PERCEPTIONS OF NEW GRADUATE, POST-LICENSURE REGISTERED NURSES AT THE INITIATION OF PROFESSIONAL RESPONSIBILITIES

A THESIS

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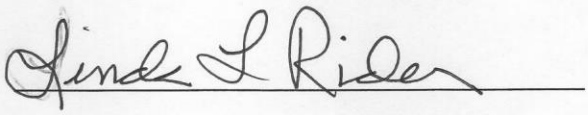

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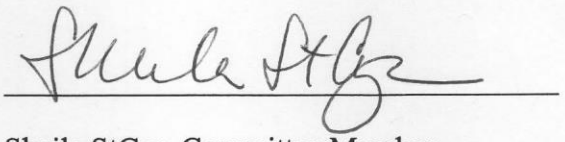

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Perceptions of New Graduate, Post-Licensure Registered Nurses at the Initiation of Professional Responsibilities

A THESIS SUBMITTED TO THE GRADUATE FACULTY

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By

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Abstract

Aim **-** To identify any discrepancy between new graduate nurses' perceptions of their professional roles before they begin practice and what they experience at the initiation of their duties.

Background **–** Turnover and attrition is a major issue within the nursing profession. Better understanding of new graduate perceptions will provide the opportunity to identify stressors that can be addressed to slow the rate of turnover.

Method **–** A case study research design was selected for data collection from a population of newly licensed Registered Nurses at the initiation of professional responsibilities.

Evaluation- Survey results were clustered thematically to look for common results among responses.

Implications for Nursing **-** Identifying discrepancies between expectations and reality can guide nursing leadership and educators to create strategies to better prepare new nurses for practice, reduce stress and anxiety, and limit the amount of turnover and attrition.

Perceptions of New Graduate, Post-Licensure Registered Nurses at the Initiation of Professional Responsibilities

Nursing turnover and reality shock are two issues that correlate strongly. Nursing turnover within the first year of practice can reach over 50%, with an average of 32% within the first three months of practice (Kowalski & Cross, 2010; Yeh & Yu, 2009). Factors including stress, apprehension, and anxiety in the working environment can contribute to intentions of quitting and job turnover, with the highest levels of stress occurring within the first month of employment (Lee, Lim, Jung & Shin, 2012; Morrissy, Boman & Mergler, 2013; O'Kane, 2011; Yeh & Yu, 2009; Tapping, Muir, & Mark-Maran, 2013).

Current research reviews transition or reality shock largely beginning at one month of experience at the earliest and at the common benchmarks of three, six, or twelve months, and turnover is largely examined at the one year to five year range (Clark & Springer, 2012; Dimattio, Roe-Prior, & Carpenter, 2010; Duchscher, 2009; Lee et al., 2012; O'Kane, 2011; Rudman, Gustavsson, & Hultell, 2013; Vogelpohl, Rice, Edwards & Bork, 2013). With an average estimated cost of turnover ranging from just over $10,000 and up to $88,000 and an estimated 1.05 million job openings for Registered Nurses by 2022, retention of nurses within the first year of practice is critical for the profession (American Association of Colleges of Nursing, 2014; Li & Jones, 2013). The lack of nursing faculty to educate the amount of future nurses needed is further strained by the lack of nurses moving into higher levels of education and practice, continuing the cycle of the shortage of faculty and staff needed (American Association of Colleges of Nursing, 2014). Implementation of strategies for retention through early preparation and support can assist with beginning to narrow the gap for these needs. This study

focuses on finding the expectations and any resulting shifts in perception before and immediately after the initiation of professional responsibilities.

Problem Statement

Nursing turnover creates both immediate and long reaching issues. The loss of staffing and the loss of potential to develop staff in clinical and educational settings is a detriment to both patients and the profession. With nurses leaving positions and the profession within a short timespan due to anxiety and stress, it begs the question if they held a perception of being a registered nurse that differs from the reality of what they experienced. If there is a discrepancy between expectations and reality, it should be addressed promptly and thoroughly. The earlier a shift in perception is identified, whether negative or positive, the earlier strategies can be implemented to prepare new nurses for the actual reality of nursing. Directly surveying nurses after the major concern of obtaining licensure is overcome but immediately before initiating professional duties can show present perceptions. Reevaluating again after two weeks of experiencing nursing as a licensed professional can help discover when exactly perceptions do or do not change.

Objectives and Aims

The aims of the study were to: a) discover expectations of new nurses, b) identify changes in perceptions due to fulfillment or lack of fulfillment of expectations, and c) gather information to create strategies to better prepare and support newly licensed nurses for practice in order to reduce turnover from both positions and from the profession. This was done by the completing the following objectives: to a) compare and contrast perceptions about nursing before

and after initiation of professional responsibilities, b) identifying perceptions that do not translate to reality, and c) evaluate responses for the beginning of transition shock in individuals.

Review of Literature

Needs of the Nursing Profession and the Effect of Turnover

The healthcare industry is continuing to grow and expand, and with that comes the need for growth in healthcare professionals. The current and future demand for nurses far exceeds the supply worldwide. A lack of nursing faculty to teach the estimated amount of new graduates needed and the turnover of approximately one-third of nurses in the first three months, and turnover of one-half of new nurses within the first year compounds the growing shortage (American Association of Colleges of Nursing, 2014; Kowalski & Cross, 2010; Yeh & Yu, 2009). The desire for hiring nurses with Baccalaureate degrees further compounds the issue. A higher level of education has been found to influence patient outcomes for the positive (American Association of Colleges of Nursing, 2014; Aiken, Clarke, Cheung, Sloane, & Silber, 2003). A decrease of 5% in failure to rescue events and in patient deaths thirty days post discharge has been seen with an increase of 10% proportion of baccalaureate nurses on staff (Aiken et al., 2003).

A combination of length of time it takes to complete a Baccalaureate with the lack of faculty with degrees required to teach at this level further delay the frequency that nurses can be added to the workforce. A combination of Baccalaureate nurses being younger and being the primary pool of desired employees that are thrown into high stress situations contribute to the characteristic high attrition rate during the first year of practice (Dimattio et al., 2010; Welding, 2011). The amount of stress placed on these new graduates can lead to burnout. Studies have

found up to 27% of nurses have the intent to leave the profession entirely after one year, 45% after three years, and 43% at five years (Rudman et al., 2013). This amount of turnover is detrimental both to healthcare organizations and to patient care due to a loss of potential experienced staff, especially when confidence in the nursing role is expected after one year of experience (Clark & Springer, 2011; Dimattio et al., 2010; Kowalski, & Cross, 2010; Rudman et al., 2013). It is critical that the loss of nurses from facilities and the profession is stymied in order to improve the situation. To do this, we must examine what the causes are for leaving.

