status

reports, and focus group summaries and surveys. The measurement instruments that were

examined in this study included Slater Nursing Competencies Rating Scale (Wandelt, & Stewart,

1975), Skills Competency Self-Confidence Survey (Versant®, 2012), Nurse Job Satisfaction

Scale (Versant®, 2012), and Versant® Evaluation of the RN Residency (Versant®, 2012). See

Appendix C for description of instruments.

Description of Variables for Current Study

Twelve variables were used in this study. The description of study variables matches the

original Versant® data and studies (Beecroft, Kunzman, & Krozek, 2001; Ulrich, Krozek, Early,

Ashlock, Africa, & Carman, 2010). Table 2 presents variable names, descriptions and associated

tools.

Table 2

Description of Study Variables

Variable Name	Description	Tool
Educational Preparation	Type of Nursing Program	Demographic Data
Age	Age in Years	Demographic Data
Previous Healthcare Experience	Experience in Healthcare	Demographic Data
Gender	Gender	Demographic Data
Perceived Value of New Graduate Nurse Residency Program	Opinion Regarding RN Residency	Versant® Evaluation of RN Residency (General)
Perceived Value of Mentoring	Type, Frequency Contribution to Transition	Versant® Evaluation of RN Residency (q 32-38)
Perceived Value of Debriefing	Overall Rating, Contribution to Transition	Versant® Evaluation of RN Residency (q 47-51)
Perceived Value of Mentoring/ Debriefing Session Topics	Value of Sessions	Same as previous 2 items
Perceived Gains in Competency	Self-Reported Role Competencies	Slater Nursing Competency Rating Scale
Perceived Gains in Confidence	Confidence in Core Skills Evaluation	Skills Competency Self-Confidence Survey
Degree of Comfort in Assuming A Staff Nurse Role	Comfort in Staff Nurse Role at End of Residency	Versant® Evaluation of RN Residency (q 5)
Job Satisfaction	Work Enjoyment, Quality, Time	Versant® Nurse Job Satisfaction Scale

Data Analysis

Prior to data analysis, examination of the data was performed to assess completeness, quality, and usability in answering proposed research questions. The data analysis plan for addressing the research questions will be discussed in this section.

All of the study variables were extracted from the Versant® data file as IBM® Statistical Package for the Social Sciences (SPSS®) data files and input into the IBM SPSS version 19 for analysis (IBM, 2012). Frequencies and percentages were used to summarize categorical variables related to demographics and mentoring/ debriefing elements. Associations between categorical characteristics of mentoring and debriefing (type/frequency of session attended, perceived value) and categorical outcomes (degree of comfort in assuming a staff nurse role) were analyzed using the chi-square statistic. Independent t-tests were used to explore relationships between categorical characteristics and continuous outcomes measures of instruments for competency, self-confidence, and job satisfaction. Subgroups of study participants based on educational preparation, age, previous healthcare experience, and gender were formed. Relationships between the characteristics of mentoring and debriefing and the outcome variables were examined with each subgroup using chi-square and independent t-tests. Statistical significance was evaluated using a *p*-value of $\leq .05$.

Methodological Limitations

Limitations of studies that use existing data include the inability to control the selection of measurement tools as well as the potential lack of reliability/ validity of self-created tools. Findings may be inconclusive if invalidated tools are used to measure responses. Use of a large secondary database prohibits the researcher from collecting or accessing potentially useful data

elements that could lead to further discovery regarding gaps in the literature. Researchers typically collect more data than the components that are analyzed; however, the decision to release certain data may be predicated on potential findings. With quantitative secondary data analysis, variables that were previously not analyzed can be examined. That was the goal of this study. The chances were high that the data set may lack key elements because the researcher did not participate in collecting the data. Several preparatory steps were taken prior to data analysis. A thorough assessment of the data set was performed to determine appropriateness for the research questions. The quality of the data was assessed for adequacy. The data was assessed for technical usability. Preparatory steps were performed under the guidance of the researcher's faculty statistician/ committee member.

CHAPTER FOUR: RESULTS

This chapter contains descriptive statistics of the study sample and statistical analysis related to each research question. The six research study questions will be addressed including statistical tests utilized and rationale for selection. Initial questions examined the characteristics and influences of intentional mentoring, structured debriefing sessions, and demographics on transition from new graduate registered nurse to competent professional registered nurse. The chapter concludes with analysis of associations and differences among mentoring and debriefing elements, outcomes measurement tools, demographics, and degree of comfort in assuming a staff nurse role at the end of the nurse residency.

Descriptive Statistics

Research Question #1

What are the characteristics of the study sample?

Table 2 presents frequencies and percentages on the demographic data of the study sample including educational preparation, age, previous healthcare experience, and gender. The majority of the study participants' ages were between 23 and 30 years old. The BSN was the most prevalent degree. Greater than half of the study sample had previous healthcare experience. A majority of the study participants were female and Caucasian. In examining the degree of comfort in assuming a staff nurse role, the majority of study participants were comfortable.

Table 3

Characteristics of the Study Sample (N = 641)

Characteristic	n	%
Educational Preparation		
BSN	345	55.5
ADN	277	44.5
Missing	19	3.0
Age		
< 23	79	12.8
23-30	339	54.8
31-40	144	23.3
41-50	41	6.6
> 50	16	2.6
Previous Healthcare Experience		
Yes	347	55.6
No	277	44.4
Missing	17	2.7
Gender		
Female	541	87.3
Male	79	12.7
Missing	21	3.3
Ethnicity		
Caucasian	346	54.0
Hispanic	134	20.9
Asian	84	13.1
African-American	33	5.1
Multi-Ethnic	25	3.9
American Indian	3	0.5
Degree of Comfort in Assuming a Staff Nurse Role		
Very comfortable	106	16.5
Comfortable	473	73.8
Uncomfortable	62	9.7
Missing	0	0

Research Question #2

What are the characteristics of intentional mentoring in the study sample with regard to (1) type of mentoring participation (one-to-one or mentoring circle); (2) frequency of meeting with mentor or mentoring circle; (3) perceived value of mentoring sessions in fostering the transition from new graduate registered nurse to competent professional registered nurse; and (4) perceived value of the content of the mentoring sessions?

