

TRANSITION TO PROFESSIONAL PRACTICE IN
BACCALAUREATE NURSING: A MULTIPLE CASE
STUDY APPROACH USING THE MIDDLE RANGE
THEORY OF TRANSITION

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Submitted to the Faculty of the
Graduate College of the
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in partial fulfillment of
the requirements for
the Degree of
DOCTOR OF EDUCATION
May, 2009

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Acknowledgements

Many people have helped me in this journey, without their encouragement it would never have happened. Many of them will never realize how important their words of interest and encouragement were to a struggling, overwhelmed graduate student and researcher.

Thank you to my husband Tom and my children Matt, Allan, and Katie. You have all been unfailingly supportive and patient. When I have been distracted or grumpy, you have responded with support. Tom, I can't ever thank you enough for being my support and cheerleader, for listening to frustrations and insecurities, and for reminding me that I could do this. Also for cooking meals and cleaning house and generally keeping life going. I love you all.

To my parents and siblings, thank you for believing in me and being proud of what I'm doing in continuing my education. Mom and Dad, I know it has taken me a long time to get through college, but I think I'm done now.

To my co-workers and colleagues at the University of Central Oklahoma, I couldn't have done this without you. You have been kind and supportive throughout this journey.

Thank you to Dr. Adrienne Hyle, my dissertation chair, for your kindness, wisdom and hospitality. It had been a great journey and I have learned a lot.

To my committee members, Dr. Ed Harris, Chair, Jessie Perez-Mendez, and Steve Harrist. Thank you all for your wise counsel and input. Thank you also for accommodating scheduling for meetings – I know how busy you are.

In addition I would like to thank the Beta Delta Chapter-at-Large of Sigma Theta Tau International, the Honor Society of Nursing for their research grant as well as support, interest, and listening ears.

This study would not have been possible without the participants who generously shared their experiences and thoughts with me. I thank each of them for taking time from busy lives and jobs to talk with me.

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CHAPTER I

Prologue

How this story begins...

This study started with a casual conversation with a clerk in a retail store . The clerk was a young woman in her early to mid twenties. During the conversation it was revealed that the researcher (I) was a nurse and an educator. At that point the clerk revealed that she also “used to be a nurse.” She further revealed that she had graduated the previous summer and worked in Labor and Delivery for about six months and then resigned her position. She said it was “too hard” and the “doctors were really mean”. She expressed no plans to return to the field. It is difficult to imagine that someone would pursue a nursing career with all that the education and licensure entails only to leave the profession in six months. This conversation seems to highlight incongruence between the world of nursing education and nursing service. As an educator, I felt the need to explore this incongruence with research.

Design of the Study

Graduation from a nursing education is a milestone in the career of a nurse; it is also the beginning of a period of change and transition. For graduates to become professional nurses they must successfully navigate this transition. Students who graduate from Baccalaureate nursing programs enter a job market that is ready and eager to employ them. The nursing shortage is a well-documented and growing problem in health care today. It is estimated that the shortage will grow to 500,000 nationwide by 2025 (Rosseter, 2008). This shortage is multifaceted with supply, demand and retirement aspects contributing to the problem. The National Council of State Boards of Nursing (NCSBN) reports that 119,579 graduates of registered nurse education programs tested for licensure in 2007(NCSBN, 2007a). These new nurses comprise the majority of the “supply” of new practitioners in nursing.

In Oklahoma, as well as in many other states, nursing education programs as well as State Legislatures and Boards of Regents for Higher Education are taking steps to decrease this projected shortage by increasing the capacity of nursing education programs and consequently increasing the number of graduates in the workforce. These changes address part of the problem; however other aspects still need to be examined.

Awareness has been growing that the transition of these graduates into the workforce is not always a smooth process. The NCSBN (2007) estimates that 33 to 50 percent of nurses change jobs one or more times within the first year of practice. Prompted, in part, by the lack of available job turnover data, a

recent survey of graduates who initially received their licenses between August 1, 2004 and July 31, 2005 has attempted to quantify data on job turnover rates, working conditions, and job satisfaction (Kovner, Brewer, Fairchild, Poornima, Kim & Djukic, 2007). The nurses surveyed were “newly licensed RNs” who had been in practice less than 18 months at the time of the survey. These new nurses had been working an average of 9.6 months (SD = 4.6 months; Kovner et al., 2007, p. 62). This study revealed “77.2% of respondents had held one RN job since graduation and 19.8% had held two or more” (Kovner et al, 2007, p. 63).

Exploration of factors influencing job satisfaction and intention to remain or seek other employment was included in the survey. Kovner et al. report that “Overall, the RNs were very satisfied with their jobs: the mean satisfaction score was 5.2 out of 7; nearly half (47% described their job as “very much like the job I wanted”(p. 64-65). The authors also detail more disturbing findings including difficulty obtaining supplies, verbal abuse and injuries received during work. Within this sample “41.5% reported that if they were free to go into any job they would want another job, and 24% indicated that they planned to leave their first job within two years of taking it; 37% of the sample intended to search for a new position in one year.”(p. 68). The authors conclude that some job turnover within the population of “newly licensed RNs” is to be expected. However they recommend further studies to “help answer the question of what happens to newly licensed RNs over time and the reasons behind their decisions.” (p. 69)

Although some turnover is expected, high rates of turnover create a stressful situation for both the graduates and the agencies that employ them.

This is not a new concern in the field. Kramer (1974) completed a classic series of studies in the late 1960s and early 1970s that resulted in her book, *Reality shock: Why nurses leave nursing*. These studies, using both qualitative and quantitative methodologies highlighted the difficulties new baccalaureate nursing graduates have in adjusting to the work environment after graduation. In one graduating class studied, six of 45 (13%) graduates were no longer practicing nursing two years after graduation. Of this same class, only 5 (11%) of the sample remained in their initial job at the two-year mark. All others changed job situations at least once during that period, with some as many as four times.

Kramer (1974) designed and implemented programs both during initial education and after graduation to try to ease this “reality shock.” The studies showed an improvement both in attrition from nursing and number of positions held by the graduates of subsequent classes. The length of follow-up and her research sample limited Kramer’s work. The core of her studies were completed on four graduating classes from the same university, two who received the interventions and two who were tracked but acted as controls and received no intervention. The term “reality shock” and some of Kramer’s methods of intervention are still widely used in nursing, however follow up studies have been limited.

In addition to concerns about length of employment and job turnover, questions about the graduate’s ability to perform at a competent level is of

concern for nurse educators, leadership in healthcare agencies and regulatory bodies such as State Boards of Nursing. Del Bueno in 2001 reported longitudinal results of her Performance Based Development System. This system was developed for use in evaluating new employees in acute care settings and helped determine the type and amount of “orientation” needed to bring nurses to a performance level that allows safe and effective practice. The system uses qualitative methods to test components of technical skills, critical thinking skills, and interpersonal skills. In testing new graduates (inexperienced nurses) in multiple hospitals (12 to 23 facilities), only 30 to 41 percent were found to be initially at the competent level. Del Bueno (2001) reports “In the year 2000 only 30% of the new RN graduates assessed were consistently able to recognize and safely manage hospitalized patients’ commonly occurring problems or complications” (p. 252). In Del Bueno’s system this lack of initial competence does not indicate that the new nurses have no skills or judgment, rather that further learning and development is necessary before they can safely and effectively assume responsibility for patient care. Additional data from 2002 – 2004 shows 30-35% per year of newly graduated nurses pass the initial competency evaluation at the competent or acceptable level. (Del Bueno, 2005)

The National Council of State Boards of Nursing (NCSBN, 2006) in a report of the Practice, Regulation and Education committee expresses this as “the unintended consequences of computer adapted testing (CAT), which allows new graduates to become licensed in a few days after passing the NCLEX” (para 1). Until 1994 nurses in Oklahoma, as well as other states, entered practice as

“graduate nurses.” This was a classification that included temporary permission to practice in a restricted role while the graduate awaited an opportunity to take the State Board Examination, now known as the NCLEX-RN®. This examination was given in a group setting, usually in the state capitol in July and January or early February. After taking the examination the nurses remained in the graduate nurse role until the results were received, usually about six weeks. This period of restricted, supervised practice, usually three to four months, allowed for a more gradual, transition into practice. In 1994 the NCSBN adopted the computer adaptive system of testing. The testing is administered at a private testing center, graduates self schedule after receiving an Authority to Test (ATT) from their State Board of Nursing. This ATT signals the State Board of Nursing's approval of the student's application for licensure and educational credentials.

These graduates enter practice in a vastly different fashion than nurses of 20 to 40 years ago. But much of the literature on transition is dated from the 1970's through the 1990's. Limited exploration of transition to practice has been published since the changes in testing and licensure. We do not know what challenges graduates currently face in adjusting to the differences in their roles as students and as beginning professional nurses. Nor do we know how these new nurses develop and refine the skills and clinical judgment they need to practice as competent professional nurses. As the nursing profession and healthcare system struggles to address the problem of the nursing shortage it is important to research these areas.

Statement of Problem

Virtually all professions incorporate (through curriculum design, licensure and/or mandatory internships) a formal transition period during which (graduated) students gain additional knowledge and skills necessary to be productive practitioners (Axford, 2005; Lizzio & Wilson, 2004; Woolley & Jarvis 2006). In nursing, time management knowledge and skills as well as clinical judgment are acquired and refined during the transition period, historically six months to a year in duration. In other words, the transition period is essential for the success of nurses.

Despite the essential nature of the transition period and its historically half-year duration, because of changes in testing and licensing graduate nurses this transition has changed. Technology has made it possible for new nursing professionals to shorten their legally mandated transition period to a few days. The six-month period of time is no longer mandated; the acquisition of knowledge, skills and judgments, however, is still needed. Knowledge about the transition from student to professional is limited. The timeframe of taking the NCLEX-RN® and achieving full licensure as a Registered Nurse has shortened from a period of months to as little as a few weeks. Licensure is conferred in as little as 72 hours after testing, leaving the graduates with less opportunity to develop work-related skills needed for successful practice. Although a program of transition is often part of a graduate's introduction into the workplace, it is no longer required.

Transition theory (Meleis, Sawyer, Im, Messias, & Schumacher, 2000) would explain the success of students in professional placements without the lengthy traditional transition in terms of their acquisition of knowledge, skills and judgments through other than traditional ways. A middle range theory of transitions, developed by Meleis et. al., explains this process. Understanding the ways in which students gain the knowledge, skills and practices necessary to be productive practitioners through a greatly shortened transitional period should be helpful to all involved in nursing education.

Purpose of the Study

Through the lens of transition theory (Meleis et. al., 2000), the purpose of this study is to explore and document the transition of baccalaureate prepared graduate nurses as they enter practice. This will allow themes to be identified involving important aspects of the transition from student to practicing nurse. Understanding this transition is important to the nursing profession in supporting the newest members of the profession.

Research Questions

The following questions guided this study:

- What are the experiences of baccalaureate nursing graduates as they transition from the student role into the role of a registered nurse?
- In what ways do the experiences of newly licensed Registered Nurses reflect the theory and literature on transition to practice, specifically a middle range theory of transition (Meleis et al., 2000)?
- What other realities are evidenced about this transition experience?

- How useful is middle range transition theory in helping to understand the transition experiences of baccalaureate nursing graduates?

Conceptual Framework

Numerous researchers have noted that transitions are processes that are of interest to nursing professionals. Schumacher and Meleis (1994) describe transitions as “a central concept of nursing” (p. 125). The authors describe a multifaceted theory of transitions that can be applied to many aspects of the human experience. In this theory, transitions are described in terms of the nature of transitions, transition conditions, and patterns of response. Nursing therapeutics is an emerging area of study as nurses design strategies to promote healthy adaptation in individuals and groups experiencing transition.

The nature of transitions is described by Meleis et. al. (2000) as having four components: types, patterns, conditions and properties. Within these components the categories are not mutually exclusive. Individuals may experience multiple simultaneous transitions and each individual’s experience will vary due to their own background and circumstances.

Transition Types

Types of transitions are described as developmental, situational, health-illness, or organizational. Developmental transitions occur as a result of movement through the human lifespan. Examples of developmental transitions include the transition of becoming a parent. Schumacher and Meleis (1994) identified eight studies completed on the processes of pregnancy and early parenthood. Other

developmental transitions include midlife transitions in women and the experiences of adolescence.

A situational transition is one that occurs as a result of changing circumstances or situations such as the changes that occur in the movement from student to Registered Nurse. Other examples of situational transition include immigration/migration, loss of a spouse and retirement from the workforce.

Health-illness transitions are a common focus of nursing care. A definition of a health-illness transition is any change in the level of wellness that impacts daily life and functioning. These transitions may result from either an acute or chronic change in the level of health. These changes typically affect not only the person experiencing it, but also their network of family and others as caregiving activities and changes in function alter the balance of relationships. Examples of health-illness transitions that have been studied using the Middle-range Theory of Transitions include the diagnosis of congenital heart disease in newborns and infants (Messias, Gilliss, Sparacino, Tong, & Foote, 1995) and the experience of chemotherapy (Schumacher, 1994).

Organizational transitions occur on a different level than the preceding transitions. "Organizational transitions represent transitions in the environment" (Schumacher & Meleis, 1994, p. 121). These changes can be as broad as changes in national leadership or as limited as the integration of a new charge nurse or manager on a nursing unit.

Transition Patterns

Patterns of transition are described as single, multiple, sequential, simultaneous, related and unrelated. These patterns refer to the number, timing or relationship of the transitions. Single transitions happen in isolation, while in multiple transitions several occur at the same time. In sequential transitions they may occur in a closely paced timeframe. Simultaneous transitions happen at the same time. For example, pregnancy involves multiple, simultaneous and sequential transitions that are generally related.

These transitions include changes in body image and role. In addition the process of becoming a parent brings changes in relationships and dealings with family and friends. These changes continue as the child is born and integrated into the life of the family. For some women, pregnancy maybe associated with wide ranging life changes, for example; changes in housing and decisions about whether or not to marry. In many of the studies used by Meleis et. al. (2000) to formulate their theory of transitions, the participants experienced at least two simultaneous transitions.

This current study focuses on nurses as they experience the situational transition of moving from nursing education to nursing practice, however we will heed the caution of the authors that “our analysis of the nature of transitions suggest that nurses need to consider the patterns of all significant transitions in an individual or family’s life rather than focusing only on one specific type of transition” (Meleis et al, 2000, p. 18). The effects of multiple transitions may impact the participants’ transition into nursing practice.

Transition Properties

Properties of transition are described as: awareness, engagement, change and difference, transition time span, and critical points and events.

These interacting components of the nature of transition help to define it.

“Awareness is related to perception, knowledge, and recognition of a transition experience” (Meleis, Sawyer, Im, Messias, & Schumacher, 2000, p. 18). In this model, the person must be aware of the changes taking place in order to be considered in transition. Engagement denotes involvement in the processes of transition. It includes aspects of preparation, information seeking, and use of role models. Change and difference are components of transition that help to define movement and provide answers to the following questions: What is changed after the completion of the transition, what is different about the person’s life and relationships? What is different about the person? Time span denotes the beginning and endpoint of the transition. Here again the authors caution that “the results of the research examined here suggest that it may be difficult or impossible, and perhaps counterproductive, to put boundaries on the time span of certain transition experiences” (Meleis et al, 2000, p. 20). The transition from nursing student to practicing nurse was examined for themes that relate to time span, keeping in mind that the transition may be highly individual. Critical points and events characterize many of the transitions described in previous studies. Critical points tended to be associated with increasing awareness or engagement with the change or as markers for end points or periods of stabilization. If critical

points or events can be identified they may be helpful in describing the transition into professional nursing practice.

Transition Conditions

Transition experiences are also impacted by transition conditions. Transition conditions are described as personal, community or societal factors that either facilitate or inhibit the process of transition. Personal conditions include the meaning of the transition for the person experiencing it, the cultural beliefs and attitudes attached to the transition, socioeconomic impact of the transition, and personal preparation and knowledge about the transition. Aspects of community conditions include the opinions and input of those surrounding the transition. This can either support and facilitate or inhibit positive transition. The people and structures that surround a person in transition contribute to that transition. Society can also impact the transition in supportive or stigmatizing ways.

Patterns of Response

Patterns of response include both process and outcome indicators. Process indicators occur as the transition is in progress. Connections and interactions between the person in transition and those around them are important. In a new employment situation forming new relationships with co-workers is important, but maintaining previous relationships with friends and family is also. Being comfortable in the new environment is also part of the transition process. Nursing graduates move from the academic environment to one of employment. How do they adapt to the new environment and what impact

does this have on the process of transition? Developing a sense of confidence and mastery is also a part of successful transition. This is an ongoing process condition as well as an outcome measure. In a successful transition the participant should complete the transition with new skills to cope with the changes and an integration of the experience into their identity.

Can the conceptual framework of transitions be helpful in describing the changes that take place as a graduate moves from the role of student to practicing registered nurse? In 1994, Schumacher and Meleis wrote “we expect further elaboration of conditions and indicators of successful transitions to be a major focus of research and practice in the future.” (p. 125). In 2000, Meleis, et. al continue to recommend “research to discover the levels and nature of vulnerability at different points during transitions could be driven by this middle-range theory” (p. 27). The transition from student to registered nurse is important to the individuals involved as well as the profession of nursing.

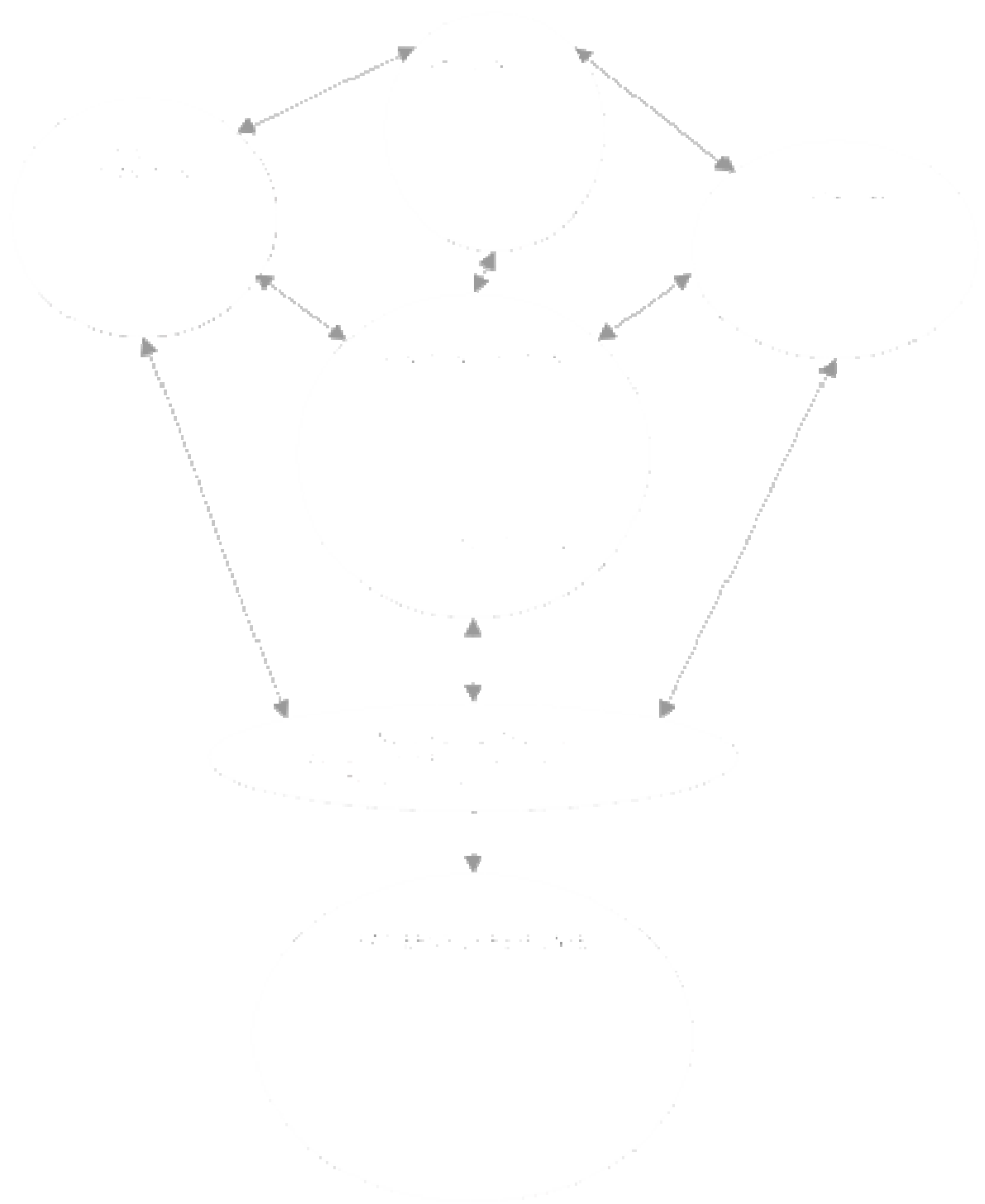


Figure 1: Adaptation of Middle Range Theory of Transition

Procedures

The goal of this research was to explore and document the experience of baccalaureate nurses as they transitioned into professional nursing practice. In exploring this transition, the middle range theory of transition is used as a lens to direct the research focus. Qualitative methodology allows exploration of this phenomenon in a holistic and naturalistic manner. In this section the researcher, the data sources, data collection and procedures will be detailed.

The Researcher

As the researcher for this study my background influences the procedures and methods used for gathering and analyzing data. This study uses an “insider’s’ perspective. This is in contrast to that of an objective outsider describing a group or culture from a more detached point of view (Patton, 2002, p. 84). I have been a registered nurse for more than 30 years. The first two thirds of my career were spent in a variety of clinical and management positions. For the last eight years I have been a full time nursing educator and administrator at the baccalaureate level.

In my work as a clinical nurse, both as a bedside nurse and in leadership/management positions I worked with graduate nurses. I have observed the transitions that take place. For many years I have been curious about how the profession can better support this transition in our new practitioners. In observing new practitioners there is a wide variety in their integration into the workforce. Some continue to struggle with issues of competency and integration into the workplace for a long period of time. Others

although they may initially struggle, seem to “find their place” on the nursing staff and move quickly into productive and often innovative practitioners. Some new nurses don’t seem to complete this transition and move out of active nursing in a short period of time.

As a nursing educator I believe that this transition is important to nursing education as well as to the institutions that employ our graduates and the graduates. Nursing educators spend a great deal of professional and personal effort in educating and developing students into graduates. Often this interest and investment continues after graduation. Part of the satisfaction of being a nursing educator is to see graduates flourish in the profession; information about the process of transition into practice may be helpful in facilitating and mentoring this process.

Being an “insider” to the profession has both advantages and disadvantages for this study. It is an advantage to have a thorough knowledge of professional nursing. Nursing, like many professions, has a language of its own. This language is useful and understandable for nurses, but difficult for those who are not in the profession. Knowledge of this language will enhance communication between the researcher and the study participants. A level of comfort as fellow professionals may enhance communication and the free flow of opinions and information.