Transition Shock

Transition shock in new graduate nurses is becoming a large focus in research. Kramer's research on reality shock, which can occur over the first year of nursing practice, serves as the basis for Duchsher's transition shock model, which occurs during the first four months of practice post orientation (Duchsher, 2009). New nurses leave the academic setting for the clinical setting with high expectations of what the components of the work will be like, including the relationships, interactions, and tasks (Kramer, Brewer & Maguire, 2013). It is widely recognized that the move from student to professional is stressful on new nurses, and contains emotional, physical, sociological, and mental strain that lead to anxiety, fatigue, depression, and potentially burnout as these expectations are challenged (Clark & Springer, 2012; Duchsher, 2009; Morrissy et al., 2013; Rudman et al., 2013). Reality shock is a situation that can result from disconnects in expected professional practice as taught in nursing school and as seen in reality. Work environments needing improvement according to parameters made by the National Magnet Hospital Profile contained the largest decline in expectations by new graduate nurses as well as the highest Environmental Reality shock scores (Kramer et al., 2013). In this setting, environmental reality shock was reported as reaching the highest point at four months experience

before notably declining at eight months and increasing again at twelve months (Kramer et al., 2013). Expectations were not found to be influenced due to previous exposure to healthcare in their employing hospital by Kramer et al. (2013), although the authors identified this as possibly being due to an error in the measurement tool within the study. Transition shock is a much more immediate event that bridges the nurse from the student role to the professional role (Benner, 1984; Duchsher, 2009; Kramer et al., 2013). Initial professional growth is at its most dramatic between one and four months post-orientation, the time when new nurses are facing greatest period of transition shock (Duchsher, 2009). The first months as a nurse requires constant education and experiences that are physical, emotional, social and mental to contribute to this growth. A combination of tasks such as communicating with patients and other healthcare professionals, organizing and delivering safe care and dealing with multiple stressful situations all within a twelve hour shift can be overwhelming for novice nurses who are often underprepared for the reality of these experiences.

Burnout is often the final stage that leads to turnover or attrition, with the unfortunate potential to begin during nursing education and carry into the first year of working (Rudman et al., 2013). Rudman et al. (2013) discuss in their longitudinal observational study how students that become no longer engaged with their undergraduate education run a greater risk for burnout and turnover. The population of 1417 nurses were followed starting during their final year of education through the first five years of working as a registered nurse and found that not only was there an increase of nurses that were looking to leave the profession, but that the number of nurses actually applying for positions outside of nursing doubled (Rudman et al., 2013). In a cross sectional-designed study conducted in medical centers and regional hospitals in Taiwan, the greatest level of job stress was noted to be within one month of starting practice while the

intention to quit was seen most often within the first and second month (Yeh & Yu, 2009). "Drowning" is term that is heard often in the profession of nursing, and it was used by subjects to describe the span of the first two months of nursing by new graduates (Duchscher, 2009). Yeh & Yu (2009) found that within a population of 146 nurses, job stress was a major predictor of turnover. With transition shock and turnover occurring at such an early stage, even earlier interventions must be planned for. In order to plan interventions and strategies, the contributing factors must be known.

Factors That Warn of Turnover

The spiral of transition shock of doubt, confusion, loss, and disorientation is contributed to by aspects related to responsibilities, knowledge level, relationships, and role expectations (See Appendix: Transition Shock Model) (Duchsher, 2009). Literature discusses several aspects regarding job satisfaction, the main contributing factor to nursing turnover that correlate with the causes of transition shock (Dimattio et al., 2010; Duchsher, 2009; Morrissy et al., 2013). Select contributors to job satisfaction can be grouped into three main categories- workload, socialization, and bullying.

Workload.

The amount of workload and type of tasks that are required are major contributors to stress. Issues that impacted the perceptions of workload included items such as patients being too critical for the level of knowledge to those that felt that they were considered inadequate for what their profession required (Suresh, Matthews, & Coyne, 2012; Yeh & Yu, 2009). The amount of orientation and support or staff available to help with the workload also contributed to this theme (Feng & Tsai, 2012; Lee et al., 2012; Morrissy et al., 2013). Lack of staffing causing increased workload is furthered by the nursing shortage (Vogelpohl et al., 2013). Another contribution to

the perception of workload is the level of uncertainness about aspects of their new role and the viewpoint that this lack of knowledge is a weakness (Feng & Tsai, 2012). A final contribution to workload may include the realization of the amount of accountability that is contained within their new role (Feng & Tsai, 2012). Role uncertainty, limited knowledge, physical demands, being overwhelmed and lack of control or support are all contributors to transition shock through the physical, socio-developmental and emotional sectors (See Appendix: Transition Shock Framework).

Socialization.

Socialization of new professionals appears as another common theme relevant to job satisfaction. Navigating both the social constructs as well as the culture of their unit is an objective that many find difficult, but is essential. Finding oneself as a new nurse and the newest member of the staff can create anxiety as the desire to fit in and to perform is personally critical to new graduates (Feng & Tsai, 2012). Part of transition shock, however, may leave some open to doubt in the ability to communicate and belong with senior staff, which in turn leads to further isolation, lack of support and continuing the spiral seen in the transition shock model (Duchsher, 2009; Suresh et al., 2012). Something as simple as being referred to by the wrong name can perpetuate the feelings of not belonging and isolation (Suresh et al., 2012). Validation, reassurance, and intergenerational dynamics are all key factors in transition shock in the emotional and socio-developmental aspects (See Appendix: Transition Shock Framework).

Bullying.

Workplace bullying of new nurses is something that is commonly known in the profession, but not addressed enough in real world settings. Vogelpohl et al. (2013) found in their descriptive study with 135 newly licensed nurses that nearly half had seen other nurses as

victims of bullying, and nearly a third reported bullying as having an effect on personal job performance. This occurrence of bullying is detrimental to new graduate nurses and retention rates, with 35.4% leaving positions within two years of practice and 29.5% stating the intention to leave the profession all together due to bullying situations (Vogelpohl et al., 2013). Bullying was found to come from a variety of sources outside of nursing staff as well, including members of leadership, physicians, patients, or even patient families (Vogelpohl et al., 2013). The combination of a lack of support and belonging and the crush of a complex and unfamiliar workload can be extremely overwhelming for a new graduate nurse (Feng & Tsai, 2012). Emotional extremes can affect transition shock in both physical and emotion categories, while the combination of minimal constructive feedback and support influence the intellectual and socio-developmental realms of factors that contribute to transition shock (See Appendix: Transition Shock Framework).

