THE LIVED EXPERIENCE OF TRANSITIONING TO A NEW GRADUATE REGISTERED NURSE FOLLOWING A NURSE RESIDENCY PROGRAM: A PHENOMENOLOGICAL INQUIRY

DISSERTATION

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Michele D. Butts

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Abstract

Background: In the past decade, nurse vacancy rates due to turnover increased the pressure for hospitals to orient and train new graduate registered nurses as quickly as possible so they can work independently at the bedside. Research has shown that hospital-based nurse residency programs are beneficial in the recruitment and retention of new graduate registered nurses. A paucity of qualitative research in nursing literature exists that explores the experience of nurses transitioning from students to new graduate registered nurses following a nurse residency program exist in the nursing literature.

Purpose: The purpose of this study was to explore the lived experiences of nurses transitioning from students to registered nurses following a nurse residency program.

Philosophical Underpinnings: A qualitative approach in the tradition of van Manen's phenomenology was used for this study.

Methods: Purposive and snowball sampling was used to select nurse participants for semi-structured interviews regarding their lived experience of transitioning from student to new graduate registered nurse following a nurse residency program.

Results: The related themes of confidence, preparation, safety, and support transpired as a complete representation of the lived experience of transitioning to a new graduate registered nurse following a nurse residency program. The support they received during their transition prepared them to confidently and safely provide patient care.

Conclusions: This study contributes to the discussion regarding nurse residency programs as the minimum requirement for all new graduate registered nurse entry into practice. Preparation of new graduate registered nurses for clinical practice is imperative for now and for the future generation of nurses.

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DEDICATION

I would like to dedicate this dissertation to my mother, Lola Butts, who is my best friend and my biggest supporter. This has been an amazing journey and it would not have been possible if I did not have your encouragement. I truly believe that only the people closest to you really understand the time, commitment, and sacrifice that is needed during this journey and they have a real appreciation of what you are going through. I would also like to dedicate this dissertation to my father, Ronell Butts. Even though you are long gone, your presence was felt throughout this journey. I would like to thank my parents for always believing in me and instilling in me the importance of hard work. I love you deeply and I am forever grateful to you both. *A Family* written by Khan (2016), is poem that further describes our relationship:

A family is that which help me

A family is that which understand me

A family is that which support me in my correct decisions

A family is that which can ease my tension

A family is that which can love me a lot

and from whom everything I have I got

and I have a family like that

so, I love my family very much....

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CHAPTER ONE

In the United States, nursing workforce projections indicate the total registered nurse shortage may exceed 500,000 by 2025 (American Association of Colleges of Nursing [AACN], 2010; Cipriano, 2006; U.S. Department of Health and Human Services, 2007). According to Bowles and Candela (2005), the 30% turnover rate among new graduate registered nurses in their first year of practice increased to 57% by the second year. Jones (2008) calculated the replacement cost of each new graduate registered nurse in 2007 as approximately $88,000. Nurse vacancy rates due to turnover increased the pressure for hospitals to hire new graduate registered nurses and train them as quickly as possible so they could work independently at the bedside. This pressure led to a higher ratio of inexperienced nurses in direct patient care, especially on the night shift where typically fewer resources and experienced nurses are available. According to Caron (2004), it is important to prepare new graduate registered nurses for employment settings that are characterized by taxing workloads and constant staffing shortages. Such negative attributes can lead to low motivation and productivity, a decrease in the quality of patient care (Shinyashiki, Mendes, Trevizan, & Day, 2006), and ultimately, a decision to leave the profession.

Transitioning from a student to a new graduate registered nurse can be very challenging. A disconnect exists between what is learned in school and what is expected in the clinical setting (Axford, 2005; Jasper, 1996). New graduate registered nurses are expected to perform at the same level as experienced nurses while also learning the policies and procedures of the employing organization (Johnstone, Kanitsaki, & Currie, 2008; Millwater, Taylor, Nash, & Wise, 2006). They also have to perform under

pressure in life-threatening situations for which they feel ill prepared (Anderson, 1989; Chapman, 1993; Kramer, 1974; Oermann & Moffitt-Wolf, 1997). Inadequate orientation and high workloads have been identified as providing a source of frustration for new graduate registered nurses. The challenges faced by new graduate registered nurses during transition to practice led to the development of hospital-based nurse residency programs (Evans, Boxer, & Sanber, 2008; Ministry of Health, 2004).

Background of the Study

The need for an effective transition to practice program in nursing has been documented for more than 80 years (Townsend, 1931). Yet, comprehensive study of transition to practice in nursing did not begin until the 1970s. Kramer (1974) published her seminal work, *Reality Shock*, in which she proposed and assessed strategies to alleviate that shock. As cited in Dreyfus and Dreyfus (1986), Benner (1984) began studying the nurse's transition from novice to expert that was based on the Dreyfus model of skill acquisition.

Today, the transition of new graduate registered nurses to practice is even more important. Health care is becoming increasingly complex, and the new graduate registered nurse needs preparation for systems thinking. This includes the nurse working collaboratively with the multidisciplinary team to coordinate patient care and reporting any changes in the patient's condition to the team. It is important that education regarding systems thinking is included in the nurse residency program. The patient population is more diverse and critically ill patients have an increased life span and multiple medical diagnoses. Technology is growing, and nurses are working at a fast pace (Wiggins, 2006).

McMenamin (2014) issued a "tsunami warning" regarding the looming nursing shortage that will be triggered by massive nurse retirements. Soon, there will be fewer seasoned nurses and more novice nurses in the workplace. Along with the complexity of health care and the projected increase of the proportion of novice nurses, medical errors continue to be a pervasive problem.

Despite the increased complexity of health care, the alarming numbers of medical errors, and the expertise gap, nurses, unlike other professionals, often have no comprehensive transition programs to support them as they enter the profession. The Joint Commission, the Institute of Medicine (IOM), and the Carnegie Study of Nursing Education have called for robust transition to practice, or residency, programs for nurses (Benner, Sutphen, Leonard, & Day, 2010). Yet, very few employers offer comprehensive, evidence-based nurse residency programs.

Nurse Training in the United States

The first training school for nurses in the United States (U.S.) opened in 1873. Diploma nursing, historically known as "hospital nursing," began during the latter part of the 19th century with a growth in hospitals. Knowledge of asepsis partially led to hospitals' demand for more nurses along with an increasing number of patients being admitted to the hospital and not enough nurses to provide patient care. Training of hospital nurses at this time was based on an apprenticeship model where nursing students provided direct patient care in exchange for a few educational lectures, room and board, and a monthly allowance (King, 1987). The apprenticeship model soared because it offered women an opportunity for a vocation, it improved care of the sick, and it decreased the cost of nursing service in hospitals while student nurses provided patient

care services for a minimal allowance (Bullough & Bullough, 1978). Despite the benefits of the apprenticeship model, it underwent criticism from nursing education leaders. Goldmark (1923) stressed that the training needs of students and the service needs of hospitals were unbalanced. For example, training in the care of children was stopped if students were needed to care for patients on the surgical unit. Within the apprenticeship model, students' patient assignments were based on the hospital's needs rather than on the educational needs of the students.

Dr. Richard Olding Beard advocated for university education for nursing students. He discussed that university education would eliminate the incongruence between the hospital's service needs and the educational needs of students. In 1909, Beard began a nursing program at the University of Minnesota, and it was one of the first baccalaureate nursing programs. Unfortunately, it resembled the model used for the diploma nursing education because, even though nursing students met university standards for admission and coursework, they were required to work 56 hours a week in the hospital (Bullough & Bullough, 1984).

Following Dr. Beard's efforts, the National League for Nursing Education (NLNE) made numerous attempts to redesign nursing education programs. In 1917, the NLNE published a report, *Standard Curriculum Schools of Nursing,* that encouraged diploma programs to decrease students' time working in the hospital and increase their education by offering 3 years of coursework in the sciences and clinical experiences for caring for diverse patient populations. The work of Dr. Beard, the NLNE, and other reports on the state of nursing education contributed to the restructuring of diploma nursing education (Scheckel, 2009). Changes in health care such as rapid advances in

medical technology and the expansion of knowledge in treatments for diseases required nurses to have theoretical preparation (Melosh, 1982).

In 2003, the National League for Nursing (NLN) published a position statement, *Innovation in Nursing Education: A Call to Reform* that encouraged dramatic reform in nursing education that will create and shape the future of nursing practice. To accomplish this call for reform, nurse educators in partnership with hospitals must enact substantive innovation in schools, document the effects of the innovation being undertaken, and develop the science of nursing education upon which all practicing teachers can draw (National League for Nursing, 2003). In *Educating nurses: A call for radical transformation,* Benner (2010) proposed that for entry to practice, new graduate registered nurses should be required to complete a 1-year residency program focused on one clinical area of specialization.

New Graduate Registered Nurse Transition to Clinical Practice

Transition is defined as "a change from one state or condition to another" (Merriam-Webster, 2015). The term has Latin origins and also means "to cause change from one state or stage to another" (The English Dictionary, 2015). Transition occurs when a person's current reality is disrupted, causing a forced or chosen change that results in the need to construct a new reality (Selder, 1989). It can only occur if the person is aware of the changes that are taking place (Chick & Meleis, 1986). This awareness is followed by engagement, where the person is immersed in the transition process and undertakes activities such as seeking information or support, identifying new ways of living and being, modifying former activities, and making sense of the circumstances. Therefore, level of awareness will influence level of engagement.

Lack of awareness signifies that an individual may not be ready for transition (Meleis, Sawyer, Im, Hilfinger Messias, & Schumacher, 2000). Kralik (2002) noted that people with chronic illnesses in transition feel different, may be perceived by others as different, and view their world in a changed way as a result of the movement that occurs during transition. A lack of consensus exists among researchers as to whether the dynamic transition process has a definite beginning and end and is linear or cyclical and how we can help people to "move on."

Benner (1984) described five phases in the development of expertise in nursing practice: *novice*, *advanced beginner*, *competent*, *proficient*, and *expert*. The novice nurse is task-oriented, rule-governed, and focused on skill acquisition. Over time, the novice acquires characteristics of the advanced beginner that include the ability to formulate and act on principles. With further experience and reflection on experience, the nurse becomes increasingly skilled and demonstrates behaviors consistent with competent, proficient, and finally, expert practice. Benner, Hooper-Kyriakidis, and Stannard (1999) cautioned against assuming that new graduate registered nurses are prepared to function as experts. They discussed that it is more realistic to expect new graduate registered nurses to be in the stage of advanced beginners. Tanner (2006) maintained that as nurses gain experience, they begin to understand clinical situations, recognize the cues of patients' diagnosis, and interpret signs and symptoms as critical or non-critical. Clinical learning occurs as a result of experience and contributes to future clinical judgments.

Cost of Transition

It is estimated that organizations in the United States spend $80,000 to

retrain a specialty nurse due to turnover (Burr, Stichler, & Poeitler, 2011; Tellez, 2012). In calculating the costs of nurse turnover, an organization must take into account costs of recruitment, lost productivity for the clinical unit, replacement overtime, and lower customer satisfaction (Pine & Tart, 2007), pre-turnover decreased productivity, hiring and termination costs, and vacancy costs such as bed closures, patient deferral costs, consultation for new staffing plans, and new employee benefits including orientation (Jones, 2004). The costs of cross-training staff nurses in all areas of the organization for teaching and precepting are difficult to calculate and often not counted in assessing costs of nurse residency programs. The finding that nurse residency programs substantially shorten the time needed for a new graduate registered nurse to reach a 90% productivity level is an important cost-saving indicator of program effectiveness (Beercroft, Kunzman, & Krozek, 2001; Jones, 2005).

Bridging the Transition Gap

Hillman and Foster (2011) discovered the orientation process, or lack thereof, was one of the major factors that contributed to new graduate registered nurse turnover. The content and time used in orientation varied from unit to unit. Some nursing units had a very comprehensive orientation program with dedicated preceptors, whereas others lacked structure, preceptors, and a clear focus. Preceptor participation and skills also varied. Depending on the unit of hire, there could be an abundance of preceptors or none. The preceptors varied on their experience, training, willingness to participate, and ability to organize the orientation.

According to Haggerty, Holloway, and Wilson (2013), effective preceptorship has consistently been identified as an essential support process for new graduate registered

nurses in their first year of practice. Quality preceptorship supports a new graduate registered nurse to develop confidence and competence and is seen as a critical component of any new graduate registered nurse program. Preceptorship is seen as key to improving the retention of new graduate registered nurses, as well as providing support, integration, and role socialization. Preceptors have a role in bridging the theory/practice gap and increasing confidence in practice as well as new graduate registered nurses' job satisfaction (Barker, 2006; Faron & Poeltler, 2007; Goodwin-Esola, Deely, & Powell, 2009; Reinsvold, 2008; Reeves, 2004; Zilembo & Monterosso, 2008). On the other hand, inexperienced, unqualified, or disinterested preceptors can have a negative effect on new graduate registered nurses' confidence (Johnstone et al., 2008).

Numerous studies have shown that mentorship programs are significantly associated with staff retention and job satisfaction among staff nurses (Chen & Lou, 2014). Mentorship is a relationship in which an experienced and knowledgeable mentor supports the maturation of the less experienced mentee (DeCicco, 2008). The mentor is portrayed as a person who can provide support and be trusted to facilitate professional development (Hodges, 2009). The role of a mentor involves helping new employees with their theoretical and personal advancement, thereby enabling them to develop role fulfillment and achieve self-efficacy (Hayes, 2005). Hodges (2009) stated that mentorship is an integration of nursing roles that support nursing education. Mentorship is a long-term and one-to-one interpersonal relationship that encourages the personal and professional development of the mentee (Block, Claffey, Korow, & McCaffrey, 2005; Wensel, 2006).

As cited in Berkow et al. (2008), Spector et al. (2015), survey of 400 nursing school deans and 5,700 nurse leaders showed a wide gap between perceptions of the deans and the practicing nurse leaders regarding the preparation of newly graduated nurses. Focusing on 36 competencies, 90% of the deans and directors believed their nursing students were fully prepared to provide safe, effective care to patients, but only 10% of the nurse leaders believed they were fully prepared. Despite the increased complexity of health care, the alarming number of medical errors, and the expertise gap, nurses, unlike other professionals, often have no comprehensive transition programs to support them as they enter the profession (Spector et al., 2015). The challenges faced by new graduate registered nurses entering the profession led to the development of hospital-based nurse residency programs.

Nurse Residency Programs

Residency is the period after graduating from a professional school such as nursing or medicine when a person has additional training in a hospital, learning about their specialty area and the care of the patient who needs to be in the hospital. Only hospitals can sponsor a residency program. Preferably, the hospital is an academic teaching institution because they have more resources: clinical, didactic, as well as a culture that is dedicated to the teaching of health care professionals. There must be sufficient pathology and clinical experiences for residents to be trained adequately (Wallace, 2007).

In medical residency programs, the residency director assumes all of the responsibilities for educating and validating the residents' training. The attending physicians work as a team with the residency director, and they are dedicated to

providing education to the residents in any way possible. Education may be in the form of cases, rounds, or lectures. Supervision is constant. The ability to ask meaningful, thought-provoking questions, utilizing the Socratic Method, is part of the teaching experience. Residents need to be able to think and to apply their knowledge to clinical settings (Wallace, 2007).

Hospital-based nurse residency programs differ from medical residency programs because they generally consist of a preceptored clinical experience with a trained preceptor in a particular specialty area, classroom learning, and expected time frames and criteria for completing orientation based on the area of practice. Although it is recognized that the length of time for orientation is individually based, guidelines are established for specific clinical areas. New graduate registered nurses working in acute care are expected to complete a minimum of eight to 12 weeks of orientation, and those working in critical care may have up to 20 weeks of orientation. They may also have additional classes during the orientation period. Specialty nurse orientation programs that support the transition into practice should be based on the capacities of advanced beginners, expectations, and guidelines from the employer and strategies for mentoring and enhancing transition. The essential components include: a structured residency program, preceptor development, administrative support, tools for documenting learning and performance, and innovative strategies for integrating theory and practice (Santucci, 2004).

Two types of nurse residency programs exist: the standard model (three to four month orientation) and the comprehensive model (12–24 months) (Anderson, Linden, Allen, & Gibbs, 2009; Schoessler & Waldo, 2006). Most programs include a reduced

clinical workload, didactic classroom content of 4 to 8 hours a month, and a new graduate registered nurse being precepted using a supportive experiential clinical learning approach ranging from 12 weeks to 12 months (Beercroft, Dorey, & Wenton, 2001; Krungman, Bretschneider, Horn, Krsek, & Smith, 2006; Meyer-Bratt, 2009; Newhouse, Hoffman, Suflita, and Hairston, 2007; Rosenfeld, Smith, Iervolino, & Bowar-Ferres, 2004; Williams, Goode, Krsek, Bednash, & Lynn, 2007).