As a disadvantage, my role as a nursing educator could have served as a barrier to some participants. The participants are alumni of the program with which I work. They could feel that difficulty with transition may be interpreted as

criticism of the program. As a researcher, I attempted to be sensitive to this and to other barriers to open expression of experiences, thoughts and opinions. Insuring confidentiality of information and masking the identity of the participants was helpful in dealing with this aspect of the insider perspective.

As a researcher I was vigilant in monitoring my perspective and setting aside any preconceived notions about the transitions these students experience. Personal experience in nursing and with this transition has the potential to create in me a biased view of the experience of these graduates. This included both aspects of my views of how the transition “should” proceed and my views of what professional work life should be. I needed to guard against this biased point of view and set aside my expectations of what this initial professional work experience should be and listen carefully to what it is. The graduate nurses of today have different expectations of themselves and their jobs than those of my generation. Being diligent in guarding against this bias will allow me to give voice to the experience of these graduates.

Consideration of techniques to elicit the information needed to explore this transition has prompted the use of multiple case studies as a methodology. Yin (2003) suggests that the use of multiple case studies, as opposed to single case studies, to provide more compelling evidence of the findings. In depth interviews were conducted to elicit the graduate’s progression through the transition from nursing student to professional nurse. Multiple graduates were interviewed to explore the similar and unique aspects of the transition experience.

Data Needs

Studying the transition of nursing graduates into the profession of nursing requires information about this transition from those who have and are experiencing it. The information needed includes not only the transitions taking place in the employment setting but also those in the graduates' personal and social life. This provides a more holistic view of the transition as it affects the life of nursing graduates.

Demographics were collected from the study participants to more fully describe them. An understanding of age, race and ethnicity, marital status, and previous work experience helps to describe the individuals who contributed to the study.

Additional information from nursing educators and from nurses who work with the new graduates helps to complete the portrait of this transition from student to practicing registered nurse. Interviews were completed with people who work closely with new graduates both before and during the transition to supplement the information from the graduates themselves.

Data Sources

Because this transition takes place over time, graduates were identified who had been in practice for approximately one year. One of the challenges of qualitative research is to gain entrée into the research setting. As a member of the nursing education community I have formed relationships with nurses in Nursing Education roles, as well as with practicing nurses, both recently graduated and experienced. In addition the facilities that employ recent

graduates are also interested in the transition process of their new nurses.

Several of the educators who work within healthcare institutions have expressed support for research of this type. This research was accomplished with the support of this professional community.

The nursing population in Oklahoma is congruent with that of the national nursing population. The age and educational profiles of nurses in Oklahoma is similar to that of the national profile. With this in mind and facilitated entrée into the healthcare facilities that these graduate nurses work in, the decision was made to study a group of graduates that begin their practice in Oklahoma. See Table 1 for demographic comparisons.

Table 1: Educational and Demographic Information for Registered Nurses in Oklahoma Compared to United States

	National	Oklahoma
Basic Nursing Education (graduation 2000 and later)		
Baccalaureate or Higher	39.9 %	40.75 %
Associate Degree	56.9 %	59.25 %
Diploma	2.8 %	N/A
Mean Age at Graduation (2000 and later)		
Baccalaureate or Higher	26.3 years	28
Associate Degree	31.8 years	31
Diploma	31.8 years	N/A
Gender of Practicing Nurses		
Male	5.8 %	8 %
Female	94.2 %	92 %
Mean age of Practicing Nurses	46.8 years	45 years
Type of Practice Setting		
Acute Care	62 %	67.2 %
Long Term Care	8.4 %	4.7 %
Home Health	6.5 %	7 %
Community/Public Health	4.8 %	4.4 %
Ambulatory Care	8.0 %	3.7 %

Note: National Information from HRSA (2004), Oklahoma Information from Oklahoma Board of Nursing (2007)

Because differences in type of education may change the experience of transition this study focused on baccalaureate prepared nursing graduates.

Although a great deal of difference in age, life experience, and situation exists between the graduates of baccalaureate programs, they still have many elements of educational preparation in common.

Nurses who graduated from a traditional baccalaureate nursing programs served as data sources. In order to achieve a variety of view points within this group, participants were sought who report of a variety of employment histories, both those who have held one job as well as those who have changed jobs. Studies have shown that approximately 86% of graduates begin their nursing careers in acute care hospitals (NCSBN, 2007c). For this reason subjects were recruited who began their careers working in acute care.

To provide a source of data source triangulation, additional data was obtained from nursing professionals who hire and work with nursing graduates during this transitional time. These nursing professionals worked in staff development areas with newly graduated nurses. Nursing educators who work with students in their final semester were also interviewed to give a third view of this transitional period in nursing careers.

Data collection

In depth interviews with the graduates provided the needed data. Patton (2002) states; "The purpose of interviewing, then, is to allow us to enter into the other person's perspective. Qualitative interviewing begins with the assumption that the perspective of others is meaningful, knowable, and able to be made explicit." (p. 341). The graduates were interviewed to elicit their memories of the time period from shortly before graduation to the time of the interview. To

facilitate the conversations, a semi structured interview guide was used to guide the participants in talking about their experiences. The information provided includes not only the transitions that took place in the employment setting but also those in the graduates' personal and social life. This provides a more holistic view of the transition as it affects the life of nursing graduates. To achieve a variety of view points within this group, participants were recruited who reported of a variety of employment histories. I sought to interview both those who have held one job as well as those who have changed jobs. Studies have shown that approximately 86% of graduates begin their nursing careers in acute care hospitals (NCSBN, 2007b). For this reason recruitment of subjects began with graduates who started their careers working in acute care. In order to gain a wide perspective of this experience study participants were purposefully recruited for interviews. Inclusion criteria included Registered Nurses who graduated from baccalaureate programs in the spring of 2007. This included participants working at a variety of healthcare institutions and with a variety of personal and family circumstances. The recruiting of participants and interviews continued until it was felt that a sufficient data set was achieved.

The interviews were conducted at a place that was comfortable for the participants. This was negotiated with each participant and the setting will be described with each interview. The goal was to find a place that was private and conducive to free expression of opinions and ideas. Adequate time to complete the interviews was scheduled. Participants were asked to allow one to two hours for the interviewing process. Interviews were audio recorded and transcribed.

To protect privacy, all interview transcripts and demographics were stripped of identifying information. Participants are assigned a pseudonym, used in all reporting of data. All recordings of the interviews as well as identifying data were safeguarded by the researcher, and held in confidence.

The interviews began with a broad question and continued with probes and follow up questions until the participants' experiences were fully described. (Patton, 2002) states:

“This combined strategy offers the interviewer flexibility in probing and in determining when it is appropriate to explore certain subjects in greater depth, or even to pose questions about new areas of inquiry that were not originally anticipated in the interview instruments development. A common combination strategy involves using a standardized interview format in the early part of an interview and then leaving the interviewer free to pursue any subjects of interest during the later parts of the interview.” (p. 347).”

This initial question was as follows:

Can you share with me what has happened in your life since graduating from nursing school?

It was hoped that this question would open a discussion of events both personal and professional in their lives. Topics introduced by the participant were followed up until the topics are exhausted. Additional questions were then introduced to attempt to assemble a complete picture of the graduate's experience. Schumacher and Meleis (1994) found that transitions have common

components, these components include meanings, expectations, level of knowledge/skill, environment, level of planning and emotional and physical well-being. Follow-up questions will attempt to examine these aspects of transition.

These follow-up questions may include:

- What can you tell me about the process you used for choosing your first nursing job?
- What did you expect your job to be like?
- Can you describe the environment you work in?
- What were your feelings about your job in the early months?
- How have those feelings changed over the last year?
- Overall how have you felt physically since graduating?
- Will you describe how you have felt emotionally since graduating?
- What meaning does the phase “becoming a nurse” have for you?
- Looking forward, what are your plans for the next year?
- Is there additional information you believe would help me understand your transition from student to professional?

Analysis

Analysis of the data received from study participants used the Middle Range Theory of Transition as a lens for interpretation. Yin (2003) suggests procedures for analyzing case study data. Essentially each interview provided a case study of that participant. In using Yin’s methods, each interview was examined for fit with the patterns suggested by the Middle Range Theory of Transition. The theory suggests that participants experienced a variety of

patterns and properties that contribute to the way that they experienced this transition. The literature suggests that individuals may have experienced multiple types and patterns of transitions during this time period. Each interview was analyzed and coded to document the types, patterns and properties of their transition experience. These areas may also interact with the transition conditions, personal, community or workplace and society. Nursing therapeutics may be revealed in the positive (or negative) interactions with other nurses socially and in the workplace. Patterns of response both process and outcome indicators will also be documented and coded.

Yin (2003) refers to this process as “Relying on theoretical propositions” (p.111). He proposes that since the theory drives the research questions and data collection methods, it should also drive the method of analysis. The data were analyzed for congruence with the Middle Range Theory of Transitions. Pattern matching logic will be employed to integrate the case studies and find an overall pattern.

Examining the data for “rival explanations” is also recommended by Yin (2003, p 112). Searching diligently for alternative explanations for the findings in a study will help to provide objectivity in the view of this transition. The data was examined for alternate explanations for the mastery of knowledge, skills and clinical judgment in the early stages of nursing practice.

Significance of the Study

This study provides information for educators, practitioners and graduates of nursing education about the transition from student to beginning practitioner.

In the face of growing concern by educators, employers, and the public about the readiness of graduate nurses to assume an unrestricted nursing practice this study adds to the body of knowledge about this transition from a school environment and a student role into a practice setting and the responsibilities of practice. The experience of entry into practice may prove helpful for educators, employers, and for other students as they approach this transitional period. Gaining understanding of the issues and challenges of this time may help with planning supportive interventions in facilitating this transition.

In addition to practice, this study was of significance to theory. Transitions have been identified as important concepts for nursing research. A number of studies have explored transitions in a variety of groups and situations (Boehmke & Dickerson, 2006; Davidson, Dracup, Phillips, Padilla, & Daly, 2007; Heliker & Scholler-Jaquisth, 2006; Kralik, Visentin, & van Loon, 2006; Meleis, Sawyer, Im, Messias, & Schumacher, 2000; Skarsater & Willman, 2006). These studies have demonstrated the usefulness of transition theory in exploring situational, developmental and health-illness transitions; this study investigated its usefulness with the transition from student to professional nurse.

Research also benefits from the findings of this study. Research into the processes and patterns that students experience in moving from nursing education to nursing practice is lacking. With the changes in licensure that began in 1994 with the advent of computer adaptive testing for the NCLEX exam the pattern of transition into practice was altered. Research into the experiences of students as they enter practice under these altered conditions may help to

clarify the processes that they use to gain the knowledge, skills and clinical judgment needed for practice. The current body of available literature is limited and much of it was completed before 1994. More recent studies have been identified, this study will add to that body of knowledge.

Concern is growing among administrators, regulatory bodies, and educators about the current process of entry into professional practice by graduates of nursing programs. As interest increases in formulating formal transition plans by healthcare institutions and State Boards of Nursing it will be important to have an evidence base with which to make the decisions. This study adds to that base of evidence. The growing shortage of registered nurses across the United States is a multi faceted problem, exploration of the process of entry into practice using the middle range theory of transitions may provide a useful view of what this transition involves.

Summary

In summary, this is a study of the lived experiences of baccalaureate nursing graduates in their transition from student to practicing professional during their first year of practice. In the study, I used Meleis' Middle-range theory of transition (2000) as a lens with which to view this transition.

CHAPTER II

REVIEW OF LITERATURE

In looking at the transition to professional nursing it is necessary to look at both literature on transition and that on the move from student to professional nurse. The middle-range transition theory has been used to describe a number of human experiences. It has been suggested for use with workplace situations, but little evidence of use with the transition to professional nursing has been found. This literature review will look at both the literature related to transition theory and that related to the transition to professional nursing.

Transition Theory

Schumacher and Meleis (1994) describe transitions as “a central concept of nursing” (p. 125). The authors describe a multifaceted theory of transitions that can be applied to many aspects of the human experience. In this theory transitions are described in terms of the nature of transitions, transition conditions, and patterns of response. Nursing therapeutics is an emerging area of study as nurses design strategies to promote healthy adaptation in individuals and groups experiencing transition. Meleis and Trangenstein (1994) argue further that facilitating transitions is a portion of the nursing mission. They see a focus on transitions as a positive move for the nursing profession. One that will shift the focus from event and symptom based nursing interventions to a more

global focus on transition as “both the process and outcome of complex person-environment interactions” (Meleis & Trangenstein, 1994 p. 256).

The nature of transitions is described by Meleis et. al. (2000) as having three components: types, patterns and properties. Within these components the categories are not mutually exclusive. Individuals may experience multiple simultaneous transitions and each individual’s experience will vary due to their own background and circumstances.

Transition Types

Types of transitions are described as developmental, situational, health-illness, or organizational. Developmental transitions occur as a result of movement through the human lifespan. An example of a developmental transition includes the transition of becoming a parent. Schumacher & Meleis (1994) identified eight studies completed on the processes of pregnancy and early parenthood. Other developmental transitions include midlife transitions in women and the experiences of adolescence.

A situational transition is one that occurs as a result of changing circumstances or situations such as the changes that occur in the movement from student to Registered Nurse. Other examples of situational transition include immigration/migration, loss of a spouse and retirement from the workforce. The transition from independent living to a congregate living facility is one example of a situational transition.

Rossen and Knafl (2007) described the transition of elderly women moving into Independent Living Communities (ILC). The authors identified a

need for research into the “relocation transition process and the effect of transition on older women’s health and well-being.” (p. 21). This multi-method study used both quantitative and qualitative methods to study aspects of the transition in living situations for these women. The qualitative and quantitative components were published separately (Rossen & Knafl, 2003; Rossen & Knafl, 2007). The study used a convenience sample consisting of 31 women from one of 12 ILCs. The women were identified as having definite plans to move into one of the selected communities. They were interviewed in their homes up to one month prior to moving and again three to four months after moving.

In the qualitative portion of the study was based on an interview with each subject that was audio taped and transcribed. In this study the living facilities were referred to as Congregate Living Facilities (CLF). Semi-structured interview schedules were used to guide the interviews. The theory was used as a conceptual template to determine the relocation transition patterns for these elderly women. Analysis identified three patterns of adjustment, full integration (45%), partial integration (42%), and minimal integration (13%). These three patterns of transition were described using the components of the theory of Experiencing Transitions. The authors found the theory to be useful in describing the adjustment to relocation and to determine possible factors that enhance the transition.

Rossen and Knafl (2003) mainly used the theory components of properties and conditions to describe this transition. Preparation for the transition was a key component. Whether the transition was perceived as voluntary or involuntary

and preparation for the move was a key component of the transition. The women who described the move as voluntary and who prepared for the move by organizing and packing belongings were more likely to be in the full integration group. Those who perceived the move as forced were or who were unprepared for the move were more likely to be in the partial or minimal integration group. Persistence in relationships also varied across integration patterns.

Patterns of response were documented in the integration patterns with feelings of belonging, a sense of community, and satisfaction with the new home as indicators of mastery of the transition. The authors identified both strengths and weaknesses to the study as well as making suggestions for further research in the area.

The quantitative arm of the study used a one-group pretest-posttest design to explore the transition into an ILC. The researchers used a variety of self-report tools to document “women’s health, self-esteem, and depression, presence of a confidant, social activities, and quality of life before and after moving to an ILC.” (Rossen & Knafl, 2007, p. 194) Responses to the tools were obtained at both meetings with the study participants. Analysis showed that patterns of response correlated with the Relocation Transition Styles identified in the qualitative portion of the study. Significant differences were noted between premove and postmove scores in quality of life, social and economic functioning, and psychologic and/or spiritual functioning. Differences did not reach a level of significance in scores of self-esteem, depression, health and functioning and family relationships. Although this study did not seek to find causal relationships,

the authors found that some indications of risk for partial or minimal integration after relocation can be noted in older women who display low self-esteem, high depressive symptoms and low quality of life indicators. They suggest that this group of women may need more support in adjusting to relocation at this stage in their lives.

The middle range theory of transition proved useful in describing components of the change in living situation for these women transitioning to an Independent Living Community. In exploring this transition the researchers have provided useful information on some of the patterns and properties of the experience. The authors recommend further study with larger and more heterogeneous populations. Further study with longer time spans could also be useful. Three to four months is a relatively short time to adjust to a new living situation, for some women it may take longer to achieve full integration into the life of the community. This study adds to the body of knowledge both in the transition of women into Independent Living Center living and the use of the middle-range theory of transitions.

Health-illness transitions are a common focus of nursing care. A definition of a health-illness transition is any change in the level of wellness that impacts daily life and functioning. These transitions may result from either an acute or chronic change in the level of health. These changes typically affect not only the person experiencing it, but also their network of family and others as care giving activities and changes in function alter the balance of relationships. Examples of health-illness transitions that have been studied using the Middle-range Theory

of Transitions include the diagnosis of congenital heart disease in newborns and infants (Messias, Gilliss, Sparacino, Tong, & Foote, 1995) and the experience of chemotherapy (Schumacher, 1994).

Organizational transitions occur on a different level than the preceding transitions. "Organizational transitions represent transitions in the environment" (Schumacher & Meleis, 1994 p. 121). These changes can be as broad as changes in national leadership or as limited as the integration of a new charge nurse or manager on a nursing unit. No studies were identified that used this framework to study organizational transitions.

Transition Patterns

Patterns of transition are described as single, multiple, sequential, simultaneous, related and unrelated. These patterns refer to the number, timing or relationship of the transitions. Single transitions happen in isolation, while in multiple transitions several occur at the same time. In sequential transitions they may occur in a closely paced timeframe. Simultaneous transitions happen at the same time. For example, pregnancy involves multiple, simultaneous and sequential transitions that are generally related. These transitions include changes in body image and role. In addition the process of becoming a parent brings changes in relationships and dealings with family and friends. These changes continue as the child is born and integrated into the life of the family. For some women, pregnancy maybe associated with wide ranging life changes, for example; changes in housing and decisions about whether or not to marry. In

many of the studies used by Meleis et. al. (2000) to formulate their theory of transitions, the participants experienced at least two simultaneous transitions.

The concept of transitions as a concept of interest to nursing has been studied for the last thirty plus years. Schumacher and Meleis published a literature review in 1994 describing the available work from 1986 to 1992. The review covered aspects of transition as they concern the practice of professional nursing. Transitions are characterized as types, properties and conditions. These features help to describe and define the situations characterized as transitions. Nursing therapeutics are interventions that nurses use to assist clients who are involved in transitions. Indicators of healthy transitions are also described.

In furthering the research Meleis, Sawyer, Im, Messias, and Schumacher (2000) described Experiencing Transitions as a middle range theory. They state “Transitions are both a result of and result in change in lives, health, relationships, and environments” (Meleis, Sawyer, Im, Messias, & Schumacher, 2000), this description covers a wide variety of potential situations that humans experience. This work reports the use of the theory in differing situations to study transitions in individuals and families. The theory was useful in describing the changes that take place in diverse situations including motherhood, menopause, diagnosis of congenital heart disease in a child and transnational migration.

In another study, completed in the United Kingdom, Davies (2005) studied the experiences of relatives of persons placed in nursing homes using the middle-range theory of transitions as a framework. The study used a

combination of interviews and case study methodology to explore this transition and the changes that it brings to the families involved. The participants were recruited from a variety of facilities, information was distributed by the facilities and in other ways and interested family members of residents contacted the researcher. Participation was “negotiated with residents, staff and relatives on an individual basis” (p. 661). Davies used careful methodology to provide rich data for her study, she considered herself as a participant observer and used observation as well as interview to gather her data. She also used member checks to verify the data and her interpretation of it. Davies identified three phases of the transition, “ ‘Making the best of it’: ‘Making the move’ and ‘Making it better’”(p. 663). These phases were defined in terms of five continua of emotions in different areas. These findings were then overlaid on the theory to determine fit and usefulness. Davies found the theory to be useful with some limitations. She found that, “A significant limitation of Meleis’ model for considering transitions to a nursing home setting (and thereby potentially other forms of transition) is the failure to acknowledge the reciprocal inter-relationships between the key stakeholders.” (p.664) She found the nurses and other professionals to be portrayed by the theory as “detached ‘experts’”(p. 664) rather than involved stakeholders. She found in this study that the relationship is more reciprocal and mutual between residents, relatives and staff. Davies’ finds that nursing therapeutics is a reciprocal process that benefits and changes all involved.

Transition Properties and Conditions

These components appear to be defined for each of the transitions studies using this framework. A common definition for each component has not been established. Because each example of transition has its own properties and conditions a common definition may not be appropriate. These components have been identified for the transitions discussed previously it is hoped that this study will help to identify conditions and properties for the transition to professional nursing.

Nursing Therapeutics

Nursing therapeutics are described by the literature describing the middle range theory of transitions. Meleis and Schumacher (1994) described three areas of nursing therapeutics that of; assessment of readiness, preparation for transition, and role supplementation. The authors suggest that assessment of transition is best accomplished by a multidisciplinary team and requires an understanding of the person undergoing the transition. Over time the authors suggest that these “individual profiles” can be combined to identify patterns of the experiences.

The second area of nursing therapeutics, preparation, lends itself to both the academic preparation for nursing and the process of orientation into the work setting. The authors suggest preparation for each of the transition types. Preparation requires time to acquire skills and knowledge to facilitate transition.

Role supplementation is the third area of nursing therapeutics. In this strategy the nurses assist the person (or family) in transition by assisting them in

performing the needed functions of the role while they build knowledge and skill to function independently.

Meleis et. Al. (2000) describe a need for “nursing therapeutics that reflect the diversities and complexities of the transition experiences need to be identified, clarified, developed, tested and evaluated” (p. 27). No further explanation of nursing therapeutics is included in this work. This study will examine the data for areas of nursing therapeutics.

Transition to Professional Nursing

Professions typically have a planned transition from school to practice. Some studies have been completed on this transition in a variety of disciplines. The Carnegie Foundation has commissioned a series of studies on the education of the professions that documents the educational methods and pedagogies used in educating professionals in fields such as medicine, law, engineering, clergy, and nursing.

Benner and Sutphen (2007) in comparing nursing education to education of the clergy discuss the broader requirements of professional rather than technical education. Professional education includes, “In contrast to technical professionalism, civic professionalism demonstrates a broader view of rationality that includes the heart and the mind. The particular and the universal, and demands that practitioners be able to interpret their actions and put them in context.” (Benner & Sutphen, 2007, p. 105). This concept of professional education for civic professionalism utilizes “three high-level apprenticeships,” cognitive and conceptual, skill-based, and moral and ethical. These

apprenticeships are necessary to form practitioners who can practice in creative, individualized ways that are appropriate for unstable and changing situations. In drawing parallels between the practice of the clergy and nursing Benner and Sutphen (2007) state “Situated, discerning action in the world requires this broader version of rationality, relationship. Understanding, and interpretation” (p. 108).