Table 4 presents information on characteristics of the mentoring component of the nurse residency program, and Table 5 presents the value ratings of mentoring session topics. The majority of the study sample reported attending less than five mentoring sessions during the nurse residency program. Less than 25% of the study sample reported that mentoring helped a great deal in fostering transition from new graduate registered nurse to competent professional registered nurse. Thirty-five percent reported that mentoring was not very helpful. Mentoring session topics were rated as very valuable by 25% of the study sample, whereas 35-40% rated mentoring session topics less valuable.

Table 4

Characteristics of Intentional Mentoring

Characteristic	n	%
Type of Mentoring		
One-to-One	166	25.9
Mentor Circles	475	74.1
Frequency of Mentoring		
1-2 Times	126	19.7
3-4 Times	306	48.0
Once a Month	86	13.5
> Once a Month	120	18.8
Missing	3	0.5

Table 4. *Characteristics of Intentional Mentoring (continued)*

Characteristic	n	%
Degree Mentoring Helped in the Transition		
Great Deal	156	24.4
Somewhat	256	40.1
Not much/ Not at All	227	35.5
Missing	2	0.3

Table 5

Value Rating of Mentoring Session Topics

Session Topic/ Rating	n*	%
Resources		
Very Valuable	165	27.4
Valuable	222	36.8
Somewhat or Not Valuable	216	35.8
Career Map		
Very Valuable	133	23.3
Valuable	206	36.3
Somewhat or Not Valuable	228	40.2
Nurse Practice Act		
Very Valuable	127	22.3
Valuable	209	36.7
Somewhat or Not Valuable	234	41.1
What Real Nursing Is to You		
Very Valuable	159	26.7
Valuable	222	37.3
Somewhat or Not Valuable	214	36.0

*n based on those who attended specific mentoring sessions

Research Question #3

What are the characteristics of structured debriefing with regard to (1) perceived value of the

debriefing sessions; and (2) perceived value of the content of the debriefing sessions?

Table 6 presents information on the overall value of debriefing as well as the perceived value of the debriefing session topics. Greater than 75% of nurses in the study sample rated the debriefing sessions as very valuable or valuable. Among study participants responding to the debriefing questions, greater than 70% rated all debriefing session topics as very valuable or valuable with the exception of one topic (Transition to Nights).

Table 6

Value Rating of Debriefing Session Topics

Session/ Rating	n	%
Overall Value of Debriefing Sessions		
Very valuable	272	42.5
Valuable	205	32.0
Somewhat or Not Valuable	163	25.5
Missing	1	0.2
Delegation Challenges		
Very Valuable	194	31.1
Valuable	233	37.3
Somewhat or Not Valuable	197	31.6
Missing	17	2.7
Handling Ethical Dilemmas		
Very Valuable	217	34.6
Valuable	235	37.4
Somewhat or Not Valuable	176	28.0
Missing	13	2.0
Organization and Prioritization		
Very Valuable	213	33.9
Valuable	227	35.4
Somewhat or Not Valuable	189	30.0
Missing	12	1.9
Preceptor Challenges		
Very Valuable	231	37.3
Valuable	234	37.8
Somewhat or Not Valuable	154	24.9
Missing	22	3.4

Table 6. *Value Rating of Debriefing Session Topics (continued)*

Session/ Rating	n	%
Transition to Nights		
Very Valuable	174	34.3
Valuable	175	34.4
Somewhat or Not Valuable	159	31.3
Missing	133	20.7
Confrontation and Conflict Issues		
Very Valuable	215	34.5
Valuable	240	38.5
Somewhat or Not Valuable	168	27.0
Missing	18	2.8
Grief Management		
Very Valuable	200	32.9
Valuable	231	38
Somewhat or Not Valuable	177	29.1
Missing	33	5.1
How to be a Professional in a		
Non-Professional Environment		
Very Valuable	208	34.2
Valuable	230	37.8
Somewhat or Not Valuable	171	28.1
Missing	33	5.1
How to Manage Conflict With		
Managers and Preceptors		
Very Valuable	214	34.9
Valuable	244	39.8
Somewhat or Not Valuable	155	25.3
Missing	28	4.4
Orientation: Purpose and Guidelines		
For Debriefing		
Very Valuable	214	34.0
Valuable	247	39.2
Somewhat or Not Valuable	169	26.8
Missing	11	1.7

Table 6. *Value Rating of Debriefing Topics (continued)*

Session Rating	n	%
Reality Shock: Identifying Stages and		
Steps to Resolution		
Very Valuable	221	35.8
Valuable	241	39.1
Somewhat or Not Valuable	155	25.1
Missing	24	3.7
Self-Care Strategies		
Very Valuable	222	35.3
Valuable	236	37.5
Somewhat or Not Valuable	171	27.2
Missing	12	1.9
Response to Stress		
Very Valuable	227	36.2
Valuable	241	38.4
Somewhat or Not Valuable	159	25.4
Missing	14	2.2
Transitioning to the Workforce		
Very Valuable	226	36.9
Valuable	243	39.6
Somewhat or Not Valuable	144	23.5
Missing	28	4.4

Research Question #4

Is there an association between type of mentoring, perceived value of mentoring sessions, perceived value of debriefing, previous healthcare experience and educational preparation on perceived degree of comfort in assuming a staff nurse role at the end of the residency?