The American Nurses Association (2002) recommended that nursing advocate for standardized internships and residencies through partnerships between schools of nursing, professional organizations, and practice sites and further recommended that graduates participate in an individualized mentoring program to socialize them into the profession and enhance their knowledge of clinical practice. It also emphasized the importance of redefining scopes of nursing practice and the educational preparation for each scope of practice to meet the general and specialized health care needs of society.

Health care systems need to include career development in the organizations comprehensive rewards strategy. Methods suggested include enhanced orientation, internships, and transition-to-work programs, as well as a career mobility plan that considers employees' interests and goals, offering nurses opportunities for career and personal growth. Hospitals need to partner with educational institutions to identify realistic expectations for new graduate registered nurse competencies and readiness to work (AHA, 2002).

The University HealthSystem Consortium (UHC)/American Association of Colleges of Nurses (AACN) Residency Program was formed out of the desire of chief nursing officers for a better educated workforce in their clinical settings. Two goals were

established for the collaboration: (a) to expand capacity in baccalaureate programs and (b) to develop a residency program to take the novice learner from new graduate registered nurse to a more competent provider. Currently, 92 practice sites in 30 states offer the year-long residency, and more than 26,000 nurses have completed the program. A formal curriculum serves as the framework for the residency, and the faculty and staff of the UHC institutions who developed the curriculum review it annually for updates and revisions (American Association of Colleges of Nursing, 2015).

One of the recommendations in the Institute of Medicine's (IOM) 2010 *Report on the Future of Nursing*: *Leading Change, Advancing Health* was to implement nurse residency programs. According to the report, state boards of nursing, accrediting bodies, the federal government, and health care organizations should take actions to support nurses' completion of a nurse residency after they have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas (IOM, 2010; Benner et al., 2010).

Statement of the Problem

New graduate registered nurses have the lowest retention rate in acute care compared to other health care professionals, and nearly 50% will voluntarily leave within the first year of employment (Winfield, Melo, & Myrick, 2009). The manner in which nursing students transition to the new graduate registered nurse role greatly impacts job satisfaction, quality of patient care, and patient safety. Research findings suggest that hospital-based nurse residency programs are beneficial to the recruitment and retention of new graduate registered nurses (Goode, Lynn, Kresek, & Bednash, 2009). There is a paucity of information in the nursing literature regarding the experiences of new graduate

registered nurses transitioning from students to new graduate registered nurses following a nurse residency program. Exploring and understanding how a nurse residency program bridges the transition from student to new graduate registered nurse from the voices of those who have experienced the phenomenon will inform nurse leaders, health care organizations, academic institutions, and boards of nursing on the training needs for nursing students.

Purpose of the Study

The purpose of this study was to explore the lived experiences of nurses transitioning from students to new graduate registered nurses following a nurse residency program. No in-depth studies exploring new graduate registered nurses' experiences in residency programs were found in the literature review. Munhall (2007) proposed that what a person perceives is the reality for that individual; therefore, uncovering the transitioning experience from the individual's unique perception is essential.

Research Question

The research question for this phenomenological research inquiry was: What is the lived experience of new graduate registered nurses who complete a nurse residency program and the perceived impact on their successful transition into the practice role as registered nurses?

Philosophical Underpinnings

Qualitative Research

Creswell (2013) defines qualitative research as beginning with:

> assumptions and the use of interpretive-theoretical frameworks that inform the study of research problems addressing the meaning individuals or groups

> ascribe to a social or human problem. To study this problem, qualitative researchers use an emerging qualitative approach to inquiry, the collection of data in a natural setting sensitive to the people and places under study, and data analysis that is both inductive and deductive and establishes patterns or themes. The final written report or presentation includes the voices of participants, the reflexivity of the researcher, a complex description and interpretation of the problem, and its contribution to the literature or a call for change. (p. 44)

According to Creswell (2013), several common characteristics of qualitative research exist: (a) qualitative researchers often collect data in the field at the site where participants experience the issue or problem under study; (b) the researchers are the key instrument—they collect the data themselves by examining documents, observing behavior, and interviewing participants; (c) they gather multiple forms of data such as interviews, observations, and documents, rather than rely on a single data source; (d) qualitative researchers build their patterns, categories, and themes from the bottom up by organizing the data inductively into increasingly more abstract units of information, and researchers also use deductive thinking in that they build themes that are constantly being checked against the data; (e) the participants' meaning is the focus of the researcher, not the meaning that the researcher brings to the research or writers from the literature; (f) the design is emergent, which means the initial plan for research cannot be tightly prescribed, and that all phases of the process may change or shift after the researcher enters the field and begins to collect data; (g) researchers "position themselves" in qualitative research study, also known as reflexivity where they convey their background, how it informs

their interpretation of the information in a study, and what they have to gain from the study; and (h) researchers provide a holistic account that includes identifying the complex interactions of factors in any situation (p. 45-47).

Philosophical Assumptions

Researchers make four philosophical assumptions when they begin a qualitative study, and these assumptions serve as the guiding philosophy, also known as paradigms, behind qualitative research. Ontology is the nature of reality, and when researchers conduct qualitative research, they are embracing the idea of multiple realities. Epistemological assumption is when the researcher tries to get as close as possible to the participants being studied. Axiological assumption is when the researchers make their value known in the study or they "position themselves" in the study. Finally, the methodological assumption is when the researcher uses inductive logic and works with details before generalizations and describes in detail the context of the study (Creswell, 2013). The epistemological underpinning that guided this phenomenological inquiry was constructivism. According to Crotty (1998), constructivism:

> requires that we not remain straitjacketed by the conventional meanings we have been taught to associate with the object. Instead, such research invites us to approach the object in a radical spirit of openness to its potential for new or richer meaning. It is an invitation to reinterpretation. (p. 51).

Qualitative researchers also utilize reflexivity where they convey their background, how it informs their interpretation of the information in a study, and what they have to gain from the study (Creswell, 2013).

Different approaches to qualitative inquiry exist, and they are based on the research question that is posed by the researcher. Narrative research is developed from literature, history, anthropology, sociology, sociolinguistics, and education. Different fields of study have adopted their own approaches (Chase, 2005). Creswell (2013) stated: "As a method, it begins with the experiences as expressed in lived and told stories of individuals" (p. 70). Grounded theory has its roots in sociology and was developed in 1967 by two researchers who felt that theories used in research were often inappropriate for the participants being studied. It is a qualitative research design in which the researcher generates a general explanation or theory of a process, an action, or an interaction shaped by the views of a large number of participants (Creswell, 2013).

Ethnography has its roots in comparative cultural anthropology beginning in the early 20th century. Ethnographic research focuses on developing a complex, complete description of the culture sharing of a group. This could be the entire group or a subset of the group (Creswell, 2013). Case study research has a history across many disciplines such as psychology, medicine, law, and political science. The researcher explores a "real-life, contemporary bounded system or multiple bounded systems over time, through detailed, in-depth data collection" (Creswell, 2013, p. 97). A phenomenological approach will be used to guide this research inquiry.

Constructivism

The constructivist paradigm, often called the naturalistic paradigm, began as a countermovement to positivism. It is an outgrowth of postmodernism that emphasizes the value of deconstruction—taking apart old ideas and structures—and reconstruction—putting ideas and structures together in new ways. The constructivist paradigm is a major

alternative system for conducting disciplined research in nursing. The constructivist paradigm assumes there are multiple subjective realities and there is no cause and effect. The positivist approach assumes reality exists, and it is driven by cause and effect. Constructivism assumes that knowledge is maximized when the distance between the researcher and the participants is minimized. The researcher is independent from the participants in the positivist approach. Lastly, constructivism utilizes a deductive approach and is theory generating. Positivism is a deductive process and utilizes theory verification (Polit & Beck, 2012).

The phenomenon of the lived experience of transitioning to a new graduate registered nurse following a nurse residency had multiple subjective realities because the research participants constructed their own meaning that was not related to cause and effect. There was emerging insight based on the participants' experiences. The researcher interacted with the participants throughout the research process. The findings of the research study promoted theory generation. There was an in-depth understanding of the phenomenon with a focus on the process. The process is new graduate registered nurse transition.

Phenomenology

Phenomenological research is the common meaning for several individuals and their lived experiences of a phenomenon. The purpose of phenomenology is to "reduce experiences with a phenomenon to a description of the universal essence" (Creswell, 2013, p. 76). Phenomenology is based heavily on the writings of Edmund Husserl (1859-1938) and those who expanded on his views (Creswell, 2013, p. 77). Franz Brentano's (1838-1917) project for reviving exact scientific philosophy, and, specifically his project

for descriptive psychology, provided the first and most important intellectual stimulus for Husserl's development of phenomenology. At first glance, Franz Brentano seems an unlikely forerunner to Husserlian phenomenology, and indeed, phenomenology is by no means an inevitable outgrowth of Brentano's efforts. However, Husserl was, in fact, deeply inspired by Brentano's overall vision of philosophy as an exact science, and by Brentano's reformulation of Aristotle's conception of intentionality, as well as by his account of the peculiar kind of self-evidence of mental states that could yield apodictic truths, and thereby found a descriptive science of consciousness (Moran, 2002).

From the beginning of his lecturing career, Martin Heidegger (1889-1976), a student of Husserl, resisted the Neo-Kantian and Husserlian view that philosophy was a rigorous science, and indeed he inclined more towards the views of Scheler, Bergson, and Jaspers that concrete human existence is not best approached in scientific terms. Heidegger wanted to employ phenomenology as the proper mode of access to the phenomena of concrete human life, as he had initially called it in his early lecture courses, a way of thinking about human nature that remained faithful to the historical, lived, practical nature of human experience (Moran, 2002, p. 227).

Interpretive phenomenology or hermeneutics was founded by Heidegger, a student of Husserl who moved away from his professor's philosophy of descriptive phenomenology. The critical question that interpretive phenomenology asks is "What is being?" (Polit & Beck, 2012, p. 496). One distinction between descriptive and interpretive phenomenology is that bracketing does not necessarily occur with an interpretive phenomenological study. Heidegger thought it was impossible to bracket an individual's being-in-the-world. According to hermeneutics, there is prior understanding

on the part of the researcher (Polit & Beck, 2012). Heidegger emphasized interpreting *and* understanding, not just describing the human experience: "The goals of interpretive phenomenological research are to enter another's world and to discover practical wisdom, possibilities, and understandings found there" (Polit & Beck, 2012, p. 496).

Hans-Georg Gadamer's (1900-2002) philosophy is a phenomenology of the act of understanding, the central act by which humans engage with the world. It is phenomenological in that it attempts to do justice to the event of understanding and does not reduce it to a subjectivist or epistemological framework. For Emmanuel Levinas (1906-1995), the phenomenological approach analyzes the modes of giving of things and events but remains open to the surprises of recognizing meanings not deliberately or centrally thermalized. The great advance of phenomenology over previous forms of totalizing philosophy is that it allows for the possibility of recognizing what is distinctly human (Moran, 2002).

Jean-Paul Sartre (1905-1980) brought his own particular and original focus to bear on Husserl's phenomenology, rejecting much of Husserl's methodological apparatus, including the epoché and the reduction. In fact, Sartre rejected a majority of Husserl's philosophies and yet continued to regard himself—at least until 1940—as a Husserlian. At first, Sartre considered Husserl a realist, but later came to realize that his position was closer to Kant and hence was a "bad realism" (Moran, 2002, p. 359). Maurice Merleau-Ponty (1908-1961) has made the most original and enduring contribution to post-Husserlian phenomenology in France, through his attempts to offer a radical description of the primary experiences of embodied human existence. In his major work, *Phenomenology of Perception* (1945), he offers a phenomenological account

of our 'being-in-the-world' as a corrective to the distorted accounts of experience found, on the one hand, in rationalism, idealism, and what he calls 'intellectualism,' and, on the other hand, in empiricism, behaviorism, and experimental science (p. 391).

The publication of *History of Concept of Time* (1925) and *Being and Time* (1927) by Martin Heidegger paved the foundation for hermeneutic phenomenology. Later, it was enriched by scholars such as Max van Manen. Heidegger moved away from a philosophical discipline that focused on consciousness and essences of phenomena towards elaborating existential and interpretive dimensions (Finlay, 2009). This departure is primarily because of the rejection of the idea of suspending personal opinions and the turn for the interpretive narration to the description. Based on the premises that reduction is impossible and acceptance of endless interpretations, this school of phenomenology puts an effort to get beneath the subjective experience and find the genuine objective nature of the things as realized by an individual (Kafle, 2013).

van Manen's Hermeneutical Phenomenology

According to van Manen (1990), phenomenology is concentrated thoughtfulness on a quest to understand the meaning of being human:

> From a phenomenological point of view, to do research is always to question the way we experience the world, to want to know the world in which we live as human beings. And since to *know* the world is profoundly to be in the world in a certain way, the act of researching—questioning-theorizing is the intentional act of attaching ourselves in the world, to become more fully part of it, or better, to *become* the world (p. 5).

Phenomenology as philosophical perspective is interested in "the unique" and in those things that are "not replaceable" (van Manen, 1990, p. 7). Human science, unlike other scientific disciplines, is not interested in breaking life down in its microscopic components (van Manen, 1990). He also stated that "phenomenological research has, at its ultimate aim, the fulfillment of our human nature: to become more fully who we are" (van Manen, 1998, p. 12) and discussed limitations to phenomenological human science such that it does not problem solve. "Phenomenological questions are meaning questions. They ask for the meaning and significance of certain phenomena" (van Manen, 1990, p. 23). "Phenomenology is not an empirical analytic science. In other words, it is not a science of empirical facts and scientific generalizations, asking who did what? when? where? how many? to what extent? under what conditions?" (van Manen, 1990, p. 21-22).

van Manen (1990) stated that "phenomenological human science is discovery-oriented. It wants to find out what a certain phenomenon means and how it is experienced" (p. 29). Phenomenology's goal is "to ward off any tendency toward constructing a 'pre-determined set of fixed procedures, techniques, and concepts that would rule-govern the research project' (van Manen, 1990, p. 29). In addition to this, the researcher needs to identify a topic that personally interests them

> It is also important for the researcher to focus carefully on the question of what possible human experience is to be made topical for phenomenological investigation. The starting point of phenomenological research is largely a matter of identifying what it is that deeply interests you or me and of identifying this interest as a true phenomenon. (van Manen, 1990, p. 40).

According to van Manen (1990, pp. 9-13), hermeneutic phenomenology is guided by the following philosophical ideas: (a) anything that presents itself to consciousness is potentially of interest to phenomenology. Consciousness is the only access human beings have to the world; therefore, whatever falls outside of consciousness falls outside the bounds of our possible lived experience; (b) phenomenology is the systematic attempt to uncover and describe the structures and internal meaning structures of lived experiences; (c) it attempts to describe and interpret experiential meanings to a certain degree of depth and richness; (d) it is the human scientific study of phenomena; (e) it is the attentive practice of thoughtfulness; (f) it is the search for what it means to be human; and (g) it is a poetizing activity.

van Manen (1990) provided four existentials that can be used as guides for reflection during the research process: lived space (spatiality), lived body (corporeality), lived time (temporality), and live human relation (relationality or communality). They are productive categories for the process of phenomenological question posing, reflecting, and writing. "Lived space (spatiality) is felt space." "In general, we may say that we become the space we are in" (van Manen, 1990, p. 102). Lived space is the existential theme that refers us to the world or landscape in which human beings move and find themselves at home (p. 102). "Lived body" (corporeality) refers to the fact that we are always bodily in the world. When we meet another person in their landscape or world we meet that person initially through their body (p. 103). "Lived time" (temporality) is subjective, and it appears to speed up when we enjoy ourselves or slow down when we are bored or anxious. Finally, "lived other" (relationality) is the lived relationship we maintain with others in the intimate space we share with them. These

four existentials can be differentiated but not separated. They all form a unity that we call our lived world (van Manen, 1990, p. 105).