In an Australian study, Axford (2005), compared three groups of students in their last year of professional education. Three focus groups were interviewed, one each of education, engineering and nursing students. Each group had completed the practical experience component for their baccalaureate degree. Axford used a combination of open-ended questions and vignettes to elicit the experiences and attitudes of the students involved. They found some commonalities among the groups as well as some differences. In common, each of the groups experienced things that they found confronting in physical, psychological, and emotional ways during their practical experiences. The practicalities of the workplace at times conflicted with the students’ views of themselves and their chosen professions. This was a small study with limited interaction with the participants. Axford acknowledges that as a limitation, but goes on to recommend that educators be more attentive to “explicit attention to the ethical, social, and historical, understanding of their own profession” (Axford, 2005, p. 103).

These studies show that different professions have common challenges in entry to practice. Relatively few studies were found highlighting either the

transition of students into professions such as teaching, engineering, and the clergy or across various professions. In contrast, many studies are available on aspects of the transition from nursing student to nursing profession.

Historical Transition to Nursing Practice

Transition to professional nursing practice has been a topic of study for at least 40 years. During that time the legal and practical aspects of have changed dramatically. A sampling of these studies will be reviewed to highlight why research is still needed in this area.

In 1974, Kramer published the results of a study that is widely quoted in nursing literature. It coined a new phase in the jargon of nursing, that of “Reality Shock” (also the name of the publication). Kramer’s work struck a cord with new graduates and those employing them. Kramer used a combination of quantitative and qualitative methods to study the experiences of a sample of a class of graduates from a baccalaureate-nursing program over a period of three years. The graduates were tracked longitudinally to determine employment patterns and changes in their level of skill and job satisfaction. From this Kramer formulated a theory of a progression from student to practitioner. This theory included a series of phases, the Honeymoon Phase, Shock and Rejection, Rejection of Self and the Recovery Phase.

Successful transition through this passage ends in a practitioner who is termed as “bicultural.” The term bicultural refers to maintaining the professional ideals taught in school and espoused by the profession at large, while dealing effectively with the day-to-day realities of the workplace. Difficulty with transition

is manifested by actions such as frequent job changes, early return to academia (graduate school) and leaving the practice of nursing.

Kramer's initial sample showed that 46% of the members left their initial employment within 3 months of graduation. In the succeeding years the graduates participated in an "Anticipatory Socialization" program instituted in the nursing education program designed to ease the adjustment. In those classes (1969 & 1970) the attrition rate in the first three months was approximately eleven percent and five percent respectively. These outcomes are thought to reflect improved adjustment and ability to resolve the conflicts between the ideal and the real worlds.

This longitudinal study made an impact on the view of nurses transitioning from nursing school to professional practice. It is amazing that this impact comes from one study with a total of 157 participants. Kramer recommended further study especially related to the "recovery phase." Little additional research has been identified using her model of transition to practice. This model helped to document some of the problems and dilemma that nurses faced entering practice in the late 1960's, Kramer was concerned about the impact on healthcare that this transition brings. Primarily she was concerned that in the struggle to adapt to the workplace new nurses would find themselves unable and unwilling to promote the changes needed in patient care and in the overall system of healthcare. That concern continues in 2009.

Benner (1984) published the results of a series of studies using qualitative research to document the progression in skill-building and clinical judgment in

nursing. She adapted the Dreyfus Model of skills Acquisition to the development of nursing expertise. This model was first developed to study the development of chess players and airplane pilots, Benner uses it to describe the progress of nurses from novice through expert and uses exemplars from practice to illustrate the thinking patterns and decision making of nurses at each stage.

In Benner's work most graduate nurses are thought to enter practice as "Advanced Beginners." Advanced Beginners have specific needs for support and limitations to their ability to perform effectively in a clinical setting. While they have some experience, mostly through clinical practicum in their nursing education, they are not yet able to perceive and integrate all of the patients needs without substantial support and assistance from fellow staff members. The process of skills acquisition that Benner describes in her model dictates a process of guided practice over a period of time with support and guidance from more experienced staff. This model has been used for a number of years to describe entry into nursing practice. In using extensive interviews and fieldwork with all levels of nurses Benner and her colleagues have helped to show how new, and experienced nurses perceive situations and the decision making process they use to determine the necessary actions to care for patients.

Use of these models to study and describe entry into professional nursing practice has continued even as the legal and regulatory aspects have changed. Until 1994, nurses practiced under the title of "graduate nurse" until they had been tested and licensed, usually a period of four to six months. During this time their practice was supervised by other fully licensed Registered Nurses, this

mandated some support and oversight of their work. In 1994 the licensing exam, the NCLEX-RN® changed to a computer adaptive format. The exam is now individually scheduled and may be taken as soon as two to four weeks after graduating. The results of the exam, and full licensure if successful are available within a few days after testing. How has this change affected the transition for current graduates of baccalaureate nursing education?

Recent Studies

Concern about the transition to professional practice is evident in the literature both in the United States and Worldwide. A number of studies have documented the experience of new nursing graduates and recommendations and programs to support them. Because of differences in both educational and healthcare systems, international studies will be reviewed separately from those done in the United States.

Hofler (2008) completed *Nursing Education and Transition the Work Environment: A Synthesis of National Reports*. Thirty-five reports from national bodies were analyzed and synthesized to determine common recommendations. The inclusion criteria for this synthesis included:

- Was published by a national professional organization.
- Included recommendations about nursing education and the transition of nurses to the work environment.
- Did not focus primarily on regulatory matters
- Was published between 1995 and April 2005. (Hofler, 2008, p. 6)

Fifty-one percent (18) of the reports had recommendations related to transition to the work environment. Hofler's synthesis of the recommendations made several recommendations. They included formal internships and residencies; development of clear career paths; core competencies and standards for professional practice; and financial and operational support of ongoing education (p.11). This synthesis highlights the overall concern about the transition of nursing graduates into the profession; other individual studies also document the experience of graduates and the concerns of employers, educators about this transition.

Studies have been completed with the goal of determining factors that enhance or decrease satisfaction in the Registered Nurse population. Kovner, Brewer, Wu, Cheng, and Suzuki, 2006 used a large survey design to look at work satisfaction in Registered Nurses in 40 metropolitan areas. The study correlated a variety of demographic, personal and attitudinal characteristics with work satisfaction. The authors state that, "More than 40% of the variance in work satisfaction was explained by the various attitude scales. High autonomy, high distributive justice, high group cohesion, high promotional opportunities, high supervisor support, high variety of work, low work-to-family conflict, and low organizational constraint, significantly contributed to satisfaction." (Kovner et. al., 2006, p. 74) In this large sample (1,538) the mean years of experience in nursing was 18.8 years with a standard deviation of 11.1 years. This study did not include intention to stay in the current position or to leave as part of the survey. The study provides useful information for administrators and policy makers as

they try to solve issues of shortage in the supply of Registered Nurses. Kovner, Brewer, Fairchild, Poornima, Kim and Djukic, 2007 used quantitative techniques to look at factors related to newly licensed Registered Nurses. This sample included a random sample of nurses in practice for 18 months or less in 35 states and the District of Columbia. The goal of this was to describe the sample in four areas: individual characteristics, work setting, attitudes toward work and personal life, and perceptions of job opportunities in other organizations in the local and other geographic areas. They excluded data from questionnaires that could not be confirmed as new nurse practitioners and those who were no longer engaged in the practice of nursing. The study finds that 13% had changed jobs and 37% felt ready to change jobs. This report is lower than most reports cite. Delany (2003) reports 35-60% and Casey, Fink, Krugman, and Propst (2004) estimate 55-61% turnover of new graduates within the first year. The study finds that new nurses are “generally pleased with their workgroups but felt only moderate support from supervisors” (Kovner et al., 2007, p. 58). A high number of these nurses reported workplace injuries including needlesticks, strains, sprains cuts, lacerations, bruises and contusions. Sixty-two percent reported verbal abuse. Twenty-five percent also reported serious supply problems that interfered with doing their jobs. These results are surprising in light of the job satisfaction scores. As part of the analysis the researchers compared their sample with the sample obtained in the 2004 National Council of State Boards of Nursing (NCSBN) sample of newly registered nurses. The demographic characteristics of the two samples were similar, providing evidence that this is a representative

sample of the new graduate population in the United States. Kovner et. al. plan to continue monitoring this cohort for an additional two years to determine their career trajectories. They further recommend that investing in new graduates through orientation and support early in their careers may help to keep them practicing in acute care. They conclude that the goal of reducing or eliminating turnover in new graduates may be unrealistic or undesirable; a more appropriate goal may be to keep them in acute care, but not at a particular facility.

Crow, Smith, and Hartman (2005) used data from the National Survey of College Graduates (NSCG) in an effort to look retrospectively at the career tracks of nursing graduates identified in the 1993 survey. The college graduates used for the survey were identified by the 1990 census. It is not clear when these subjects graduated, only that they held a minimum of a bachelor's degree and were less than 75 years old at the time of the survey. The 2899 nursing graduates were a subset of the 148,932 college graduates surveyed. The results showed several significant findings. The first was high attrition from active employment. At the time of the 1993 survey, 39.2% of these nurses were not working in nursing. Another was a relatively high rate of part-time employment, 20.8%. In addition high rates of job mobility were reported with only 44.9 % of active nurses reporting the same employer in 1988 and 1993. The authors suggest several areas for further research including employment conditions, whether part-time work is seen as an advantage or a disadvantage, if the attrition is temporary or permanent. For action areas the authors suggest a focus on initial job placement and how personality and preference interact with job

satisfaction. In addition, ways to keep in touch with nurses that have left the field and methods to attract them back into nursing are suggested as an area of study.

These studies help to illustrate the dimensions of the issues with transition to practice. Nursing and healthcare have made progress with increasing the numbers of nursing graduates in the interest of expanding the pool of nurses and averting a growing nursing shortage. However if a high percentage of these nurses move out of the field in a relatively short period of time this strategy will not be effective.

Preparation for Graduation

Portions of the studies that deal with transition to nursing practice concentrate on preparation that is completed before graduation from the nursing program. Programs have instituted a variety of programs, sometimes in conjugation with employing agencies to complete preparation for graduation and beginning practice. Wieland (2007) reported on the use of “preceptored, pregraduation practicums” in preparing students for graduation. Qualitative methods were used to gather data from the students, their preceptors and faculty supervisors during the precepted experience. The students were assigned to journal daily about their experiences during the practicum. Preceptors also provided written information about the performance and skill development of the students. Analysis found that students found the experience valuable, although taxing. Preceptors found that students improved greatly in performance and confidence from the beginning to the end of the experience. Recommendations for improvement in the program were formulated. Wieland recommended that a

national survey of programs be planned to study the structure, length, and placement of precepted experiences in preparation for graduation.

In an alternate strategy Starr and Conley (2006) evaluated a Nurse Extern Program designed to offer experience and socialization into the role of a registered nurse. In their literature review the authors found that previous studies focused on Nurse Extern Programs in relation to recruitment and retention of graduate nurses. These authors chose to focus on the experiences of the nurse externs in a “program focused on enhancing their learning rather than providing an “extra set of hands” and socialization to the RN role” (p. 87).

The program began in the summer between the first and second year and continued (on a limited basis) through graduation of an Associate Degree Nursing Program. This qualitative research used interviews of program participants to document these experiences. The sample was 10 students participating in a summer program at a single facility. Themes identified included; growing, learning to be a registered nurse, and becoming a member of the healthcare team. The perceived benefits for the students extended through the final academic year. Although challenges and areas for improvement were identified this program was evaluated as successful in building skills and promoting socialization in preparation for the RN role. Information from these same subjects about their transition to practice after graduation would be helpful in revealing long term results of this program.

A third approach to nursing education is an innovation in nursing education. In this model, the Nurse Residency Model, the University of Delaware

School of Nursing made radical changes to their curriculum model (Diefenbeck, Plowfield, and Herrman, 2006). In the Nurse Residency Model the students spend the first three years in mainly didactic and laboratory experiences. Students are required to have 80 hours per semester of “work experience” in their junior year in a healthcare setting. In the fourth, the senior year they experience clinical immersion, intensive clinical experiences of three days a week in six areas followed by a precepted capstone experience. The clinical experiences are augmented with “clinical immersion seminars,”(p. 74) but no formal didactic classes. This model is meant to enhance socialization, improve transition to practice and increase student accountability. This program was still in the implementation phase at the time of publication of the article. Evaluation is still outstanding; no further results have been published.

Transition Experiences after Graduation

Transition to practice has been studied from a variety of perspectives; the viewpoints of students are featured in a number of studies. These studies, using different timeframes and methodologies show aspects of the transition experience. Each study helps to frame the transition experience and to identify areas that still need study.

Delaney (2003) used phenomenological techniques to determine the experiences of graduates during the orientation phase of employment. Delaney defined this period of orientation as the first 12 weeks of employment after graduation. The sample was drawn from a group of graduates who started work in a single institution during the study period. Ten of a possible 18 participants

were recruited and agreed to participate. The hospital used an orientation program that was based on a “caring framework.” (Delaney, 2003, p. 439) Interviews were used to gather data and demographic data was also gathered. Delaney was careful to identify assumptions previous to beginning the interview process and to use bracketing as part of her preparation for the study. Ten themes were identified from the data. The included; mixed emotions, preceptor variability, welcome to the real world, stressed and overwhelmed, learning the system and culture shock, not ready for dying and death, dancing to their own rhythms, stepping back to see the view, the power of nursing, and ready to fly solo. In many ways these identified themes are similar to Kramer’s (1974) identified phases. The last them, that of ready to fly solo, found expressions of readiness to assume a more independent role and to end the period of orientation. Delaney (2003) recommends that nursing educators and those who employ new graduates use the information to help prepare the graduates and to strengthen the orientation process. She also offers the information to new graduates for use in understanding and preparing for the transition into practice.

Development of clinical judgment was the focus of research by Etheridge (2007). This was also a qualitative study that used semi-structured interviews to determine the progression of new graduates in learning clinical judgment. Etheridge interviewed a group of new baccalaureate graduates working in Medical-surgical units of acute care hospitals. She interviewed the graduates on three different occasions, within one month of finishing a precepted experience, two to three months later, and eight to nine months after the first interview.

Etheridge found that the concept of “thinking like a nurse” (p. 25) resonated better with her study participants than “learning clinical judgment.” “The data analysis suggested these participants saw the transition from being a student nurse to working as a staff nurse as a time when they learn to think like a nurse.” (Etheridge, 2007, p.25) Some of the components of this transition in thinking included developing confidence in their ability to gather patient data, make appropriate judgments from that data, and then act in appropriate ways. By the third interview the participants were much more confident in their ability to make these judgments. These new nurses were also surprised, and overwhelmed, by the responsibility assumed by nurses for decisions in patient care. They expected physician to be more directly responsible for the care of patients.

Relationships were also noted as an area for growth. Important others were defined as the people that the graduates went to for help, first preceptors, then experienced nurses, and then peers or colleagues. The graduates identified people in the unit that they felt comfortable working with and asking questions of. As they gained confidence in their own judgments it became less important to have answers for everything. It was acceptable not to know and to need to find out.

The final theme found by Etheridge is termed “thinking critically” (p. 27). This is demonstrated as a continual examination of the external and internal processes that go into planning and accomplishing patient care. It is both an individual and a collaborative process. It is something that nurses become more comfortable with as they gain experience and expertise. This would equate to

Benner's Skills Acquisition model in the movement from advanced beginner to competent and then to proficient and expert. In Meleis' theory of transition the development of clinical judgment and critical thinking would equate to gaining mastery and integrating the role of the nurse (thinking like a nurse) into a fluid integrative identity.

One of the outcomes of Etheridge's research is a commentary on how this group of graduates learned. The best learning came from being supported in doing patient care and making decisions. Observing while the preceptor cared for patients was not seen as helpful. Talking through decision-making processes with faculty and preceptors was also helpful. Sharing the experiences of peers was also helpful in broadening the experience of the group. These are useful insights for both nursing educators and those in the service sector who plan orientation experiences for new graduates.

Programs for New Graduates

Several institutions have reported on programs designed to enhance the transition of new graduates into the workplace. The need for these programs has been identified in a number of ways. The NCSBN (2006) in a report from the NCSBN Practice, Regulation and Education Committee worked with their Research Department to survey new nurses and address transition issues (Smith & Crawford, 2004). Wide variation in transition experience was noted. New RNs who go to work in hospitals were the most likely to have an internship experience (81%). Of those who started practice in non-hospital settings such as ambulatory or long term care 31% reported an internship experience. Baccalaureate

graduates were more likely than Associate Degree graduates to report an internship. (NCSBN, 2006a) This report concluded that programs to aid new nurses in transitioning into the workforce were important to new nurses, healthcare facilities and for patient safety.

The NCSBN Report (2006a) specifically recommends that these programs be constructed to provide; a consistent mentor, and that the new nurse work the same schedule as the mentor; a combination of core/general knowledge and specialty knowledge transmission; and that efforts at prelicensure preparation be combined with post-graduation programs for best results. A consistent primary preceptor enhanced competence in practice and retention for new RNs. The study found that support also reduced stress, and the least competent, and most stressed nurses made more errors in practice. (NCSBN, 2006a, p.7)

The Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) has expressed concern about the amount and quality of training that new nurse graduates receive when entering the workforce. They have joined the NCSBN and the AACN (American Association of Colleges of Nursing) in calling for a more standardized approach to transition to practice for graduate nurses. The AACN and University HealthSystem Consortium (UHC) have collaborated to develop a framework for structure, content and evaluation procedures in a standardized residency program for new graduates. (CCNE, 2008). Early evaluations cite a 94.3% retention rate for new graduates who participate in this Residency program.

Scott, Engelke, and Swanson (2008) published a study that was a secondary analysis of data from a larger study by the North Carolina Center for Nursing. That study used stratified random sampling to survey newly licensed nurses in North Carolina. This study was a secondary analysis the data from 329 of the subjects of that study. Scott, Engelke, and Swanson (2008) used a variety of statistical methods to correlate variables with outcomes of job satisfaction, career satisfaction, intention to remain in their current job for three years or more, and intention to remain in nursing for three years or more. They then used these outcomes to test the ability of their conceptual framework to predict satisfaction as well as intention to remain in current employment and in nursing. Scott, Engelke, and Swanson (2008) find that their study supports the use of supportive programs for new nursing graduates that integrate them into the workplace and the profession. Structured programs that support the development of “competence and confidence” (p. 82) and place new graduates in well-staffed units appear to be supported by this study. These authors encourage further study in the area of transition to practice.

Other institutions have reported evaluations of programs they formulated to help to transition new graduates into their workforce. These programs feature different organizational aspects, but those who publish reports have shown decreased turnover, increased satisfaction, and a favorable cost-benefit ratio.

Faron and Poeltler (2007) report success with a program that features both formal education and mentors for graduate nurses. This program is initiated after the formal period of orientation at the hospital. The activities of both mentor

and mentees are paid time, and are scheduled as part of the workload. Program evaluation has shown a decrease in turnover by new graduate nurses from 20% in 2003-04 to seven percent in 2004-05. Cost savings to the hospital in replacing turnover, were calculated at \$328,800, after all expenses were deducted.

Gavlak (2007) reported on a program that uses a centralized program to initiate new nurses. The program features two weeks of classroom/lab preparation designed to increase skills and confidence in graduate nurses. The formal orientation program is followed by 10-12 weeks of unit-based orientation. A mentorship program is a component of the program that is not mandatory, but is highly recommended. The case study presented for a large hospital showed an improvement rate in retention of new graduates. The authors comment that it is perceived as a “win-win” outcome for both the hospital and the graduate nurses. (p. 30)

A similar internship program has been instituted at Children’s Memorial Hospital in Chicago. Halfer (2007) reports that their program has reduced turnover by newly graduated nurses from 29.5% in 2002 to 12.3% since the program was implemented in 2003. Halfer reports a program similar in structure to the one described by Gavlak (2007). One different feature is the inclusion of both a clinical preceptor and a mentor. A series of preceptors work with the graduate on the unit beginning with basic, group orientation by the unit educator, continuing with a less experienced preceptor to learn and practice basic competencies, and finally with an experienced preceptor to focus on developing clinical judgment skills (Halfer, 2007, p. 9).

In this program the mentor is designated as an experienced nurse who does not work directly with the graduate. The graduate nurse chooses a mentor from a list provided by the internship coordinators. The list provides information about the mentors' areas of expertise. The role that the mentor plays is; "Mentors provide a listening ear, an objective voice, and valuable insights for balancing work/life priorities" (Halfer, 2007, p. 8). This appears to be a well-organized and effective program. Halfer (2007) reports that it is an effective recruiting strategy as well as a retention tool. In 2005 the hospital had multiple applications for each available internship position, this has allowed them to be selective in hiring and to avoid expensive recruitment policies such as sign on bonuses.

Newhouse, Hoffman, Sufita, and Hairston (2007) used a quasi-experimental design to study the results of a program for graduate nurses at Johns Hopkins Hospital. The SPRING (Social and Professional Reality Integration for Nurse Graduates) program was partially implemented in 2002. Graduate nurses who participated in the program were compared with a group who did not participate. A variety of quantitative tools were used to collect data about the graduates' integration into the hospital and their intentions to stay or leave at baseline, six and twelve months. The surveys were administered anonymously, and in the end that was found to be a limitation. The SPRING group had significantly better retention at 12 months, but similar rates at 18 and 24 months. The authors suggest this may indicate that the program should be

extended in length. Other variables such as organizational commitment, anticipated turnover and sense of belonging did not show significant differences.

Newhouse et. al. identified several limitations in this research. The surveys were collected anonymously; although this was done to protect the identity of the subjects it prevented the identification of extraneous variables such as unit assignment or personal characteristics, which may have affected the results. Although the authors found that the results supported the effectiveness of the program, additional studies focusing on the retention of new nurses were recommended.

International Perspectives

Concern about transition to practice extends beyond the United States. Studies in Australia, Canada, and England have explored the transition into professional nursing in those countries. Many of the concerns expressed are similar to those in the United States. Differences in educational systems and healthcare systems limit the ability to fully generalize or transfer these studies to populations in the United States. Gerrish (2000) identified some of the same concerns in English graduate nurses as others have found in graduates from the United States. In a qualitative study she compared the transition of graduates in 1985 to those who graduated in 1998. She also highlighted the changes in education that these graduates have experienced. In general the 1998 graduates expressed that they found more support than the earlier graduates. The stressors that they reported included, individual accountability, managerial responsibilities, inadequate clinical skills, difficulty with clinical decision-making

and caring for dying patients. These are similar to the findings of Etheridge (2007) in the United States. Duchscher (2008) studied newly graduated nurses in a grounded theory study. The theory formed is one that documents stages of transition as doing, being and knowing as a description of the first year of practice in Canada. She considers this both a “personal and a professional journey” (p. 449). The transition she describes a situation in which most of the graduate nurses are working in “temporary part-time or casual positions, but were working full-time hours.” And were working under the “probationary title graduate nurse” (p. 444) before taking their licensing exam. While this pattern is different from the transition reported by most graduate nurses in the United States, many of the issues and stress reported are similar in nature. Testing of this theory with graduate nurses in the United States may prove useful.