Table 7 presents the association between type of mentoring participation, perceived value of mentoring and debriefing, previous healthcare experience, and educational preparation along with comfort in assuming a staff nurse role at the end of the residency. As reported in Table 3, 106 (16.5%) of the study participants reported feeling very comfortable in assuming a staff nurse

role at the end of the residency, 473 (73.8%) reported feeling comfortable, and 62 (9.7%) reported feeling uncomfortable. Nursing subgroups with the largest proportion reporting feeling very comfortable in assuming a staff nurse role included those who valued mentoring a great deal (23.7%), associate degree nurses (20.9%), and those who participated in one-to-one mentoring (20.5%). Statistically significant differences in comfort level were observed between value levels of mentoring ($p = .006$), previous healthcare experience ($p = .043$), and educational preparation ($p = .006$).

Table 7

Relationships of Type of Mentoring, Perceived Value of Mentoring and Debriefing, Previous Healthcare Experience, and Educational Preparation on Comfort Level of Post-Residency Staff Nurse Role

| | Comfort Level | | | | |
| | Very | Other | | | |
Variable	% (n)	% (n)	χ^2	p	Phi
Type of Mentoring					
One-to-One	20.5 (34)	79.5 (132)			
Mentoring Circle	15.2 (72)	84.8 (403)	2.53	.112	.06
Value of Mentoring					
Great Deal	23.7 (37)	76.3 (119)			
Somewhat/ Not Much	14.3 (69)	85.7 (414)	7.58	.006	.11
Value of Debriefing					
≥ Valuable	18.2 (87)	81.8 (390)			
Not Valuable	11.7 (19)	88.3 (144)	3.81	.051	.08
Previous Healthcare Experience					
Yes	19.0 (66)	81.0 (281)			
No	13.0 (36)	87.0 (241)	4.09	.043	.08
Educational Preparation					
ADN	20.9 (58)	79.1 (291)			
BSN	12.8 (44)	87.2 (301)	7.51	.006	.11

Is the relationship between perceived value of mentoring and debriefing on degree of comfort in assuming a staff nurse role at the end of the nurse residency moderated by previous healthcare experience and educational preparation?

Table 8 presents the association between the perceived value of mentoring and debriefing with reported comfort level in assuming a staff nurse role in study participants with and without previous healthcare experience. Statistically significant differences were observed between comfort level and perceived value of mentoring ($p = .01$) and perceived value of debriefing ($p = .02$) only in study participants with previous healthcare experience. Table 9 presents the association between the perceived value of mentoring and debriefing with reported comfort level in assuming a staff nurse role for ADN and BSN study participants. Statistically significant differences were observed between comfort level and perceived value of mentoring ($p = .002$), perceived value of debriefing ($p = .045$) only in BSN study participants.

Table 8

Relationships of Perceived Value of Mentoring and Debriefing on Comfort Level of Post-Residency Staff Nurse Role With and Without Previous Healthcare Experience

| | Comfort Level | | | | |
| | Very | Other | | | |
Variable	% (n)	% (n)	χ^2	p	Phi
No Previous Healthcare Experience					
Value of Mentoring					
Great Deal	15.3 (9)	84.7 (50)			
Somewhat/ Not Much	12.5 927)	87.5 (189)	0.3	.58	.03
Previous Healthcare Experience					
Value of Mentoring					
Great Deal	28.0 (26)	72.0 (67)			
Somewhat/ Not Much	15.7 (40)	84.3 (214)	6.59	.01	.14

Table 8. *Relationships of Perceived Value of Mentoring and Debriefing on Comfort Level of*

Post-Residency Staff Nurse Role With and Without Previous Healthcare Experience

(continued)

| | Comfort Level | | | | |
| | Very | Other | | | |
Variable	% (n)	% (n)	χ^2	*p*	Phi
No Previous Healthcare Experience					
Value of Debriefing					
≥ Valuable	12.9 (26)	87.1 (175)			
Not Valuable	13.2 (10)	86.8 (66)	0.002	.96	.00
Previous Healthcare Experience					
Value of Debriefing					
≥ Valuable	21.8 (57)	78.2 (204)			
Not Valuable	10.6 (9)	89.4 (76)	5.26	.02	.12

Table 9

Relationships of Perceived Value of Mentoring and Debriefing on Comfort Level of Post-
Residency Staff Nurse Role for ADN and BSN Degree New Graduate Nurse Residents

| | Comfort Level | | | | |
| | Very | Other | | | |
Variable	% (n)	% (n)	χ^2	*p*	Phi
ADN					
Value of Mentoring					
Great Deal	23.5 (16)	76.5 (52)			
Somewhat/ Not Much	20.2 (42)	79.8 (166)	0.34	.56	.035
BSN					
Value of Mentoring					
Great Deal	22.9 (19)	77.1 (64)			
Somewhat/ Not Much	9.6 (25)	90.4 (236)	10.01	.002	.17
ADN					
Value of Debriefing					
≥ Valuable	22.0 (45)	78.0 (160)			
Not Valuable	18.3 (13)	81.7 (58)	0.42	.52	.05

Table 9. *Relationships of Perceived Value of Mentoring and Debriefing on Comfort Level of Post-Residency Staff Nurse Role for ADN or BSN Degree New Graduate Nurse Residents (continued)*

| | Comfort Level | | | | |
| | Very | Other | | | |
Variable	% (n)	% (n)	χ^2	*p*	Phi
BSN					
Value of Debriefing					
≥ Valuable	14.9 (38)	85.1 (217)			
Not Valuable	6.7 (6)	93.3 (84)	4.06	.045	.11

Research Question #6

Are there differences between the (1) value of mentoring, (2) value of debriefing, and (3) degree of comfort in assuming a staff nurse role with regard to (1) gain in perceived nurse competencies measured with the Slater Nursing Competencies Rating Scale; (2) gain in perceived nurse confidence measured with the Versant Adult Skills Competency Self-Confidence Survey; and (3) nurse job satisfaction measured with the Versant Nurse Job Satisfaction Scale, and are any of the relationships moderated by educational preparation and previous healthcare experience?