In reflecting on the lived experiences of transitioning to a new graduate registered nurse following a nurse residency program during the research process, lived space is the physical space where an individual feels comfortable reflecting on the phenomenon. In other words, this space helps to uncover more fundamental meaning of the lived experience. Lived body represents the body language, expressions, and demeanor that are elicited by the individual while reflecting on the experience. Lived time is recollecting on the past experiences of participating in a nurse residency program. This recollection may change under the pressures and influences of the present. In other words, as an individual gains more clinical experience as a registered nurse, he or she may reinterpret his or her past experiences as a new graduate registered nurse participating in a nurse residency program. Lived other is the physical impression that is formed before meeting a person. During the recollection process, this impression may change based on the information they provide (van Manen, 1990).

Van Manen (1990) discussed hermeneutic phenomenology may be seen as a dynamic interplay among six research activities: (a) seek a phenomenon that really interests us and commits us to the world; (b) investigate the experience as we live it rather than as we conceptualize it; (c) reflect on the essential themes that characterize the phenomenon; (d) describe the phenomenon through the art of writing and rewriting; (e) maintain a strong relationship to the phenomenon; and (f) balance the research context by considering parts and whole (p. 31).

Significance of the Study

An exploration of the lived experiences of nurses transitioning from students to new graduate registered nurses following a nurse residency program provides value to this educational experience. The benefits of residency programs in the preparation of new graduate registered nurses for the acute care setting are needed and should be heard from the voices of new graduate registered nurses that have experienced this phenomenon. The findings from this study contribute to nursing knowledge by revealing the lived experience of nurses who recently transitioned following a nurse residency program to registered nurse. Findings from this research have implications for nursing education, practice, research, and health/public policy that can shape existing and future nurse residency programs.

Implications for Nursing Education

Findings from this study provided insight on how a residency program can assist with transition to practice, and it will inform nurse educators about new graduate registered nurses' lack of practice readiness and the need for nurse residency programs. New graduate registered nurses are not adequately prepared to enter the nursing workforce (Romyn et al., 2009). This is a source of concern for educators, employers, and other key stakeholders. This lack of practice readiness is defined as new graduate registered nurses' inability to "hit the ground running" and is attributed to a gap between theory and practice (Romyn et al., 2009, p. 6). Some argue that this reflects the nature of the work environment. Regardless of the underlying causes, attending to this gap is essential in order to foster the successful transition and retention of new graduate registered nurses in the workforce (Council of University Teaching Hospitals, 2001).

Implications for Nursing Practice

Findings from this study will improve quality of care and patient safety. New graduate registered nurses acknowledge the dilemma of attaining an appropriate balance between theory and practice in educational programs. They believe there is a need for a stronger foundation in core courses like anatomy, physiology, and pathophysiology and that new graduate registered nurse frequently do not have a strong foundation in interpreting normal lab values, basic physical assessment skills, or nursing procedures (Romyn et al., 2009). Clinical nurse educators need to be able to articulate realistic expectations to the nursing staff regarding new graduate registered nurse performance. An opportunity for follow-up and cohort support groups during the first year of practice may provide a safe place to debrief and could help the transition of new graduate registered nurses (Martin & Wilson, 2011). Nurse residency programs may also impact nursing practice by preparing new graduate registered nurses to provide high-quality patient care with a focus on improving patient outcomes as well as intent to stay in their current position, which will decrease turnover and the nursing shortage. Ultimately, nurses will stay in the profession rather than leave (Beercroft et al., 2008).

Implications for Nursing Research

Findings from this study will help close the gap in the literature by exploring the lived experiences of transitioning to a new graduate registered nurse following a nurse residency program. There are too few published qualitative studies regarding this phenomenon. This study provides a voice to new graduate registered nurses that have recently transitioned to practice. In addition, there will be opportunities for preceptor, mentor, and staff development regarding strategies that can be used to promote a

successful transition to practice for the new graduate registered nurse. The findings also propel other nurse researchers to explore factors related to the benefits of nurse residency programs using qualitative, quantitative, or a mixed methods approach.

Implications for Health/Public Policy

Findings from this study may lead to government funding of nurse residency programs. The Institute of Medicine (2010) discussed several key policy actions necessary for successful implementation of nursing residency programs. They include: state boards of nursing, in conjunction with accrediting bodies, must support and advocate for new graduate registered nurses to complete a hospital-based nurse residency program after graduation or when they transition to a new clinical practice area. This would promote a successful transition to practice. For full and successful implementation of hospital-based nurse residency programs, including those in the operating room, the programs must be a mandatory requirement for new hires and must be nationally accredited (Goode et al., 2009).

According to the National Council of State Boards of Nursing (NCSBN, 2015) model of Transition to Practice (TTP), health institutions with transition programs have seen a marked drop in attrition, along with improved patient outcomes. There is a need for best practices of training new graduate registered nurses that can be replicated across the country to ensure consistent quality of care and drop the alarming turnover rates of new graduate registered nurses. UHC and AACN recognized the need for additional training and support for new graduate registered nurses is needed to improve job satisfaction, reduce turnover, and enhance skills critical to patient safety (AACN, 2015). The Commission on Collegiate Nursing Education (CCNE) (2008) stated that "the

purpose of nurse residency programs is to bridge baccalaureate education and professional nursing practice" (p. 4). The findings from this study will inform policymakers about how nurse residency programs might increase retention, job satisfaction, and possibly identify best practices as reported by the participants.

Scope and Limitations of the Study

This study included new graduate registered nurses who have experienced transitioning from student to new graduate registered nurse following a nurse residency program that are willing to share their lived experiences regarding this phenomenon and how it is used to prepare them for the acute care setting. For the purpose of this study, a registered nurse who graduated within the past 1- 3 years was considered a new graduate registered nurse. Some of the anticipated limitations of this phenomenological inquiry are: purposive sampling of new graduate registered nurses who have experienced the phenomenon, and the lack of transferability of qualitative studies. The goal was to have a diverse sample that addresses some of the gaps in the literature. The sample ultimately depended on the researcher's recruitment procedures and the availability and willingness of new graduate registered nurses to participate in the study.

Chapter Summary

The purpose of this study was to explore the lived experiences of nurses transitioning from students to new graduate registered nurses following a nurse residency program. This chapter provided information on the nursing shortage, new graduate registered nurse turnover, transition to practice, nurse training in the United States, and bridging the transition gap. Implications for nursing practice, education, research, and

health/public policy were also discussed along with the philosophical underpinnings and theoretical framework used to guide this research inquiry.

CHAPTER TWO

REVIEW OF THE LITERATURE

The purpose of this study was to explore the lived experiences of nurses transitioning from students to new graduate registered nurses following a nurse residency program. This study sought to reveal the essence and obtain a deeper understanding of the phenomenon. This review of the pertinent literature is intended to provide a contextual understanding regarding the transitioning of new graduate registered nurses and the benefits of nurse residency programs. In order to have a better understanding of the historical and current data regarding the phenomenon of nurses transitioning and of nurse residency programs, this researcher conducted a literature search using the computerized databases of PubMed (MEDLINE), EBSCO, and CINAHL (1985-present). Key words used in the search were *transitioning new graduate registered nurse, novice, internship and residency/history, job satisfaction, personnel turnover, retention, employment, costs, costs analysis, nursing costs, health facility costs, orientation and preceptorship, education, nursing, diploma programs,* and *clinical competence.* This review of literature summarizes relevant research studies. The historical context includes transitioning and nursing education practice. The focus of the study includes sections transitioning of new graduate registered nurses, competence for nurse practice (workplace expectations and job satisfaction), turnover rates of new graduate registered nurses, cost of recruitment and retention, and benefits of nurse residency programs.

Historical Context

Transition is derived from the Latin word transition, meaning going across, passage over time, stage, subject, or place to another; that is to change (Merriam-

Webster, 2015). The term transition has been used in diverse ways in the literature of disciplines as varied as musicology, history, metallurgy, geography, anthropology, science, and health, with discussions ranging from change at the molecular level, to personal and developmental changes, to countries in transition. According to Bridges (2004), transition is not just another word for change, but rather connotes the psychological processes involved in adapting to the change event or disruption. Transition is the movement and adaptation to change, rather than a return to a pre-existing state. This is particularly important for nurses who often support people through forced disruptions such as illness (Kralik, 2002).

A concept analysis presented by Meleis et al. (2000) provided both a perspective and a framework for creating meaning of the concept of transition such as developmental, health, socio-cultural, situational, relational, critical events, and organizational changes. It is proposed that people may undergo more than one transition at any given time; hence, it is important for the person to be aware of the changes taking place and to engage with them. Indicators that transition is occurring include the individual feeling connected to, and interacting with, their situation and other people. The person feels located or situated so that he or she can reflect and interact and develop increasing confidence in coping with change and mastering new skills and new ways of living, while developing a more flexible sense of identity in the midst of these changes.

Transitioning of New Graduate Registered Nurses

Kumaran and Carney (2014) conducted Heideggerian hermeneutic phenomenology to identify and understand the experiences of role transition from student nurse to new graduate registered nurse in an Irish context and to identify strategies that

promote and support role transition. Influences on the transition period were explored in the context of Chick and Meleis's Transition Concept. A purposive sample ($n = 10$) of new graduate registered nurses were recruited to participate in the semi-structured interviews with a retrospective approach; therefore, a single interview in each case was used. Two themes emerged: (a) initial feelings and experiences and inherent highs and lows of qualification and (b) standing on their own two feet. Findings from the study revealed that independent responsibility is the biggest step in the transition process as well as the need for support and time to adjust to new roles and responsibilities. Supportive staff and good teamwork were identified as the most important factors in easing the transition process.

Cleary and Happell (2005), conducted survey research to determine new graduate registered nurse satisfaction with the Transition Program into Mental Health Nursing (TPMHN). The study was conducted with the registered nurses participating in the TPMHN in 2002. The two groups of nurses ($n = 39$) who commenced this program were surveyed. Participants also included the three intake groups ($n = 40$) who completed the TPMHN in 2002. A total of 92% of respondents indicated their satisfaction with the information received about the program when they applied. Similarly, the majority of respondents (95%) were satisfied with the information provided about the TPMHN at the commencement of the program. In total, 82% of respondents indicated the orientation provided was moderately to very useful to the clinical specialty when they started work.

The availability of the unit preceptor was the only area where less than 80% of participants were satisfied. Many participants made comments regarding preceptorship, saying that clinical supports varied dependent on placement, and they identified the need

for supportive, interested preceptors, scheduled on similar shifts, with designated time to review progress (Cleary & Happell, 2005). The findings of the study suggest the TPMHN has been effective in supporting the new graduate registered nurses as they commence practice as a registered nurse within the mental health field. Satisfaction with all aspects of the program was high (Cleary & Happell, 2005). These findings support the view that the program has been successful in addressing many of the issues with transition to practice that are experienced by new graduate registered nurses.

Pellico, Brewer, and Kovner (2009) conducted a cross-sectional mail survey of a national sample (n = 612) of newly licensed registered nurses (NLRNs) to understand factors that promote retention and those that contribute to turnover. The qualitative findings from the content analysis revealed five themes: colliding expectations, the need for speed, you want too much, how dare you, and change is on the horizon. *Colliding expectations* were the participants' comments about conflict between their personal view of the profession and the lived experience as a novice nurse. In the *need for speed*, new graduate registered nurses discussed being forced off orientation early and pushed into the role of primary care provider before feeling ready, and this added to their stress level. Workload issues with complaints of high patient-to-nurse ratios, complaints of inability to take breaks, have lunch, or even to sit down during work hours were noted in the theme of *you want too much*. Novice nurses discussed the mistreatment they felt by physicians including criticism, arrogance, and rudeness in the *how dare you theme*. They also experienced verbal abuse by experienced and nurse managers allowed this behavior. The theme of *change is on the horizon* revealed that despite the enormous challenges novice nurses experience in the workplace, a majority of the comments revealed hope for

the future. Many note that it takes 1 year to transition from the student to the RN role, and this time is marked with emotional and visceral reactivity in the forms of tears, worries, and nightmares (Pellico et al., 2009).

The qualitative results of the Pellico et al.'s (2009) study support that there is a gap in new graduate registered nurse readiness for practice, which requires a re-envisioning of expectations for novice nurses and their education both during and after school. Orientation programs for NLRNs that demonstrate success reveal a cultural shift that extends outside of the classroom to include the practice setting and management team (Keller, Meekins, & Summers, 2006; Schoessler & Waldo, 2006). The findings also support the work of Phillips (2007) whose study revealed the need for more orientation, capable preceptors, and adequate staffing for a first employer and a need for more clinical time, program content improvement, and a realistic view of nursing from the academic arena.

Mellor and Greenhill's (2014) grounded theory study aimed to identify the nature of support provided within transition to practice programs to new graduate registered nurses (NGRNs) in rural areas and identify the implications for rural health units, the community as consumers, and the nurse education sector and nurse registration authorities. Participants ($n = 21$) were NGRNs, located through consultation with the transition to practice program coordinators in three designated rural regions. Three major themes emerged from the study: underprepared for practice, overwhelmed and abandoned, and need for clinical supervision (Mellor & Greenhill, 2014, p. 3). Underprepared for practice was a theme that was present throughout the focus group discussions. The study participants discussed that as an undergraduate, the expectations

of the role of student were much different to that of registered nurse; prioritization of care was difficult to practice; in clinical practicum, they were able to focus on individual tasks with an ideal number of patients; and the opportunity to provide total patient care to a larger number of clients as well as other aspects of the registered nurse role was not provided. The feeling of being overwhelmed and abandoned was experienced by the NGRNs because they expected to work on their own or "step it up" at a very early stage in their practice, which could be as early as 2 months after being a registered nurse. The participants felt the need for clinical supervision because they were placed in situations that required skills beyond their level of education and experience.

The findings of this study revealed the need for transition programs to have a focus on patient safety. Participants reported there was often a significant difference between the support promised in formal transition to professional practice programs and what was actually provided. Secondly, NGRNs found they were disempowered or did not have a voice to address their scope of practice concerns. There were few places for them to turn to have these concerns addressed when they felt out of their depth, contrary to the expectations of nurse registration authorities. An effective transition to practice program is an attainable goal if the three core elements identified in this study are implemented: leadership support, clinical supervision, and effective inter-professional relationships.

The studies reviewed in this section revealed factors that promote retention and those that contribute to turnover. The data helped to shed light on new graduate registered nurse perception regarding transition to practice and the need for clinical supervision and support from their leadership team. New graduate registered nurses

represented in these studies have been employed at least 6-18 months after the completion of a nurse residency program, and the findings from the studies demonstrate that transition to practice of the new graduate registered nurse is a priority for nurse leaders. This study sought to understand the lived experience of registered nurses transitioning from students to new graduate registered nurses following a nurse residency program.

Competence for Nurse Practice

Workplace Expectations

Jacob, McKenna, and D'Amore (2014) conducted survey research regarding opinions of the differences in role expectation and scope of practice for Australian new graduate registered nurses and enrolled nurses (ENs) ($n = 155$). ENs are known as licensed practical nurses in the United States. Minimum educational requirements for licensure in Australia are baccalaureate degrees for registered nurses and certificates or diplomas for ENs (Ryan, 2009a, 2009b). Since recent broadening of scope of practice, ENs now require a minimum of diploma-level education (Ryan, 2009a), providing higher levels of knowledge and skills and enabling these nurses to undertake higher level roles and responsibilities. The change in educational preparation has opened up expanded practice areas for ENs, enabling them to work in areas previously reserved for registered nurses. Data were sought from senior nurses from public and private health services and nursing regulatory authorities using an online survey (Jacob et al., 2014).

The survey results were categorized into four themes: education level, responsibility, skill level, and other issues. Findings from the study revealed that senior nurses believed differences remained between the roles of new graduate registered nurses

and ENs due to education level, levels of responsibility, and skill levels; however, many acknowledged a narrowing of differences. Many differences were seen to be due to regulations regarding supervision of ENs with increased registered nurse critical thinking, depth of knowledge, and skill levels that seem to set them apart from new graduate registered nurses (Jacob et al., 2014).

Hickey (2009) conducted a mixed methods descriptive study to identify preceptors' views of new graduate registered nurses' readiness for practice using a specific set of criteria and to determine which skills are most important for the transition to practice. The Clinical Instructional Experience Questionnaire was developed by the researcher to measure the effectiveness of the clinical instructional experiences of the baccalaureate nursing program. Seventy-two percent of preceptors reported that new graduate registered nurses are able to perform basic technical skills: vital signs, hygiene, safety, and positioning, independently and completely "most of the time." Seventy-six percent of preceptors believed that new graduate registered nurses are able to independently and competently perform more advanced technical skills: wound care, medication administration, and maintenance of IV fluids "sometimes or less often." Only 13% of respondents believed that new graduate registered nurses could set priorities "most of the time." Ninety-eight percent of respondents thought that organizational skills are "important or very important" for entry into practice. New graduate registered nurses demonstrated this characteristic sometimes or less often according to 80% of respondents. Analysis of the open-ended questions supported the quantitative analysis. Responses indicated the orientation process is a learning process and the skills of the new orientee

improve with time. Findings from the study indicate that although nurses are being prepared adequately, those currently in practice believe that improvement is needed.