Strategies for Retention

Knowledge of themes that can contribute towards nursing stress, burnout and turnover is critical in order to develop effective and timely strategies. Support is the major underlying aspect to the needed strategies. Studies showing a positive learning environment with new nurses adapting well to their new role indicated that support must be provided (O'Kane, 2011). Nurse residency programs have found greater utilization within the last decade, and the peer and leadership involvement within them is positively viewed as supportive by nurses (Dimattio et al., 2010; Kowalski, & Cross, 2010). A great amount of thought, planning and willingness to incorporate new nurse input by leadership within the facility must be in place for a residency to be successful (Dimattio et al., 2010; Kowalski, & Cross, 2010; Welding, 2011). In lieu of addition to a residency, other strategies may be put into place to support new nurses. This

includes personalized mentoring and counseling support sponsored by the healthcare facility (Dimattio et al., 2010; Hinton & Chirgwin, 2010).

Education of new nurses and staff must be present and ongoing on several topics. Stress management is a key subject, as well as professionalism, teamwork, communication, conflict management, and assertiveness training (Clark & Springer, 2012; Suresh et al., 2012; Vogelpohl et al., 2013). Assertiveness training is also identified as a factor in reducing bullying behaviors within the workplace, along with zero-tolerance policies and procedures, counseling, and consciousness of bullying behavior (Suresh et al., 2012; Vogelpohl et al., 2013). This education has been pinpointed as needing to be initiated as early as the undergraduate student level and constantly revisited by professionals (Vogelpohl et al., 2013). Incorporating nursing wants and needs, such as extended orientation times and supportive leadership is important. This can lead many new graduate nurses exposed to this environment to report that they see themselves practicing nursing a decade later, likely in the same facility (Clark & Springer, 2012).

Summary of Literature

A lack of available nursing staff and faculty contributes to an already large and growing shortage in the profession. The expected number of nurses needed in less than two decades time is further hurt by the amount of turnover seen early in employment, which deprives hospitals and patients of care delivered by expert clinicians. Transition shock hits new graduates early, so the reasons for it must be evaluated for and addressed at an even earlier stage to prevent burnout and attrition. These reasons commonly include stress from a combination of large workload and low psychosocial support. Strategies must include providing support throughout new graduate orientation and beyond to create success for the industry and the profession.

Theoretical Model

Benner's nursing theory outlined in her book From Novice to Expert was chosen as the theoretical model to support this study. Benner's (1984) application of the Dreyfus model to nursing identifies five levels of practitioners with defining characteristics: Novice, Advanced Beginner, Competent, Proficient, and Expert (See Appendix: Table 1- Benner's From Novice to Expert Theory). For this study, the focus will be on new staff that falls into the Novice level or may show aspects of the Advanced Beginner. Novices need great amounts of support due to their levels of anxiety and fears. Due to their unfamiliarity with the processes of nursing as well as their fixation on being task oriented, the level of anxiety can be high for new nurses (Benner, 1984). Benner (1984) also references philosophers Kuhn and Polanyi in describing that there is a difference between knowing the way something is done and why something is done. Polanyi described that "we know more than we can tell," which also correlates with the task oriented mindset of the novice nurse as opposed to the critical thinking and explanation of the more experienced nurse (Benner, 1984; Smith, 2003). This way of thinking can be applied to the profession of nursing overall and not just the tasks within patient care. Specifically, this should be considered in regards to Novice nurses in their understanding of their professional duties. Through this, we can identify the need for support during their transitional phase in order to prepare them for advancement. Competence is identified as occurring around the second year of experience, and Expert nurses are often in possession of over a decade of experience (Benner, 1984). The potential for successfully retaining nurses and achieving competency and expert level may be supported by the initiation of earlier interventions.

Benner's theory was chosen as the primary model for the framework over Duchscher's transitional shock module. Benner's Novice to Expert is most applicable at the onset of nursing

practice, which is the timeline of focus during this study. Benner also describes the anxiety felt by the novice as they enter their new role, a theme that will be evaluated for within the study. In contrast, while transition shock describes many factors that may be potentially expected to be pinpointed by the participants of the study at the initiation of professional duties, it has been outlined as peaking at the one to four month mark post-orientation (Duchscher, 2009). If themes found in the transition shock module appear in a study that is focusing on a much earlier timeline, it could indicate that transition shock begins as an underlying anxiety that is often dismissed as common in new nurses. Benner's theory is expected to correlate with the nurse residents responses to the questions (responses related to tasks, anxiety) while Duchscher's transition shock is reflected more in the creation of the survey questions that will ask about the role and expectations.

Project and Study Design

Setting and Resources

The location of the study was at a hospital campus in a major metropolitan area. The hospital system on campus consists of a two separate hospitals, one focusing on adult populations and the other on pediatrics. The hospital system is a teaching hospital associated a local university and its health science programs. The study sample population focused on nurses working with adult populations. The adult hospital serves over 700 patient beds. The resources needed were a computer with internet access for each nurse resident in order to access the electronic survey. These resources are available across the hospital campus if the nurse resident did not have personal access.

Study Population

The targeted population was newly graduated Registered Nurses participating in the hospital's Nurse Residency Program. The nurses that are employed for this program can range in nursing experience from a brand new graduate up to a maximum of one year. The potential number of nurse residents was estimated at approximately 40, which is the maximum number of positions available to be filled by employers for the October residency cycle. These nurse residents were recruited during the first orientation week of the nurse residency, which began on October 20th. The first orientation week consists entirely of classroom based education. There were no exclusion criteria within this set population.

A participant information sheet was read to the residency group as a whole (see Appendix: Participant Information Sheet). An informative flyer (see Appendix: Study Participation Flyer) and the information sheet in paper form were provided to invite the nurses to participate. An optional signup sheet was provided to collect email addresses from potential participants. Nurse residents who elected to given their email address received the flyers electronically as a reminder to participate at the opening and prior to the closing of the surveys in addition to the hard copy. The informational flyer supplied links to the survey as well as a password, the only way to access the study. The dates that each survey was accessible were supplied as well.

Data Collection

The study consisted of two surveys completed at two separate times within the first weeks of residency and orientation. The first survey was available to nurse residents from October 20th-28th. This survey's aim was to collect the perceptions, positive or negative, of the nurse residents before their exposure to their duties and responsibilities. The timing of this survey was modeled this way to allow time to complete the survey before they began their duties

on the nursing unit and experienced what their working shifts would be like. One question within the survey specifically requested information about previous exposure to the healthcare profession. The potential characteristic of nurse residents having previous knowledge of the profession either through personal or shared experiences by family or friends could influence responses and was noted when evaluating the data. Previous exposure to healthcare professions may provide new nurses with more realistic expectations of what their new roles entail.