McKenna and Newton (2008) used phenomenology to explore knowledge and skill development over the first 18 months after graduation. Themes developed using focus groups included a sense of belonging, independence, and moving on. The descriptions of these themes document the changes in the working and thinking patterns of these graduates.

These studies document some of the concerns of and about the transition from nursing student to professional nurse both in the United States and abroad. Studies also support the effectiveness of programs designed to increase the retention rates of graduate nurses in the early portion of their practice. Further study into the experiences of the graduates as they transition into the workforce

will be helpful in documenting how these programs impact the experience of these nurses.

In this chapter I have reviewed literature related to the middle range theory of transition and the transition from student to practicing professional. The literature detailing studies using the middle range theory of transition as a framework include a wide variety of situations and populations. Each of these studies shows the usefulness of the theory in exploring the transitions that humans face in a variety of situations. In using the middle range theory of transitions to explore the transition from student to practicing professional I have extended its usefulness to this group and the transition they face.

In addition I have reviewed literature that describes the transition from student to professional from a variety of points of view. This literature comes from a variety of sources; reports from agencies such as HRSA and NCSBN have been used to provide a description of the overall issue of transition to practice. In addition studies have been reviewed that view the transition from a recent, historical, and international perspective. Programs designed to support graduates during this transition have been reviewed. This helps to provide background and context for the current study.

CHAPTER III

METHODOLOGY

The purpose of this study was to explore and document the experiences of baccalaureate nursing graduates as they moved from a student role to that of a practicing professional. Because the stories of these graduates are individual, they are examined as individual case studies. The case studies are then examined for common patterns and comparable experiences. This chapter explains the sampling procedures, the procedures used to gather data, and the data analysis plan.

Study Sample

Participants were selected from a group of students who graduated from basic nursing education at the baccalaureate level in May of 2007. These graduates were selected initially on the basis of willingness to participate. As the study unfolded attempts were made to broaden the sample by including participants with different job histories. This included both the type of unit and the institution in which they began practice. The goal of sampling was to continue the interviews until sufficient cases were explored to provide a variety of transition experiences. A total of seven graduates were interviewed about their transition experiences.

Graduates were recruited for the study using e-mail. The e-mails were sent to a list of graduates who were graduates of a local baccalaureate program in which I teach. A general invitation was issued to participate in the study with contact information from the researcher and a brief description of what was required. Graduates contacted me if they were interested in being interviewed. Some word-of-mouth contact also took place, participants invited peers to participate as well. After the first four graduate interviews I realized that three of the participants began practice in an Intensive Care setting, at this point I began to intentionally recruit participants who began practice in other settings. This was in order to provide more contrast in the cases. Yin (2003) refers to this type of case selection as theoretical replication of cases that of trying to find contrast for predictable reasons (p. 47). In all the participants were willing and in some cases eager to tell their stories. The recruitment of graduates began in late August of 2008 and continued until late November of the same year. The interviews with graduates were completed during that time.

Participant Profiles

Seven graduates of Spring 2007 comprised the sample of graduate nurses interviewed. All were female and ranged in age from 23 to 45. Three were single, three were married and one was engaged and planning to be married in May of 2009. None of the participants had biological children, although one had stepchildren that she had been helping to parent. Race/ethnicity was varied, four reported Caucasian or white as their race, two reported a mix of Native American and Caucasian, and one was African, from

Kenya. A wide variety of previous education was also reported. Three participants had previous Bachelors Degrees, in Accounting, Business and Criminal Justice. Three others had Associates Degrees from community colleges; the remaining participant had prerequisite hours from a community college, but did not report a degree.

All of the participants began practice in large medical centers providing a wide range of services. Four began practice in Intensive Care Units, and one each in Mother-Baby Care, Pediatrics & Medical-Surgical, and Intermediate Care. Five are still in their initial job setting; two of the participants have each had three jobs during this time period. Specific information is reported with the case study findings for each participant.

To provide other points of view of the transition experience, other participants were also recruited. Two nursing educators were interviewed to elicit the views of nursing faculty who work with students as they prepare for graduation. Each of these educators had many years of educational as well as clinical experience. Their information and insights were valuable in providing some of the context of a nursing student as they finish their academic program and move into the workplace. For the study these nurses are designated Academic Educators.

In addition three nursing personnel who work with graduate nurses at the beginning of their acute care careers were interviewed to find the challenges for them from an employer/supervisors point of view. Each of these nurses deals with the graduates in the pre-employment process and as they begin

employment. They are in contact with the direct supervisors and managers of the new nurses and have insights into their progress in the transition. These nurses have been designated Hospital Educators for the study.

In interviewing three groups with varied points of view the rigor of the study is increased. The academic and hospital educators have experienced the transition that these graduates are now experiencing. This gives them a context for the conversation beyond their experience with the graduates. The transition experienced by the educators may have had many different features, but it still had common features as well.

Data Collection

In all 12 individuals were interviewed. Two combined interviews are included. Two of the graduates chose to be interviewed during the same time period. Each was interviewed singly, and then they were interviewed together. This was an extension of the interview that provided additional information. These two participants were very close during their nursing education and I thought it appropriate to continue their interviews together. In addition two of hospital personnel preferred to be interviewed together. They work in a large hospital system and have the same job in different facilities. Again this was a departure from my original research plan, I originally asked Haley to participate, she asked if Hope could be included because they worked so closely together.

The interview sites and times were individually negotiated with each participant. I specified that the interviews should take place in a setting in which the participant felt comfortable. The setting for each interview will be specified in

the reporting of that interview. In planning the study, I expected that participants, especially graduates would prefer to meet at their homes or workplaces.

However most chose to meet at my office. In reflection, this is not surprising. These graduates were familiar with the building and used to spending a great deal of time there. For them it seemed to be a return to a comfortable and familiar setting. I did specify in making the arrangements that I preferred not to meet in a public setting such as a restaurant because of issues of confidentiality as well as difficulty audio-taping in a noisy place.

Interviews were scheduled at a time convenient for both participant and researcher. The times were negotiated around the participants work and sleep schedules. Several of the graduates work the night shift and so we scheduled either early mornings or late afternoons so their sleep would not be disturbed.

Each interview was audio taped for later transcription. Because of fear of data loss, two types of recording were used for each interview. A Califone cassette tape recorder with an external microphone was used along with a Sony digital recorder. Although at times this seemed (to me) to be excessive or compulsive, each recorder at one point in the interviews failed. It was fortunate that a back up was available. The recording did not seem to be a barrier to communication. I was initially concerned that this might be an inhibiting factor in the interview process, but it did not seem to be. The participants understood the reason for taping and seemed comfortable with the process. The interviews ranged in length from 30 minutes to an hour and 45 minutes. All of the participants were generous in relaying their experiences and feelings during this

time. Taping the interviews allowed me, as the researcher to participate fully in the conversation with minimal attention to note taking and other mechanics of the interview.

New Nurse Interviews

The graduate interviews began with a collection of demographics. This was followed by a grand tour question and a semi-structured set of follow-up questions to guide the conversation. Follow-up questions and probes were used to elicit a full range of the experiences, thoughts and feelings of these new nurses. The general interview schedule used for the graduates is listed below:

Opening Question - Can you share with me what has happened in your life since graduating from nursing school?

Follow-up Questions:

- What can you tell me about the process you used for choosing your first nursing job?
- What did you expect your job to be like?
- Can you describe the environment you work in?
- What were your feelings about your job in the early months?
- How have those feelings changed over the last year?
- Overall how have you felt physically since graduating?
- Will you describe how you have felt emotionally since graduating?
- What meaning does the phase “becoming a nurse” have for you?
- Looking forward, what are your plans for the next year?

- Is there additional information you believe would help me understand your transition from student to professional?

An additional question was added for the later interviews and provided good information from most participants. That question was simply: Can you tell me about a difficult patient that you have cared for? In most interviews this helped to bring out experiences of both pride and uncertainty in the graduates.

Hospital Educator Interviews

The interview schedules for the nursing educators and hospital nurses were modified to meet the needs and point of view of those persons. The following interview schedule was used for the Hospital Educators:

- What is the title of your position?
- In your job how do you interact with new graduate nurses?
- What methods do you (or your facility) use to evaluate the readiness of graduate nurses to assume job responsibilities?
- Will you speak about any issues that you find in the transition from graduate to registered nurse?
- Will you tell me about methods you use evaluate the progress a new nurse is making towards competency in practice?
- How about independence?
- How are new nurses (especially inexperienced ones) supported as they come to work in your facility?
- If there are problems with transition (or adjustment) what steps are taken?

- Are there critical points or time periods in the transition?
- Is there additional information you believe would help me understand the transition from student to professional?

Academic Educator Interviews

In addition questions asked of the Academic Educators were designed to elicit discussion of the assessment and preparation of nursing students for graduation from a baccalaureate nursing program. They included:

- What is the title of your position?
- In what ways do you interact with students preparing for graduation?
- What methods do you use to evaluate the readiness of students to graduate (formal and informal)?
- Will you speak about any issues that you find in the transition from graduate to registered nurse?
- Are there ways to evaluate (or predict) how a student will make the transition from student to nurse?
- What kinds of problems to you see (or hear about) in the transition from student to nurse?
- Are there critical points or time periods in the transition from student to Registered Nurse?
- Is there additional information you believe would help me understand the transition from student to professional?

Data Preparation

After each interview the tapes were labeled with a coded label and date to protect confidentiality of information. A typist professionally transcribed the interviews. After transcription I reviewed the transcripts while listening to the tapes to verify accuracy and correct any misinterpretations. This served as a reminder of the interview content and pace as well as verifying the data. The results of the interviews will be discussed in the following chapter.

Ethical Considerations

Permission for this study was granted from the Institutional Review Board of Oklahoma State University (included in Appendix C). Informed consent was given by each of the participants before the interviews. The names of all participants, co-workers and healthcare institutions were disguised in the reporting of data.

All information, audiotapes, and transcripts have been kept secured in a locked cabinet in my home. A professional typist did original transcription of the audiotapes. She had access to the tapes only during transcription. Each tape was labeled with fictitious name and the date of the interview. The tapes and all transcripts were returned after the transcription.

All study artifacts; both paper and electronic will be destroyed two years after the conclusion of the study. In the meantime these records are secured in a locked cabinet my home. Access to the materials has been limited to my advisor and me during that time.

Summary

This study was designed to explore and document the experiences of graduates of a baccalaureate nursing program in their first year of practice as a registered nurse. Multiple case study methodology was used to provide a picture of these experiences. Additional information from hospital educators and academic educators was obtained to provide additional views of the transition. The findings will be reported in Chapter Four.

CHAPTER IV

DATA PRESENTATION

Reports of the interviews with the graduates comprise most of the findings of this study. These are the stories of the first year in practice for these seven Registered Nurses. In addition information is provided about the programs that healthcare institutions have designed to integrate these graduates into their workforces. Interviews with the managers of those programs, hospital educators, will be presented to provide additional information about the process of transition.

Interviews with academic nurse educators provide information about how students are prepared for graduation and the evaluation of their readiness to assume the responsibility of practice. Both the formal and informal methods of assessment are explored.

The information about the programs for newly graduated nurses are presented first, followed by the interviews with the academic educators, then the hospital educators. Finally the case reports of interviews with the newly graduated nurses are presented.

New Graduate/ Nurse Residency programs

Each of the facilities that these graduate nurses chose to work at has a program designed to integrate new nurses into the work place. Each program

varies in length, organization and content. Each of these programs will be described in order to assist with understanding the structure of these new nurses jobs. It will then be indicated within the case studies which of the institutions each participant worked at. The names of the institutions are blinded in order to enhance confidentiality. Each of these centers employ a large number of registered nurses and is well respected in the healthcare community.

Very Large Medical System (VLMS)

Very Large Medical System is a multisite health system with a wide variety of sites and services both inpatient and outpatient. This system has active scholarship and recruiting programs, including an externship program that provides summer employment and mentoring for nursing students between their junior and senior years. This system recruits and employs a large number of newly graduated nurses.

This medical system has a nurse residency program for graduate nurses. The Nurse Residency Program is organized through a Central Education Department, which is also charged with other student programs including student placement and recruiting.

The program begins with large group classes including an NCLEX-RN® review course and a variety of skills lab and orientation classes. This phase lasts for the first few weeks. After this the new graduate goes to the unit they are assigned to.

Each new nurse is assigned a preceptor to work with during the initial period. The program is designed to have each graduate work intensively with

one or two experienced nurses. This phase lasts for 10 to 12 weeks with the goal of gradually shifting responsibility for the patient care assignment from the preceptor to the graduate nurse. At the end of this period the new graduate should be functioning independently with some support from the preceptor.

During the third or fourth months a series of monthly seminars begins that are encouraged, but not mandated for the graduate nurses. The purpose of these seminars is two fold. Educational content related to different body systems and disease conditions is covered in a lecture/discussion format. In addition the graduates are encouraged to share experiences and support each other. These seminars continue throughout the first year of employment.

Second Large Medical Center (SLMC)

This Medical Center has a large single inpatient site and a number of outpatient clinic sites. This facility also has a nurse externship program and a scholarship program. They actively and selectively recruit newly graduated nurses.

This Medical Center offers an internship program for graduate nurses with an Associate Degree in Nursing and a Residency Program for those with a Bachelors Degree. These positions are offered in most of the inpatient areas. The internship program is two to six months in length depending on the type of unit. The Nurse Residency program offers extended support for the first year. All include classroom content, skills labs and one on one work with an assigned preceptor. An NCLEX-RN® review course is also included in the experience.

The Residency Program for Baccalaureate graduates uses nursing instructors as program facilitators.

Intercity Medical Center (IMC)

Intercity Medical Center is a large academic medical center that includes both inpatient and outpatient care. It serves a large number of underserved populations and clients. Most of the clinic and outpatient functions are located in close proximity to the large inpatient facility.

This facility does not offer a formal nurse residency or internship program, but does use the Performance Based Development System (PBDS), a competency based orientation system designed by Del Bueno (2001) to individually assess graduates for safe and competent care. After this initial assessment an orientation is planned and a coach (preceptor) is assigned to work with the graduate until adequate competency is achieved. The process usually varies from six to twelve weeks depending on the unit the graduate nurse is assigned to. This process is used for all new nurses, not only for the new graduates. There are three main areas of focus, clinical judgment & decision-making, technical skill, and interpersonal skills.

Academic Nursing Educators

Erin

Erin is an educator who has worked in baccalaureate nursing education

for the last five years, since retiring from practice as a nurse manager in the clinical sector. She teaches in courses in the last semester before graduation. Erin has approximately 35 years of nursing experience in these two areas. Before retirement Erin was a department director in the VLHS and had a great deal of experience with employing and mentoring newly graduated nurses.

In discussing readiness for graduation and transition to nursing practice Erin relayed formal and informal methods that she (and the program) use to prepare and evaluate readiness for practice. Formal methods include successful completion of the course she teaches which is a combination of Leadership and Management Theory and clinical which focuses on both nursing leadership and readiness for practice.

Erin also sees her role as assessing each students capabilities and facilitating placement tailored to the needs of the student. This is difficult to accomplish, but she feels that it helps the students with transition to practice. She explained;

Because we have some leadership clinicals that are better than others and stronger than others, and maybe we need to protect them a little bit more. Not throw them out there into the hardcore leadership clinicals and have them nurtured more. Because there is a difference in faculty, some are more nurturing than others, so I try to match up clinical, leadership clinical with the faculty, the hospital, based on what their needs are, and to move them to a

higher level of being ready to go out and take a full-time job once they graduate."

Mentoring the students through the process of securing a job is also a responsibility that Erin assumes. She counsels the students through the process of applying and interviewing for positions. If they do not seem to be securing a job that they want she works with them to determine possible reasons for this. She also assists them in applying for the NCLEX-RN® and licensure. This includes students with legal or immigration issues who may have more complex needs.

This program also uses a predictor exam as preparation for the NCLEX-RN®. Results of this exam are used to counsel students on strengths and weaknesses and to plan remediation for the students. The implementation of the plan and final preparation for the NCLEX-RN® remain the responsibility of the individual students.

In determining critical points and events in the transition from student to professional, Erin identified three months after graduation as a critical point. She described that this is typically when the graduates move from working with a preceptor to working independently. They also often move from the day shift to their shift of hire (often nights) at this time. This is a time of increased expectations, but the graduates are still adjusting to changes and developing skills. Additionally, at six months Erin feels that the majority of the adjustments have been made.

Erin worries less about the technical skills of nursing, such as starting IVs than she does about some of the cognitive processes. She finds the biggest problems in the areas of time management, delegation and prioritization. Her information comes from talking to supervisors in the hospitals as well as information from graduates. She also believes that successful graduates are more likely to communicate their experiences than those who struggle or feel unsuccessful. She has identified several areas that she thinks graduates need more information about before entering practice. This includes horizontal violence and relationships between physicians and nurses in the workplace.

Erin encourages students to work in healthcare during their nursing program. She finds this to be helpful in introducing them to the expectations and rhythms of hospital units. She believes that this experience complements the clinicals that students experience in school and helps to prepare them for the transition.

Emily

Nursing Educators who work with students preparing for graduation can provide information about the preparations that lead to transition into nursing practice. This preparation can be both formal and informal. In this interview Emily shared with me her views of this preparation and the concerns she has for students facing the transition into professional practice.

Emily is the director of programs that prepare undergraduates for nursing practice at a private university. She has more than 20 years of experience in Nursing Education at this and other institutions. The institution that she works

with offers both a traditional program and a program targeted for students who have a previous bachelor's degree in another discipline. As we discussed the preparation for graduation it became apparent that these are very different groups with different issues.

Formal methods of accessing readiness for graduation include several factors. This program uses a combination of academic requirements, testing, and clinical performance to determine readiness for graduation. Students must meet the academic requirements for the Bachelors of Science in Nursing they must make acceptable grades in all courses and meet the objectives of the clinical experiences. In addition this program uses a predictor exam to determine readiness to take (and pass) the NCLEX-RN[®]. The program mandates a score that the students must achieve on this test. If students fall below that score they are required to take an NCLEX-RN[®] preparation course before their degree is conferred. By using these procedures the program hopes to insure that the students have the knowledge to successfully begin practice.

Emily had more difficulty identifying informal methods that faculty members may use to evaluate students readiness to begin practice. Faculty members assist the students to evaluate the results of the NCLEX-RN[®] predictor exam for areas of strength and weakness. This information is then integrated into the final capstone clinical experience to help the students in moving into professional practice.

In discussing her concerns for graduates of her program, Emily spoke of several aspects of the transition experience. Many of the students at Emily's

university are financing their nursing education using student loans and scholarships. She says, "The other thing that is happening of course, is all the sign on bonuses and students are going wherever the money is and it's not the right fit for them. They will tell me, "This isn't where I want to work but the money was too good," or "The benefits were too good." She continued to share a story of a graduate seeking reference for a second, part time job about three months after graduation stating that he had debt to pay. She expressed concern about graduates making decisions based on financial rather than satisfaction or career based criteria.

Many of the students in Emily's program are from out of the area. Even some of the students who are married and have children travel great distances to attend this program. Emily finds issues for these students in both leaving their families to come to school and in reintegrating with the families after graduation.

In discussing problems that new graduates have in entering practice Emily spoke of time management, delegation and clinical decision making skills. This has been relayed to the program through conversations with their advisory board and other stakeholders. The solution to this is seen as additional clinical practice in the student role, "more clinical". Emily discussed difficulty with implementing this advice both from educational and practical points of view. She suggests to students that they pursue clinical jobs in the form of summer externships and part time jobs to help familiarize them with working in the acute care setting.

I asked Emily to give me her view of critical points and events in the transition from student to professional. She identified three. The first is at about

half way through the clinical portion of the nursing program. At this point Emily expects to see an improvement in the thinking and clinical reasoning skills of the students. At this time they begin to integrate the skills and knowledge they have developed.

The second critical period is 10 to 12 months after graduation. She believes this is a point for many graduates in deciding whether to stay or leave a position. A third point, between two and three years after graduation, follows this. This decision is to stay or leave nursing as a profession. If they are not happy at that point they are likely to leave nursing for another field.

Emily is concerned that nursing programs have shifted concerns to rigorous academics in an effort to have high NCLEX-RN® pass rates. High NCLEX-RN® pass rates are a quality outcome indicator for nursing programs. Although it is an indicator that students are academically prepared for practice, Emily feels that additional focus on professional and ethical aspects of nursing is needed.

Hospital Educators

Hannah

This interview took place in my office at the university. Hannah was offered a choice of meeting places and chose to come to the university. She is acquainted with several of the instructors and enjoys making occasional visits.

Hannah has worked at IMC since graduation from nursing school in a variety of clinical, management and education positions. She has a Master's degree in nursing and is a Clinical Nurse Specialist. Hannah's job title is Nursing

Development Programs Manager. This position involves assessing the competency of incoming nursing personnel and formulating a development plan for them. This includes not only new graduates, but also experienced Registered Nurses and nursing personnel at other levels.

IMC uses the Performance Based Development System (PBDS) developed by Del Bueno (2001,2005). This system, instead of mandating a particular pattern or length of orientation, uses standardized testing and then individualized coaching to ensure that all nurses meet the standards of the institution. Hannah manages this program and interacts with new employees, including graduate nurses during the process. Over the last year approximately 48% of newly graduated nurses have met the criteria for “safe” practice. The others were judged in need of development in one or more areas of nursing practice.

I asked Hannah to explain how the PBDS system assesses competency to care for patients. The following is her explanation;

What is PBDS...It's got different exercises that they have to do and all of those exercises are completely open-ended. There are no multiple choice, no true or false, no fill in the blank. They have to tell me everything that they would do to manage hospital situations, patient situations and it works at a couple of different skill sets. So, one skill set is the interpersonal skills. So, it would look at things such as conflict resolution, issues versus content, customer relations, and teamwork or team building. But the big piece of it is

those critical thinking skills. So, can they take in information about a patient or a situation that they've read about and indentify a problem, then tell me what steps or actions and assessments they would take to at least safely manage the problem, also acceptable priority setting, and the rationale piece? Do they know why they are taking the actions that they're taking to manage that particular problem? So, from all these exercises we start to see where they fall, kind of along the line of continuing of meeting the expectations of at least safe practice in managing the patient problems.