Unruh and Nooney (2011) surveyed a random sample ($n = 414$) of new graduate registered nurses to determine predictors of perceptions of job difficulties, job demands, and job control. The items in the survey measured personal and organizational factors that were hypothesized to affect perceptions related to job difficulties, job demand, and job control among new graduate registered nurses. As far as personal characteristics, only self-reported health and nursing education were consistent predictors of perceived job difficulties, demands, and control. Characteristics of the work environment of nurses were among the strongest organizational predictors of job difficulty, demand, and control.

The strongest and most consistent organizational factors related to perceptions of job difficulty and job demand were the number of patients per shift, the hours of work and the adequacy of orientation. Adequacy of orientation was also related to the respondent's perceptions of job control. Working the day shift was an aspect of new graduate registered nurses' work that had a large impact on perceptions of interruptions and job demand, perhaps because the day shift is more hectic and the workload is heavier. Floating to other clinical units was a common work issue, the findings illuminated. It was significantly related to feelings of less control over the job, which needs to be re-assessed in hospital organizations by nurse managers.

The reviewed studies in this section discuss workplace expectations for new graduate registered nurses and how they can be a source of stress for these nurses. Some of the expectations include delegation, prioritization, managing heavy patient assignments, skill development, and critical thinking, including problem solving and

clinical decision making. The findings also revealed that new graduate registered nurses are able to perform advanced technical skills such as wound care, medication administration, and maintenance of IV fluids "sometimes or less often" and preceptors thought these skills were "very important," and they should be able to perform them independently. Findings from the studies demonstrate that transition to practice of new graduate registered nurse is a priority for nurse leaders. This study sought to understand the lived experiences of registered nurses transitioning from students to new graduate registered nurses following a nurse residency program.

Job Satisfaction

Lee, Tzeng, Lin, and Yeh (2009) studied the effectiveness of a preceptorship program on turnover rate, turnover cost, quality of care, and professional development. A quasi-experimental design was used to evaluate the preceptorship program. Two groups of participants were recruited: preceptor participants accepted for preceptor training and new graduate registered nurse participants who were accepted for one-on-one preceptor instruction. Convenience sampling was used for recruitment at an 1,800-bed teaching medical center in Taiwan (Lee et al., 2009, p. 3). A total of 123 new nurses were involved in the training program. Inferential statistics were evaluated by *t*-test to test satisfaction levels related to nursing care.

Indicators such as new graduate registered nurses' turnover rate, training cost, medication error rate, number and incident rate of falls, and patients' satisfaction with nursing care were compared with results from the same time period during the previous year. In the study period, 19 of 123 (15.4%) new graduate registered nurses resigned. During the same time period in the previous year, 121 new graduate registered nurses

reported to their units, and 40 of them resigned (33.1%). After the preceptorship program, the turnover rate was 46.5% less than the previous year. The turnover rate was less when compared with the turnover rate in the same time period the previous year, the study year retained 21 new graduate registered nurses in their jobs that would have been lost to resignation during the previous year (p. 4). Therefore, after the preceptorship program, the turnover cost saved was $186,102 during the 6-month study period, based on the average turnover rate of 3 months (Tri-Service General Hospital 2005a).

Giallonardo, Wong, and Iwasiw (2010) conducted a predictive non-experimental survey design to examine the relationships between new graduate registered nurses' perceptions of preceptor authentic leadership, work engagement, and job satisfaction. The final sample ($n = 170$) consisted of randomly selected registered nurses (RNs) with less than 3 years of experience and who work in the acute care setting. Two hypotheses were formulated for the study: (a) New graduate registered nurses' perceptions of preceptor authentic leadership positively predict work engagement and job satisfaction and (b) New graduate registered nurses' work engagement mediates the relationship between their perceptions of preceptor authentic leadership and job satisfaction.

Authentic leadership was positively related to work engagement ($\beta = 0.21$, $p < 0.01$); thus, condition one was supported. Authentic leadership was positively and significantly related to job satisfaction ($\beta = 0.29$, $p < 0.01$) and, thus, supported condition two for mediation. Work engagement was positively related to job satisfaction ($\beta = 0.34$, $p < 0.01$) and, thus, supported condition three. Furthermore, results show that, after work engagement was taken into account, the effects of authentic leadership ($\beta = 0.22$, $p < 0.01$) became weaker, albeit still significant, which suggests partial mediation. Results

show the mediating effect of work engagement for authentic leadership and job satisfaction was significant. Thus, hypothesis two was partially supported. Findings from this study revealed that preceptor preparatory programs that focus on self-reflection and appraisal may help preceptors develop their self-awareness and more effectively communicate in the preceptorship relationship. Preceptors who demonstrate authentic leadership will assist new graduate registered nurses to identify their strengths and limitations and formulate appropriate short- and long-term goals, potentially mitigating this effect (Giallonardo et al., 2010).

Haggerty et al. (2013) used a mixed methods approach for this longitudinal evaluation study of 21 Nurse Entry to Practice Programs (NETP). The main focus of the evaluation included yearly questionnaires, in-depth case studies of eight District Health Boards (DHBs) offering NETP programs during 2007-2009, and individual key stakeholder interviews (p. 2). Analysis of the correlations among major study variables showed that new graduate registered nurses' perceptions of preceptor authenticity were positively related to new graduate registered nurses' work engagement ($r = 0.21$, $p < 0.01$). Authentic leadership was most strongly related to dedication ($r = 0.29$, $p < 0.01$) followed by vigor ($r = 0.19$, $p < 0.05$). New graduate registered nurses' perceptions of preceptor authentic leadership and work engagement positively predicted job satisfaction. In particular, when new graduate registered nurses in this study perceived higher preceptor authentic leadership and work engagement, they reported increased job satisfaction.

The findings from the evaluation of the NETP programs revealed several key issues in relation to preceptorship: access to preceptors, how preceptors met new graduate

registered nurses' learning needs, the importance of the preceptor-new graduate registered nurse relationship, preceptor preparation for their role, and the overall culture of support within clinical areas. The evaluation also measured the development of confidence and competence in new graduate registered nurses and clearly identified a link between effective preceptorship and overall nursing leadership. The culture of support was clearly highlighted as having a positive influence on the new graduate registered nurse experience (Haggerty et al., 2013).

Tsai et al. (2014) explored the training needs of preceptors from the viewpoints of both preceptors and preceptees. Researchers used qualitative methods to conduct 17 focus group interviews with 63 nurse preceptors and 24 new graduate registered nurses. Two major results of this study existed: the themes and subthemes that were extracted from the teaching experiences of preceptors and the learning experiences of new graduate registered nurses and the nurse preceptor training needs. Some of the preceptor training experiences included: commitment to teaching, building a caring learning atmosphere, drafting clinical instruction plans, and using diverse instructional methods. The learning experiences and challenges described by the preceptees were analyzed via content analysis and included lacking work confidence, anticipating a caring learning atmosphere, anticipating being given time to grow, and experiencing stress and frustration when facing the preceptor.

The findings of this study revealed that several changes are recommended for the training of preceptors in Taiwan. First, the preceptor curriculum must be expanded to include the themes identified in this study. Second, the content of the instructional topics must be made more practical and more concrete to meet the needs of both preceptors and

new graduate registered nurses. Third, the Taiwan Joint Commission on Hospital Accreditation (TJCHA) needs to create a more detailed mandate to standardize content and to ensure that this content is presented to all preceptors in training. Fourth, at present, no regulation mandates that all instructors have clinical teaching experience. Several of the preceptors in this study mentioned that some of their instructors had little experience of clinical teaching.

The reviewed studies in this category showed the impact of clinical preceptorship on new graduate registered nurse transition into clinical practice. Several key issues were revealed in the studies: access to preceptors, how preceptors met new graduate registered nurses' learning needs, the importance of the preceptor-new graduate registered nurse relationship, preceptor preparation for their role, and the overall culture of support within clinical areas. This phenomenological inquiry explored the lived experience of registered nurses transitioning from students to new graduate registered nurses following a nurse residency program.

Turnover Rates of New Graduate Registered Nurses

Cho, Lee, Mark, and Yun (2012) examined factors related to turnover of new graduate registered nurses in their first job. A survival analysis was conducted to estimate survival curves and related factors, including individual and family, nursing education, hospital, and job dissatisfaction. The final study sample included new graduate registered nurses ($n = 351$) working in hospitals as full-time employees. A survival analysis was conducted to estimate the survival curves of new graduate registered nurses and to examine factors related to their turnover. In survival analysis,

the occurrence of the event is actual turnover and the timing of events is the duration of the first job.

Nurses in the sample were categorized into three groups based on the occurrence of turnover: leavers, stayers, and dropouts. Forty-five percent of the sample was composed of leavers who quit their first job before the third-year survey had been conducted. The 1-, 2-, and 3-year survival probabilities of nurses who were dissatisfied were 0.541, 0.320, and 0.182, respectively, whereas those of nurses who were not dissatisfied were 0.882, 0.738, and 0.610, respectively (Cho et al., 2012).

Findings from this study provide strong evidence that job dissatisfaction is a strong determinant of turnover among new graduate registered nurses. Among 10 aspects of job dissatisfaction, interpersonal relationships had the greatest impact on turnover. This finding indicates that establishing good interpersonal relationships is critical for new graduate registered nurses to stay in their first job. Nurse leaders and managers need to play key roles to support new graduate registered nurses to develop interpersonal relationships among nursing staff and other hospital personnel. The second greatest impact on turnover was found in dissatisfaction with work content. This may reflect reality shock and a discrepancy between what recent graduates have learned nursing ought to be and the reality of nursing practice in their hospitals. Job design will be necessary to enable new graduate registered nurses to provide high quality care and to possess autonomy.

Beercroft et al. (2008) conducted a prospective survey design to determine the relationship of new nurse turnover intent (TI) with individual characteristics of age, educational level, prior work experience, choice of work unit, skills and nursing

competency and coping strategies; work environment variables including control over practice (empowerment, autonomy, decision-making) and opportunities for advancement and promotion (job satisfaction); and organizational factors reflected in workplace ties and relationships with leaders and co-workers through group. Study respondents were new graduate registered nurses ($n = 889$) in pediatrics who took part in a standardized nursing residency. All nurses who finished the residency completed an evaluation at program conclusion. Pediatric hospitals that submitted data on 50 or more respondents with at least 1 year of follow-up were included.

Respondents were more likely to indicate TI if they had a higher level of education ($p = 0.026$), did not receive first choice of nursing unit ($p = 0.012$), or were older and did not get their first choice of nursing unit ($p = 0.015$). The statistical significance of TI and not receiving choice of nursing unit can be attributed to older nurses (>30 years) who did not get their first choice. Overall, with the exception of the age-related variables, the multivariate model shows that when new graduate registered nurses are satisfied with their jobs and pay and feel committed to the organization, the odds of TI decrease (Beercroft et al., 2008).

Rudman, Gustavsson, and Hultell (2013) conducted a longitudinal observational study to investigate the prevalence of new graduates' intentions to leave the nursing profession, to prospectively monitor the development of intention to leave during the first five years of professional life, and to study the impact of sex, age, occupational preparedness, and burnout on the development of intention to leave the profession. Participants were recruited from first-year nursing students at any of the 26 universities in Sweden offering nursing education. Of the 2,331 student nurses who were invited to

participate in the study, 1,702 (73%) gave informed consent and thus constituted the cohort.

It was found that up to 20% of nurses strongly intended to leave the profession during the first 5 years after graduation. Nurses who experienced burnout were more likely to intend to leave the profession. It was also found that both exhaustion and disengagement were associated with higher concurrent levels of intention to leave the profession. It is important for organizations employing new graduate registered nurses to focus on identifying nurses who have intentions to leave the profession and provide adequate mentoring and support. It is also important for organizations employing new graduate registered nurses to pay attention to signs of burnout. Strategies for ensuring a suitable workload, sufficient introduction, management support, satisfactory collaboration with colleagues, and role clarity ought to decrease burnout as well as professional turnover (Rudman et al., 2013).

The studies reviewed in this section suggest there are many factors that contribute to the turnover intention of new graduate registered nurses. Turnover intention of new graduate registered nurses decreases when support is provided with a strategy such as a structured preceptor program and increases with new graduate registered nurse job dissatisfaction. Some of the variables that contribute to job dissatisfaction are interpersonal relationships, burnout, exhaustion, and disengagement. This phenomenological inquiry will focus on the lived experience of registered nurses transitioning from students to new graduate registered nurses following a nurse residency program.

Cost of Recruitment and Retention

Friedman, Cooper, Click, and Fitzpatrick (2011) conducted a retrospective descriptive design to study the retention between two independent groups of new graduate registered nurses in the critical care units of two tertiary hospitals in a multi-hospital health care system before and after the initiation of the Critical Care Nurse Fellowship Program (CCNFP) was evaluated. The CCNFP was designed as a year-long program based on an identified need to prolong the learning experiences of new graduate registered nurses. It is a blended learning program that includes: mentorship, computer-based critical care learning modules, professional seminars, simulation, and didactics. A non-probability convenience sample ($n = 90$) consisted of all new graduate registered nurses hired into the critical care units of two tertiary hospitals of a multi-hospital health system on Long Island, New York, pre and post-initiation of the CCNFP.

Findings from the study revealed a 5.8% change in turnover rate from 2004 standard orientation (SO) to 2007 (CCNFP) resulted in the retention of 9.8 nurses in the critical care units studied. This decreased turnover yields a potential savings estimate of $1,367,100 annually. Savings were calculated using a conservative estimate of nursing turnover of 1.5 to 2 times a nurse's salary (Atencio, Cohen, & Gorenberg, 2003; Beercroft et al., 2001). Although turnover between the orientation groups was not statistically significant, the results were financially significant.

Morris et al. (2009) conducted a mixed method prospective, quasi-experimental design to determine the effect of a new model of critical care orientation on satisfaction, retention, turnover, vacancy, preparedness to manage patient care assignment, length of

orientation, and cost of orientation. The researchers were challenged to revise their program to address the needs of nurses with various levels of experience starting to work in the ICU. To meet this challenge, they developed a model for orienting nurses that provided distinct pathways for nurses depending on their experience: experienced critical care nurses, experienced non-critical care nurses, and new graduate registered nurses. Data were collected before, during, and after implementation on several outcome measures: satisfaction, preparedness to manage patient care assignment, retention, turnover, vacancy, recruitment, cost of orientation, and length of orientation. During the first 22 months, 147 nurses participated. At the end of 34 months, a total of 197 nurses had participated.

Findings from the study revealed that before the new program was implemented in May 2005, the overall retention rate for nurses in the ICU was 91.2%. A midterm evaluation in June 2006 showed a slight increase to 91.6%, and by the end of the first year in August 2006, the overall ICU retention rate had increased to 93.7%. An unexpected benefit was increased recruitment. The number of vacant full-time equivalent positions decreased from 31.6 to 10.9, and the ICU vacancy rate decreased from 14.3% to 4.8%. Excluding development time and other startup costs, the new program cost $24,810 more than the old program (Morris et al., 2009). Although the new orientation program cost more than the old one, it added value because of nurse retention.

Duffield, Roche, Blay and Statsa (2010) utilized a survey research design to examine the impact of leadership characteristics of nursing unit managers, as perceived by staff nurses, on staff satisfaction and retention. A positive work environment will increase levels of job satisfaction and staff retention. Nurse leaders play a critical role in

creating a positive work environment. Important leadership characteristics of the front-line nurse manager include visibility, accessibility, consultation, recognition, and support. All nurses ($n = 2488$, 80.3% response rate) on the selected units were asked to complete a survey that included the 49-item Nursing Work Index-Revised (NWI-R) together with measures of job satisfaction, satisfaction with nursing and intention to leave. The NWI-R identifies organizational attributes that have been associated with positive outcomes such as higher patient satisfaction, lower mortality, lower nurse emotional exhaustion, and lower incidence of needle stick injuries (Aiken & Fagin, 1997). Subscales of the NWI-R were calculated. Leadership and the domain of interest consisted of 12 items. Units were divided into those reporting either positive or negative leadership.