Table 10 compares the mean gain in nurse confidence between perceived value of mentoring in the total group and previous healthcare experience and educational preparation in the subgroups. The independent group t-test indicated statistically significant greater gains in confidence among those who valued mentoring a great deal in the total group ($p = .005$), had previous healthcare experience ($p = .001$), and had a BSN ($p = .04$). There were no statistically significant differences between the values of debriefing and gains in competence for the total group or for subgroups based on previous experience and educational preparation. Table 11 compares the mean gain in nurse competencies between perceived value of mentoring in the total group and previous healthcare experience and educational preparation in the subgroups. There

were greater gains in competency for those who valued mentoring a great deal in the total group ($p = < .01$), had a ADN ($p = < .001$), and had a BSN ($p = .003$). There were no statistically significant differences between the values of debriefing and gains in competence for the total group or for subgroups based on previous experience and educational preparation. Table 12 compares the mean end of residency job satisfaction scores between mentoring and debriefing value levels and degree of comfort in assuming a staff nurse role. Mean job satisfaction scores were statistically higher for nurse residents who valued mentoring higher ($p = .014$), debriefing higher ($p = .02$), and level of comfort higher ($p = < .001$). Table 13 compares the mean end of residency job satisfaction scores between mentoring and debriefing value levels for subgroups based on previous healthcare experience and educational preparation. Statistically higher mean satisfaction scores were observed in those with no previous healthcare experience ($p = .02$) and those with a BSN ($p = .01$) who rated mentoring most valuable in the transition, and those with a BSN ($p = .03$) who rate debriefing most valuable in the transition from new graduate registered nurse to competent professional registered nurse. Table 14 compares the mean end of residency job satisfaction scores and end of residency comfort levels in assuming a staff nurse role for subgroups based on previous healthcare experience and educational preparation. Statistically higher mean satisfaction scores were observed in all subgroups who rated the highest level of comfort in assuming a staff nurse role at the end of the nurse residency.

Table 10

Comparison of Confidence Gain Scores between Value Levels of Mentoring for the Total

Group and Subgroups Based on Previous Experience and Educational Preparation

	Gain in Confidence					
Variable	n	M	SD	t	*p*	Eta Squared
Value of mentoring						
Great deal	150	.61	.48			
Somewhat/ Not Much	476	.50	.38	2.80	.005	.01
Staff nurse comfort						
Very comfortable	102	.56	.43			
Less than comfortable	525	.52	.40	0.78	.44	.001
Previous Healthcare Experience						
Great deal	93	.64	.48			
Somewhat/ Not Much	253	.48	.38	3.30	.001	.03
No experience						
Great deal	57	.56	.50			
Somewhat/ Not Much	215	.54	.37	0.37	.71	.001
ADN						
Great deal	67	.64	.51			
Somewhat/ Not Much	207	.54	.37	1.83	.07	.012
BSN						
Great deal	82	.58	.47			
Somewhat/ Not Much	260	.48	.37	2.07	.04	.012

Table 11

Comparison of Competence Gain Scores between Value Levels of Mentoring for the Total Group and Subgroups Based on Previous Healthcare Experience and Educational Preparation

Variable	Gains in Competence					
	n	M	SD	t	*p*	Eta Squared
Value of Mentoring						
Great Deal	150	.70	.68			
Somewhat/ Not Much	473	.42	.63	4.79	< .001	.04
Comfort in Staff Nurse Role						
Very Comfortable	100	.55	.71			
Less than Comfortable	525	.47	.64	1.02	.31	.002
Previous Healthcare Experience						
Great Deal	93	.76	.64			
Somewhat/ Not Much	252	.37	.67	4.95	< .001	.07
No Experience						
Great Deal	57	.61	.72			
Somewhat/ Not Much	212	.48	.60	1.41	.16	.007
ADN						
Great Deal	68	.78	.73			
Somewhat/ Not Much	205	.42	.63	3.91	< .001	.05
BSN						
Great Deal	81	.64	.63			
Somewhat/ Not Much	258	.40	.63	2.95	.003	.025

Table 12

Comparison of End of Residency Job Satisfaction Scores between Value Levels of Mentoring, Debriefing, and Comfort Level in Assuming a Staff Nurse Role

Variable	Nurse Job Satisfaction					
	n	M	SD	t	*p*	Eta Squared
Value of Mentoring						
Great Deal	156	3.93	.53			
Somewhat/ Not Much	483	3.81	.54	2.47	.014	.01
Value of Debriefing						
≥ Valuable	477	3.86	.52			
Not Valuable	163	3.75	.58	2.27	.02	.01
Comfort in Staff Nurse Role						
Very Comfortable	106	4.11	.44			
Less than Comfortable	535	3.78	.54	6.04	< .001	.05

Table 13

Comparison of End of Residency Job Satisfaction Scores between Value Levels of Mentoring and Debriefing for Subgroups Based on Previous Healthcare Experience and Educational Preparation

Variable	Nursing Job Satisfaction					
	n	M	SD	t	*p*	Eta Squared
Value of Mentoring						
Previous Healthcare Experience						
Great Deal	93	3.92	.54			
Somewhat/ Not Much	254	3.84	.54	1.23	.22	.004
No Experience						
Great Deal	59	3.93	.51			
Somewhat/ Not Much	216	3.75	.53	2.26	.02	.02
ADN						
Great Deal	68	3.89	.59			
Somewhat/ Not Much	208	3.85	.52	0.57	.57	.001
BSN						
Great Deal	83	3.96	.48			
Somewhat/ Not Much	261	3.77	.56	2.74	.01	.02
Value of Debriefing						

Table 13. *Comparison of End of Residency Job Satisfaction Scores between Value Levels of Mentoring and Debriefing for Subgroups Based on Previous Healthcare Experience and Educational Preparation (continued)*

Variable	n	M	SD	t	*p*	Eta Squared
		Nursing Job Satisfaction				
Previous Healthcare Experience						
Great Deal	261	3.89	.52			
Somewhat/ Not Much	85	3.78	.61	1.67	.10	.01
No Experience						
Great Deal	201	3.82	.53			
Somewhat/ Not Much	76	3.72	.53	1.40	.16	.01
ADN						
Great Deal	205	3.87	.51			
Somewhat/ Not Much	71	3.82	.59	0.65	.43	.002
BSN						
Great Deal	255	3.85	.54			
Somewhat/ Not Much	90	3.71	.57	2.19	.03	.01

CHAPTER FIVE: DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of this study was to examine the influences of intentional mentoring, structured debriefing sessions, and demographics (educational preparation, age, previous healthcare experience) on transition to practice outcomes (perceived gains in competency, perceived gains in skills self-confidence, degree of comfort in assuming a staff nurse role, and job satisfaction) in new graduate nurses. This concluding chapter provides a recap of the major findings of the study along with a discussion of conclusions and recommendations.