After this assessment is completed an individualized plan is formulated for each graduate. Graduates have a "coach" (preceptor) who works with them to implement the plan. Documentation of progress toward the goals is done with a variety of instruments. One is a technical skills checklist that validates hands on skills in actual practice. A second is through the use of stories. Hannah explained stories as reports of actual episodes of patient care that are written on a weekly basis during orientation. The graduates write the stories and they are added to and validated by the coaches.

The coaches provide feedback and support during the process; they also act as a safety net for the patients in supporting and supervising the new nurses as they learn. Hannah emphasized that the coaches are trained to help the new employees are trained to assist the new employees to access resources, not to provide answers.

Hannah discussed other aspects of working with newly graduated nurses. She spoke of having to institute rules such as not allowing people who are more than ten minutes late into classes and requiring (and describing) appropriate dress for activities. These rules were added to pre-employment information after the facility experienced many problems, especially with young, newly graduated nurses. She also described recent concerns about inappropriate use of technology by hospital employees. She described an incident (not at IMC) in which nurses took photos of injured patients in an Emergency Department and posted them on a social networking site. This resulted in termination for the nurses involved in the incident as a violation of hospital policy. Hannah relayed the story in the context of challenges that use of personal technology is bringing to the work place. She sees this as an area of continuing concern for healthcare facilities.

Insuring that graduate nurses are prepared to care for patients with “respect and dignity” is a concern that Hannah expressed. Ethical practice is a key concern of Hannah’s; she finds that this is an area of development for some new nurses and a concern for the profession as a whole. This was discussed in the context of appropriate use of technology in the workplace as well as in promoting good interpersonal relationships. These relationships with patients, other staff and physicians are a critical part of successful practice at IMC.

Hannah and I discussed what measures are taken if graduates are having difficulty with the transition process. She said they are sometimes assigned to another coach. This may assist the graduate by providing someone with a

different style to work with. It also provides an opportunity for validation of the first coaches' observations. If it seems that another practice area would be more conducive to success for the graduate, they are occasionally moved to another area. If the graduate cannot reach a level of safe and effective care, despite all of these efforts they will be terminated. This is not a frequent occurrence, but it is part of the PBDS to terminate those who are not successful rather than allow them to continue at the facility.

Hope and Haley

Hope and Haley are nurses employed by the Central Education Department of VLMS. Each works at one of the large facilities in the system. A portion of their job is to work with student nurses in the Scholarship program that the Medical System sponsors and to integrate the participants into the hospital system for employment during summers and after graduation. Hope has a master's degree in nursing and Haley will complete her degree very soon.

We met in a conference room at one of the VLMS offices. It was comfortable with good lighting and comfortable seating around an oval table that would accommodate six to eight people. The décor is utilitarian, with hospital manuals and educational materials in bookshelves and a large whiteboard on the wall. It is near Haley's office and she made arrangements to use it. Hope met us there and the interview included the three of us.

We first talked about how they interact with the graduates in their positions. Haley spoke of beginning to work with the graduates as they begin to look for positions, about mid-semester of their last semester of nursing school.

She spoke of preparing them for the work and development that their first year of nursing will bring.

We then reviewed the pattern that the Nurse Residency Program follows. These educators maintain close contact with the graduates for the first two months. Haley noted “..I can give you a list of classes that they go through, but we’re with them pretty much that first two months of and on with class work and then them being with our preceptor.” After this initial period the nurse residents are invited to monthly four-hour seminars designed to provide support and build a cohesive group as well as reviewing aspects of nursing care. These seminars are not mandatory, the residents’ can chose when and whether they participate in them. Haley and Hope estimate that approximately 50% of the residents participate in these monthly seminars. Specialized units like pediatrics and labor and delivery are not included in these seminars. It is thought that they have different needs, meetings with their unit educators to facilitate this development.

Hope expressed and Haley agreed, that it is difficult to monitor the progress of individuals in this program. For the group we are looking at, the graduates of May 2007, the residency program included 94 nurses. Although they knew some of the individuals from the scholarship and summer externship programs, this is large number of people to track.

When asked about issues with transition several were mentioned. Haley and Hope felt that these were common, although not universal experiences. One example is the need to change from a “teacher directed” to a self- directed learning style. Hope expressed, “There are not tests that they are going to fail if

they don't come to class or get the information and so taking as you said 'ownership for their own practice' that 'I need this information so that I'm safe, competent and doing the best I can.'"

Another issue discussed by both Hope and Haley was the effect of night shifts on the graduates and their families. The graduates perceived that with the end of school, and studying they would have much more free time to spend with family and friends. Often the physical and family effects of a night shift schedule is much more difficult than they imagined.

Haley discussed some of the issues for a new graduate who has never held full time employment. She mentioned, "You know, they want to know when they get paid. They want to know when to clock in and just those basic ..." She was speaking in reference to modifying the preparation for preceptors to include the common questions and concerns that new graduate nurses have.

In talking about critical periods Hope and Haley identified two within the first year. The first is at about month four or five. At this point the graduates are typically finished with orientation and expected to be more independent in their practice. This is often a low point. Hope and Haley have tried to incorporate this into the seminars that occur at this time and to encourage self-care to the graduates. Hope expressed that this is also a time of stress for her as she tries to support the graduates. If more experienced nurses are attending the seminar they try to elicit discussion of how things have improved for those nurses since that point.

The second critical point is at eight to nine months after graduation. This is a point of improvement, things “start to click.” At this point job satisfaction and confidence in their abilities tends to increase. Both Haley and Hope identified this as a critical point in the transition into professional nursing practice.

Actual evaluation of progress in competency occurs at the unit level. The central education department only becomes involved if requested by the unit management or the employee. Problems with preceptor assignment or interpersonal relationships are common reasons for consultation with Hope or Haley.

Haley shared some program evaluation data with me. The attrition rate for the residency class that started in June of 2007 has experienced an attrition rate of 8.33%. This is lower than the baseline rate before the program started. Hope thought that the attrition rate before that residency program was over 12% although neither of the educators was sure of the rates. Both program coordinators expressed concern about longer-term retention rates, those after two to three years. They feel that the program is constantly evolving to better meet the needs of the graduates and the facilities.

A survey of the participants that attended seminars held in September of 2007 revealed that the majority of those attended felt that the orientation (residency) program was meeting their needs. Large majorities seemed to answer positively when asked questions such as:

- Was your orientation and initial training adequate to prepare you to perform your job safely?

- Are you comfortable talking to your department director, or shift supervisor, or preceptor and other co-workers? (separate questions)
- My primary preceptor has checked in with me beyond the completion of my department orientation to ensure I am adjusting to my role.
- Do you have the proper equipment and tools to perform your job safely?

Other questions also had positive responses, but the results were less overwhelming. These questions included such topics as:

- Are you satisfied with your schedule?
- Is your job what you expected?
- The staff demonstrated an interest in my learning.
- My co-workers display professional attributes and a positive attitude.

The one question that did not have positive response was: Has your department director or team manager met with you to discuss your progress in your new role? Hope and Haley both expressed surprise that slightly over half of the new graduates reported that they had not had this type of meeting with their department director. Some of the new graduates reported that they had not spoken to their director since their initial interview. They used this evaluation data to make program changes for succeeding classes. They have programmed in recommended points for the graduate and the department director to meet.

The graduates have been instructed to be proactive in scheduling this meeting with their director.

Hope identified several challenges to the program. They are factors that make it difficult for the program to work to its full potential. The first is multiple entry points for new graduates. As nursing programs have expanded and implemented innovative programs in an effort to increase the numbers of registered nurses available. This has created more points of graduation and entry into employment. The two starting points for the nurse residency programs are in June and January. The June residency program is larger in numbers than the January. Graduates who enter employment at other times are out of sequence.

In addition, Haley stated that some graduates also take the NCLEX-RN® and obtain their license before seeking employment. These nurses enter employment as a Registered Nurse rather than a Nurse Resident and their need for education and support may be missed. They see better communication with the Human Resources Department as a possible solution to this problem.

An additional challenge is attrition from the seminar portion of the residency program. Only about 50% of the eligible residents participated at the time of the evaluation – three to four months after hire. By one year, only a few came to the seminars. This is a challenge identified by Hope and Haley as potentially needing further evaluation and change in the program.

Throughout the interviews Hope and Haley communicated their concern for these new graduates. Their goal is to promote integration of these graduates (nurse residents) into their jobs as registered nurses.

The previous sections have introduced the final academic preparation for entry into professional nursing practice and two of the programs designed to support graduate nurses during this transition. In the next section case study reports for seven graduates of the class of 2007 will be summarized. Each of the participants was generous in sharing their experiences and thoughts from their first year to eighteen months in practice.

New Nurses

Nancy

Nancy is female, 45 years old, and Caucasian. She came to nursing as a second career, having previously worked as a para-legal and office manager for approximately 20 years. Her previous education is a bachelor's degree in Accounting. She is single, never married and has no children. Her hobbies include bicycling and reading.

In speaking about changes in her life following graduation, Nancy perceived few. She has not had any changes in relationships or living situation.

Although Nancy reports good health during this year she did have some challenges adjusting to her job. She stated;

It started out really good because I was getting to sleep-in working the 3:00 to 11:00 thing, and then working 5 days a week was wearing me out plus I had the sickest patients and I was just

exhausted all the time. And I would get home from work about 11:30, 11:45, stay up until like 1:00, but then I would intend to get up and go do errands or whatever I need to do, and that never, ever happened. I would stay in bed until about 10:00 and then I would take a shower and stuff, but then I'd have to take a nap still before I went to work. I mean I was sleeping a lot. And I wasn't getting to exercise, even that was another one of my...I was thinking, I'll get up early, go exercise before I go to work, but I was just tired I never could do it. So, now that I've switched to working days, I work 3 or 4 days a week, and now on my days off, I can go exercise. I feel so much better. I mean I feel like a normal...I have my normal life back now because I'm home in the evenings. I can talk to my friends or do stuff and have more days off and I'm just not as worn out.

Nancy began her career in an Intensive Care Unit in VLMS. When asked how she chose her job she stated, "Well, it kind of chose me sort of." She went on to explain that she had accepted a scholarship with the facility that included a work commitment after graduation. She also had an externship between her junior and senior years of nursing school. This externship (a summer work experience to gain clinical experience, skills and knowledge) was on a medical-surgical floor specializing in renal problems. She continued to work on an occasional basis during her senior year and to maintain contact with the staff and with her supervisor. Plans were made to form a new Intensive Care Unit during

that time and Nancy requested to work in it. She was one of the initial employees of the new unit.

Nancy appears to have been proactive during her residency period. She states that she chose her preceptor, and that if her preceptor was not available she chose others that would provide access to needed skills and experiences.

Nancy began orientation on the 7:00 a.m. to 7:00 p.m. shift with her preceptor. She stated, "And then she basically... I took care...I had to take care of the patients. They were mine, but she was there to support me." After the initial period of orientation (May to September) she was moved to the 3:00 p.m. to 11:00 p.m. shift. While working that shift she was in close contact with her preceptor. She stated, "You know, like my preceptor, she's the one who worked 7:00 to 3:00 and then I'd pick up at 3:00 and she always took the sickest patients which meant when I picked them up at 3:00.... But because of that, I learned every thing I need to know. So now I can do those by myself, you know because she just had to leave me five drips (Intravenous Medication drips) running."

The majority of Nancy's co-workers were working 12-hour shifts. She found that after 7:00 p.m. she was placed in a position of less support and more responsibility. More temporary staff nurses were used to staff the night shift, the placed Nancy in position of authority that she was not comfortable with. For the last four hours her shift she was viewed as having more experience and authority than she actually had by other staff members, including the house supervisors (administrative nursing supervisors on evenings, nights and weekends). This made her anxious. She has since moved to the 7:00 a.m. to 7:00 p.m., she

stated that this is more conducive to her personal life as well as removing some of this pressure.

Nancy is happy in her work. Her plans for the future include obtaining her Critical Care Nursing Certification (CCRN) and becoming a Lead Nurse (Shift Leader). She attributes this partly to her age and her experience in the workplace as well as doing something she is committed to.

When asked what meaning the phrase “becoming a nurse had for her,” Nancy stated, “I always think about school because I...you know, I was a second career kind of person and so to me becoming a nurse was a whole educational...I had to completely change my whole life. It really was changing from one thing to something else.” She then went on to talk about her plans to continue learning and developing in her knowledge and skill, calling herself “the biggest geek ever.” She also spoke of support that she received from other staff members, friends, and physicians. She relayed one incident with a patient;

I was just ready to go...I had my coat on, went back to tell my friend something at the desk, and she had taken over my patients. She was like, “This lady over here, she wants to talk to you. The one in 7.” I was like, “Oh what does she want. Does she know I clocked out?” She’s like, “She just wants to talk to you.” So I was like okay. So I go over and stick my head in and she goes, she can’t hardly talk, she is like, “I just wanted to tell you to have a good night.” I was like, “Oh my gosh, I’m going to cry.” I neglected her because I had been taking care of that man that was requiring all my

attention. I was like, “Oh how sweet is that. She knew I was having a bad day and she...” (stops speaking)

Nancy was one of the graduates who participated in a joint interview. During the joint interview with Natalie, Nancy spoke of the pace of work in her unit. She and Natalie discussed the work patterns of co-workers in comparison to their own. They agreed that not putting things off, “until the last minute” was important. Other nurses in the units seem to have more free time than they do and this puzzles them. Both continue to struggle with decision making in situations, for example whether to monitor a patient or call the doctor to report. The two discussed at length how co-workers handle situations and whether this is appropriate care.

In summing up her transition experience Nancy stated, “Well, I do think that my experience was like unique because most...I don’t know if you notice but most of the people...I graduated with work at VLMS...(Laughing) We see each other all the time and most people seem to be having a harder time transitioning than I did. They all don’t know why...I don’t if it’s my age thing or it truly is because I was supposed to be a nurse, you know?”

Natalie

Natalie is female, Caucasian and 36 years old. She and Nancy were good friends during the nursing program and have remained close since graduation. She has been married for six and a half years. She has two stepdaughters. Before entering nursing she spent nine years in the Air Force as a computer technician as well as a series of short-term jobs in food service, marketing, and a

health club. She has an Associates Degree in Electronics and a second Associates Degree in Liberal Studies. Her hobbies include cake decorating, playing the piano, gardening and caring for her many animals. She says that she has taken up most of these hobbies since graduating from nursing school.

The major change in Natalie's personal life is a disruption in her relationship with her stepdaughters. She no longer sees them, she said; "A year back it was so bad that even the step-kids don't come to our house anymore. There was this huge falling out and I think it was stress related from starting the new job and not handling it very well."

Physically and emotionally Natalie found the first six months to be exhausting. "It consumed every thought I had." Now she reports feeling much better, more energetic. She also is able to separate her work from her home life, and enjoy her time off. Although she still has "horrible nights" they are fewer and she imagines that those times are part of any nursing job.

Natalie began her practice in an Intensive Care Unit at VLMS. She has struggled with adjustment to her position. "All the way up to December was actually, it was pretty horrible. I hated it and I thought I made the wrong decision of what I wanted to do, so it was very stressful." Natalie works on the night shift (7:00 p.m. to 7:00 a.m.), she likes that shift, and it works well with her family life, as her husband also works night shift.

In speaking of her residency experience Natalie seems a little frustrated. She initially started her residency on the day Shift (7:00 a.m. to 7:00 p.m.), and she found that to be overwhelming.

It was about two months of following a preceptor, and I was on day shift for that. And the day shift is a whole different... I mean, you have occupational therapy, you have the P.T. (physical therapy), you have all the doctors, it's just crazy!" It wassometimes your preceptor is like, "We just need to get it done," as opposed to having all the time for questions and teaching so much on the day shift.

She felt that she learned more after moving to the night shift and being "on her own." She expresses that she did not want to appear "dumb" and was afraid that her co-workers would think she was "stupid".

Natalie now works mostly on the weekends, she works with a consistent staff and feels supported by more experienced coworkers. When I asked her if there was an event or a particular time that marked her feeling better about her job, she could not define one. She said, "Yeah... it probably was repetition. Going, learning and that was it. So, it's not so bad anymore."

For the near future, Natalie plans to continue with this job. Her husband is applying for nursing school and she plans to stay with this position until he graduates. Her long-term plan is to move to California and work in a small hospital in her hometown.

In her joint interview with Nancy they discussed Natalie's transition into nursing. Nancy stated, "I feel bad sometimes because she's struggled more than I do (laughing), and I don't know how to help her except telling her she knows what she's doing (laughing)." Natalie followed up with, "I think she eased

into it much easier than I did. She seems to be much more confident than I am in her abilities. I feel very smart outside of work. You know, I get to work and I don't always feel so (laughing)... the way I question myself non-stop, so..."

Natalie expresses two fears; one is that she will appear unknowledgeable or unskilled to her co-workers. The other is that she will grow overconfident and harm patients. This is a continuing source of conflict for her.

I asked what Natalie would have done differently if she could go back to school she said;

If I went back, it's gotten better and what not, if I knew what I knew now, I probably would have picked something else.

Linda - Something other than nursing?

Natalie - I'm like, I'm here now, and it will get better. It's gotten better over the last year but I don't know. But I don't know what it would have been. That's always kind of been my problem. I don't know what it is I want to do when I grow up. I like that I'm going to have a job anywhere I go...that part's nice, but...I don't know. My husband always tells me I'm going to stress myself to an early death. (Laughing) I'm relaxed now compared to how I used to be so...

Natalie is still experiencing some difficulty with her transition into nursing. She continues to question her career choice and is not sure of what her future holds.

Nina

Nina is African, from Kenya, she is 30 years old and married. She has been married since before she entered her nursing program. She has no children, her family (other than her husband) live in Africa. Her previous education includes a bachelor's degree in Criminal Justice. Other than work as an accounts clerk after high school, Nina's only work experience is in nursing.

When asked about physical and emotional changes over the last year, physically, she had few complaints. She said that she had been experiencing problems with allergies. She did find the job at LMC stressful; she did not feel that the staffing was adequate to provide for consistent breaks from the work.

Emotionally, Nina is homesick for Africa. She and her husband are both from Africa, although from different countries. Nina expressed that she would like to return "home," possibly after obtaining a graduate degree. She also admitted to being "a little bit whiney" while adjusting to her first job. Her husband at times encouraged her to quit the job if she was unhappy. She said, "It was tempting but that's just not how I was raised."

Nina participated as a Nurse Extern in the summer between her junior and senior years on the unit that she eventually accepted a position in after graduation. During that summer she also took her licensure exam as a Licensed Practical Nurse and worked as a pediatric home health nurse on a part-time bases.

Nina relayed her job experiences easily and without apparent anxiety. She started work at Large Medical Center (LMC) on a combined pediatric and women's surgery floor. She maintained that position on a full-time basis for

about nine months. She then accepted a position at another facility in an Intensive Care Unit while maintaining her ties with LMC by remaining on occasional part time status and working about once a month. After about nine months in that position she was offered and accepted a position at Intercity Medical Center (IMC) in the Cardiac Intensive Care Unit. She continues to work at the other facility on an occasional basis. After discussing her general job history, we discussed how she made the decisions for each of positions.

During her junior year, Nina attended a presentation by the nurse recruiter for LMC. The presentation convinced her to apply for a summer externship and she was chosen. She was encouraged to apply for a full-time position after graduation and did. Her comment about that job was, "To be honest with you I think it just happened. Because what I really wanted to do was ICU and I was really working for them and then they said all the positions are filled. All the positions they wanted to fill were night positions. I didn't want to work nights."

Although she said she liked that job, but she felt like she learned basic skills and routines, she didn't feel challenged. She was also dissatisfied with her orientation. She reported that she had no consistent preceptor through orientation. "First of all, I didn't like orientation because I wasn't assigned to anybody as a preceptor. You come in to work and you follow who-ever. So for 12 weeks it was just whoever was working that day, which I didn't like that."

Other things that she found dissatisfying included issues with co-workers management on her unit. One of the issues involved holiday scheduling. Nina was asked to shift from evenings to days very close to the Thanksgiving Holiday.

This distressed her as she already had plans for the holiday. She did not mind working the holiday; it was the timing of the request to change her schedule that upset her. Although she did not directly address it, she seemed to perceive that it was because she was new to the staff that the request was made of her. In addition to this she was displeased with the staffing levels, she states, "Oh yeah, that's another thing I didn't like about that job. It was like taking a lunch there was a luxury. I don't like that. I don't think it's fair for me to work 8 hours and then barely get a chance to use the bathroom." She discussed her experience saying, "But it was really, really bad because like on Christmas Day I was on the floor by myself, no tech, no secretary, no nothing, just by myself. The whole floor Christmas Day." She continued to talk about how uncomfortable that was. She told a story of an elderly patient, who was confused, who got lost that evening. The house supervisor had to come and help her find the patient among the empty rooms.

In addition, Nina discussed some dissention among the management staff with day shift management complaining about evening shift. She found this upsetting and unprofessional. Within two months of this, she moved to another hospital for full-time employment. Many things went into the decision to change employment, but these events played a part in the decision.

Nina was satisfied with her second position in the Intensive Care Unit. She saw it as a move into the field that she originally wanted to be in. She found her orientation far more comprehensive and satisfying. The only dissatisfaction with that position was the availability of supplies and equipment. She mentioned

finding out that experienced nurses were in the habit of “hiding” equipment like Intravenous Pumps so they would be available when needed.

The offer of the position at IMC was a surprise to Nina. She had applied there before taking her second job, but was not offered a job. After a period of months the unit called and asked if she would still be interested. She moved to that job recently because she perceives it as a better learning environment and more of a challenge. She has very positive impressions of the job and the unit at this time.

For the future, Nina is actively seeking a graduate program. She is looking at a variety of options, Master’s in Public Health, Nursing Education and Nurse Anesthetist programs. She has made applications for two programs. She would also like to achieve a Critical Care certification. Her long-term goal, for herself and her husband is to return to Africa and serve healthcare needs there. She didn’t have a timeframe planned for that goal.

When asked what meaning the phrase “becoming a nurse” had for her Nina said;

So to me being in school is, you need to go there, you need to go to clinicals, be prepared. Actually do your clinical well because you need to get the kind of reputation that I got out of my first job. Then after you graduate, being a nurse means not just going in there to get a paycheck but actually knowing what is going on and understanding the disease processes, the lab, what you need to watch out for, making your patients comfortable and I think if a

patient feels the nurse who is taking care of them knows what they're doing, they'll probably relax better and they are not as apprehensive as they are if they are, "Well, I'm not sure. Am I getting the right care?" Especially when in a teaching hospital and the residents have come to see that somebody comes in and explains and they walk out and the patient still has...or the family still has a 110 questions. I don't know. So to me it just means being competent. Knowing what you are doing and doing it with all your might...on most days.

Nina spoke of this time in her career as being a time of maximum learning, she sees the first years of her career as a time to learn. She stated, "Because, like I said, I decided the first two, three, four years of nursing are going to be a time to learn. Just be as good as I can be." She is considering giving up the occasional part time position at LMC because she sees it as not contributing to her learning.