Findings from the study revealed that an immediate nurse manager who is perceived to be a good leader and manager by the staff is also related to job satisfaction and retention. Providing positive feedback and leadership to staff is a critical management skill. An effective nursing unit manager who consults with staff and provides positive feedback is instrumental in increasing job satisfaction and satisfaction with nursing. Good nurse managers play an important role in staff retention and satisfaction. Improved retention will lead to savings for the organization, which may be allocated to activities such as training and mentorship to assist nurse leaders in developing these critical leadership skills. Strategies also need to be put in place to ensure that nurse leaders receive adequate organizational support from nursing executives (Duffield et al., 2010).

The studies reviewed in this section suggest that costs associated with recruitment and retention are related to unit-specific new graduate registered nurse residency

programs that utilize a blended format. Nurse managers who are engaged provide positive feedback to employees, create a positive learning experience, increase retention, and decrease turnover, which results in decreased costs for the organization. This phenomenological inquiry focused on the lived experience of registered nurses transitioning from students to new graduate registered nurses following a nurse residency program and how it effects recruitment and retention.

Benefits of Nurse Residency Programs

Dyess and Parker (2012) conducted mixed methods approach with a pre-post evaluation design and a convenience sample ($n = 89$). The research question was: What were the new graduate registered nurse and organization-related outcomes as a result of participation in the Novice Nurse Leadership Institute's (NNLI) program? In 2006, the (NNLI) began as a practice-based education program with the purpose of supporting transition for new graduate registered nurses and assisting them with leadership development.

Findings from the study revealed that involvement with the NNLI program was positively associated with retention in the nursing profession in the community. All of the 109 nurses who participated in the program since it started in 2006 are still practicing nursing as of 2010. Of the 109 nurses in the four cohorts, 87 (80%) of the nurses have remained with their original employers. The 80% retention is very high compared with retention of 65% with employers for registered nurses not participating in the NNLIs program. Failure to appropriately provide sufficient support to the transition of new graduate registered nurses will impact the safety and quality of care provision in all health care practice settings. In addition to nurse residency programs, nurse managers

are in an ideal position to provide the support that new graduate registered nurses need for professional growth and development through initiatives, projects or programs that are targeted for transition phase challenges and leadership skills development (Dyess & Parker, 2012).

Olson-Sitki, Wendler, and Forbes (2012) conducted a non-experimental, repeated measures, time series mixed-methods design that was used to determine the effect of a nurse residency program on the new graduate registered nurse experience, retention rate, and employee satisfaction. The nurse residency program was developed to supplement and extend the traditional orientation program for new graduate registered nurses. A convenience sample ($n = 50$) of new graduate registered nurses, associate and baccalaureate-prepared, were recruited into the study. New graduate registered nurses were included if they were hired in the summers of 2006 and 2007 into their first nursing position after graduation and entered the nurse residency program as part of their new graduate registered nurse orientation experience.

Findings from the study revealed improvement in 12 months for the new graduate registered nurse experience in the following areas: physician, patient, and family communication; delegating; prioritizing patient care; being supported by other nurses on the unit; having opportunities to practice skills; managing time; and feeling prepared to complete job responsibilities. New graduate registered nurses who experienced the nurse residency program had a lower turnover rate than before the onset of the program; new nurse turnover for the 2 years before implementation was 15% and 12%. There was no difference between new nurse satisfaction at 6 and 12 months:. At both measurement times, it was reportedly high.

Rush, Adamack, Gordon, and Janke (2014) conducted a mixed methods study to examine the relationships between access to support, workplace bullying, and new graduate registered nurse transition within the context of nurse residency programs. Although new graduate registered nurses expect support, they may not always receive it. They often experience horizontal violence and bullying. New graduate registered nurses are often the targets of bullying by more experienced nurses because of their position and junior status within the organizational hierarchy. The sample ($n = 245$) of new graduate registered nurses were administered an online survey approximately 1 year after starting employment. The participants were recruited from seven health authorities in British Columbia. Simple linear regression modeling was used to elucidate the relationship between the total and subscale transition scores and the helpfulness ranking of support people. Multiple linear regression analyses were conducted to investigate the relationship between the total/subscale transition score and the predictors "transition program participation," "ability to access support when most needed," and "bullying/harassment" followed by conditional effect plots.

An important finding from the study revealed the helpfulness of preceptors, unit staff nurses, and mentors in supporting new graduate registered nurses who participated in a transition program. Bullying attenuated a barrier to the relationship between new graduate registered nurses' access to support and their transition, specifically in relation to organizing/prioritizing, communication/relationships, stress, and professional satisfaction. Although new graduate registered nurses with greater access to support had higher transition scores, those who were bullied did not make the rapid gains in transition like their non-bullied peers. Formal transition programs can provide a supportive work

environment to assist bullied new graduate registered nurses through their transition process. These programs should include bullying prevention strategies as well as education/training for preceptors, unit staff, and mentors to ensure they understand how to be a helpful resource to new graduate registered nurses (Rush et al., 2014).

The studies reviewed in this section discuss the benefits of nurse residency programs and how they increase new graduate registered nurse transition. Failure to provide support to new graduate registered nurses during the transition phase can impact patient safety and quality patient care. This phenomenological inquiry focused on the lived experience of registered nurses transitioning from students to new graduate registered nurses following a nurse residency program and its benefits.

Experiential Context

Phenomenological reduction refers to the idea of bracketing experiences, preconceptions, or theoretical perspectives so as to not obstruct the ability to discover the essence of a particular phenomenon (van Manen, 1990). Bracketing was a term first used by Husserl and denotes the suspension or setting aside of all judgments. Epoche, or bracketing, requires that researchers conscientiously set aside all judgments and preconceptions of their own experiences and try to return to a natural science (Creswell, 2013). van Manen (1990) recommended journaling to assist the researcher in bracketing, which allows the researcher to get a better understanding of the lived experience being studied. According to Creswell (2013), reflexivity provides credibility to a qualitative research study by disclosing the researcher's personal views and ideas about the phenomenon of interest. It has two parts; the researcher first talks about his or her experiences with the phenomenon being explored. This process involves relaying past

experiences through work, schooling, and family dynamics. The second part is to discuss how these past experiences shape the researcher's interpretation of the phenomenon.

I have knowledge of nurse residency programs working as a Corporate Nurse Educator for the last 3 years, interacting with new graduate registered nurses who have participated in a nurse residency program. I teach and facilitate pediatric critical care courses and simulation that new graduate registered nurses are required to attend if they are working in pediatric critical care. In these courses, we discuss their clinical experiences and their educational experiences in the clinical setting with their preceptors. These discussions usually occur during debriefing after a simulation. New graduate registered nurses may express concern regarding the lack of education they have received from their preceptor regarding a specific disease or complication such as a plugged endotracheal tube. The new graduate registered nurses feel they are not adequately prepared to provide care for these patients. In addition to this, the nurse residency program curriculum has a major emphasis on adult patients and not pediatric patients.

My background and experiences were set aside or bracketed in order to hear the voice of the participants. I believe that reality is subjective and that participants can have multiple realities. This ontological perspective led me to seek knowledge from the words of each participant, using quotes and themes to reveal the participants' different perspectives. I reflected on my own assumptions, beliefs, and attitudes about the lived experiences of new graduate registered nurses that participate in a nurse residency programs. I believe nurse residency programs prepare new graduate registered nurses for the clinical setting and that all new graduate registered nurses should participate in a nurse residency program.

Nursing schools need to add more clinical hours into their curriculums and collaborate with hospitals to ensure that nursing students have more hands-on practice application with intravenous (IV) insertion, care and maintenance of invasive lines, and calculating IV drip rates, to name a few. I think preceptors need standardized education regarding how to precept new graduate registered nurses and this will also help with new graduate registered nurse transition to practice. I used journaling as a means to separate preconceived ideas about this in order to better understand this phenomenon. Reflecting on my thoughts and journaling were essential throughout the data collecting and analyzing phases to help set aside any prejudgments or preconceptions about the phenomenon under study.

Chapter Summary

This chapter presented a review of the literature related to transition of new graduate registered nurses, competence of nurse practice, turnover rates of the new graduate registered nurse, cost of recruitment and retention, and benefits of nurse residency programs. This review of the literature supports there is a paucity of information about the lived experiences of new graduate registered nurses transitioning from students to new graduate registered nurses following a nurse residency program.

CHAPTER THREE

METHODS

The purpose of this phenomenological inquiry was to explore the lived experience of registered nurses transitioning from students to new graduate registered nurses following a nurse residency program. This study sought to reveal the essence and obtain a deeper understanding of the phenomenon. The purpose of this chapter is to provide a detailed explanation of the research methodology and procedures that were used to conduct this study. This study utilized a qualitative research design incorporating van Manen's phenomenological approach. The goal of phenomenological inquiry is to fully describe a lived experience and the meaning that gives rise. The researcher then reduces the lived experiences of each individual to a central meaning or the essence of the experience (Mapp, 2008).

This chapter reviews the research design, sample and setting, recruitment of the sample, and participation criteria. Ethical considerations and Institutional Review Board procedures are also discussed, along with data collection procedures, interview questions, and data analysis. Research rigor is discussed with a focus on trustworthiness, credibility, transferability, dependability, and confirmability.

Research Design

Qualitative studies use an emergent design that evolves as researchers make ongoing decisions reflecting what has already been learned. In order to study a problem, researchers use an emerging qualitative approach to inquiry. The collection of data must occur in a natural setting that is sensitive to the people and places under study. Data analysis is both inductive and deductive and establishes patterns or themes. The final

written report includes the voices of the participants, the reflexivity of the researcher, a complex description and interpretation of the problem, and its contribution to the literature or a call for change (Creswell, 2013).

Qualitative design is a reflection of the researcher's desire to have the inquiry based on the realities and viewpoints of participants that are not known at the outset (Lincoln & Guba, 1985). Qualitative design often involves merging together various data collection strategies also known as triangulation. It is flexible and capable of adjusting to new information during the course of data collection. It tends to be holistic, striving for understanding the whole, and it requires the researcher to become intensely involved and the researcher to become the research instrument. In addition, ongoing analysis of the data formulates subsequent strategies and determines when data collection is done (Polit & Beck, 2012).

Phenomenology

Phenomenological study describes the common meaning for several individuals of their lived experiences of a concept or phenomenon. Phenomenologists focus on describing what all participants have in common as they experience a phenomenon. The basic purpose of phenomenology is to reduce individual experiences with a phenomenon to a description of the universal essence (Creswell, 2013). This description consists of what they experienced and how they experienced it (Moustakas, 1994). Phenomenology has a strong philosophical component, and it draws heavily on the writings of German philosopher Edmund Husserl (1859-1938) and those who expanded on his views, such as Heidegger, Sartre, and Merleau-Ponty (Spiegelberg, 1982).

According to van Manen (1990), what characterizes phenomenological research is that it always begins in the lifeworld. This is the world of the natural attitude of everyday life that Husserl described as the original, pre-reflective, pre-theoretical attitude. "The fundamental model of this approach is textual reflection on the lived experiences and practical actions of everyday life with the intent to increase one's thoughtfulness and practical resourcefulness or tact" (van Manen, 1990, p. 4). It differs from almost every other science in that it attempts to gain insightful descriptions of the way we experience the world pre-reflectively, without taxonomizing, classifying, or abstracting it. It offers the possibility of plausible insights that bring us in more direct contact with the world.

The registered nurses reflected on their experience of transitioning to new graduate registered nurse following a nurse residency program. Their experience was pre-reflective, with insightful descriptions that did not include taxonomizing, classifying, or abstracting. This reflection provides plausible insight that will provided a better understanding of this phenomenon.

Practice modes of questioning, reflecting, and focusing were used to articulate the meaning of transitioning from registered nurse to new graduate registered nurse following a nurse residency program and assisted with transcribing the data and formulating themes. It is important to describe and interpret the meanings of new graduate registered nurse transition following a nurse residency program to a certain degree of depth and richness in order to fully understand the essence of this phenomenon and to answer the research question: "What is the particular experience like for these new graduate registered nurses?" The lived experience cannot be captured in conceptual abstractions (van Manen, 1990). Rather, there is the desire to make sense of the

phenomenon in the emerging themes. Themes are structures of the experience of registered nurse transition to new graduate registered nurse following a nurse residency.

Hermeneutic phenomenology is a human science that studies persons (van Manen, 1990). Interpretive phenomenology or hermeneutics was founded by Heidegger (1859-1938), a student of Husserl who moved away from his professor's philosophy of descriptive phenomenology. Descriptive phenomenology is concerned with "what do we know as persons," emphasizes the descriptions of human experience, and follows four steps: bracketing, intuiting, analyzing, and describing (Polit & Beck, 2012). The critical question that interpretive phenomenology asks is: "What is being?" (Heidegger, 1962). One distinction between descriptive and interpretive phenomenology is that bracketing does not necessarily occur with an interpretive phenomenological study. Heidegger thought it was impossible to bracket an individual's being-in-the-world. According to hermeneutics, there is prior understanding on the part of the researcher (Polit & Beck, 2012).

Heidegger emphasized interpreting *and* understanding, rather than just describing the human experience. "The goals of interpretive phenomenological research are: to enter another's world and to discover practical wisdom, possibilities, and understandings found there" (Polit & Beck, 2012, p. 496). Another influential interpretive phenomenologist, Gadamer, described the interpretive process as a circular relationship known as the hermeneutic circle (Polit & Beck, 2012). This interpretive process is where an individual understands the whole of a text such as a transcribed interview in terms of its parts and the parts in terms of the whole. Researchers, according to Gadamer's view, enter into a dialogue with the text in which the researcher continually questions its

meaning (Gadamer, 1976). "Interpretive phenomenologists ideally approach each interview text with openness—they must be open to hearing what it is the text is saying" (Polit & Beck, 2012, p. 496).

All nurses experience the phenomenon of transitioning from student to new graduate registered nurse, and their backgrounds and perceptions contributed to their individual meaning of the experience. The review of literature suggests a lack of knowledge and information regarding the experience of transitioning from student to new graduate registered nurse following a nurse residency program. Phenomenology was selected as the most appropriate methodology for this study to gain understanding of a particular lived experience about which not much is known.

The research design that was used for this study is based on van Manen's hermeneutic phenomenological approach. The six research activities set forth by van Manen (1990) are as follows:

1. Finding a phenomenon of interest
2. Investigating the experience as we live it rather than as we conceptualize it
3. Reflecting on the essential themes which characterize the phenomenon
4. Describing the phenomenon through the art of writing and rewriting
5. Maintaining a strong and oriented pedagogical relation to the phenomenon
6. Balancing the research context by considering the parts and the whole (p. 30-31)

The first activity, finding a phenomenon of interest is "driven by a commitment that is an abiding concern" (p. 31). The transition experience of new graduate registered nurses following a nurse residency program is a concern because negative experiences can affect nurse retention rates and may contribute to the nursing shortage. Negative

transitioning experiences by new graduate registered nurses may result in their decision to leave the nursing profession. The research question was based on the unanswered questions in the researcher's mind regarding new nurse transitioning practices and the benefits of nurse residency programs. The transition experience can also provide information to schools of nursing and hospitals regarding education and preparation that is needed for the new graduate registered nurse during this time of transition.

The second activity is "investigating the experience as we live it rather than as we conceptualize it" (p. 30). According to Merleau-Ponty (1962), turning to the phenomenon of lived experience means re-learning to look at the world by re-awakening the basic experiences of the world. In order to gain a true understanding of the transition experience, registered nurses who participated in a nurse residency program were selected purposefully and interviewed. The researcher remained open to the voices of the participants and bracketed any preconceived ideas, judgments, or assumptions that may cloud the meaning. This open-mindedness allowed the researcher to actively explore the lived experience in all its modalities and aspects.

The third activity is "reflecting on the essential themes which characterize the phenomenon" (van Manen, 1990, p. 32). There needs to be a distinction between appearance and essence of the phenomenon because they are the foundation of the experience. It is important to capture the reflective thoughts of those who had the experience in order to construct a common lived experience for the transition of new graduate registered nurses following a nurse residency program. The researcher selectively categorized participants' statements during the interview process that were illuminated and highlighted.

The fourth activity is "describing the phenomenon through the art of writing and rewriting" (van Manen, 1990, p. 32). Transcribing the verbal accounts will allow distance from the lived experience and discover the existential structures of the phenomenon. According to van Manen (1990), "the writer's immediate domain is paper, pen, or keyboard on the one hand and language or words on the other hand; both preoccupations have an alienating effect" (p. 127). The process of writing creates space for personal reflection. The researcher wrote and rewrote the phenomenological text several times based on the importance of each part. This process contributed to appropriately describing the findings and establishing a deeper understanding of the significance of the phenomenon.