The first three research questions characterized the sample and focused on the responses to the mentoring and debriefing sessions the new graduates experienced. The sample did not reflect the general population of new graduates in the United States. There were larger numbers of BSN graduates, minorities, and males. According to the most recent national survey of nurses (2010), 34.2% of new graduates are BSN prepared in contrast to the 55.5% found in this survey. Additionally, there were considerable differences in the racial distribution in this sample as compared to the general US aggregate of new graduates with 20.9% Hispanic compared to 7.1%, 13.1% Asian compared to 4.8%, only 5.1% African American compared to 7.4%, and 54.0% Caucasian compared to 83.2%. This disproportionate number of Asian and Hispanic nurses is most-likely due to the density of Versant clients in the Southwest and California. Another interesting finding was that this sample contained 12.7% male nurses in contrast to a national average of 9.6% males in the 2008 national data sample of new graduates (2010). The sample of new graduates used in this research was comprised of 55.6% who had previous healthcare experience. In the national data sample from 2008 almost two-thirds of the new graduates had worked in healthcare prior to graduation from nursing school (2010).

An outcome variable of interest, the degree of comfort in assuming a staff nurse role, was a unique measurement in this study. Historically, most research has focused on measuring increases in confidence and competence of new graduates rather than the degree of comfort self-reported regarding assuming a staff nurse role.

The majority of the study sample participated in mentoring circles rather than one-to-one mentoring. Mentoring circles are a more cost-effective method for supporting new graduates in contrast to the manpower required for one-to-one mentoring relationships (Scott & Smith, 2008; Ulrich, et al, 2010). The mentor circles met 3-4 times during the nurse residency period which is commensurate with Versant® guidelines for program administration (Versant, 2012). Nurse residents who participated in mentoring circles met more often than those who participated in one-to-one mentoring; yet, the latter group (one-to-one) rated mentoring higher with respect to helping with transition from new graduate to competent professional registered nurse. The majority of the study sample rated mentoring as being helpful in the transition from new graduate to professional nurse. Thirty-five percent of the new graduates rated mentoring as not being helpful at all in the transition from new graduate to professional nurse. The four mentoring topics were rated approximately the same with respect to value, and the overall rating of value of mentoring sessions was favorable. The two mentoring topics that were rated as the least valuable were on Career Mapping and the Nurse Practice Act. Perhaps career mapping seemed less relevant in a new position, and the Nurse Practice Act may have been redundant material covered in nursing school.

Debriefing sessions were also rated as being valuable by 74% of the respondents as compared to 64.5% rating mentoring as helping either somewhat or a great deal in the transition to practice. All individual debriefing sessions were seen as valuable with per session ratings

showing that 68.4% to 76.5% of the new graduates felt the topics discussed were very valuable or valuable.   Debriefing sessions that covered transitioning to the workforce, response to stress, conflict, confrontation and reality shock were rated as the most valuable among respondents. The literature is replete with studies validating that these are major areas of concern among new graduates (McKenna, et al, 2003; Olson, 2009; Kramer, et al., 2011; Krichbaum, et al., 2007). Of interest is the fact that debriefing usually occurs after the new graduate has a negative or positive event occur in the workplace. In contrast, these sessions were created as proactive education to assist new graduates in preparing for difficult situations. Based on the ratings, this strategy was very effective in supporting the new graduate management of stressful aspects in the transition to practice.

Questions four, five and six were formulated to examine associations and differences among categorical variables associated with mentoring and structured debriefing sessions and outcomes variables of degree of comfort in assuming a staff nurse role and degree to which mentoring/ debriefing helped in transition using three tools (Slater, SCSC, Nurse Satisfaction). The impact of educational level and prior healthcare experience were also examined to determine if they acted as moderators on new graduate outcomes. Individuals with previous healthcare experience, ADN graduates, and new graduates that rated mentoring as more valuable showed statistically significant higher levels of comfort in assuming the role of staff nurse. This echoes previous research that demonstrated stronger competence and confidence ratings by associate degree nurses when they first enter practice. The correlation with valuing of mentoring and higher comfort level as a staff nurse suggest that the mentoring experience demonstrably influences new graduates. Finally, previous work experience in healthcare supports the recommendation for summer internships for nursing students and employment in

paraprofessional roles, such as that of a nursing assistant. Exposure to the real world of healthcare allows new graduates to feel higher levels of comfort in taking on the role of staff nurse. Perhaps it provides socialization experiences and familiarizes the new graduate with processes and protocols that would otherwise be new. The combination of previous experience and high valuing of mentoring resulted in statistically significant higher levels of comfort in the staff nurse role. This seems particularly true for BSN prepared new graduates since this group had statistically significant differences in comfort level and the perceived value of mentoring and debriefing. In contrast, AND graduates with higher valuing of mentoring and debriefing showed no significant association with comfort in assuming the role of staff nurse.