Nicole

Nicole is a 27-year-old female; she states that she is Native American and Caucasian. She is married, having married the summer between her junior and senior years of college. She has no children. Before entering the nursing program she obtained an Associate Degree in Business Administration, she continued to a University with a major in marketing, and then changed her major to nursing. During college she worked in a restaurant as a member of the wait

staff. This was a well paying job that she enjoyed. Her first job experience in a healthcare position was after graduation when she started her current position.

When asked about changes in her life since graduation Nicole stated that she bought a house and has paid off the debt on her car. She also recently adopted a kitten and detailed several trips with her husband.

She spoke about the effect that working the night shift has had on her social life and on her sleep patterns. She is having difficulty adjusting back and forth from working the night shift and maintaining a more traditional schedule on her days off. She finds it difficult to get adequate sleep and yet have a social life and spend quality time with her husband. She has formed a close friendship with one of her coworkers, also a new graduate. This friend has recently moved to another job and this is troubling for Nicole. "She was such a cool person and she's still my friend but I'm just like, who do I talk to at work now or how do I pass the time?"

Nicole began her nursing career at IMC. She accepted that position and continues to work in that unit as a full-time night shift staff nurse. She stated, "I had applied for labor and delivery. Was disappointed I didn't get it, but I took the offer that they offered and I was really happy with it. Like I thought, this is the pinnacle of nursing. Like it's pretty easy breezy, great for a new grad. I still get to do a lot of teaching, a lot of patient interaction, tons of patient interaction, you, know." She plans to pursue a Family Nurse Practitioner program in the near future.

Nicole oriented for six to eight weeks on day and then a week on nights. She was pleased with her preceptor. The preceptor worked on the day shift. One of the most valuable things that the Nicole felt that her preceptor helped her with was learning to do things correctly. She expressed that teaching graduates shortcuts or timesaving techniques was counterproductive. Nicole moved to the night shift, her permanent shift after this, when she spoke of her introduction to the night shift she said, "I kind of got ripped off on my nightshift training because at the same time there were so many of us going through orientation...she kind of had two orientations...orienteers that night. I was like, "Well I want to know"" because it's my night to lead to be on my own where she can just sit and be available and I wanted to know can I manage a full load." She and the other person on orientation ended up splitting the patient load for that night – leaving Nicole nervous about her ability to function independently. She would have preferred to have some shifts with the full support of an experienced nurse to test her readiness to function independently.

Although Nicole expresses happiness with her job and her work with patients she expresses frustration with the practices at the facility. She has made some attempts to make changes in some aspects of her job, but is frustrated with the pace of changes in a corporate climate. The frustrations include such topics as how nurses are scheduled, the availability of patient care supplies and equipment. She spoke of "the glitter coming off" of her job as she realized everything was not perfect.

Nicole has made suggestions for changes in her workplace. Although some of the changes have been well received, they have not been implemented; this is also a source of frustration. It appears that she has been recognized as a person interested in change, she relayed that she has been nominated for a group called, Positive Deviance, which works at improving systems and processes.

Nicole stated that almost all of the new graduates that started work with her have left. I asked where they moved to, she spoke of a variety of reasons for job changes both within the facility and away from it. She also spoke of a number of experienced nurses that left during her tenure there. This is a large unit, so this turnover may be expected, but she seems to think that it is high.

When I asked Nicole what the phrase “becoming a nurse” had for her she pointed to her nametag that had “RN” in large white letters with a bright red background;

And I was like “Yeah, RN.” I was so speechless. I was like wearing it with pride. This is something I can enjoy and I like that and it’s probably a lot like the white hats. I symbolize with this. This is my white hat. I’m an RN. This is what I’ve earned. This is my title and I was trying to transition into that being me. I remember that now that I think about it. I remember like I kind of got sad emotionally. I was like, “Wow, I’m a nurse.” The reality hadn’t set in and I mean really, that’s my job. Like I go in and clock in and people depend on me, and the same, I depend on them. But it’s like that’s me. I’m

that person and that identity. Trying to identify with that, I do remember now that I struggled with my identity for a while because I missed school. Okay I was a nerd. I missed school because I'd been in school all these years, I mean since I was in kindergarten. I've not missed a semester and so that was hard. That was the hardest transition I think was not being...especially that fall. Like, I was like, oh my gosh, I need to be in school. Why am I not in school and then I was applying so I was going up to the campuses to get transcripts and stuff and I'd just walk on campus and be like, "I need to be in school." I miss it. I know that sounds sick but I love education.

Within the next year Nicole plans to start graduate school with the goal of becoming a Family Nurse Practitioner. She applied to start in 2008 but was not accepted. Although this distressed her, she later decided that it was to her benefit. The delay has allowed her to become more financially stable and prepare for graduate school. She is applying to two programs and expects to be admitted to at least one of them.

Nicole also expressed a desire to work in a clinic or a setting with "normal hours." She is having difficulty finding that type of job. She continues to find working the nightshift difficult and finds that in order to be alert and functioning at night she ends up sleeping "too much."

Nicki

Nicki is 25 years old, Caucasian, and single. She is engaged and plans to marry in late spring. She began dating her fiancé during her senior year of the nursing program and they became engaged about one year after graduation.

In discussing changes in her life since graduation she named several. She purchased a condominium, which she moved into just before graduation. Although this was a change she did not see it as a source of stress. Her fiancé moved in with her in January (about seven months after graduation) and they continue to live together as they plan their wedding.

Her previous education includes an Associate's Degree in general studies from a local community college. Her original career intent was to get a bachelor's degree in biology and then pursue a program as a physician's assistant. She states, "My microbiology teacher told me I would never get in and was very discouraging and I walked out of her office just in tears so I just went and changed my major right then. I'm glad I did." She is currently enrolled in a Masters Degree program to become a Nurse Practitioner.

During her nursing school experience Nicki worked as a Summer Nurse Extern her current unit. She also worked in a similar position at Academic Medical Center in the Emergency Department. Of the two positions, she enjoyed the type of patients and the patient care in the Intensive Care Unit more than the Emergency Department. These experiences influenced her choice of jobs after graduation.

We discussed physical and emotional changes that Nicki has experienced over the last year. Physical changes included fatigue early in her career. "I

would come home and just want to eat a sandwich and go straight to bed. But now I'm fine." It was also an adjustment not to be studying and doing schoolwork around her work schedule. She spoke about how she now combines graduate school with her work and her plans for the future.

Emotionally Nicki felt supported by her co-workers and those in her personal life. She did report some difficulty in getting used to working the night shift., and some stress in now combining school and work.

Nicki works in the Thoracic Intensive Care Unit at VLMS. The unit cares for patients after heart or lung surgeries. This is the unit that she worked in as a nurse extern. She originally planned to work in a step-down unit associated with this unit because no positions were available in the unit. She was offered a position in the unit just before graduation, and accepted it even though it would mean a longer time on the night shift. Nicki has not worked anywhere but this unit since starting work. She is pleased that she has learned to care for progressively complex patients and is now able to "recover hearts" (care for patients with heart surgery just after the surgery). She has progressed to serving as a team leader for some shifts and as a preceptor for new nurses. She is proud of these accomplishments.

When asked what meaning the phrase "becoming a nurse" had for her Nicki said;

Starting a new career, learning how to take care of a certain type of patient. There's so many different areas of nursing. I fortunately have never had to float to another unit because I am full-time and

we have so many per diem people. If I had to float to another unit and then had a patient that I knew nothing about I would be terrified I think. So, I would feel like I was becoming a nurse all over again.

In the future Nicki plans to move to the day shift. She is excited about this; she says she is “not a night person.” After her marriage and when her school schedule becomes heavier she plans to cut back on work to part time. She plans to complete her nurse practitioner program in December of 2010. At that point she will move into a different role. She did not really speak of what her expectations for that role would be, just that she was planning to switch from family nurse practitioner to acute care nurse practitioner because she thinks she would miss the intensive care environment.

Nellie

Nellie is a Caucasian female, 26 years old and single. She has no children. She is not currently in a serious romantic relationship. Her previous education includes a bachelor's degree in business. She says that she decided in her senior year of business that she wanted to be a nurse. She finished her business degree and then continued into nursing. Her previous work experience was a series of part time jobs in clerical and customer service positions.

Nellie chose to interview at my home. She was the only one who chose this option. We meet in the morning on one of her days off. We spoke at the kitchen table with the tape recorders between us. Nellie spoke freely and gave me very rich insights into her experiences in her first year of practice.

Nellie had several issues that involved her family during her first year in practice. She had relationship issues with a sibling that began in during her last year of nursing school, and continued through most of her first year in practice. Those issues are beginning to be resolved, and Nellie is pleased about that. Her grandmother died unexpectedly about six months after graduation. She found that her family turned to her for information and support during this time. This was Nellie's first experience with being the "family nurse" and was a new aspect of responsibility for her. She also found herself supporting her parents through "emotional issues" during that year.

In responding to a question about how she felt physically in the first months of her job Nellie said;

Well, the first part of it was like I said, extremely stressful. I didn't eat much. I didn't sleep much. I worried a lot. I also tried to work a lot of overtime at that point and I was working way too much.

Linda - Why were you working overtime?

Nellie - Just trying to make some money and you know personal reasons but I hadn't been out of school in...ever, so I mean, everything was about work. It had all been about nursing school and then it was all about work. I have workaholics in my family, so... I was working too much. I was extremely stressed and not physically very well at all. But then that spring...I would say maybe 5 months after I had been on my own, I took vacation and came back and you couldn't put me in a bad mood for probably about 3

months so, I mean, after that I kind of was like working less and less stressed out about everything. Just kind of had to learn to leave it at work and not take it home with me. That was the hardest part I think...was not bringing it all home.

When asked about what has happened in her life since graduation, Nellie immediately and enthusiastically said, "Yeah, I had a really interesting first year. It seemed like I would get all the most critical patients that they could possibly give me in critical care." Nellie provided very rich and detailed information about her job and her adjustment to it.

Nellie began her career at VLMS in a Neurologic Intensive Care Unit. She chose the hospital because of experiences that she had as a teenager when her mother had a serious illness. She originally wanted to work in Cardiac Intensive Care, but was placed in this unit as part of a Summer Nurse Extern program and continued after being offered a position after graduation. She works full time on the night shift (7:00 p.m. to 7:00 a.m.).

Orientation for Nellie began on the day shift. She worked with a preceptor for about three months on the day shift. She then moved to the night shift and began to work more independently. I asked if she continued a relationship with her preceptor after moving to night and she said;

"Well, she...our unit is really small, so yeah, she was there, but she worked days, but my...the help that I had on night shift, we have three nurses that have twelve plus (12+) years of experience that worked night shift and pretty much worked all the time. So I

had a lot of help and there were people that had known me for a few years because I did an externship there. So..."

The initial orientation was not enjoyable or helpful in Nellie's opinion. She found the initial classroom orientation to be a repeat of what she learned in nursing school. "It was kind of torture to sit through classes like that." She was excited, but also scared and stressed. She was afraid of making a mistake that would hurt a patient, and overwhelmed by the complexity of the nursing role. She felt that her work as a summer extern had helped her in her transition. It helped her to learn some of the tasks and skills associated with patient care. She specifically mentioned time management. She also felt that establishing relationships with the staff in her unit also helped in that the nurses were more willing to help her and teach her after graduation. She identified both of these things as helpful in reducing stress. Nellie has attended two of the seminars offered by VLHS for nurse residents. She attended the first one scheduled and one focusing on the neurologic system, at the suggestion of her manager. She found,

They were kind of... they weren't very, I don't guess, geared toward something that was helpful to me. If that makes sense. I don't know, sometimes I get very... when you sit down to play a little board game or card game or something, they had that one time. That was supposed to teach us something but I don't know what it was. They had... it was a lot more geared in my opinion towards more intermediate care at the school of nursing because they

were... all the scenarios and things that they were bringing up were like more to having several patients at once and not anything that...

We continued to speak of the seminar sessions, I asked what would make the sessions more interesting to her. Nellie spoke of the one focused on the neurologic system,

I don't know. When they did the neuro (neurological) one, one of the things that I thought was very interesting was discussing our assessments. How you do a neuro assessment. That was extremely helpful to me because you get a lot of information from the nurses that you work with and... but this was from different nurses, different perspectives, people who don't necessarily work on a neuro floor and who have different experiences in critical care as well as floor nursing realm where you get care. So if they had done things like that related more to assessment skills because you're actually learning them now, you know, you're practicing them yourself and this is how I can make my assessment better, that would have been I think a little bit more helpful. I guess I wasn't in the need of the whole support because the other nurses were being mean to me or because of that... I got a lot of good support on my floor to begin with.

Nellie also commented that the scheduling of the seminars, morning sessions were not convenient for someone working the night shift. This was also

during the time that Nellie has identified feeling very stressed. She was reluctant to spend additional time at the hospital if it was not mandated.

When asked what the phrase “becoming a nurse” meant to her, Nellie responded,

Oh, it's different now. At the first start of nursing school you think about becoming nurse, you know, “I'm going to go through school, take my test, and then I'm going to be a nurse.” And when you get out of nursing school is when you really start becoming a nurse. I would say I'm still becoming a nurse because you never just know it... know it all. You know, it's a huge processing. You learn something every day.

As Nellie looks forward in her career she is studying to take her Critical Care Nursing Certification (CCRN). She also plans to leave VLHS in the summer (two years after graduation) and pursue traveling assignments. Her reasons for that are both personal and professional. Her personal reasons include completing her scholarship work commitment with VLHS, and being available for friends weddings. She also feels that she wants to travel now while she is young and single to broaden her personal life. She has lived in this state all of her life and wants to experience other places. Her professional reasons are that she wants to experience what nursing is like in other intensive care units.

Natasha

Natasha is a 23-year-old single female. She is one-quarter Native American and Caucasian. She has no children and has never been married.

She completed the majority of her pre-nursing courses at a local community college, and then transferred to the university for her upper division nursing courses. Her work experience before nursing included working as an office assistant for four years in the office of an Obstetrician- Gynecologist.

Natasha began her practice at one of the VLHS facilities in an Intermediate Care or Step-down Unit. She chose that unit intentionally because, “I was not an ICU nurse. I didn’t want to be an ICU nurse, but I didn’t want to be a medical-surgical nurse, so I picked that because I thought that was the middle ground where I’m taking care of people who really need help versus people who can walk, talk, breathe, those kinds of things.” After about five months, she resigned.

Physically, Natasha had several adverse reactions during this initial position. She developed hypertension, mitral valve regurgitation and gained 16 pounds. She was evaluated several times for a blood clot in her leg due to severe swelling in her leg and foot. She was frequently scheduled for 48 hours as week (four- 12 hour shifts), but actually worked 60 to 65 hours because of difficulty finishing her assignments to her satisfaction.

Emotionally, Natasha was very distressed in the early months of her career. “October last year, I think I had potentially hit the worst point I have ever hit in my life and I feel like I’ve done a complete 180⁰.” In the interview she describes feeling overwhelmed and unsupported. In her opinion this unit was “ill-managed.” She did not feel that help was available to her. In speaking of the time she was working in the step-down unit she said, “I don’t really trust anyone

else to take care of them because I don't think they'll take care of them in the way that I think they should be taken care of, so I'm often worried...did I leave that patient with a good nurse? Did I give them good reports? Did I explain to them everything?"

Natasha began her career in the nurse residency program at VLHS. She was assigned a preceptor; her preceptor had been a nurse for nine months. She was complementary of her preceptor and described her as "always there when I needed her," but also continued, "There wasn't a whole lot of wisdom or experience there to share and she was almost as new as I was." This residency continued from June to late August or early September. After this Natasha was expected to assume the full patient assignment expected of Registered Nurses on that unit. She quickly found this to be overwhelming.

"Like I said, I definitely think that my experience was the exception to the rule. I didn't think that it's the norm at all, I think its like I said, Is there always some short staffing, and too many patients and not enough nurses? Yes. Is that problem only going to get worse, unfortunately, Yes. But I think that definitely the disaster that I experienced, and I do consider it a disaster, was the exception to potentially what the norm is."

In speaking of this Natasha was very animated in her discussion of the management and staffing of the unit. She has a relative who is still employed on that unit and still talks with her about the unit. She reports the unit continues to struggle with retention of staff. Numerous staff members have left, or plan to

leave. The unit relies heavily on temporary agency staffing. This is a difficulty situation, even for experienced nurses, because there is generally little opportunity for team building and support. Natasha stated,

Administration, it was heard by one of our charge nurses.... Not our charge nurse, actually it was our team manager, and was told in an administration meeting that the unit I worked for was referred to as the “junk drawer” in the sense that if the patient....if they didn’t know what to do with a patient or where to put the patient or there was any question as to what to do with the patient, the patient came to our floor.”

It seems that several factors in the job situation contributed to Natasha’s difficulty with this position. It is a fast paced unit with many admissions and potentially unstable patients. It was Natasha’s impression that the expectations and the staffing on this unit were consistent with those on other units. She has started to question those assumptions.

I asked Natasha if she knew of other graduates who seemed to be having an easier time transitioning into their jobs than she was. She replied,

They just didn’t seem as worried or something. I think of everyone I’ve talked to, I think the classic word is overwhelmed...initially...even within the first six months, you’re overwhelmed, but I mean, I’d see girls that I went to school with that worked in the same facility walking down the hall at 7:35 going home. And I’m like, I’ve got another 4 hours. What did I do wrong that they did right? And I think a lot of it, again, I think that I had to

come to the realization that the unfortunate part about my first job as a nurse was it was a very ill-managed floor.

She then continued,

I think it's very important that your manager cares about you as a nurse, cares that you're understaffed or overstaffed. I think that if I ever hold an administrative position over anyone I hope that I'm never so egotistical...maybe is the word...horribly enough, that I think that I'm too good to step out there and help my nurses do whatever...to this day, even in the job I work in now, if a prenatal needs to be worked up or if the lab requisition needs to be filled out or whatever, I'm not too good to do that...I'm not too good to file a chart. I'm not too good to pick up the phone and help...I mean, I'm not too good to do that. I think that that is a quality of a good manager is realizing that you're not above anything. And I know that a few of my fellow classmates have managers that were willing to step out there and help them with their bed baths and help them do their blood sugars and those kinds of things and that can make a complete difference. I can share a specific situation that I can think of is...I was behind. I had received a transfer from the ICU right at dinner time and the dinner tray had been delivered to the unit and not to the step down unit. And I asked my manager point blank...looked her in the face and asked her if she'd please go get my dinner tray for me. My patient hasn't eaten. My patient is

hungry. My patient needs meds but they need to eat first and I've got so and so down the hall buzzing me every 15 seconds (*sounds teary*) and she looked at me and told me "No," and walked away. She wasn't doing anything. She had no patients that shift. All I needed her to do was to go get my dinner tray.

In further discussion she continued to speak of the lack of support that she felt from the leadership of the unit. About one month before she resigned a new team leader was appointed for the unit. In speaking of her Natasha said,

But when you're in a situation on that kind of floor looking it up is not the answer, no is not the answer, here let me come show you, or here come with me is the answer, definitely. And she was always willing to do that. If she, if she had been the Team Manager while I was there for the entire 6 months, would I have stayed? Maybe. But she ended up getting fired 5 months later for trying to do the right thing anyway.

In her second job she had opportunity to visit patients on other units and noted different staffing patterns. She perceived that other units were more generously staffed, with less acute patients. She made several references to the staffing on the Post Coronary Care Unit and what she perceived as inequities especially in support staff. Before resigning, she mentioned that she considered changing units, but concluded that if conditions were no different on other units, she needed to leave hospital nursing for another setting, when she was offered the job as a research nurse, she resigned. This position included supervision of

a team participating in clinical trials for medications and protocols. That job was attractive because of the potential for learning. Natasha felt successful in that position, but left it after six to seven months because she desired more patient interaction.

Her third job is in an Obstetrics and Gynecology medical practice. She works with the physician in doing histories and physicals, rounds at the hospital and follow-up visits. At the time of interview Natasha found this job satisfying and planned to remain in it for the foreseeable future. She enjoys getting to know her patients and being able to “call them by name.” This type of personal care is what she found missing in the hospital setting.

In exploring the phrase “becoming a nurse,” Nellie had the following comments,

Going beyond the textbook and what you’re taught. Nursing school is not what nursing is. Nursing school is learning how to not kill a patient and I don’t mean that rudely. It’s about...you can’t take care of someone without knowing the rationale for why you’re doing it...or giving the medication that you’re giving, but it takes a mature nurse and it takes a nurse um...who cares to get beyond the...

“They got CHF, I can only give them 2 liters of water a day, and I they can’t have any salt...” Those checkpoints are important, yes, but if you can’t figure out why you’re doing it and figuring out what else compounds that, then you’ve missed it all together. I find it very dangerous to do things without having a rationale for doing

them or even giving a medication, obviously, without having a rationale or understanding why you're doing it.

In looking toward the future, Natasha is planning further education. She discussed programs including masters programs in nursing and medical school. Her preference would be a program preparing her to be a Clinical Nurse Specialist. She would prefer this to a role as a nurse practitioner or a physician. Interestingly, Clinical Nurse Specialist is often a hospital-based job, and Natasha expressed that she has no desire to return to a hospital setting for practice.

Summary

Each of these nurses has navigated the journey through their first year of practice in their own way. The stories are as individual as the participants. Within these individual stories, there are common experiences and patterns. In the next chapter I will analyze the case reports for patterns and fit with the middle range theory of transition.

CHAPTER V

ANALYSIS

Analysis of the data from the interviews is presented in two parts. The first is a presentation of common experiences revealed by the graduate interviews. Interviews of the Hospital Educators and the Academic Educators are also examined to see if those participants perceive the same aspects of the experience.

The second part of the analysis will be to examine the experiences for fit with the middle range theory of transitions. Congruence with the theory is examined as well as usefulness in describing the experience. Each component of the theory is examined separately.

Common Experiences

Several experiences were common to the participants in this study. Each of the participants started working in nursing shortly after graduating from baccalaureate level nursing education. Each took the NCLEX-RN[®] shortly after beginning work, successfully passed the exam, and was licensed to practice as a Registered Nurse.

Most of the graduates found the experience of beginning work to be exhausting and overwhelming. Nancy, Natalie, Nicole, Nicki, Nellie, and Natasha all reported varying levels of fatigue. Nina did not express any fatigue or other physical symptoms. Some of the fatigue may be associated with working

different shifts. Natalie, Nellie, Nicole, and Nicki work on the night shift. All but Natalie expressed some difficulty in adapting to working the night shift. Nicole and Nicki both spoke of a desire to move to the day shift. Nina and Nancy both worked the evening shift (3:00 pm to 11:00 pm) initially. Both have since moved to a day shift position. Natasha is the only graduate who started work on the day shift. She also found her job to be exhausting and overwhelming. She resigned from that job after five months.