The fifth activity is "maintaining a strong and oriented pedagogical relation to the phenomenon" (van Manen, 1990, p. 33). According to van Manen (1990), in order to gain clarity about a certain notion, formulating an understanding that is exclusive of other interests is necessary. The researcher maintained a personal journal and wrote brief notes related to the subject matter to get a better understanding of the transitioning experiences of registered nurses following a nurse residency program.

The sixth activity is "balancing the research context by considering the parts and the whole" (p. 33). According to van Manen (1990), it is easy to get buried in writing and the researcher no longer knows where to go, what to do next, and how to get out of the hole that has been dug. It will be important for the researcher to step back and look at the total, at the contextual givens, and how each of the parts needs to contribute to the total. The researcher kept the study question in mind throughout the process and wrote notes about everything related to the subject. The researcher described the findings based

on the participants' experiences. The elements of van Manen's (1990) method have been considered and were applied to the phenomenological inquiry of the lived experience of new graduate registered nurse transition following a nurse residency program (Figure 1).

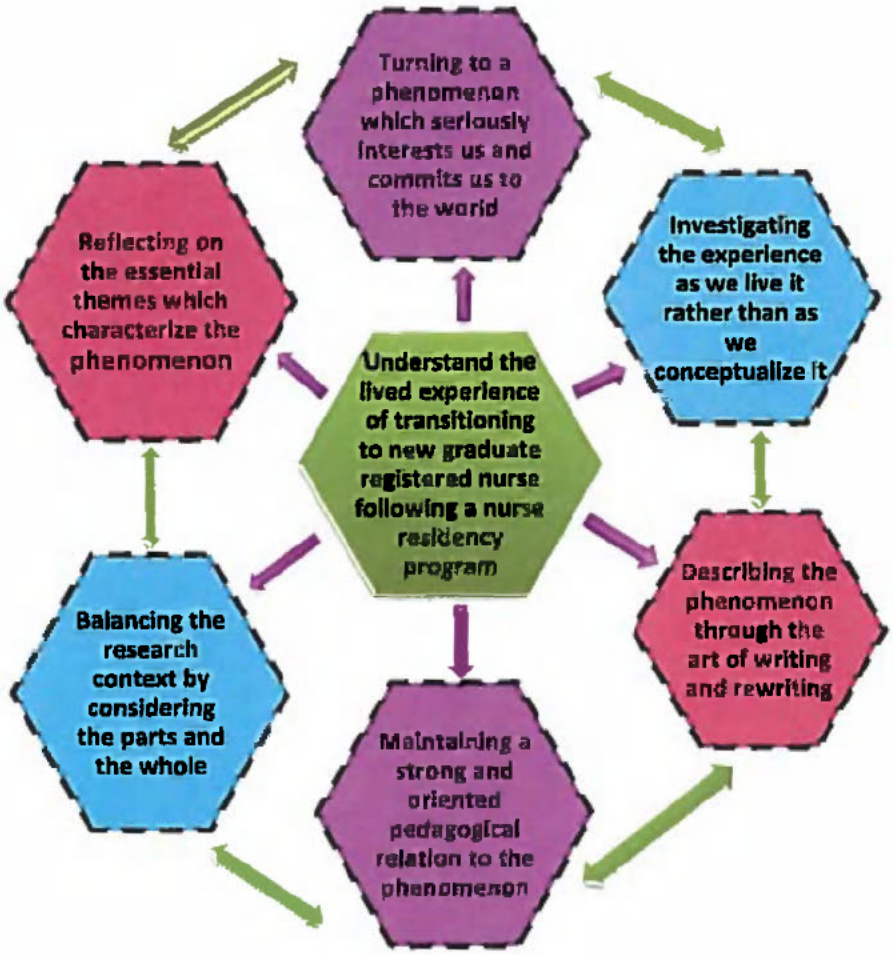

Figure 1. Phenomenological approach to new graduate registered nurse transition following a nurse residency program (Butts, 2015, adapted from van Manen, 1990).

Sample and Setting

"Qualitative research begins with assumptions and the use of interpretive theoretical frameworks that inform the study of research problems addressing the meaning individuals or groups ascribe to a social or human problem" (Creswell, 2013, p. 44). It is essential that all participants have experience of the phenomenon being studied (Creswell, 2013). The intent of qualitative research is not to generalize the information to a larger population, which is done in quantitative research, but to elucidate the particular

and the specific (Pinnegar & Daynes, 2007). The approximate sample size for a phenomenological study is five to 25 participants who have experience with the phenomenon being studied (Polit & Beck, 2012). Creswell (2013) recommended a sample size that includes 20 to 30 individuals in order to reach saturation. Data saturation is sampling to the point at which no new information is obtained and redundancy is achieved. The key to obtaining saturation is to generate enough in-depth data that can illuminate patterns, categories, and dimensions of the phenomenon under study (Polit & Beck, 2012).

The sample for this study consisted of new graduate registered nurses who transitioned from student to new graduate registered nurse following a nurse residency program. For the purpose of this study, a nurse who graduated within the past 1-3 years was considered a new graduate registered nurse. New graduate registered nurses of different ages, work experience, and backgrounds were invited to participate. The rationale behind including all new graduate registered nurses as possible participants was to explore the transition experience of a diverse representation of the new graduate registered nurses, as it exists in any hospital that has a nurse residency program. The sampling for this study was purposive. Creswell (2013) noted that qualitative inquirers select individuals and sites for study "because they can purposefully inform an understanding of the research problem and central phenomenon in the study" (p. 154). This researcher selected purposive sampling in order to interact with a specialized group of new graduate registered nurses who have transitioned from student to new graduate registered nurse following a nurse residency program. The sampling also included snowball. The snowball sampling strategy identifies participants from people who know

people who know have experienced the phenomenon of research (Creswell, 2013). This researcher asked respondents to provide research information to other new graduate registered nurses who may be interested in participating in this study. The participants were accessed and recruited from members of the Florida Nurses Association (FNA).

The Florida Nurses Association (FNA) is a constituent of the American Nurses Association (ANA), which represents the interests of 3.4 million registered nurses and is the only nursing organization representing all of nursing regardless of specialty or practice area. ANA affiliates are specialty nursing organizations that hold organizational-level membership in ANA. Working together, ANA and these organizations seek to share information and collaborate in finding solutions to issues that face the nursing profession, regardless of specialty (American Nurses Association, 2015). The FNA has approximately 4,169 members and speaks on behalf of nursing in Florida's state capital, as well as before many regulatory bodies. The FNA partners with other organizations that share its vision to create a unified nursing advocacy program for nurses in Florida. The FNA is a strong voice for the nurses of Florida fueled by the strength and commitment of the professional nurses who comprise our membership (Florida Nurses Association, 2012).

Access and Recruitment of the Sample

Purposive and snowball sampling were used to access and recruit new graduate registered nurses for this study. After approval from Barry University's Institutional Review Board (IRB) (Appendix A) was obtained, the process for recruiting potential participants began. The researcher obtained permission from the FNA to post a recruitment flyer on the FNA website and to have the flyer distributed to FNA members

via email. The flyer provided information about the study and included the researcher's contact information to field further inquiries and to schedule a convenient time for an interview. The first 20 participants were offered a $25 VISA gift card for their time participating in the study. In keeping with the snowball sampling method, respondents to the flyers were asked to share the study information with other new graduate registered nurses who might be interested in participating.

Interested participants responding to the flyer were provided an explanation of the study that includes the purpose of the study. If respondents met the inclusion criteria and agreed to participate in the study, a mutually agreed-upon time and venue were selected for the first interview. This researcher conducted face-to-face, telephone, or Skype interviews with the participants in a quiet environment mutually agreed upon by the researcher and the participant. The first interview was a semi-structured interview that focused on the participant's lived experience of transitioning from student to new graduate registered nurse following a nurse residency program. The initial interviews were scheduled for 60 minutes. A second interview was scheduled to review the transcribed data from the first interview for member checking and verification of the data.

Inclusion Criteria

Participants for this study were English-speaking and at least 18 years of age. New graduate registered nurses who participated in a hospital-based nurse residency program within the past 1 to 3 years were eligible. Participants had to be currently working in an acute care setting in Florida.

Exclusion Criteria

The exclusion criteria included new graduate registered nurses who were not English-speaking, and not at least 18 years of age. New graduate registered nurses who did not participate in a hospital-based nurse residency program within the last 1 to 3 years and participants not currently working in an acute care setting in Florida were excluded from the study.

Ethical Considerations

Qualitative researchers face many ethical issues that can surface during data collection in the field and dissemination of qualitative reports (Creswell, 2013). According to Lipson (1994), these ethical issues include: informed consent procedures; deception or covert activities; confidentiality toward participants, sponsors, and colleagues; benefits of research to participants over risks; and participant requests that go beyond social norms. It is important the researcher protects the anonymity of the informants by assigning aliases to individuals and gaining their support by conveying to the participants that they are participating in a study, explaining the purpose of the study, and not engaging in deception about the nature of the study (Creswell, 2013).

This qualitative research study involved human subjects in the form of registered nurses. Therefore, it was necessary to obtain informed consent for the study (Appendix B). The consent form contained the following elements: the right of participants to voluntarily withdraw from the study at any time; the purpose of the study and the procedures for data collection; comments about protecting confidentiality; known risks associated with participation in the study; the expected benefits of participation; and the signatures of the researcher and the participant.

Following approval from Barry University's Institutional Review Board (Appendix A), approval by the FNA to post the recruitment flyer on the FNA website for at least 12 weeks and distribution of the flyer to members via email was obtained prior to the recruitment of participants. Before the start of each interview, the participant was asked to sign an informed consent form (Appendix B). This form was stored separately from other study documents. Each participant was asked to select a pseudonym, which was used on the demographic instrument, during the interview process, on transcripts, and on all documents. All participant information, including demographic data sheets, audiotapes, and transcripts were kept in the researcher's office in locked filing cabinets. The audio-taped interviews were transcribed by the researcher within 72 hours. Audiotapes were destroyed after member checking had been completed. All data, including demographics, consent forms, and transcripts, were maintained indefinitely by the primary investigator at the completion of the study.

A Skype account was created specifically for the Skype interviews. An informed consent for use with Skype (Appendix B) was available. If the participant chose to do a Skype interview, the consent would be sent to the participant electronically via DocuSign.com. Electronically signed consent forms were obtained via DocuSign.com, an encrypted secured web-based e-signature service. All participants requested a telephone interview for this study. The account was closed once all of the interviews were completed.

Data Collection Procedures

Following Barry University IRB's approval (Appendix A) and approval from the FNA (Appendix C), the recruitment flyer was posted on the FNA website for at least 12

weeks and distributed to FNA members via email (Appendix D). Interested participants contacted the researcher using the information provided on the flyer. Respondents were informed that their participation was purely voluntary throughout the duration of the study, and they could choose to withdraw from the study at any time. If they chose to participate, respondents were scheduled for an interview time in a mutually agreed upon quiet environment and were asked to share the flyer with other possible participants. Prior to starting the interview, participants were provided information about the study. They had ample opportunity to have their questions about the study answered. An informed consent was provided to the participants for their review (Appendix B). Once the consent form was signed and the participant was provided with a copy, he or she was asked to select a pseudonym and complete a demographic questionnaire. The interview started after the completion of the demographic questionnaire.

The interview was scheduled for approximately 60 minutes and was conducted via telephone interviews. The interview focused on the participant's lived experience of transitioning from student to new graduate registered nurse following a nurse residency program. The interview was audio taped with the participant's consent. The researcher asked an open-ended question to begin the interview process and listened actively and asked questions for clarification. The researcher used additional prompting questions as needed to encourage the participant to provide more detail of the phenomenon (Appendix E). At the conclusion of the interview, the participant mailed a $25 VISA gift card as a token of appreciation for their time. The researcher took notes immediately following the interview of observations made during the interview that include non-verbal behaviors, personal observations, and the participant's demeanor. The researcher transcribed the

audio taped interview within 72 hours. A second face-to-face, phone, or Skype interview was scheduled within 1-2 weeks of completing the transcription with the participant to verify the transcribed data and member check. At the completion of the member checking, the audiotapes were destroyed.

Interview Questions

The purpose of this study was to examine the lived experience of registered nurses transitioning from students to new graduate registered nurses following a nurse residency program. The primary method of data collections was telephone interviews conducted by the researcher. The initial questions were open-ended to allow the participant to provide details of the lived experience. The opening interview prompt was, "How did the nurse residency program help with your transition to clinical practice from student to registered nurse?" The researcher used additional prompting questions (Appendix E) as needed to encourage the participant to provide more detail of the phenomenon.

This researcher reflected on her own assumptions, beliefs, and attitudes about the phenomenon of transitioning from student to new graduate registered nurse following a nurse residency program and used journaling as a means of bracketing preconceived ideas about transitioning from student to new graduate registered nurse following a nurse residency program in order to better understand the lived experiences of the participants throughout the interview process.

Demographic Data

The researcher gathered specific demographic data (Appendix F) that allowed the researcher to describe participants and to identify similarities and differences among

them. The researcher gathered the following demographic data: age, gender, type of education preparation, primary language, and specialty of nursing unit, length of time employed on this unit after completion of the nurse residency program, and length of the residency program.

Data Analysis

According to Polit and Beck (2012), no universal rules exist for analyzing qualitative data, and the absence of standard procedures makes it difficult to explain how to do such analyses. It is also difficult for researchers to describe how their analysis was done in a report and to present findings in a way that their validity is apparent. Qualitative analysts must also organize and make sense of copious amounts of narrative materials. The final challenge is reducing data for reporting purposes. Researchers must balance the need to be concise with the need to "maintain the richness and evidentiary value of their data" (p. 556). Data analysis commenced once the first interview was completed and transcribed. Using van Manen's (1990) suggested guidelines for the research activities, the following steps were taken by the researcher to analyze the data:

1. The researcher reflected on her own assumptions, beliefs, and attitudes about the phenomenon of transitioning from student to new graduate registered nurse following a nurse residency program and used journaling as a means of bracketing preconceived ideas about transitioning from student to new graduate registered nurse following a nurse residency program in order to better understand the lived experiences of the participants.
2. The audiotapes were transcribed while carefully reviewing and listening to the interviews. The transcripts are a part of the data that were analyzed.

3. The researcher immersed herself in the data by reading and re-reading the transcripts and listening to the audiotapes repeatedly for verification of content. Transcripts were reviewed, and relevant statements grouped together.
4. The researcher formatted each transcript and corresponding field notes on the left 2/3 side of the page (double-spaced), kept a wide right-hand margin for writing themes and notes.
5. Each line was numbered and different color highlighters were used to highlight identified clusters of data. The researcher wrote preliminary and final themes in the right-hand margin.
6. Thematic statements of the lived experience were extrapolated from the common descriptions given by the participants.
7. The researcher reviewed the historical context of the thematic statements that emerge from the data.
8. The researcher wrote and rewrote the data to develop thematic statements and provide support for the meaning of the statements.
9. This detailed process was repeated until saturation was reached.
10. A follow-up 30-minute appointment was offered to the participants, an opportunity to review the transcript of their interview for accuracy. The verification of accuracy is a form of member checking.

According to Creswell (2013), verification is done to confirm that the researcher has described the essence of the lived experience and to clarify any discrepancies.

Research Rigor

In qualitative research, rigor means the researcher validates the accuracy of participant information by using procedures for validation that include prolonged engagement in the field and the triangulation of data sources, methods, and investigators to establish credibility (Creswell, 2013). To establish the trustworthiness of a study, Lincoln and Guba (1985) use four terms that are associated with the positivist paradigm: credibility, dependability, confirmability, and transferability.

Credibility

Lincoln and Guba (1985) view credibility as an overriding goal. It refers to the truth of the data and interpretations of them. Qualitative researchers must strive to establish confidence in the truth of the findings for the particular participants and contexts in the research. Credibility involves two aspects: first, carrying out the study in a way that enhances the believability of the findings, and second, taking steps to demonstrate credibility in research reports. Triangulation involves corroborating evidence from different sources to shed light on a theme or perspective (Creswell, 2013). This study addressed credibility by using a well-established research method that has been used effectively in the nursing literature. Participants were encouraged to answer the interview questions frankly and given the opportunity to refuse to participate. This researcher reflected on her own assumptions, beliefs, and attitudes about the phenomenon of registered nurses transitioning from students to new graduate registered nurses following a nurse residency program and used journaling as a means to separate preconceived ideas about the lived registered nurses transitioning from students to new

graduate registered nurses following a nurse residency program in order to better understand the lived experiences of the participants throughout the interview process.