Examination of the associations among intentional mentoring and structured debriefing related to empirical outcomes utilizing three instruments (Slater Nursing Competencies Rating Scale, Versant Skills Competency Self-Confidence Survey, and Versant Nurse Job Satisfaction Survey) showed that statistically significant greater gains in perceived confidence were found in those who valued mentoring higher, had previous healthcare experience and were BSN prepared new graduates. When evaluating increases in perceived confidence, prior experience was not significantly associated with gains while higher valuing of mentoring was associated regardless of educational preparation. Perhaps ADN and BSN prepared new graduates have differing needs. Additionally, new graduates with previous healthcare experience may likewise benefit from a customized transition experience. These findings suggest that further research on the differences in needs of new graduates be considered in determining residency components.

Job satisfaction has been a frequent outcome evaluation in new graduate research since turnover is costly, particularly if new graduates have been provided a costly residency experience. In this study, new graduates who valued mentoring and debriefing higher showed

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statistically significant higher job satisfaction. Similarly, those new graduates who rated themselves as having a higher comfort level in the role of staff nurse also had statistically significant higher levels of job satisfaction. Clearly, new graduates who feel more comfortable and who feel that mentoring and debriefing aided their transition, have a more positive orientation to the job of nursing.

Summary of Significant Findings

One of the most significant findings in this study was the impact of intentional mentoring on the transition from new graduate registered nurse to competent professional registered nurse. Seventy-three percent of study participants reported feeling comfortable in assuming a staff nurse role at the end of the nurse residency. Statistical significance was consistently displayed with perceived value of mentoring, and results were moderated by educational preparation and experience. In addition to those who valued mentoring a great deal, the largest proportion of subgroups who felt comfortable in assuming a staff nurse role also included nurse residents with the ADN degree and those who participated in one-to-one mentoring. Despite one-to-one mentoring being more labor-intensive and less utilized in the nurse residency program, the association between this type of mentoring and perceived value of mentoring helping with transition to professional registered nurse was significant. The association between mentoring circles and frequency of meetings is an important contributor to the nursing literature particularly in light of ongoing challenges associated with incorporating the mentoring component in nurse residency programs (Dyess & Sherman, 2009; Scott & Smith, 2008).

The overall value of debriefing was rated as "very valuable" by a significant percentage of the respondents. This finding is significant despite the relative uniformity of individual topic ratings. The concept of debriefing or reflecting on clinical practice contributes greatly to

experiential learning among new graduate nurses as well as novice healthcare providers in general (Rudolph, et al., 2008). The process of incorporating debriefing in the clinical hospital environment has not been tested on a large scale. This secondary data analysis from a large scale nurse residency program containing the debriefing element has contributed to the validation of this component as an essential element in transition to practice. Although debriefing is typically conducted post-experience, in this instance, examination of the Versant programming has uncovered a potential new issue in the form of proactive debriefing. This work is relevant to the preparation of new graduate nurses in the clinical hospital environment.

In examining level of comfort in assuming a staff nurse role at the end of the nurse residency program, significant associations were found with comfort level, perceived value of mentoring, and perceived value of debriefing in nurse residents with previous healthcare experience and among BSN graduates only. Predictably BSN's valued mentoring and probably valued debriefing whereas ADN's not as much. There were increased gains in confidence among residents who valued mentoring a great deal, had previous healthcare experience, and had BSN educational preparation. Increased gains in competency were reported among nurse residents who valued mentoring a great deal and with both educational preparation types (ADN, BSN). Findings support increased confidence in ADN graduates. Results confirm that ADN's with previous healthcare experience not only have increased confidence but also value mentoring higher. The support for continuing the mentoring component in nurse residency programs has been strengthened by this study.

Mean job satisfaction scores were higher in nurse residents who valued mentoring and debriefing higher and who had higher levels of comfort in assuming a staff nurse role at the end of the residency. Higher mean job satisfaction scores were also found among nurse residents

with no previous healthcare experience and BSN graduates who rated mentoring and debriefing most valuable in the transition from new graduate registered nurse to competent professional registered nurse. All subgroups who rated highest levels of comfort in assuming a staff nurse role had higher mean scores for job satisfaction. There is a connection between job satisfaction and comfort in a staff nurse role. Section one of the Casey-Fink Graduate Nurse Experience survey is designed to assess comfort level with specific skills (Casey & Fink, 1999; Casey, Fink, Krugman, & Propst, 2004). Decreased perceptions of competency with skill acquisition and role mastery lead to lower levels of job satisfaction. This study re-validated the correlation between job satisfaction, competence, and confidence thus meeting the need for more large-scale studies on effective interventions and outcomes (Berkow, et al., 2008; Kramer, et al., 2012).

Conceptual Model and Research Model Findings

The theoretical model of new graduate transition into the workplace (see Appendix A) provided a very adequate theoretical framework for this study. It was adapted from the Scott (2008) Conceptual Model of New Graduate Transition into the Workplace. Testing of the model confirmed that anticipatory socialization and organizational tactics (featuring the new components of intentional mentoring and structured debriefing sessions) foster socialization outcomes inclusive of job satisfaction and the new outcome of degree of comfort in assuming a staff nurse role among new graduate nurses.

Strengths and Limitations

The major strength of this study is its contribution to the literature on mentoring and debriefing program components in nurse residency programs. The components of mentoring and debriefing have not previously been studied adequately for impact and effectiveness (Ulrich, et

al., 2010). Several studies have validated the frustration and challenges regarding incorporating these elements (Beecroft, et al., 2006; Scott & Smith, 2008; Rudolph, et al., 2008; Dyess & Sherman, 2009). Another strength of this study was the use of a diverse sample of new graduates from 84 hospitals in 14 states across the United States as opposed to majority current studies utilizing small sample sizes in single geographic locations. Also, the research questions used in this study were designed to identify contributable factors for enhancing transition to practice. This study makes a contribution to factors that account for a positive transition experience as well as the exploration of demographic influences of transition to practice program components.