The second survey was opened from November 8th-10th. The timeline fell after the nurse residents had approximately six shifts of experience on the unit. The aim of the second survey was to gather data to see if there was any shift in perceptions during the initial exposure to the profession. Both surveys consisted of open response questions.

The surveys were estimated to take approximately 10-15 minutes to complete depending on the length of the responses. The data was collected through the electronic survey software Qualtrics. The options within the survey tool were set to allow for the isolation of the survey so that only those involved in the study with knowledge of the survey link and password would be able to access it. This was planned to prevent any potential for those outside the targeted population to participate in the study. The settings within the system for the two surveys were set for maximum anonymity among the participants. No identifying information was requested from participants. Participants were prompted to create and remember a PIN while taking the initial survey. The PIN was to be listed as prompted by the question in the second survey again with the aim of comparing responses from one participant. This PIN was known only to the participant and was not connected to any identifying information.

Data Analysis

The data was analyzed by comparing the responses of survey one to survey two. The data was analyzed for themes to include perceptions at each point in the study as well as any shifts in perceptions. Thematic clustering of data responses was used to analyze data, a common technique used with qualitative data sets (Namey, Guest, Thairu, Johnson, 2007). Key words or phrases such as feeling words (anxious, excited) or tasks (documenting, calling physicians) will occur to highlight common threads within the survey responses. This completes the aims outlined for the study, including comparing and contrasting perceptions, identifying perceptions that do not correlate to reality and evaluating for indications of transition shock. The results of the completion of the objectives will then be used to potentially fulfill the aims of the study of discovering expectations of new nurses and changes in perceptions due to the degree of met expectations. The creation of novice nurse preparation strategies is a future objective that can be based off of the results of the study.

Quality

The development of credibility was developed as much as possible throughout the study, beginning at the recruitment stage. The announcement and gathering of email addresses were performed by a third party. There was no identifying information about participants required within the study, preventing the potential for the primary investigator (PI) to connect data to the responsible participant. The data itself is stored securely on the Qualtrics server, and is only be accessible to the PI and Co-PI.

Ethics and Human Subjects Protection

This study held minimal risk for harm to the human participants, with no invasive or physical testing done as part of the study. There was no risk for coercion as there was no compensation, monetary or otherwise, nor punishment for participation or lack of participation in

the study. Participants were able to withdraw from the study at any point without penalty. The potential benefit for conducting the study was to provide the discovered data to those in roles that participate in preparing new nurses for practice, including nursing educators and managers. The aim for this data was to promote better preparation of new nurses' expectations on what nursing will be like in order to increase retention rates. The study was submitted to the Institutional Review Board at both the University of Central Oklahoma and at the University of Oklahoma Health Science Center (see Appendix: University of Central Oklahoma IRB Approval and Appendix: University of Oklahoma Health Science Center IRB Approval) and the initiation of the study did not commence until approval was recieved from both boards.

Timeline for Study

The study initiated on October 20th with the recruitment of participants and the opening of the first survey. The first survey was available until October 28th at 11:59 PM Central Standard Time (CST). The second survey opened on November 8th, and was available until November 10th, at 11:59 PM CST. The study ended with the closing of the second survey, at which point the analysis of the data occured.

Budget

There were minimal planned costs associated with this study, other than the printing of the initial flyer and participant information sheet, which was covered by the primary investigator. Other resources, including use of Qualtrics and computers with internet access, were available at no cost to the researchers or the participants.

Findings

Study Participants

The participant pool within the selected population consisted of the 15 nurse residents that were employed for the October 2014 residency. Out of those fifteen, four elected to participate in the first survey, and two in the second survey. The demographic data requested within the first survey revealed two participants with no other experience in the medical field other than nursing school, while one disclosed experience as an EMT-B. Within one survey, the participant did not respond to any queries beyond agreeing to the consent and creating a four digit personal identifying number (PIN). The participants were requested to create and use the same PIN for each survey they responded to. There was not a repeating PIN reported between the two surveys, indicating five individuals participated in one survey each and therefore preventing the ability to do a direct comparison of an individual's responses. Instead, themes were compiled and compared within each survey and then the compiled themes were compared between the initial and second survey.

Initial Survey

Three participants fully completed the initial survey where they were asked to respond to the five queries in addition to consent, creating a PIN and any previous experience in the healthcare field (See Appendix: Table 1- Survey Questions). This survey was completed before the participant experienced their new responsibilities in their role. Within each response, the participant's answers were examined for common themes that existed in other responses or that correlated with perceptions related to transition shock and Novice nurses as described by Benner (See Appendix: Table 3- Summary of Themes for Survey One).

In response to what was expected to occur during a typical shift, the elements of teamwork caring for patients, and time management issues were referenced by two respondents. Teamwork was referenced by one participant by responding that "nurses not only care for their

assigned (patients), but help other nurse with situations arise such as codes." Being in "communication with others in the interdisciplinary team" correlates to the desire of new nurses to belong to and be supported by a team. Patient care was exemplified primarily through the mention of routine tasks, including assessments, assisting with activities of daily living, taking vital signs, delivering medications, and documenting and prioritizing these tasks. This is in line with Benner's expectations for the Novice nurse (See Appendix: Table 1- Benner's From Novice to Expert Theory). The third theme, time management, was discussed as well. One nurse did suggest that they felt that there was the possibility to have to "find tasks to fill their time," but all respondents referenced the potential to have a full shift, stating that they could be "extremely busy," "out of time" and that there is "no telling what could happen."

The second query concerning the respondents' perceptions of nursing as a profession included the themes of "helping", " requiring an extreme amount of … knowledge," "attention to detail," "critical thinking," and "caring" as a character trait in contrast as an action. The statement was made by one respondent that the nurse was the "frontline of the medical field" and another described nurses as a "person under an extreme amount of pressure to ensure the best possible service." These responses reveal a high regard for their chosen profession at this point of data collection.

The third set of data was about the general feelings about beginning their profession as a licensed nurse. A common response was the use of the word or words similar to "anxious" and "nervous." One stated that they were worried that they would do the wrong thing and make a mistake. Another described feeling that they "almost regret ever sign(ing) up for this." Two respondents however also used the term "excited" to describe their emotions about the initiation of their roles, including the respondent that expressed the almost regret about becoming a nurse.

Positive feelings were specifically requested about the upcoming role in the next query. Respondents were most positive about helping patients, the opportunity for growth and continued learning opportunities, and being helped by others. Caring for patients and making a difference was discussed in every response as a positive. Related to learning, one respondent described that they were "excited about the learning opportunities that I will have," while another described being among the "best and brightest." The theme of being supported was present in multiple responses, with one "imagin(ing)" that there would be others "that are willing to help me so that I can be better to help people" and another reporting that "I won't be put on my own until I am ready."