Those who noted symptoms also noted that they had sleep disturbances, either sleeping excessively or having trouble sleeping. Three of the seven, Nancy, Nicole and Nicki reported needing more sleep than they were used to. Nancy reported that after a full night of sleep she still needed a nap before going to work. Nicki while in her orientation phase would “come home from work, eat a sandwich and go straight to bed.” Nicole spoke of journaling her hours of sleep to be sure she was not sleeping too much. She was sleeping 12 to 14 hours a day at that point.

Both the Hospital Educators and the Academic Educators commented on issues with adjusting to different shifts. It is mentioned as a factor in adjusting to the role of a nurse. Neither group addressed sleep disturbances and fatigue.

Recognizing the physically and mental stress that entry into practice places on graduates may be an important aspect of mentoring graduates into the profession. Helping graduates to recognize and cope with the fatigue in a positive way is a possible area of nursing therapeutics that is helpful in facilitating this transition. Academic nurse educators, nursing managers, and preceptors

can monitor and intervene to help graduates cope with these reactions. This could be a form of preparation for the transition into nursing practice.

A second common factor for most of these graduates was experience working in a summer nurse extern position the summer before graduating. Summer externships offer nursing students an opportunity to work with registered nurses in the clinical area. The students typically perform patient care duties as well as observing and learning the registered nurse role. Five of the seven graduates reported experience in an extern program. Four of these, Nancy, Nina, Nicki, and Nellie spent their externship in the same department that they went to work in after graduation. They expressed that this experience was helpful in transitioning into full-time nursing. Natalie also had an externship experience, but chose to work in a different area after graduation. She did not view the externship as particularly helpful except in determining that she was not interested in working in the surgical area after graduation. Nicole and Natasha entered practice directly from school without additional clinical job experience. Neither commented on this as a problem. Nicole seems to have successfully integrated into her work situation. Natasha struggled to find a situation that suited her needs but is now in a position where she feels confident and secure.

Both of the academic educators, Emily and Erin are supportive of students participating in externships and other paid positions during the nursing program. They found this experience to be complementary to the clinical experiences that are part of the nursing program.

Hope and Haley the hospital educators from VLHS mentioned student externships in the context of ways that they interact with the students, but they had no comment on their importance or value. Hannah, the hospital educator from Intercity Medical Center did not comment on this type of experience although her facility does offer this type of program.

For this participant group, summer externships were a good method of recruiting new employees as four of the seven are working in the area that they had their externship in. It is not clear if this has an impact on the transition experience.

Plans for further education were also commonly expressed. Nicki is currently enrolled in a master's program. Nicole has concrete plans for applying to programs and plans to be enrolled by the fall semester of 2009. Both Nina and Natasha spoke of exploring graduate education options. Nancy, Natalie and Nellie did not state a plan for graduate education at this time. The significance of this is unknown. Kramer (1974) thought that one of the responses to severe work value and school value conflict would be a return to the academic environment, especially to teaching. This is an area for further exploration.

Fit with the Middle Range Theory of Transitions

Two of the research questions for this study were:

- In what ways do the experiences of newly licensed Registered Nurses reflect the theory and literature on transition to practice, specifically a middle range theory of transition?

- How useful is middle range transition theory in helping to understand the transition experiences of baccalaureate nursing graduates?

This section of the analysis focuses on the ways in which the middle range transition theory can be used to explain the experience of the nursing graduates in this study.

Types of Transitions

It was expected that all graduates would experience situational transitions, and this was found in the interviews. Schumacher and Meleis (1994) spoke of educational and professional transitions as situational. Meleis et al. (2000) further clarified that when researching transitions, attention needs to be paid to all of the transitions in participants lives.

The types of transitions identified include developmental, situational, health-illness and organizational. During the case study interviews many other transitions were identified in the participants. Nicki, Nicole, Natalie, and Nellie experienced developmental transitions. Nicki is engaged and planning to marry. In addition her fiancé has moved in with her. Nicole's developmental transition involves buying a house and continuing to build her marriage. This marked a transition from being dependant on family (renting a house from her in-laws) to being an independent adult. Natalie experienced a change in her relationship with her stepdaughters, she moved from shared parenting with her husband and his ex-wife to no contact with them at all. Nellie experienced the death of her

grandmother and the changes in family structure that followed. She also repaired a broken relationship with a sibling.

In looking at Health-illness transitions only Natasha was identified as having health issues. During her first five months of practice Natasha experienced a diagnosis of hypertension and mitral valve regurgitation. She also had unexplained swelling of her leg, which required extensive diagnostic testing. These were temporary, she attributes them to stress as they resolved after she resigned from that position.

“Organizational transitions represent changes in the environment.” (Schumacher & Meleis, 1994, p. 121). In these case studies, several of the graduates experienced changes in leadership on the units they worked on. In some cases these changes were perceived as positive. Nancy participated in the formation of a new ICU unit. Nicki found that when the leadership in her unit changed, she was allowed to care for more challenging patients and was more satisfied with her job. Natasha also had a change in “team leaders.” The first team leader left for another job, followed by a period of temporary fill-ins and then another team leader. Natasha viewed the last change as positive, but she had already decided to leave the hospital.

These graduates found that the organizational transitions were positive and helpful. Nina experienced a more negative organizational transition. In Nina’s case she was asked to sign a letter asking that the unit leadership be removed. She found this disturbing and inappropriate. She left this position

within two months of this incident. When examined each of the graduates experienced at least two types of transitions.

The hospital and academic nurse educators did not anticipate all of these transition types. Each of these groups focused mainly on the situational transition of beginning practice. The academic educators anticipated that many of the graduates would experience some of the developmental changes common to people in their 20's, those of marriage and childbearing. Emily also spoke of the need for graduates who are mothers to reconnect with their children and families after graduation. Neither group anticipated or spoke of health-illness or organizational changes as a factor in the overall transition. The next step in the analysis is to examine transition patterns in these cases.

Transition Patterns

Each of the participants experienced multiple transitions. These transitions can be sequential or simultaneous and related or unrelated. Each case will be examined to determine the pattern of transitions.

Nancy experienced multiple transitions that were both simultaneous and sequential. The simultaneous transitions involved the formation of the new ICU unit. She found this helpful, "we're in this together." The sequential changes have to do with changes in her work shift. She started on the day shift for orientation, working 7:00am to 7:00pm. She then moved to the 3:00pm to 11:00pm shift and then returned to the day shift. These are related transitions.

Natalie experienced multiple sequential transitions. She oriented on the day shift, 7:00am to 7:00pm and then moved to the night shift, 7:00pm to

7:00am. This transition was more conducive to her life with her husband; he also works the night shift. Another sequential change was the change in the relationship with her stepdaughters. This happened five months after graduation and has not been resolved. She has not seen her stepdaughters since that time. These are related and unrelated transitions.

Nina experienced multiple sequential changes. She has had three positions at three separate hospitals. Each of these has been a substantial transition in her life. She has also transitioned from pediatric/medical-surgical nursing to intensive care nursing during this time. These are related changes.

Nicole also experienced multiple sequential transitions. She oriented to her position on the day shift, and then moved to the night shift. In addition Nicole and her husband bought a home. These transitions are unrelated.

Nicki experienced multiple sequential transitions. Her transition experiences include situational and developmental aspects. The situational transitions involve her job and adjustment working on the night shift. In addition she has started a graduate program in nursing. The developmental transitions that Nicole experienced included buying a home, becoming engaged, and having her fiancé move in with her. Nicole experienced both related and unrelated transitions.

Nellie experienced both situational and developmental transitions. Her situational transitions involved adjusting to her job and work life. She also oriented on the day shift and then moved to the night shift. In her personal life

experienced changes in her family relationships. These are both related and unrelated changes.

Natasha experienced a number of changes. She had three jobs over the first year of her nursing career. In addition she experienced some health-illness transitions that have since resolved. Natasha has had a very turbulent first year in practice. She has had multiple sequential related transitions.

Each of these graduates experienced multiple transitions. The pattern was unique for each individual, although there were features that were common to the group. The transitions and changes that follow graduation from nursing education and entry into practice are significant in the lives of these graduates. This transition does not occur in isolation. Many of the graduates have life transitions that are unrelated, but occur either simultaneously or sequentially with the transition to nursing practice. Others have mostly transitions related to graduation from nursing education and beginning practice.

Transition Properties

The properties of awareness, engagement, change and difference, transition time span, critical points and critical events are essential to describing transitions. Meleis et al (2000) describe them as interrelated rather than discrete. Each of these is demonstrated in the cases presented in this study.

“Awareness is related to perception, knowledge, and recognition of the transition experience.” (Meleis et al, 2000 p. 18) For the new nurses in this study was an expected and anticipated transition. The graduates had an awareness that they were moving to a new stage in their lives.

Engagement is related to awareness and denotes the level of active participation in the transition. Each of these graduates was actively involved in choosing their jobs and the type of nursing they chose to do. The level of engagement showed some variation with some graduates planning carefully and others being more passive in the process.

Change and difference is manifested in the change from student to practicing professional. This process underlies the study of this transition. The formal process of moving graduate nurses into the profession has changed, how is this change reflected in the lives of these students? When asked about the meaning of the phrase “becoming a nurse” each of the graduates spoke of changes beyond simply graduating, obtaining a license and getting a job. They spoke of changes in their thinking and how they interact with others.

Transition time span is unclear. Benner (1984) describes a usual two to three years for a nurse to move from the stage of the advanced beginner to that of competent practitioner. Several of these graduates seem to be moving through this stage faster than that. They describe caring for patients in a way that moves beyond the task oriented patterns of the advanced beginner. There is variation in the development of competence and independence in these practitioners and the reasons for this is not clear.

Critical points and events are identified in this transition experience. One was identified by both the hospital and academic educators, that of taking the NCLEX-RN®. Passage of the exam (and licensure) allows the transition to continue, failure requires an alteration in the path and the timing. A second point

is moving to the permanent shift of work, often the night shift. This requires a shift in living and sleeping schedules and increasing independence in patient care at approximately the same time. This is typically 8 to 12 weeks after hire. The transition continues to be stressful for the next several months. In these cases this seems to resolve between months 6 and 9, if it does not the graduate may seek another job.

Transition Conditions

Transition conditions include both facilitators and inhibitors of the process. Meleis et al (2000) describe these as personal, community and societal conditions. The personal conditions include meanings, cultural beliefs and values, socio-economic status, preparation and knowledge, physical well-being, and emotional well-being. Each of these factors contributes to the progress of the transition.

Both meanings and cultural beliefs and values are supportive of the transition to professional nursing. The transition from student to practicing nursing is viewed as a positive force. This is a goal that each individual has worked towards for a number of years. This facilitates this transition.

Socio-economic status is also generally improved with the transition from student to nurse. Some of the graduates have significant debt to deal with after graduation. This may inhibit the transition if it is a source of worry or anxiety. In individual cases it may be either a facilitating or inhibiting factor for the graduate. The academic educators, Emily and Erin as well as individual students noted this factor. Nellie spoke of “working too much” partly for financial reasons. Nicole

and Nicki both considered financial matters when deciding whether to apply for graduate school and possibly decrease to part time employment.

Preparation and knowledge of the transition is an important transition condition. The goal of nursing education programs is to prepare graduates for practice. These graduates had a variety of opinions about how prepared they were for practice. Most were surprised by the complexity of patient care needs and the responsibility that nurses bear. Several expressed that even during their orientation to their job they did not understand the responsibility until it was theirs.

Physical well-being is a facilitator of transitions. The majority of these graduates were healthy during this transition. They were physically tired and stressed however. This was the most common response to questions about their physical response to the transition. This fatigue continued for several months as they adjusted to their job, especially if they were also adjusting to an evening or night shift. This fatigue could be an inhibitor of the transition.

Emotional well-being is also a facilitator of transition. Each of these graduates admitted to being emotionally stressed at times during the transition. They also reported support from family, friends and co-workers during this time.

Community conditions also affect the transition experiences. The staff of the unit is a community that these graduates seek to join. Nancy, Nicki and Nellie found welcoming communities of close-knit nurses. Each made comments on the supportiveness of the staff and relationships in the unit. Nellie finds her unit to be almost confining in their closeness. They spend a lot of time together

both during and outside of work hours. Nicole formed a friendship with a co-worker that she found supportive. The friend has recently left the hospital, and this is upsetting for Nicole. Natasha and Nina found less supportive communities.

The way society views a transition also impacts the transition experience. In the United States nursing is a trusted and admired profession. Society in general is supportive of nurses, however society may not be as supportive of those who chose to leave the profession after a short career. Graduates may perceive this as pressure to continue in nursing, even if they are not satisfied with their career choice.

Nursing Therapeutics

Schumacher and Meleis (1994) suggest three areas of nursing therapeutics that may help facilitate transitions. These areas are assessment of readiness for transition, preparation for transition, and role supplementation. Each of these factors can facilitate the transition of graduates to practicing nurses.

Nursing education programs attempt to ensure that students are prepared for graduation and practice. In speaking to Emily and Erin about the procedures that their baccalaureate programs use to assess readiness for graduation. These include clinical performance, course completion and grades, and scores on NCLEX-RN® predictor exams. Each program also has a final clinical course designed to aid graduates in preparing for practice. One of the less formal methods to aid in preparing for the transition includes individualized placement in

these clinicals designed to help students correct any weaknesses. These courses also are designed to enhance time management and clinical decision-making skills.

The hospital educators explained the programs designed to provide a supportive environment and role supplementation for the new nurses until they are prepared to assume more independent practice. The programs profiled in interviews with Hope, Haley and Hannah show different approaches to this support. The purpose of this study is not to evaluate the effectiveness of these programs; it is to explore the experiences of these graduates, it does however give some insight into how these participants experienced the programs.

The graduates perceived that having a consistent supportive coach/preceptor was helpful. It seems important that this coach or preceptor provide consistent support while challenging the graduate to learn the full scope of care necessary for their patients. Nancy found her preceptor to be very supportive. Natalie sometimes found her preceptor to be impatient, “we just need to get it done,” rather than having time to answer questions and explain things. Nina had no consistent preceptor at her first job, she found this very frustrating. Natasha’s preceptor at her first job had only nine months experience; she had very little expertise to share. Feedback from those in leadership positions about how the graduate is progressing is also helpful. Hope and Haley noted this a possible problem area in the VLHS residency program, they have modified the program to include this feedback.

Few of these participants have indicated that they are maintaining contact with their preceptors. The VLHS is designed to maintain contact on a regular basis for up to two years. This does not seem to match these participants experience.

Patterns of Response

The patterns of response that indicate a successful transition include both process and mastery indicators. According to Meleis et al (2000), process indicators include several aspects including feeling connected, interacting, location and being situated and developing confidence and coping skills. Outcome indicators include mastery and fluid integrative identities.

Process indicators. Patterns of response in transitions can show how the transition is proceeding. Positive indicators include feeling connected, interacting with others, location and being situated, and developing confidence and coping.

Nurses who have successfully transitioned into practice feel connected to their unit. They speak of their units as “we” rather than “they.” They are comfortable with the patients they care for; they know who to ask for help when they need it. As the graduates become more comfortable with their own skills they interact more easily with physicians and family members. They begin to teach other nurses and staff members. They begin to see issues in their environment and problem solve for answers and process improvements.

Each of these nurses shows some process indicators of successful transition into the registered nursing role. Nicki and Nicole are both beginning to act as preceptors for new employees, they expressed pride in acting in that role.

Nicole is suggesting ideas for improvement in scheduling and workflow. Nancy, Nina and Nellie are preparing for their Critical Care Registered Nurse certification exam. Natasha feels proud that she can call her patients by name and knows their situation without looking at their charts. Nina is comfortable with her skills and continues to learn in her new position. Natalie has become more comfortable with her skill and her position in the unit.

Outcome Indicators. Meleis et al. (2000) describe mastery as having identities that are “*fluid* rather than static, as dynamic rather than stable” (p.26) as well as mastery of the skills needed for the new state that is the result of the transition. When asked what the phrase “becoming a nurse” had for them each of the participants described elements of a process instead of an endpoint or an event. The purpose of the question was to find information on how the graduates were integrating nursing into their identities. Each of these nurses had a different definition of becoming a nurse; they each had an individual identity with some common features.

Mastery of the nursing role is not completed in a year – it continues, variations in the pace of this integration can be expected. It will change and continue to develop over time. The technical skills of nursing are becoming familiar and routine. Patterns of thinking and clinical decision making develop slower and on a more individual pace.

Summary

The components of the middle range theory of transition are easily identified in the words of the graduates. They are useful in describing and

summarizing the experiences. In finding a common language to describe the experiences with, it is easier to compare and contrast them. This also allows me to draw conclusions and find patterns in the information.

Table 2 shows how the information from the interviews is distributed across the components of the theory. Asterisks in the spaces indicate that some indication of that component of the middle range theory of transitions was located in the interview.

		Graduate Nurses							Academic Educators			
		Nancy	Nataie	Nina	Nicole	Nicki	Nellie	Natasha	Hope & Haley	Hannah	Erin	Emily
Transition Types	Developmental		*		*	*	*		*	*	*	*
	Situational	*	*	*	*	*	*	*	*	*	*	*
	Health/Illness							*				
	Organizational	*		*		*		*				
Transition Patterns	Single											
	Multiple	*	*	*	*	*	*	*	*	*	*	*
	Sequential	*	*	*	*	*	*	*	*	*	*	*
	Simultaneous	*										
	Related	*	*	*	*	*	*	*	*	*	*	*
	Unrelated		*		*	*	*				*	*
Transition Properties	Awareness	*	*	*	*	*	*	*	*	*	*	*
	Engagement	*	*	*	*	*	*	*	*	*	*	*
	Change and Difference	*	*	*	*	*	*	*	*	*	*	*
	Transition Time Span	*	*	*	*	*	*	*	*	*	*	*
	Critical Points	*	*	*	*	*	*	*	*	*	*	*
	Critical Events	*	*	*	*	*	*	*	*	*	*	*
Transition Conditions	Meanings	*	*	*	*	*	*	*	*	*	*	*
	Cultural Beliefs & Values	*	*	*	*	*	*	*	*	*	*	*
	Socio-economic Status	*	*	*	*	*	*	*	*	*	*	*
	Preparation & Knowledge	*	*	*	*	*	*	*	*	*	*	*
	Physical Well-being	*	*	*	*	*	*	*	*	*	*	*
	Emotional Well-being	*	*	*	*	*	*	*	*	*	*	*
	Community	*	*	*	*	*	*	*	*	*	*	*
	Society	*	*	*	*	*	*	*	*	*	*	*
Nursing Therapeutics	Assessment of Readiness			*	*				*	*	*	*
	Preparation	*		*		*		*			*	*
	Role Supplementation	*	*		*	*	*	*	*	*		
Patterns of Response	Process Indicators	*	*	*	*	*	*	*				
	Outcome indicators	*			*	*	*	*				

Table 2: Summary Table of Interview Results

CHAPTER VI

SUMMARY, CONCLUSIONS AND DISCUSSION

This study was undertaken to explore the transition of baccalaureate nursing graduates into the practice of professional nursing. The changes in the administration of the NCLEX-RN®, the licensing exam from paper and pencil to a computer adaptive format has shortened the mandated transition into the profession. Before 1994 the licensure process mandated a transition of several months in a supervised capacity as a “graduate nurse.” Currently licensure can be obtained in a few weeks after graduation and regulatory bodies mandate no supervised practice. I have explored the experiences of seven nurses through their first year of practice as registered nurses. In addition I have explored the academic preparation for graduation from the viewpoint of nursing educators. Two of the programs that hospital systems have put in place to provide support for graduate nurses have also been explored through information from hospital nurse educators.

The middle range theory of transitions developed by Meleis et al (2000) was used as a framework to assist in explaining the transition into nursing practice. The theory components were then used to compare the experiences

across the cases. Each of the research questions is discussed individually with suggestions for future research.

Research Question 1: What are the experiences of baccalaureate nursing graduates as they transition from the student role into the role of a registered nurse?

Each participant experienced this transition in a unique way. The seven stories are as individual as the nurses they belong to. Within this individuality, however, there were some common experiences. Most of the participants found this to be an exhausting and overwhelming experience. This was not a factor anticipated by either the academic nurse educators or the hospital educators. This lasted for a period of months and encompassed both the period of orientation to the position and the beginning of more independent practice. Often this also included adjusting to an evening or night shift. For most participants, sleep disturbances accompanied the fatigue. This part of the transition affected both the professional and the personal aspects of their lives.

An unexpected factor was the role of summer externships in the careers of these nurses. Five of the seven nurses participated in these externships, with four perceiving them as helpful. The helpful factors included development of basic patient care skills and relationships with the staff. Starr and Conley (2006) reported similar results in an evaluation of a Summer Nurse Extern program. Externship programs may be especially helpful for students who have little experience in healthcare settings.

The third common factor is that of plans for continuing education. These nurses are actively planning to continue their education beyond the baccalaureate degree. Even those who did not state plans for formal education have plans for certifications or movement into leadership positions on their units. This may be an area for future study. Does this move into graduate education within a few years of entering practice facilitate or inhibit the development of clinical expertise?

Research Question 2: In what ways do the experiences of newly licensed Registered Nurses reflect the theory and literature on transition to practice, specifically a middle range theory of transition?

The time period from graduation from baccalaureate nursing education through the first year of practice can be described as a transition using the middle range theory of transition. Each of the components of the theory can be identified in interviews with these nurses. For this group, the experience included multiple transitions both sequential and simultaneous. A variety of types of transitions were identified and the transitions were both related and unrelated.

Further research on appropriate nursing therapeutics and process and mastery indicators could help to clarify factors that facilitate transition to professional nursing. Schumacher and Meleis (1994) have identified nursing therapeutics as having four areas for intervention. They are; assessment of readiness, preparation for the transition, environments that facilitate transition and role supplementation. Assessment of readiness and preparation for transition are primarily within the realm of academic nursing education.

Continuing to develop methods of determining not only academic readiness for graduation and taking the NCLEX-RN® but readiness to assume the responsibilities of practice is needed. Capstone courses with a rigorous practice component are a possible tool to facilitate this, but evaluation may need to be strengthened.

Environments that facilitate transition to practice and supportive role supplementation are primarily within the scope of the agencies that employ newly graduated nurses. Continuing to develop programs such as the Nurse Residency Program at VLMS and the Performance Based Development System at IMC may be a facilitating factor in the transition. Targeting those aspects of the program that are most helpful in developing clinical judgment, skills, and decision making may improve success without increasing costs. Further research to identify both process and mastery indicators will also be helpful in tracking the progress and success of the transition.

Research Question 3: What other realities are evidenced
about this transition experience?

Previous research indicated that 33 to 50 percent of graduate nurses changed jobs one or more times within the year of practice (NCSBN, 2007). In this small purposive sample five of seven nurses, 72%, remained in their first job for more than one year. The remaining two, 28%, each had three jobs within that time period. This is a small sample, but it is congruent with that research. Careful placement and support of new graduates may help to decrease turnover.