Dependability

Dependability is the stability or reliability of data over time and conditions. Credibility cannot be attained in the absence of dependability, just as validity in quantitative research cannot be achieved in the absence of reliability (Polit & Beck, 2012). Member checking, according to Lincoln and Guba (1985) can be used to increase dependability. A detailed description of the research process also increases the study's dependability. This researcher provided a detailed description of the research process. The participants were provided a follow-up interview to review the transcript of their initial interview as a form of member checking in order to ascertain verification and clarification of the data.

Confirmability

Confirmability is concerned with establishing the data represent the information provided by the study participants and the interpretation of the data are not invented by the researcher. For this to be achieved, the study findings must reflect the participants' voice and the conditions of the inquiry, not the researcher's biases, motivations, or perspectives (Polit & Beck, 2012). According to Polit and Beck (2012), an audit trail is critical to the process of confirmability because it is a systematic collection of materials and documentation that will allow an independent auditor to come to the conclusions about the data. This study provided an audit trail to allow another researcher to duplicate the study, and the researcher's activities will be thoroughly detailed.

Transferability

Transferability is the extent to which the study findings can be transferred or have applicability in other settings or groups (Polit & Beck, 2012). According to Lincoln and Guba (1985), the researcher's responsibility is to provide sufficient descriptive data so that consumers can evaluate the applicability of the data to other contexts. This researcher provided a detailed description of research activities and findings. The researcher used purposive and snowball sampling for recruitment.

Chapter Summary

This chapter provided a detailed description of van Manen's qualitative research design that was used to conduct this study. The purpose of this phenomenological study was to explore the lived experience of registered nurses transitioning from students to new graduate registered nurses following a nurse residency program. This chapter discussed the research design, sample and setting, recruitment of the sample, and participation criteria. Ethical considerations and Institutional Review Board procedures were also discussed, along with data collection procedures, interview questions, and data analysis. Research rigor was discussed with a focus on trustworthiness, credibility, transferability, dependability, and confirmability.

CHAPTER FOUR

FINDINGS OF THE INQUIRY

The purpose of this phenomenological inquiry was to explore the lived experience of registered nurses transitioning from student to new graduate registered nurses following a nurse residency program. This study sought to reveal the essence and obtain a deeper understanding of the phenomenon. This chapter presents the findings of this phenomenological inquiry into the lived experience of nine new graduate registered nurses who transitioned to clinical practice following a nurse residency program. These nine new graduate registered nurses ($N = 9$) represent five different nursing specialties, and the participants have at least 1 to 3 years of nursing experience. Demographic specifics, analysis of data, including themes, citations from participants that incited these themes and an applicable theory are included in this chapter.

Phenomenology, a practical reflective methodology, allowed the researcher to enter into the private domicile of the participant's inner world, to discover their response to and shaping of their outer world that creates a single unique world space, and brings form and sense of this space into existence (van Manen, 1990). The researcher, through the process of interview and conscientious review, was able to visualize the participants' sphere, investigate their experiences, and understand their transition to clinical practice following a nurse residency program. The lived world of persons is constantly changing and evolving (Munhall, 2007), these shared experiences, and the analysis of data, constitute the reality of the participants in this current time and context.

The experiences shared by each participant through interviews were unique to that individual, yet there were remarkable common threads among all nine new graduate

registered nurse participants. In order to preserve the unique individuality of each person (van Manen, 1990), a brief characteristic description of each participant is provided. Each person's story was based on his or her inner existential interpretation of the experiences (Munhall, 2007). Munhall (2007) advances the concept that for each person, "truth" is an interpretation of some phenomenon, and the more that interpretation is shared, the more factual it becomes (p. 10). The individual interpretation of the phenomenon of the lived experience of transitioning to a new graduate registered nurse following a nurse residency program will be evident in the themes presented in this chapter.

The purposive sample was determined since it was imperative to include new graduate registered nurse participants who experienced the phenomenon. The Florida Nurses Association (FNA) was used to access the sample. The sample size of nine (N = 9) was determined by saturation, or recognizing no new themes or data during data collection, and analysis (Creswell, 2013). Saturation was met at five participants, but the researcher continued for verification and confirmation of developing themes. Data were recorded on two audiotapes and were subsequently transcribed by the researcher. Each audiotape was reviewed several times to assure accuracy in transcribing the information and to obtain clarity and understanding of the information and intent of the participant. A copy of the transcribed interview, without coding data, was sent via email to the interviewee participant to verify accuracy and in some cases to make minor adjustments for the purpose of clarity. To increase flexibility and efficiency, the researcher formatted each transcript and corresponding field notes on the left two-thirds of a collated, double-spaced page, keeping a wide right-side margin for writing themes and notes. The researcher only made changes as requested by the participant. Each final transcription

was read several times, at times along with listening to the audiotape, and highlighters were used to identify meaning units. Preliminary themes and notes were scripted in the right side column. This process was followed by examining the interviews of all nine participants. The transcription of the interview occurred soon after the interview and the data analysis occurred soon after the member check and simultaneous with data collection efforts.

In the analysis of data and formulation of themes, the challenge for this novice researcher was to convey the essence of the participant's experience in transitioning to a new graduate registered nurse following a nurse residency program. The six activities of van Manen's hermeneutic phenomenological approach were used to collect and analyze the data (van Manen, 1990). The researcher employed van Manen's hermeneutic cycle in repeatedly reading, reflecting, and writing: reading then reflecting on the personal thoughts and feelings captured in the interview and transcript, as well as the researcher's thoughts and feelings, then writing, and keep repeating this process, while focusing on the research question at hand (Kafle, 2013). Through this process, the researcher was able to describe, interpret, and illuminate the lived world of the nurse participants and the meaning of their experience. The six activities of van Manen continuously guided the researcher in moving back and forth throughout the process: interviewing; reviewing articles and documents; reflecting on the data and preliminary themes; maintaining a strong focus with the phenomena and the research question listening to the recordings; and transcribing, reading, writing, reflecting, and maintaining a balance with the whole, while considering the parts of the whole (van Manen, 1990).

Demographic Representation

This study investigated nine new graduate registered nurses who transitioned to clinical practice following a nurse residency program within the last 1 to 3 years. Participants for this study were English-speaking and at least 18 years of age. New graduate registered nurses who participated in a hospital-based nurse residency program within the past 1 to 3 years were eligible. Participants had to be currently working in an acute care setting in Florida. Seven participants were recruited via the flyer that was distributed to (FNA) members via email, and the remaining two participants resulted from snowball sampling. All volunteers who responded completed the interview and confirmation of transcription for member check.

The study participants ranged in age from 18-50 years. Thirty-four percent were ages 31-40, 44% were ages 18-30 years. The remaining 22% were in the age range of 41-50 years with one participant being greater than 50 years of age. Eighty-nine percent of the participants were female with 67% having 1 year of nursing experience and 33% having 2 years of nursing experience. Seventy-eight percent completed a bachelor of science in nursing (BSN) residency program, and 22% completed an associate degree in nursin (ADN) residency program. Over 50% of the nurse residency programs were at least 6 months to a year in length. Currently, 11% of the participants work in hematology/oncology, 56% in the emergency room, 11 % in orthopedics, 11% in progressive care, and 11% in medical-surgical. Table 1 reflects demographic characteristics of the group.

Table 1

Demographic Distribution

Demographic Characteristics	$N = 9$	Percent
Age		
18-25	2	22
26-30	2	22
31-40	3	34
41-50	1	11
50 years and older	1	11
Gender		
Male	1	11
Female	8	89
Educational Degree		
ADN	2	22
BSN	7	78
LPN	0	0
Years of Nursing Experience		
1 year	6	67
2 years	3	33
3 years	0	0
Length of Nurse Residency Program		
Less than 6 months	3	33
6 months	3	33
9 months	0	0
12 months	3	33
18 months	0	0
Other	0	
Nursing Specialty		
Hematology/Oncology	1	11

Emergency Room	5	56
Orthopedics	1	11
Progressive Care	1	11
Medical/Surgical	1	11

All participants demonstrated an attitude of openness and even vibrancy, needing very little prompting, in sharing their story. Each interview session lasted approximately 30 minutes to 1 hour. The participants were all eager to assist in the research process and willing to make their voices heard for the benefit of nursing philosophy and practice. Several participants in reflection shared how much they enjoyed the interview. The participants had a choice of a face-to-face interview, telephone, or Skype. All of the participants requested a telephone interview. There were no technical difficulties that occurred during the interviews.

Characteristics of the Participants

Each participant in the study was asked to choose an identifying pseudonym for the purpose of privacy and confidentiality. All of the participants chose a fictitious name. Their respective choices were used in all interactions and transcriptions to conceal individual identity and maintain confidentiality throughout the research process. The characteristics of each participant were obtained from the audiotapes, demographic sheets, transcribed interviews, and reflection on information shared by participants during the interviews. The interactions between the researcher and the participant were productive and purposeful. All participants were willing, open, and engaging as they shared their experiences about transitioning from student to new graduate registered nurse following a nurse residency program. All participants expressed appreciation for the researcher's focusing on the lived experience of transitioning to a new graduate

registered nurse following a nurse residency program. The following depicts a short synopsis of the characteristics of each participant.

Minnie Mouse

Minnie Mouse is in the age range of 26-30 years, completed a 12-month nurse residency program. During the nurse residency program, Minnie Mouse worked in Medical/Oncology. She has 1 year of nursing experience and is currently working in Oncology. According to Minnie Mouse, what really contributed to her transition to clinical practice was meeting with her cohort that consisted of 10 registered nurses, that met once a month along with a mentor to share their experiences as new graduate registered nurses. She stated:

> We talked about what we were dealing with and what was frustrating us. One of the best things about the nurse residency was talking to other peers that were in the same boat. We also had a mentor. This was very helpful, especially in the beginning, because it was kind of rocky. She was able to talk through things and there was always someone there too if there was any real issue, which there wasn't, but if there was a real issue, I was able to talk to that person.

In addition to meeting with her cohort, Minnie Mouse discussed one of the strengths of the nurse residency was the support provided to new graduate registered nurses. "…but I would say the strongest part was that community feeling. I met a nurse who was past her second year. She remembers her first year and she wasn't in a residency program. She had breakdowns because she didn't feel that support at all." Minnie Mouse reported that lack of administrative support and inconsistent communication were weaknesses of the nurse residency program. She explained:

> So there was supposed to be one person following our progress the whole year and we really didn't have that. So we had to support each other. And by the end of the nurse residency, we had this person who really didn't know us."

Monarch Raiser

Monarch Raiser is in the age range of 41-50 years, has 2 years of nursing experience, and completed an ADN nurse residency program that was less than 6 months in length. During the nurse residency program, she worked in Adult Critical Care. For the last 18 months, she has been working on a medical/surgical unit. She discusses the nurse residency:

> helped me to learn my job responsibilities not just the assessments that we learned in uh school and how to do everything, also the ability to communicate with the doctors and coordinate the patient care. That was the biggest thing.

In addition to learning her job responsibilities and coordinating patient care, Monarch Raiser said another benefit of the nurse residency program was having a dedicated preceptor and learning how to prioritize patient care.

> I had a preceptor—I had the same one (preceptor) the whole 11 weeks. We had good relationships, friendly but working relationship based on her authority and her knowledge and training, and my ability to listen to her and learn. It was a good relationship and a something where she also had to continue to push me to advance my skills where I had to take on more of the responsibility rather than her always telling me what to do. You have a second pair of eyes looking at everything you're doing. And helping you learn the best ways to do everything I guess. And prioritize—prioritizing is really big.

Monarch Raiser discussed that not having a dedicated a preceptor is a weakness of the nurse residency program because "it just makes it more difficult for the preceptee to get their questions answered."

Donald Duck

Donald Duck is in the age range of 26-30 years, has 1 year of nursing experience, and completed a BSN nurse residency program in Adult Critical Care that was less than 6 months in length. He has been working in the emergency department for the last year. According to Donald Duck, the structured curriculum of the nurse residency program, which consisted of computer-based learning modules, quizzes, tests, and hands-on skills practice with the unit educator or preceptor, contributed to his transition to clinical practice. He said:

> …in that busy of a setting, just going through all of those modules and learning all of your skills and having a chance to do that and also to do hands-on patient care with a preceptor at your side. Somebody that has already been through working in that ER, it—it really helps to prepare you and how to pace yourself and organize your time and your thoughts and each patient situation.

In addition to this, Donald Duck discussed the strengths of the nurse residency program and how it promoted patient safety and reducing patient harm:

> The strengths would certainly be that you have someone looking over your shoulder the entire time teaching you, encouraging you and, and there as a safety net in the event since you are a new nurse. And in the event that you go to do something that wouldn't be safe, you've got another person there to catch you and to make sure that you're not causing any (patient) harm.

The weaknesses are that it was a short nurse residency program with a lot of information to learn that was very detailed. He explained:

> So it was a lot of information in a short amount of time. The modules that we did, the PowerPoints and stuff like that; at times they almost went into too much detail it seems. Almost edging on nurse practitioner or doctorate level information, but it didn't entirely seem relevant to the practice.

Duramater

Duramater is 50 years or older, has 1 year of nursing experience, and completed a 6-month ADN residency program in orthopedics where she has been working for the last year. She discussed that the nurse residency program was essential and more realistic than her clinical experiences in nursing school. She stated:

> I found that my clinical experience even though I believe that the (nursing) program I was enrolled in was a good program and tried diligently to get us a substantial clinical experience. It is really not adequate in terms of having a force of grasp of what needs to be done over a 12-hour shift.

Duramater discussed some of the benefits of the nurse residency program such as enhancing competency and reducing stress. "Oh, enhanced competency faster. And I think also a tremendous reduction in stress because you have a clear sense that somebody is in fact watching what you're doing so your anxiety about making mistakes is substantially reduced." Duramater did not find any weaknesses in the nurse residency program. Rather, she discussed the importance of completing the program with a cohort:

> Just sort of ambient about how we were doing, how we felt about things, and in my particular group, there were a bunch of us and we did, you know, we routinely

talked to each other about how things were going. But I think if you were a solo nurse resident, on a unit, that cohorts might be useful. I don't really have any complaints about my program.

Bush Girl

Bush Girl is in the age range of 31-40 years, has 1 year of nursing experience, and completed a 6-month BSN nurse residency program in the emergency room. She has been working in the emergency room for the last year. Bush Girl reported that she was terrified as a new graduate registered nurse and the nurse residency program assisted with her transition to clinical practice. She stated:

> It was very helpful because it made me comfortable with the work I was going to do. When I first started, I was terrified. But it helped me to build confidence in taking care of the patients. So it was a very helpful program. It built my confidence and it added to my knowledge.
>
> Bush Girl discussed the strengths and weaknesses of the nurse residency program.
>
> The strengths are that it's organized, and kind of protective of the younger nurses. What do I say? I think if you have a good preceptor—a good match with a preceptor, then it really fosters you so you can be well prepared to take care of your patients. It builds your confidence and just prepares you for the future. I would say the weaknesses is only if you don't get a good fit with your preceptor. If you don't have a good preceptor, then you can have a lot of issues.

Elsa

Elsa is in the age range of 18-25 years, has 2 years of nursing experience, and completed a 12-month BSN residency program in adult critical care. She has been

working in the emergency department for less than 6 months. Elsa reported having a positive transition experience in the nurse residency program. She stated:

> I think the residency program, overall, just helped ease that transition in helping me feel more comfortable with transitioning from a student to a registered nurse. In nursing school I felt you're given all the skills but not necessarily the ways in which to apply them. And in a residency program, you get those really strong application skills where everything that you've learned in nursing school from the textbook is now applicable to bedside nursing when you're in a certain field or in a certain department.

In addition to this, the nurse residency gave her confidence. She elaborated:

> So when you have people— and like I said resources and a program—that's willing to help you move into that application level of all your skills, I think that's what really helped my transition. So once I was off my residency program, I felt pretty strong as a new nurse.

According to Elsa, one of the strengths of the nurse residency program is having a cohort of new graduate registered nurses that you can share your clinical experiences.

> I think the strengths—one is to have a cohort of nursing students who are transitioning into a new nurse. Because when you do it alone, and I think when you do it without a residency program, you're really kind of—you're a lone ranger out there.

She did not report any weaknesses regarding the nurse residency program. Rather, she encourages her peers to seek out hospitals that provide nurse residency programs.