The last query requested that respondents describe aspects of their role that they feel most concerned about. The fears of not meeting the expectations of a patient or families and letting down "the people that gave me a chance" were reported. Another described the expectations of the family and patient will be more than what the nurse is ready for because they are "licensed now and not a student." This role blurring between acting as a student and acting as a registered nurse is a part of transition shock, and the presence is notable as it is before the actual initiation of professional duties. This may suggest that mental and emotional factors of transitional shock exist even before entering the role as the responsible nurse. A lack of recent practice of skills, the perceived deficit or loss of knowledge, and causing harm was also present throughout the responses. One respondent also stated simply "not knowing what to do" as a concern.

Reviewing the data in the first survey revealed a presence of words with positive connotations with an exception in the query that specifically asked for concerns about the upcoming role. An overall picture is presented of a population that is anxious and nervous, but

also excited and positive about the role and the professionals they will be working with in the near future.

Second Survey

The second survey followed a similar line of questions as the initial survey and also asked five questions (See Appendix: Table 1- Survey Questions). These followed the thread of the previous queries, but assessed changes in perceptions since assuming responsibilities (See Appendix: Table 3- Summary of Themes for Survey One and Appendix: Table 4- Summary of Themes for Survey Two). When referring to the requested PIN created by the participants, there were no individuals that completed both surveys. This prevented the ability to conclusively state that an individual had a shift in perception. It also prevented the ability to tell if the individuals that responded in the initial survey ended with or those that responded in the second began with positive or negative perceptions.

When asked to describe what was different than what they expected of their daily role, both of the respondents discussed that the amount of and focus on documenting was much greater than they imagined. It was stated that "I imagined that nurses spent more time interacting with patients" and not "spend(ing) two-thirds of my day finishing the same forms over and over." While we cannot make a direct comparison, we can compare this reality to the expectations in the previous survey. Interacting with patients was seen as a major component of the nursing role and an area that participants identified as an aspect they felt most positive about. The loss of the expected interactions with patients that would work "on goals to get better" is shown to be a blow to the positives expressed previously. Discrepancy in role expectations is a contributor to transition shock due to the resulting emotional, physical, intellectual and social

exhaustion experienced by the new nurse (See Appendix: Transition Shock Model) (Duchscher, 2009).

In the second query about if there were changes in perceptions of the nursing profession, the experience of the respondent that saw nurses "darting in and out of patient's rooms so they can get what they need and run out to finish charting" also indicates a lack of time focusing on patient interactions. In contrast, another nurse resident described nurses as the "frontline" and as knowing "more than other health care professionals," a markedly more positive statement. While there is a difference in perceptions, there is still a positive view of the profession of the whole. This is in contrast to the responses about the participant's personal involvement in the profession. When asked to describe their current feelings about working as a nurse, there were more negative connotations in the word choices. The nurse residents stated that it was "frustrating and exhausting" and "overwhelming but getting the hang of it." The nurses in the initial survey were anxious and nervous, but excited. These responses from the nurses who took the second survey lacked positive connotations.

A theme that did carry through from the previous survey is the aspect that participants reported feeling positive about- "helping" or "impact(ing) patients and families." Both respondents identified this alone as a positive aspect. The theme of being helped and supported as well as the opportunities for learning did not feature on the second survey at all. Additional responses would allow it to be seen if this did appear, but in the data available it is of interest that there is only one aspect of nursing identified by both as what they felt positive about.

In the final query, the participants were asked to describe which aspects of nursing that they felt concern about. Whereas the initial survey described concerns of causing harm, a lack of skills or knowledge, or not meeting expectations, both respondents reported in the following

survey that “documentation” was the aspect they were most concerned about. This correlates with Benner’s description of the Novice nurse being task oriented, and the earlier query about the role difference when comparing expectations to reality focuses on documentation as well. A focus on documentation is a key theme that would merit closer examination for the future objective of creating nurse preparation strategies.

This conversion from more positive responses to those that are less so is a concern when viewed against the background of the nursing shortage. The results contain indications of Novice nurses experiencing parts of transition shock within two weeks of beginning professional duties, and one instance of an aspect of transition shock occurring even before beginning professional duties started. This supports that transition shock can develop very early on, and should be addressed promptly. Another study focusing on the culture shock experienced by midwifery students upon initial clinical placement offers a potential strategy (Cummins, Catling, Hogan & Homer, 2014).

Students were invited to attend a focus group to gather information on expectations and whether they were met and then then they were offered the opportunity to express ideas on how their experiences could have been enhanced (Cummins et al., 2014). Key factors found in the focus group that correlated to this study was the students expressing that they did or did not feel a sense of belonging with a team and if the importance of feeling supported by more advanced peers and instructors (Cummins et al., 2014). From this focus group, relevant resource materials were developed including short video vodcasts and activities that were implemented within a workshop and reevaluated for effectiveness (Cummins et al., 2014). Indications have been found that healthy work environments as well as support offered through mentoring and standardized nurse residencies may ease the effects of reality shock (Kramer et al., 2013). Similar methods

could be used with study participants to develop resources to help with the transition shock of being a new graduate nurse.

Limitations and Further Research

Due to external circumstances, the expected potential participant pool of 40 was in reality 15. From this population, a total of five completed the survey. A direct analysis of individual perception changes was not possible due to the lack of repeat participants. Also, demographic data about healthcare experience was not collected from those that participated in the second survey only. Future research that should be considered is to first replicate the study with larger populations until data saturation is achieved. The data that was collected within the survey does show themes related to perceptions of Novice nurses as described by Benner and issues found in transition shock as described by Duchscher. Expanding the study to multiple locations should also be considered.

A strategy to increase participation should be developed for implementation. A combination of more information and possible incentive is an avenue that may be considered. Participation by the hospital and unit leadership should be considered to both promote study participation as part of the nurse residency program to consider supplying incentives to multiple groups in an ongoing study. The information collected should be seen as a benefit by the leadership. While not an issue in this study, another factor that would need to be discussed in exposing more information to the nursing residents is how to keep participation targeted to a specific group of new nurses and not be available to nursing staff at large.