Secondary data analysis has some innate challenges including the inability to influence items analyzed and response formats. For example, in this study the mentoring questions were not arranged parallel linking overall value of mentoring and mentoring topics, thus responses may have reflected incongruence. And the structure of the question used to rate mentoring was different from that used to rate debriefing. Also, the interpretation of results from studies utilizing large sample sizes can be positively or negatively skewed. The Versant RN Registry™ database was expansive and very useful; however, matching responses to instrument items was challenging and time-consuming.

Another limitation of the database was that it contained fewer responses to debriefing questions compared with mentoring questions. This prohibited thorough analysis of the debriefing element with regard to specific topic selection in the sessions and analysis related to session attendance. One of the goals of the Versant RN Registry™ administrators is to incorporate additional structured support in the form of mentoring and debriefing beyond the 18-

week clinical immersion experience. A more comprehensive analysis of debriefing would have contributed to this effort.

Recommendations and Implications for Practice, Education, and Research

Practice

The template for employing mentoring and debriefing in clinical situations has been well documented in the literature; yet, there has been a deficit in studies describing their application in new graduate nurses. Additionally, debriefing is most often considered as a mechanism for dissecting events after they occur. This study provides further testing of these two program elements and suggests that proactively incorporating debriefing sessions to prepare new graduates for possible scenarios is affective and valued by transition to practice participants. Mentoring circles should be utilized in preparing new graduates for the professional registered staff nurse role. The findings from this study further support the continuance of new graduate nurse residencies and transition programs in light of fiscal uncertainty. This study also provides research that responds to the IOM report (2010) recommendation to evaluate and implement nurse residency programs. Additional recommendations include supporting accredited nurse residency programs with federal funding in order to facilitate staffing in acute-care hospital facilities (Goode, et al., 2009).

Education

Components of nurse residency programs have traditionally included clinical immersion experiences and didactic content centered on disease processes with less emphasis on socialization and soft clinical skills such as communication. In numerous studies incorporating nurse resident feedback, reasons for negative transition experiences have consistently included

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themes surrounding communication and conflict; lack of socialization; and lack of mentors and role models (Dyess & Sherman, 2009; McKenna, et al., 2003; Hofler, 2008; Benner, et al., 2010). This study provides an examination of mentoring and debriefing topic selection related to categories deemed important among new graduate nurses. The incorporation of debriefing case studies should be used to prepare new graduate nurses for critical events ahead of time. This study is important for preparing curriculum for nursing education. Advisement of nursing students should include obtaining healthcare experience in high school and/or the first two years of a four-year nursing program. Educators on both sides of the transition continuum can benefit from findings in this study related to the overall value of the sessions along with the contribution towards degree of comfort in assuming a staff nurse role at the end of the residency.

Research

There has been little nurse residency program research evaluating the elements of mentoring and debriefing in the clinical hospital environment. This study suggests that both mentoring and debriefing are highly valued by new graduates and that mentoring is significantly associated with transition into practice. In this study the question used to rate the mentoring experience asked the new graduate to what "degree did mentoring help in the transition?" In contrast, the question used to rate the debriefing experience asked the new graduate to rate the "overall value of the debriefing sessions." Future research needs to ask parallel questions regarding rating mentoring and debriefing to offer a more consistent evaluation of the two elements and to better determine the difference in impact these components had on the transition experience.

This study tested two new program elements, mentoring and debriefing, in a model of new graduate nurse transition (Scott, 2007). Future research might also evaluate correlations

among perceived levels of comfort in assuming a staff nurse role, perceived competence and

confidence levels, and job satisfaction. Continued evaluation of the use of mentoring circles as

an affordable option for inclusion of this transition program option should be conducted

including determination of the optimal size for mentoring circles particularly in light of

economic constraints and manpower availability in the current healthcare system.

Summary

In summary, transition from nursing school to hospital-based clinical practice has escalated

concern about its viability among many stakeholders (Aiken, Clarke, Sloane, Lake, & Cheney,

2008; Scott, Engelke, & Swanson, 2009). The cyclical hiring, training, and replacing of new

graduate nurses not only has negative fiduciary impact, but leads to environments of lower-

skilled hospital-based nurses (Ulrich, et al., 2010; Stanton & Rutherford, 2004). Debriefing is a

key component for instilling frontline accountability among hospital-based nurses (Advisory

Board, 2011). Regulatory scrutiny in healthcare settings mandate continuous quality

improvement initiatives inclusive of supporting all staff in the safe provision of care. Validation

of the need for standardized nurse resident programming will rely on additional large-scale

studies which are currently minimal (NCSBN, 2011). This study has provided empirical

validation for two elements of nurse residency programs that lacked adequate examination in the

nursing literature on hospital-based transition to practice in nursing. Mentoring and debriefing

are evidenced as important and valuable programs for fostering positive transition experiences

among new graduate nurses. Additionally, a new outcomes measure has been explored, which is

the degree of comfort in assuming a staff nurse role at the end of nurse residencies. The intense

pressure on new graduate nurses to attain higher competency levels coupled with economic

constraints and demands for patient safety suggests there will continue to be a need for further

transition-to-practice inquiry in order to best serve current and future professional registered

nurses.