Units that are experiencing heavy turnover in staffing or management are difficult for new graduates to begin practice in. Both Natasha and Nina were initially hired in units that appeared, from their descriptions, to be experiencing some of these problems. Neither placement was successful in the long term. Consistent, supportive and knowledgeable preceptors are helpful to new nurses. Frequent changes in preceptor may inhibit the transition. Nina identified that having no consistent preceptor was a problem for her. She was assigned to a variety of nurses for this orientation period and never really learned what she needed for independent practice. Natasha had a consistent preceptor, and appreciated her willingness to help and teach, but her preceptor had less than one year of experience. That limited her ability to be an effective preceptor as she was still learning in her own practice. These two situations help to highlight how problems with preceptors may impact the transition of graduate nurses.

Research Question 4: How useful is middle range transition theory in helping to understand the transition experiences of baccalaureate nursing graduates?

The middle range transition theory has proved to be useful in describing both the overall and individual aspects of the transition to professional nursing. Further research with larger groups may be helpful in determining the general overall patterns that this transition follows. Further study both qualitative and quantitative will extend the usefulness middle range transition theory in describing and facilitating this transition.

The transition types and patterns are easily identified. They are useful in describing the complexity of what each of these nurses faced as they graduated from college and entered into practice. With this study, the relationship of the complexity of the transitions and the development of mastery indicators cannot be predicted. This prompts questions for further research. Are graduates who experience multiple transitions at risk for suboptimal transition outcomes? From this sample it appears that multiple transitions can be identified in all of the graduates. Those that seemed to struggle more during the early months of practice did not seem to have more transitions in their lives. Would a larger, possibly quantitative study reveal a different pattern? Is there a more objective way to predict that a graduate will struggle with the transition?

Several areas of the theory need further development. Criteria for transition properties and transition conditions need to be refined. For example, is there a “normal” time span that can be predicted for the transition from graduate to competent professional? The pattern that was most common with these graduates was that the first five to six months of independent practice (after finishing orientation) were a time of great stress, fatigue and anxiety. After that period of time there seemed to be an improvement in feelings about the job and their own competence. Two of the graduates, Natasha and Nina, had resigned from their first position before reaching that point. When they assumed a second position did they continue on the same transition path? Or did the process start again?

In working with the middle range theory of transition my views of the visual representation of the model have changed. For use with newly graduated nurses, each component of the model interacts with each of the other components. Congruent with Davis' (2005) findings the relationships between the nurses and the graduates are reciprocal and impact each other. I have found that each of the components also interacts with the other components. The revised model, Figure 2, shows these connections and their reciprocal nature.

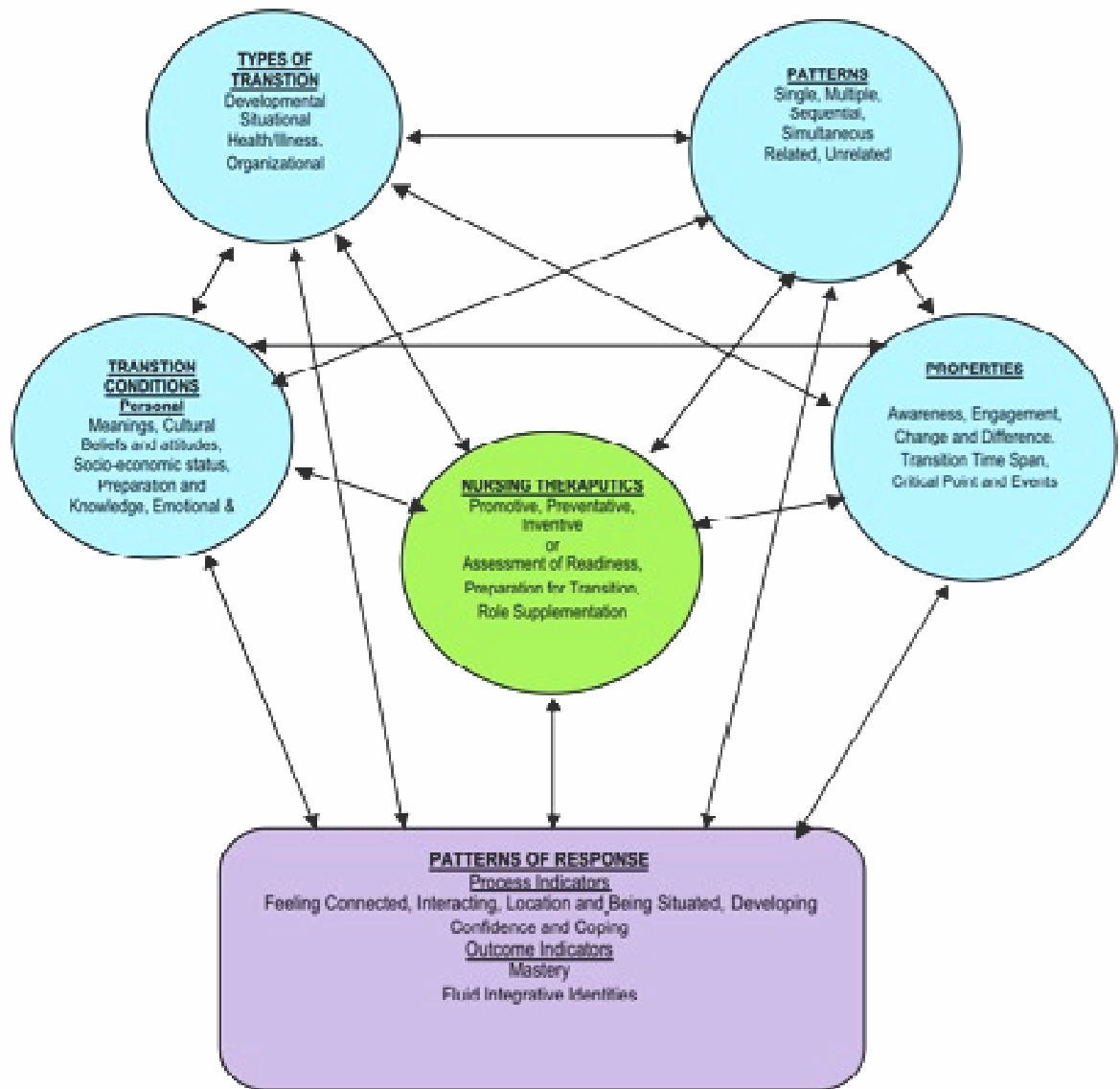


Figure 2: Revised Diagram of Middle Range Transition Theory

Conclusion

This research allows me to draw several conclusions about the process of transition from nursing student to practicing professional. My original research problem was concerned with how the transition is accomplished in light of changes in the licensing processes with the advent of administering the NCLEX-RN® using computer adaptive testing. This study has helped to provide evidence of how that transition is accomplished in with the current testing and licensure system.

The first conclusion drawn by this study is that a period of transition is still needed for baccalaureate nursing graduates. These graduates were not ready to practice independently at the time they graduated. Each of the participants needed help and mentoring from experienced preceptors, mentors and co-workers in refining their knowledge and skills. With support they have moved through the transition and into professional practice.

A second conclusion is that the period of transition that was previously mandated by the schedule of testing and licensure is now being accomplished with programs provided by the healthcare institutions that hire newly graduated nurses. These programs are provided by the institutions using a variety of structures and names, each with the goal of assisting graduates in this transition. Evaluation of the programs was not within the scope of this study, it might be a subject for future research studies.

The third conclusion is that, in these cases, the transitions have been successful, although they varied greatly in difficulty. For some of our participants

the transition proceeded smoothly. They were tired, sometimes overwhelmed, and stressed, but felt successful in learning their roles. Others questioned their career decisions and thought about quitting. Some had one job; two of them each had three jobs. It is an individual process of transition.

The final conclusion is that the middle range transition theory is useful in describing the transition. It helps to show the individual circumstances that each graduate brings to the experience. Additional studies will be helpful in extending the use of this theory with those experiencing the transition into professional nursing practice.

Significance of the Study

In looking at the significance of this study I examined the areas of practice, theory and research. This study contributes evidence to each of the areas. The areas will be examined separately.

Practice

Those who educate and work with nursing students and graduate nurses can use several of the findings. The first is that programs to assist graduate nurses with the transition into the practice of professional nursing are necessary and important. Ideally this support should continue for a year or more after beginning practice. The Nurse Residency Program at VLMS is designed to continue through at least one year. The graduates working in that system did not utilize some of the support features of this program. Active encouragement to attend the seminar sessions and to maintain contact with preceptors could have

positive impacts on the transition process. This could be an area for future program evaluation and research.

In addition, preceptors are an important component of the transition process. Careful selection and training of preceptors is vital. The most positive experiences with preceptors involved those who moved the graduates continuously forward in adapting to practice. The graduates learn by doing rather than watching. Facilitating involvement and skill building is an important part of the preceptor's job.

The final implication for practice is reflective of the physical and emotional aspects of the transition. Managers and co-workers need to be aware of the fatigue and sleep disturbances that graduates are experiencing. Monitoring these effects and counseling employees may help to prevent and solve problems before they become serious.

Theory

This study also has significance for use of the middle range theory of transition. It has used the theory with a new group of participants. Schumacher and Meleis (1994) suggested that transitions in educational and professional setting could be described as situational. In using this theory to study the transition from student to graduate, and then to professional nurse we have extended the use of the theory in a new direction. It extends the theories' use for nurses to assist new colleagues in an important professional transition.

Research

The study's significance for research is to add to the body of evidence available related to the transition into professional nursing practice. It is important to healthcare and to nursing that new practitioners successfully integrate into the nursing profession. By exploring the experiences of these new practitioners using the middle range theory of transitions, I have added an alternate way of looking at this transition. This study may lead to other uses for this theory and an additional method for continuing the study of the transition from graduate to professional.

Areas for Additional Research

In addition to significance for practice, this research highlights areas of potential research. The middle range theory of transitions has proved to be useful in describing this transition. Aspects of the transition that need to be developed and refined for this use include those of nursing therapeutics and transition properties and conditions. The range of transition time span needs to be explored. It is clear from these case studies that the transition extends beyond one year for most nurses. It is not yet clear what this time span is and if it can be defined by a series of stages or transitions within transitions. Critical points and events will also need more research. Two critical points that are common to most of these graduates are four to five months and nine to ten months after beginning work. The first is a typical low point and the second a point where resolution or improvement begins. Critical events are not clear from this study.

Transition conditions are also an area for additional research. What aspects of the nursing profession's culture impact this transition? Does this culture facilitate or inhibit this transition, and in what ways? Research into these areas may be helpful in furthering aspects of this theory.

Discussion

As an educator and researcher this study has aided me in understanding the experiences of nurses in their first year of practice. This year is critical in a new nurse's career. Seven nurses recounted experiences in their first year of practice. In sharing the experiences, they revealed anxieties, hopes, fears and successes. Each is a successful, practicing nurse, for some the transition has been easy, for others turbulent. All have accomplished the transition into professional nursing.

The transition into nursing practice has changed since I, and many of my colleagues entered nursing practice. For us, entry into the full responsibility of professional practice was a gradual process. Testing for licensure was accomplished in a large group setting, many weeks after graduation, with paper and pencils. This was followed by a four to six week period of waiting for results. During this time we worked at learning the routines and responsibilities of our positions. Today's graduates schedule testing on an individual basis. They decide when they are ready, some as soon as three weeks after graduation. Because of computer adaptive testing, results of testing, and licensure are available a few days after the exam. The mandated period of adjustment is much shorter. In many cases it has been replaced by a period of orientation and

adjustment offered by the facilities they work at. These residency and internship programs are helping to meet the needs of the new graduates and to insure that these new practitioners provide safe and effective care to their patients.

Continuing the process of designing, implementing and evaluating these programs is important to nursing education and practice. It is important to healthcare and to patient safety that new practitioners of professional nursing be effectively integrated into the workforce. As a profession, Nursing has a responsibility to facilitate this transition in newly graduated practitioners.

The former nurse mentioned in the prologue started this journey. I am grateful to her, as well as all of the participants who shared their stories. The middle range theory of transitions has been helpful in providing a lens with which to view this experience. I hope that this study adds to the understanding of transitions and to the use of the theory to explain transitions and their importance to nursing.

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APPENDIX A:
INTERVIEW SCHEDULES

Graduate Nurse
Interview Schedule:

Demographic Information:

Age: _____ Sex: _____ Race/Ethnicity _____

Current Marital Status: _____

Marital Status at Graduation: _____

Children? _____

Previous Education / Degrees _____

Previous Work Experience (Before Nursing) _____

Tour Question:

Can you share with me what has happened in your life since graduating from nursing school?

Follow up Questions:

1. What can you tell me about the process you used for choosing your first nursing job?
2. What did you expect your job to be like?
3. Can you describe the environment you work in?
4. What were your feelings about your job in the early months?
5. How have those feelings changed over the last year?
6. Overall how have you felt physically since graduating?
7. Will you describe how you have felt emotionally since graduating?
8. What meaning does the phase “becoming a nurse” have for you?
9. Looking forward, what are your plans for the next year?
10. Is there additional information you believe would help me understand your transition from student to professional?

Interview Schedule for Hospital Educators/Supervisors

Please choose a name (other than your own) to use as an identifier for you in this study:

1. What is the title of your position?
2. In what ways do you interact with students preparing for graduation?
3. What methods do you use to evaluate the readiness of students to graduate (formal and informal)?
4. Will you speak about any issues that you find in the transition from graduate to registered nurse?
5. Are there ways to evaluate (or predict) how a student will make the transition from student to nurse?
6. What kinds of problems to you see (or hear about) in the transition from student to nurse?
7. Are there critical points or time periods in the transition from student to Registered Nurse?
8. Is there additional information you believe would help me understand the transition from student to professional?

Interview Schedule for Nursing Educators

Please choose a name (other than your own) to use as an identifier for you in this study:

1. What is the title of your position?
2. In what ways do you interact with students preparing for graduation?
3. What methods do you use to evaluate the readiness of students to graduate (formal and informal)?
4. Will you speak about any issues that you find in the transition from graduate to registered nurse?
5. Are there ways to evaluate (or predict) how a student will make the transition from student to nurse? What are they?
6. In addition to graduation from college what types of transitions (life changes) do you see in students in the first year?
7. Typically, what preparations do students make for graduation and entry to practice?
8. What kinds of problems to you see (or hear about) in the transition from student to nurse?
9. What are the critical points or time periods in the transition from student to Registered Nurse?
10. Is there additional information you believe would help me understand the transition from student to professional?

APPENDIX B:
INSTITUTIONAL REVIEW BOARD APPROVAL

Oklahoma State University Institutional Review Board

Date: Friday, July 11, 2008
IRB Application No ED08110
Proposal Title: Transition to Professional Practice in Baccalaureate Nursing: A Multiple Case Study Approach Using the Middle Range Theory of Transition

Reviewed and Exempt
Processed as:

Status Recommended by Reviewer(s): Approved Protocol Expires: 7/10/2009

Principal Investigator(s):

Linda L. Rider	Adrienne Hyle
1209 Rockwood Dr.	325D Willard
Edmond, OK 73013	Stillwater, OK 74078

The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

☒ The final versions of any printed recruitment, consent and assent documents bearing the IRB approval stamp are attached to this letter. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval.
2. Submit a request for continuation if the study extends beyond the approval period of one calendar year. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of this research; and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to inspect research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the Board, please contact Beth McTernan in 219 Cordell North (phone: 405-744-5700, beth.mcternan@okstate.edu).

Sincerely,



Shelia Kennison, Chair
Institutional Review Board

APPENDIX C:
INFORMED CONSENT FORM



**CONSENT TO PARTICIPATE IN A RESEARCH STUDY
OKLAHOMA STATE UNIVERSITY**

PROJECT TITLE: Transition to Professional Practice in Baccalaureate Nursing: A Multiple Case Study Approach Using the Middle Range Theory of Transition

INVESTIGATORS: Linda L Rider, RNC, MS and Adrienne Hyle, PhD, Dissertation Advisor

PURPOSE:

The purpose of this study, which is research conducted for a dissertation for a doctoral degree in Educational Leadership through Oklahoma State University, is to examine the period of transition from student nurse to professional nurse in graduates of baccalaureate nursing programs. The information sought is the experiences of the graduates and those who work with them, during their first year of practice as a Registered Nurse.

PROCEDURES:

The project will involve participation in an in-depth interview about the first year in practice for graduates of baccalaureate nursing programs. The interview will be with the investigator, Linda L Rider. The interview will be audio recorded, then transcribed and analyzed. Participants' names and identities will be concealed in the transcripts. The identities of healthcare facilities, supervisors, and co-workers will also be concealed to protect privacy.

The time involved in the study may vary, but is expected to be approximately one hour for each interview. Some participants may be contacted again during the analysis process to verify the correctness of the interpretation of data.

RISKS OF PARTICIPATION:

There are no known risks associated with this project, including stress, psychological, social, physical, or legal risk which are greater than those encountered in daily life. If, however, you begin to experience discomfort or stress in this project you may end your participation at any time.

BENEFITS OF PARTICIPATION:

This research study will provide no direct benefits to you. You may gain satisfaction in helping the nursing profession to understand the experience of entering professional nursing practice. Others may benefit from knowledge of the transition to professional nursing practice that you experienced.

CONFIDENTIALITY:

All information about you will be kept confidential and will not be released. Audio tapes and transcripts of the interviews will be kept in a locked file cabinet in the principle investigator's home, only the investigators will have access to the research materials. Electronic copies of the transcripts will be stored on a "flash drive" in password protected files in a locked cabinet in the principle researcher's home. In all written or transcribed materials participants and others they may speak of will be identified only by fictitious names. Healthcare facilities will be described in a way that their specific identity and location is not revealed. Audio tapes will be destroyed (shredded) after transcription and member checks have been completed. Transcripts will be retained for two years after completion of the study. Results of this study may be reported in

publications, reported at professional meetings. It is possible that the consent process and data collection will be observed by research oversight staff responsible for safeguarding the rights and wellbeing of people who participate in research.

Confidentiality will be maintained except under specified conditions required by law. For example, current Oklahoma law requires that any ongoing child abuse (including sexual abuse, physical abuse, and neglect) of a minor must be reported to state officials. In addition, if an individual reports that he/she intends to harm him/herself or others, legal and professional standards require that the individual must be kept from harm, even if confidentiality must be broken. Finally, confidentiality could be broken if materials from this study were subpoenaed by a court of law. It is unlikely that above situations will happen in this study

COMPENSATION:

Although your participation is appreciated, no compensation is offered for participation in the study.

CONTACTS:

You may contact the researcher, Linda L. Rider at (405) 503-6633 or lrider@ucok.edu or her advisor, Adrienne Hyle, PhD at Adrienne.hyle@okstate.edu, should you desire to discuss your participation in the study and/or request information about the results of the study. If you have questions about your rights as a research volunteer, you may contact Dr. Shelia Kennison, IRB Chair, 219 Cordell North, Stillwater, OK 74078, 405-744-1676 or irb@okstate.edu.

PARTICIPANT RIGHTS:

Your participation in this research is voluntary. There is no penalty for refusal to participate, and you are free to withdraw your consent and participation in this project at any time, without penalty.

CONSENT DOCUMENTATION:

I have been fully informed about the procedures listed here. I am aware of what I will be asked to do and the benefits of my participation. I also understand the following statements. I also understand the following statements:

I affirm that I am 18 years of age or older.

I have read and fully understand this consent form. I sign it freely and voluntarily. A copy of this form will be given to me. I hereby give permission for my participation in the study.

Signature of Participant

Date

I certify that I have personally explained this document before requesting that the participant sign it.

Signature of Researcher

Date



VITA

Linda L. Rider

Candidate for the Degree of

Doctor of Education

Thesis: TRANSITION TO PROFESSIONAL PRACTICE IN
BACCALAUREATE NURSING: A MULTIPLE CASE STUDY APPROACH
USING THE MIDDLE RANGE THEORY OF TRANSITION

Major Field: Educational Leadership- Higher Education

Biographical:

Personal Data: Born Denver, Colorado to Robert and Alice Lyle. Wife of Thomas, mother of Matthew, Allan and Katherine Rider.

Education: Completed the requirements for the Doctor of Education at Oklahoma State University, Stillwater, Oklahoma in May 2009. Master's Degree, OUHSC, College of Nursing, August 1998. Bachelor of Science in Nursing, University of Mary Hardin-Baylor, May 1983. Associate Degree in Nursing, St. Johns College, 1977.

Experience: Chairperson, Department of Nursing, University of Central Oklahoma 2006- current; Faculty, Department of Nursing, University of Central Oklahoma, 2000-current; Clinical Manager & Staff RN, OU Medical Center, Department of Women's and Newborn Services, 1998-2006, Clinical Manager and Staff RN, Edmond Medical Center, Obstetrics and Newborn Services, 1985-1998; Clinical Nursing positions in Lawton, OK; Killeen, TX; Norman, OK, and Winfield KS, 1977- 1985.

Professional Memberships: Sigma Theta Tau, Beta Delta Chapter at Large, The International Honor Society of Nursing, National League for Nursing, Oklahoma Healthcare Workforce Center – Education and Training Committee, IONE (Institute of Oklahoma Nursing Education).

Name: Linda L. Rider

Date of Degree: May 2009

Institution: Oklahoma State University

Location: Stillwater, Oklahoma

Title of Study: TRANSITION TO PROFESSIONAL PRACTICE IN
BACCALAUREATE NURSING: A MULTIPLE CASE STUDY APPROACH
USING THE MIDDLE RANGE THEORY OF TRANSITION

Pages in Study: 167 Candidate for the Degree of Doctor of Education

Major Field: Educational Leadership – Higher Education

Scope and Method of Study: Concern is growing about the readiness of graduates of nursing education to assume the responsibility for safe effective patient care. The purpose of this qualitative, multiple case study research is to explore and document the transition of baccalaureate nursing graduates into professional nursing practice. The middle range theory of transition was used as a framework to view the experiences of 7 graduates in their first year of practice. Academic and hospital nursing educators were interviewed to find an alternate viewpoint of the experience. The analysis documented the experience of each nurse and then determined common experiences. The data was then examined for fit with the middle range theory of transition.

Findings and Conclusions: The results of these case studies show that these seven nurses experienced several common experiences. These included, extreme fatigue for several months, sleep disturbances, preoccupation with their jobs to the exclusion of personal lives and families. Common critical time points were also identified. Four to five months after beginning employment is a low point while 9 to 10 months after beginning work is when satisfaction may begin to improve. The middle range theory of transition proved to be a useful tool in describing this transition and the nursing profession's role in facilitating this transition in newly graduated nurses. Future studies are suggested to focus on better defining the transition properties and conditions. Nursing therapeutics that facilitate healthy transition outcomes are suggested.

ADVISER'S APPROVAL: Adrienne E. Hyle PhD