Conclusion

This study looked for additional information that may be used to support educators and employers of new nurses alike in preparing and retaining newly licensed nurses. While many studies are focused on key benchmarks such as the six month and twelve month mark, there is a lack of literature on immediate impressions and perceptions at the onset of professional responsibilities. Assessing for initial perceptions of the profession and for any warning themes or changes in perception at the earliest opportunity can open the door for discussion about developing strategies on how and when to best create a realistic presentation of nursing for those pursuing the profession. There is a continued need for both recruitment and retention of nurses if the profession is to continue to grow and excel along with the anticipated demands of future healthcare. The objectives outlined for this study including comparing perceptions of nurses before and after initiation of professional duties, identifying perceptions that do not translate to reality and evaluating for reality shock were all accomplished on a small scale. The aims of the study to discover expectations of new nurses, to identify changes in perceptions and to gather information that can be used to create strategies to better prepare new nurses for practice were also accomplished. This study, while limited in participation, presents findings that indicate replicating the study to true data saturation would be appropriate.

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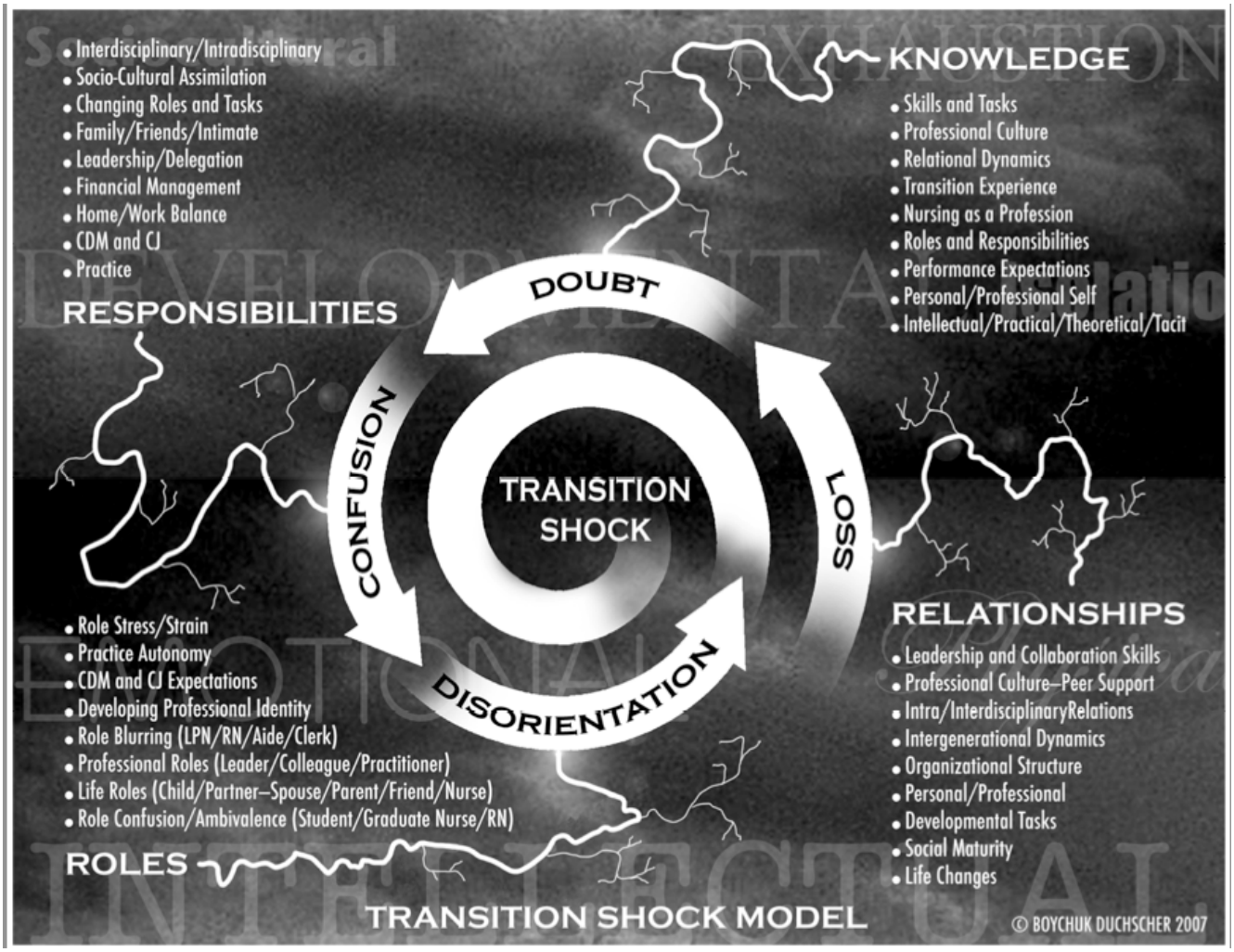
Appendix

Table 1-Benner's From Novice to Expert Theory

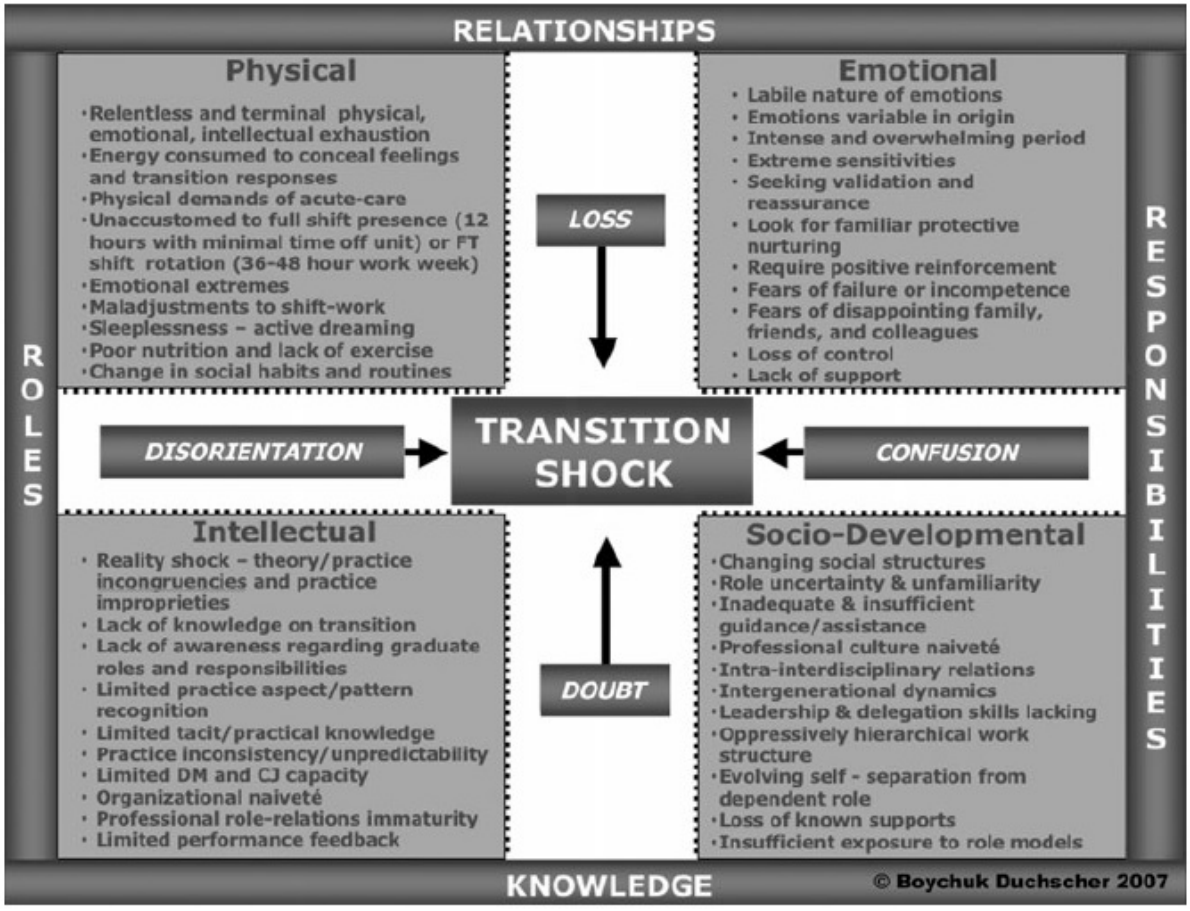
Stage	Key Characteristics
Novice	• Objective • Context free- technical skills is greatest priority • Limited and rigid • Unfamiliar with environment
Advanced Beginner	• Some experience • Identifies broad characteristics • Follows guidelines • Needs assistance with prioritizing
Competent	• Starts formulating long term objectives • Efficient • Some degree of mastery • Some degree of flexibility and speed
Proficient	• Is able to see entire situation, not just parts • Greater degree of flexibility and adaptation • Learn best with context • Regress to competent with unfamiliarity
Expert	• Intuitive • Rarely needs tools for analysis • Can provide consultation for others • Can promote additional medical evaluation
(Benner, 1984)	