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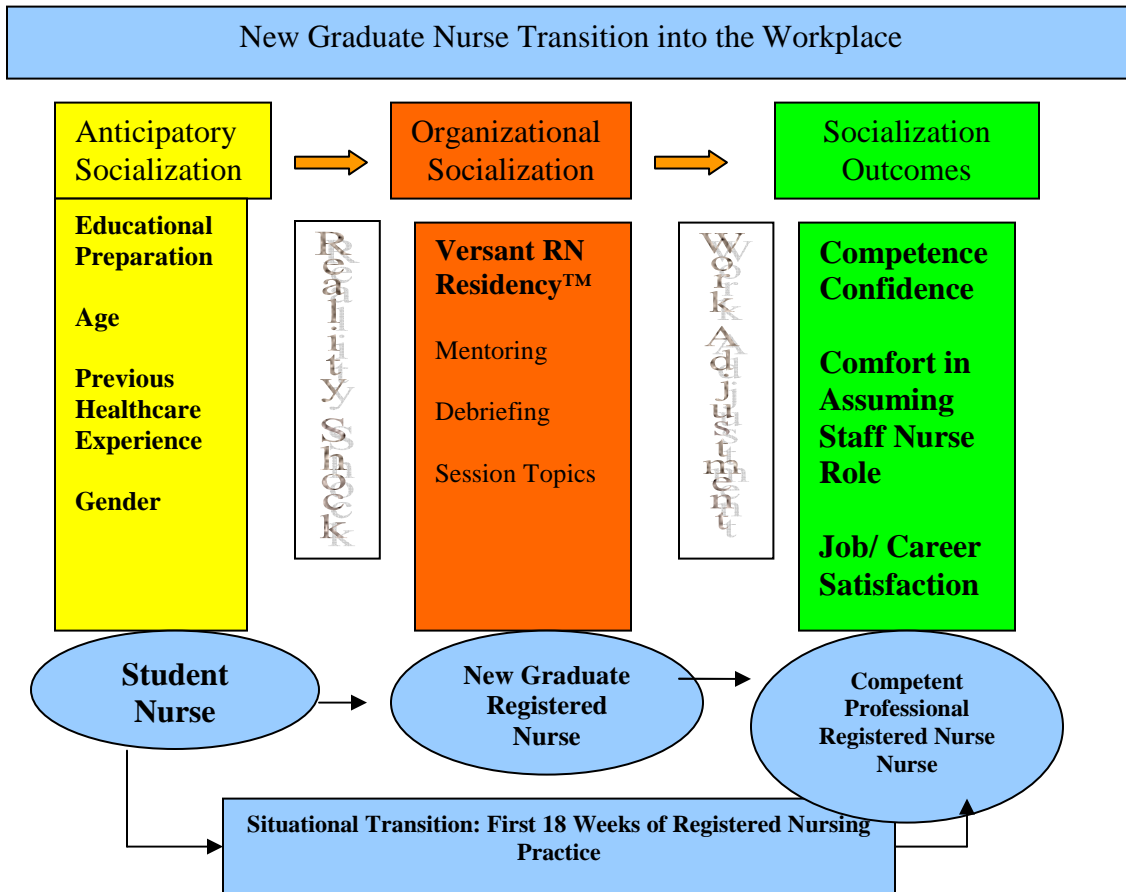
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Appendix A

New Graduate Nurse Transition into the Workplace

Anticipatory Socialization		Organizational Socialization		Socialization Outcomes
Educational Preparation **Age** **Previous Healthcare Experience** **Gender**	Reality Shock	**Versant RN Residency™** Mentoring Debriefing Session Topics	Work Adjustment	**Competence Confidence** **Comfort in Assuming Staff Nurse Role** **Job/ Career Satisfaction**

Student Nurse → **New Graduate Registered Nurse** → **Competent Professional Registered Nurse Nurse**

Situational Transition: First 18 Weeks of Registered Nursing Practice

Theoretical Model: New Graduate Transition into the Workplace (Adapted from Scott, 2008).

Appendix B

New Graduate Nurse Transition Into The Workplace

Anticipatory Socialization	Organizational Socialization	Socialization Outcomes

Anticipatory Socialization

Education
ADN/BSN/Diploma
Other Degrees

Experiences
Age
Race
Marital Status
Knowledge/Skills
Life Events/Demands
Family Culture
Personality
Personal Hardiness

Expectations
Realistic Vs.
Unrealistic
Personal Factors

Reality Shock

Organizational Socialization

Organizational Tactics
Orientation
Preceptor Relationships
Internship Options
Mentoring Relationships

Environmental Realities
Work Stress/Job Demands
Opportunity to Leave
Workplace Relationships
Organizational Culture
Unit Culture
Autonomy/Rewards/Equity
Supervisory Style

Person-Environment Fit
Personal Attributes/Needs
Organizational Culture
Job Role

Work Adjustment

Socialization Outcomes

Job Satisfaction

Career Satisfaction

Organizational Commitment

Intent to Leave/Stay
Unit
Organization

Turnover

Intent to Leave/Stay
Nursing Profession

Student → **Novice** → **Competent Practitioner**

First Two Years of Nursing Practice

Conceptual Model of New Graduate Nurse Transition into the Workplace (Scott, 2008).

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Appendix C

Instrument Name	Author	Reliability/ Validity	# of Items	Scoring
Slater Nursing Competencies Rating Scale	Wandelt, & Stewart, (1975)	Cronbach's Alpha 0.98	76 items Self-report, and Observer report	Performance ratings: 5 (excellent) to 1 (poor)
Skills Competency Self-Confidence Survey	Versant® (1999)	Not supplied	Based on # of core skills (36) each resident is expected to have at end of residency.	Maximum score 147 1 (strongly agree) to 5 (strongly disagree) Results reported as % of maximum score over time.
Nurse Job Satisfaction Scale	Versant® (1999)	Cronbach's Alpha 0.90	23 items	7-point Likert scale 1 (strongly disagree) to 7 (strongly agree)
Versant® Evaluation of the RN Residency	Versant® (1999)	Not supplied	169 items divided into 11 categories	7-point Likert scale as above scale

Description of Study Instruments- Versant RN Residency™

Appendix D

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Notification of Exempt Certification

From:	Biomedical IRB
To:	Felecia Williams
CC:	Elaine Scott
Date:	2/8/2013
Re:	UMCIRB 12-001716
	Influences on Transition to Practice

I am pleased to inform you that your research submission has been certified as exempt on 2/7/2013. This 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 application 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 proposed changes to this study. Any change, prior to implementing that change, must be submitted to the UMCIRB for 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 this letter. If 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.

IRB00000705 East Carolina U IRB #1 (Biomedical) IORG0000418
IRB00003781 East Carolina U IRB #2 (Behavioral/SS) IORG0000418 IRB00004973