Transition Shock Model



(Duchsher, 2009)

Transition Shock Framework



(Duchsher, 2009)

Participant Information Sheet

Participant Information Sheet

Project Title

Perceptions Of New Graduate, Post-Licensure Registered Nurses At The Initiation Of Professional Responsibilities

Invitation

You are invited to participate in a research study being conducted in order to complete the thesis requirements of a Masters in Nursing. The study aims to discover perceptions from the new registered nurse's point of view. Perceptions will be assessed at the beginning of the professional journey after the point of licensure but before assuming the responsibilities and duties of the RN and then after exposure to the new RN role. The primary investigator for the study is Stephanie Floyd, RN, BSN who is associated with the University of Central Oklahoma and OU Medical Center.

The Study

The study will consist of two surveys conducted two weeks apart, one before starting shifts on the floor, and one two weeks later. The surveys will take approximately 15 to 30 minutes to complete electronically through an online survey system called Qualtrics. Open ended questions will be asked of each participant. The data collected will be confidential and untraceable to the participant. By completing and submitting the survey questions the participant gives consent for the data to be used in the study.

Participant's Rights

You have the right to withdraw from the study at any time without explanation. No penalty or loss of reward will result from withdrawal from the study.

Benefits and Risks

There are no known benefits or risks for participants in this study.

Cost, Reimbursement and Compensation

Participation in this study is voluntary. There is no cost related to participation in this study. There is no reimbursement or compensation for participating in this study.

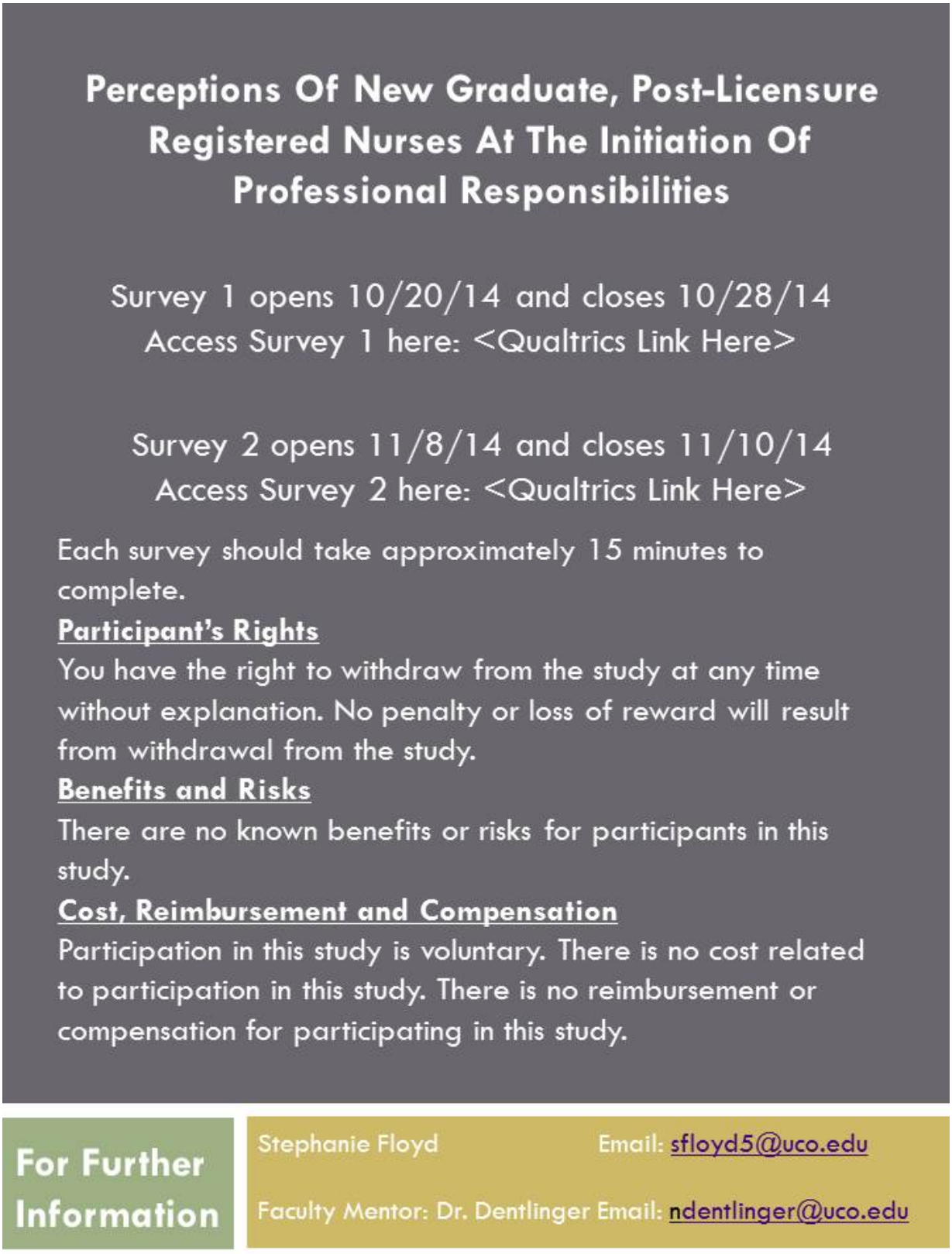
For Further Information

Feel free to contact Stephanie Floyd with any questions you might have about the study. She is available via

email: sfloyd5@uco.edu

Faculty Mentor: Dr. Nancy Dentlinger Email: ndentlinger@uco.edu

Study Participation Flyer



University of Central Oklahoma IRB Approval

October 20, 2014 IRB Application #: 14124

Proposal Title: Perceptions Of New Graduate, Post-Licensure Registered Nurses At The Initiation Of Professional Responsibilities

Type of Review: Initial-Expedited

Investigator(s):
Ms. Stephanie Floyd
Dr. Linda Rider
Department of Nursing
College of Mathematics and Science
Campus Box 187
University of Central Oklahoma
Edmond, OK 73034

Dear Ms. Floyd and Dr. Rider:

Re: Application for IRB Review of Research Involving Human Subjects

We have received your materials for your application. The UCO IRB has determined that the above named application is APPROVED BY EXPEDITED REVIEW. The Board has provided expedited review under 45 CFR 46.110, for research involving no more that minimal risk and research category 7.

Date of Approval: 10/20/2014
Date of Approval Expiration: 10/19/2015

If applicable, informed consent (and HIPAA authorization) must be obtained from subjects or their legally authorized representatives and documented prior to research involvement. A stamped, approved copy of the informed consent form will be sent to you via campus mail. The IRB-approved consent form and process must be used. While this project is approved for the period noted above, any modification to the procedures and/or consent form must be approved prior to incorporation into the study. A written request is needed to initiate the amendment process. You will be contacted in writing prior to the approval expiration to determine if a continuing review is needed, which must be obtained before the anniversary date. Notification of the completion of the project must be sent to the IRB office in writing and all records must be retained and available for audit for at least 3 years after the research has ended.

It is the responsibility of the investigators to promptly report to the IRB any serious or unexpected adverse events or unanticipated problems that may be a risk to the subjects.

On behalf of the UCO IRB, I wish you the best of luck with your research project. If our office can be of any further assistance, please do not hesitate to contact us.

Sincerely,
Robert D. Mather, Ph.D.
Chair, Institutional Review Board
NUC 341, Campus Box 132
University of Central Oklahoma
Edmond, OK 73034
405-974-5479
irb@uco.edu

University of Oklahoma Health Science Center IRB Approval

The UNIVERSITY of OKLAHOMA

Institutional Review Board for the Protection of Human Subjects

Initial Submission – Exemption Approval

Date: October 13, 2014

IRB#: 4751
Approval Date: 10/11/2014

To: Stephanie L Floyd

Study Title: Perceptions of New Graduate Post-licensure Registered Nurses at the Initiation of Professional Responsibilities

Collection/Use of PHI: No

Exempt Criteria: Exempt Category 2

On behalf of the Institutional Review Board (IRB), I have reviewed the above-referenced research study and determined that it meets the criteria for exemption from IRB review. Study documents (e.g. protocol, survey, etc.) approved for this submission are located on page 2 of this letter. To review and/or access the study submission form (e.g. study application) as well as the study documents approved for this submission, open this study from the *My Studies* option, click to open this study, under *Protocol Items*, click to open/access the current approved *Application*, *Informed Consent*, or *Other Study Documents*.

If this study required routing through the Office of Research Administration (ORA), you may *not begin your study yet*, as per OUHSC Institutional policy, until the contract through ORA is finalized and signed.

As principal investigator of this research study, you are responsible to:

- Conduct the research study in a manner consistent with the requirements of the IRB and federal regulations 45 CFR 46 and/or 21 CFR 50 and 56.
- Request approval from the IRB prior to implementing any/all modifications as changes could affect the exempt status determination.
- Maintain accurate and complete study records for evaluation by the HRPP Quality Improvement Program and, if applicable, inspection by regulatory agencies and/or the study sponsor.

If you have questions about this notification or using iRIS, contact the IRB @ 405-271-2045 or irb@ouhsc.edu.

Sincerely,

Karen Beckman, MD
Chairperson, Institutional Review Board

Table 2- Survey Questions

Survey 1	Survey 2
Please describe what you perceive happens during a typical shift that a Registered Nurse works.	What was different than you expected about the daily roles of a Registered Nurse?
Describe your perceptions of nursing as a profession.	What, if any, changes to your perception of the nursing profession resulted from your experiences since the initial survey?
Describe your general feelings about beginning a profession in the nursing field.	What general feelings do you have about working in the nursing profession at this time?
Describe what aspects of your upcoming role that you feel most positive about.	What aspects of the nursing role do you feel most positive about at this time?
Describe what aspects of your upcoming role that you feel most concerned about.	What aspects of the nursing role do you feel most concerned about at this time?

Table 3- Summary of Themes for Survey One

Query	Themes
Q1- Please describe what you perceive happens during a typical shift that a Registered Nurse works.	• Caring for patients • Teamwork • Time management
Q2-Describe your perceptions of nursing as a profession.	• Caring • Helping • Knowledge • Critical thinking • Frontline
Q3-Describe your general feelings about beginning a profession in the nursing field.	• Excited • Nervous • Scared • Anxious • Terrified
Q4- Describe what aspects of your upcoming role that you feel most positive about.	• Learning • Helping patients • Being helped
Q5- Describe what aspects of your upcoming role that you feel most concerned about.	• Not meeting expectations • Lack of skills/knowledge • Causing harm

Table 4- Summary of Themes for Survey Two

Query	Themes
Q1- What was different than you expected about the daily roles of a Registered Nurse?	• Amount of documenting • Lack of time spent with patients
Q2-What, if any, changes to your perception of the nursing profession resulted from your experiences since the initial survey?	• Frontline • Know more than other professionals • Task oriented
Q3-What general feelings do you have about working in the nursing profession at this time?	• Frustrated • Exhausted • Overwhelmed
Q4- What aspects of the nursing role do you feel most positive about at this time?	• Helping patients and families
Q5- What aspects of the nursing role do you feel most concerned about at this time?	• Documentation