> As for the program of itself, I really didn't find any weaknesses. I feel like they're just—all there are just benefits for new nurses. And I think—and for me personally, I've encouraged a lot of new nurses or nursing students to pursue nurse residency programs so they have that additional support.

Belle

Belle is in the age range of 18-25 years, has 1 year of nursing experience, and completed a 6-month BSN residency program in acute pediatrics. For the past year, she has been working in a pediatric/adult emergency department. Belle discussed some of the benefits of the nurse residency program. She stated:

> I gained a lot of knowledge. I felt more confident going into my role as a registered nurse because I felt like now I'm like okay well now—not that I knew what was expected—because anything new can walk into the door but—more like I'm okay well—I feel like I'm more grounded.

She also discussed that having an experienced preceptor contributed to a positive transition experience. She explained:

> So being able to get that experience alongside a nurse that wasn't a novice. She was already, you know, functioning in her role for a while so that helped me a lot. Like her documentation, everybody's documentation, you know some people over/under document but I felt like her documentation was so accurate. And everything that she did she documented. So I felt like I got one of the best examples of how I should be in my role.

Belle discussed the weakness of the nurse residency was the length of the program:

> I mean if there was a weakness, I honestly would say maybe that the length of the program could've been too long because sometimes the pressure of the rush (shorter nurse residency program) is a good thing. Like the pressure of like you know I only have this much time so you know I need to get my stuff down and you do—I think you become more independent when you're not so much time with somebody else (preceptor).

Kitty

Kitty is in the age range of 31- 40 years, has 1 year of nursing experience, and completed a 12-month BSN residency program in adult critical care. For the past year, she has been working in a Multisystem Progressive Care Unit. Kitty reports the length of the nurse residency program and having an experienced preceptor contributed to a positive transition experience.

> Most importantly, part of the year residency program, there was 3 months where I was precepted by a seasoned nurse in that unit and that was completely essential to me. I think that if I hadn't had those 3 months, I wouldn't feel as confident as a nurse as I do now. I believe the most important part was those 3 months of preceptorship before I was allowed to practice nursing on my own.

She discussed the nurse residency provided a foundation to build her critical thinking skills.

> …and it helped develop my critical thinking. I would say first it helped me build a foundation, start it up and develop it from there. I mean, I remember in nursing school, during my nursing program, a lot of the nurses that we spoke to during clinical said, "When we started, it's like we didn't learn anything in nursing

> school." And I'm like, "Well that's funny." So, but I see what they meant, you really cannot develop critical thinking, I mean this is my point of view, until you're in the trenches, until you are the one with the license.

According to Kitty, the only weakness of the nurse residency program is the scheduling of the professional development workshops and the delivery of the content in the workshops. She stated:

> I believe some of them (nurse educators) were more compassionate and had more of a heart towards graduate nurses where they would be like "Oh, we understand you go through this." "We understand you might me thinking this." Where others were like, "You're supposed to do this" and "This is the way it goes." So I believe maybe more attention to who, maybe more training so that the delivery is more consistent on each workshop.

Aubrey Brown

Aubrey Brown is in the age range of 31-40 years, has 2 years of nursing experience, and completed a BSN residency program in hematology/oncology that was less than 6 months in length. For the last 2 years, she has been working in hematology/oncology. Aubrey reported the nurse residency gave her more confidence and promoted an environment that was safe to ask questions. At the same time, it helped to calm her fears.

> There are several ways it gave me a better um … I think it gave me more confidence first of all. I was able to answer questions in a forum that was safe. So a lot of my concerns or you know nervous fears were um able to be calmed because I had good information.

A team approach was used in the nurse residency program through the use of simulation and this also contributed to a positive transition experience for Aubrey. She stated:

> I also feel like the training and the scenarios that we did helped alleviate some of that fear. Working through things together helped me feel like I was a part of the team and that was going to continue when I entered the organization.

Aubrey discussed the weakness of the nurse residency program was that it was unexpectedly cut short.

> So mine (nurse residency) ended and like—we started in October and it ended—I think at Christmas. I'm not sure if it had to do with transition in leadership? But I really think that our whole group could've benefited a lot more to continue at least—to continue that full year adjustment um with—with those tools. And so that was the biggest drawback for me.

These nine individuals shared their experience with the researcher during their interview and follow-up discussions. Their personal descriptions are essential to describing the essence of the lived experience of transitioning to a new graduate registered nurse following a nurse residency program.

Themes

This thematic analysis occurred from multiple readings of the narratives, repeatedly listening to the participants' voices, ruminating on the distinctiveness of their expressions, and recalling their moods and demeanor. Careful analysis of the data led to the emergence of four essential themes. The four themes are: *confidence, preparation, support, and safety*. Each theme carries a significant value of its own. van Manen's four

existential themes that were used to identify the lived world of all human beings served as a ready and effective guide to the researcher in observing certain thematic threads in the stories of the participants, as they mapped their journey through the lived experience of transitioning to a new graduate registered nurse following a nurse residency program. In reflecting on the lived experience of these new graduate registered nurses, their lived space (spatiality), lived body (corporeality), lived time (temporality), and lived human relationships (relationality or communality), the researcher perceived a model that prompted the emergence of four profound characteristic themes. Each theme is also part of, integrated with, and impacts each and all the other themes.

The interrelated themes of confidence, preparation, safety, and support occurred through this phenomenological investigation. These themes represent the research participants' experiences of participating in a nurse residency program as well as the existential life worlds of space, body, and time as they go through the process of transitioning to a new graduate registered nurse following a nurse residency program. The research participants' responses connected to these themes are intertwined narratives depicting the core of the themes. Rather than a linear process characterized by sequential phases, the experience presented is one of shifting vantage points, where one theme does not lessen the importance of the other; in fact, each diagram effectuates the totality of the phenomenon as it is lived. Figure 2 is the researcher's conceptual representation of the lived experience of transitioning to a new graduate registered nurse following a nurse residency program as described by the participants in this study.

Figure 2. Butts' (2016) conceptual representation of the lived experience of transitioning to a new graduate registered nurse following a nurse residency program.

Confidence

Confidence is the first theme that evolved from analysis of the data. Confidence is a noun that is defined as "faith or belief that one will act in a right, proper, or effective way" (Merriam-Webster, 2016). Confidence was the feeling of many of the participants once they completed the nurse residency program. As new graduate registered nurses, the participants initially felt overwhelmed, anxious, and fearful in the clinical setting. After completing the nurse residency program, they reported feeling confident in their ability to perform skills and overall they had more confidence in their nursing practice. **Elsa** embodied this theme during her interview when she shared:

> And we all have to go through it. And if these experiences make us better nurses and they make us better nurses to train new nurses in the future, then that's what it's there for, and that's what I think the nurse

> residency did for me was it helped in my personal identity of becoming a nurse because it gave me the confidence. And it gave me the, I guess, the security of knowing everything I'm going through is normal and the excitement for the future that eventually it'll all make sense. And eventually I'll have this nurse intuition and these advanced nursing skills, and advanced critical thinking skills and eventually it will all come into play.

Aubrey Brown described a similar experience of developing confidence in her nursing practice:

> The skills labs again, like just those things that you're nervous about. You don't have any IV sticks you know to speak of. So even though you're not sticking on a person, all of those little things give you more confidence and that's what you really need before you get in front of a patient.

Belle discussed that knowing the expectations of her role as a registered nurse contributed to her confidence rather than hands-on skills application:

> I gained a lot of knowledge, I felt more confident going into my role as a registered nurse because I felt like now I'm okay. Not that I knew what was expected, because anything new can walk into the door. More like I'm okay, I feel like I'm more grounded.

For **Bush Girl**, the gradual increase in the number of patients that she was assigned each week contributed to her confidence:

> So every week they stepped it up. From one to two, to three, to four until you're comfortable. I think that helps because at times when I felt more confident. Take care of my one patient

> and do everything. I'm able to get through it. And move on to two patients. It make me feel confident. Feel independent. So by the time I was done with the program, I was able to have my own four patients at once (laughing).

Donald Duck discussed that simulation and hands-on skills practice are imperative for new graduate registered nurses to feel comfortable in the clinical setting:

> There are just some situations that you are not going to run into as often. So, you still need to be familiar and comfortable with. Things that you don't see on the units of course but in the emergency room they're things that you're going to see very- not always very often but more frequently than you would anywhere else. So, I think it's very imperative that we get those skills in the SIM lab to not only become more comfortable but to familiarize our self with the equipment and with the process in the event those scenarios occur in the clinical setting.

These research participants clearly described in their voices the feeling of confidence after completing the nurse residency program. For these participants, they gained confidence in their skills, personal identity, providing care for multiple patients, and for their role as a registered nurse. Confidence also contributed to feeling "more grounded" and excitement for their future career in nursing and knowing that "eventually it'll make sense."

Preparation

The second theme that became evident in the data is preparation. Preparation is defined as the "action or process of making ready or being made ready for use or consideration" (Merriam-Webster, 2016). Many of the participants reported the nurse

residency program prepared them to work independently in the clinical setting. **Elsa** shared that hands-on skills practice, simulation, and becoming familiar with her specific patient population prepared her for the clinical setting:

> I think having some of those additional skills and simulations were just huge because in nursing school like I said, a lot of it is textbook, it's very not as hands-on and not as true to the field that you are in your own field of nursing or in your own department your own patient population. So once you are really are in your hospital, you know your patient population, you know your setting, you know some of the skills and some of the disease processes and the complex issues that come with those patients and then you get that added simulation of certain um sensitive things with patients and families. I think that really makes you a better nurse once you know you are off orientation and are doing things by yourself.

Similarly, **Monarch Raiser** discussed that her preceptor encouraged her to advance her skills and this helped to prepare her for the clinical setting:

> It was a good relationship and a something where she also had to continue to push me to advance my skills where I had to take on more of the responsibility rather than her always telling me what to do.

Conversely, **Duramater** thought simulation was not helpful in preparing her for the clinical setting, rather, hands-on skills demonstration:

> But I just found the way the simulations ran, just really was not very effective. I just didn't find it—it just was not a very useful experience for me. I would say our skills lab, particularly in my first semester of my nursing program, were very useful. I find touching the materials and going through dry runs of any kind of equipment-based process ahead of time VERY useful (laughing). Trying to do it

live, for the first time, in front of a patient, can just never be a good thing (laughing).

Minnie Mouse shared that in nursing school she participated in high-fidelity simulation and this contributed to her preparation for the clinical setting. During her nurse residency, she participated in one simulation scenario. She explains the hospital is small and does not have a simulation lab or high-fidelity equipment:

> ...we had like one scenario. I mean the hospital didn't really have a simulation lab or anything like that. The school I went to did have a simulation lab and every quarter we had to do one full day of simulation ... And so those are really cool to just be able to you know go into those codes and everything. Because even as a floor (nurse) I go through codes but not very often. Having a background was really nice even though you are in a simulated stressed out situation.

Kitty discussed the monthly EKG classes, life support, computer documentation, and professional development workshops prepared her for the clinical setting:

> So ACLS, our charting system classes, ECG interpretation, and then like I said, every month, those classes (professional development workshops) were very helpful. I mean I don't think the workshops we had every month were not—I don't want to call them classes per se, it really gave us a forum to discuss what our experiences have been so far. Each workshop dealt with a different theme. So I wouldn't go as far as to call those "classes." But I appreciate through those gatherings that we were able to, um, we were able to speak up what we've experienced and share and listen to others' experiences.

These research participants clearly described in their voices the feeling of

preparation. For these participants preparation for clinical practice was provided in a variety of ways that included simulation, hands-on skill demonstration, and didactic classes. The preparation had a positive impact on their transition experience as a new graduate registered nurse following a nurse residency program.

Support

The third theme that became evident in the data is support. This is defined as "to give help or assistance to someone or something" (Merriam-Webster, 2016). These participants discussed the support they received during the nurse residency program from their preceptors, mentors, senior resource nurses, leadership team, and peers in their cohort. **Minnie Mouse** discussed one of the benefits of the nurse residency is that it felt like a cushion, something that you could fall back on:

> I think as a new nurse my first year was a struggle. I was nervous and didn't know what I was doing I felt like I didn't know what I was doing And it was like a cushion. You could fall back on it. It made you feel a little bit better like you're still in school but you weren't like thrown out to the wolves. So it was just like you know one of those things that made me feel better.

In addition to having the nurse residency as a cushion, Minnie Mouse also shared how the cohort of her peers also provided support during this time and that lack of support for new graduate registered nurses can be detrimental:

> So as a new nurse, you're in rocky waters and you don't know what you're doing. That was that was the nice part that I felt comfortable with these girls and I felt that I had someone to talk to. The support. I met a nurse and she was past her second year but she remembers her first year and she wasn't in a residency program and I mean she had

breakdowns because she didn't feel that support at all.

Similarly, **Duramater** discussed the importance of going through the nurse residency with a cohort:

> But I think that using the medical school model where you're doing your residency where you actually work as a cohort, and your experiences are cohort-driven, I think that might be a useful model … there were a bunch of us and we did, you know, we routinely talked to each other about how things were going. But I think if you were a solo nurse resident, on a unit, I think that cohorts might be useful.

Donald Duck shared that in addition to his assigned preceptor, he also received support from the two nurse educators on the unit:

> We have two educators for our emergency room that were with us but we when we're on the units we had a preceptor. Their entire goal was to help us transition into taking over and being able to handle the patient load in our hospital, our emergency room. So it was a supportive. It was definitely a supportive role and an educational role where they were teaching us the ins and outs of the emergency room and taking care of the patient. Documentation. The skills. And then they slowly-they basically weaned away how much they were involved in the patient care to the point where by the end of the nurse residency they were reviewing our charting and there to answer any questions.

Bush Girl also shared how she received support from the leadership team and experienced nurses during the nurse residency if she had any issues:

> I knew there were people that I can always talk to if I have any problem and I can talk to the lady that was in charge of the (nurse) residency program, I can talk to the unit manager, and then the nurse educator for the ER.

Bush Girl had a negative experience with her preceptor and discussed how supportive the leadership team was and how the team was able to resolve the issue:

> Yeah so I had a good experience for the first 2 weeks (of orientation) and then the lady in charge that was always—she found out that oh this wasn't working out well and then she switched—she helped me to switch my preceptor and then everything flowed from there.

Elsa shared how it is important that the entire multidisciplinary team understand and support the transition of new graduate registered nurses:

> And so for me, I think the benefit is just having so much support and having people that one, know you're a new nurse and they're willing to step with you, you know, one step at a time, in learning and transitioning into a full-blown registered nurse. Especially if you have a year-long residency program because you get a whole year for your transition to have that continued support. And for me, whether or not I used all of the support and all of the resources all of the time, that didn't happen very often but for me, knowing that I had those resources, you know in the back of my hand, if I ever needed them, was really big for me.

These research participants exhaustively discussed the importance of having support during the nurse residency program and they readily identified those persons that were a source of support for them during this time. These individuals are nurse educators, preceptors, and members of the leadership team.

Safety

The final theme that became evident in the data is safety, which is defined as the condition of being safe from undergoing or causing hurt, injury, or loss (Merriam-Webster, 2016). The participants overall felt safe in their practice. They were grateful to have someone beside them to observe them as they provided patient care. **Bush Girl** shared: "You can make those mistakes but it's in a safe environment. There's somebody watching over you and making sure you're not doing anything wrong. I think it's beneficial."

Duramater discussed how a structured transition contributes to safety:

> Probably the only thing that I would add is that I would certainly hope moving forward, that you know most healthcare systems, most hospitals are using (nurse) residency programs for nurses. I cannot imagine transitioning directly from school to having direct care of patients without having a preceptor immediately available to me and supervising me.

These participants' stories clearly express in their voices the importance of transitioning to a new graduate registered nurse following a nurse residency program. Their stories revealed the need for support and preparation to work independently in the clinical setting. Progressive learning is ideal for many of the participants with the ultimate goal of being able to provide care for a full patient assignment. In addition to this, the participants wanted to feel safe while they developed confidence in their skills.

Connection to Theory

The themes that emerged from this study put forth an appropriate association with the theory of self-efficacy that is based on Albert Bandura's (1977, 1986) social cognitive theory. Self-efficacy was based on research testing the assumption that exposure to treatment conditions could result in behavioral change by altering an individual's level

and strength of self-efficacy (Bandura, 1977). The theory of self-efficacy has been used in nursing research to focus on clinical aspects of care, education, nursing competency, and professionalism (Resnick, 2014). The new graduate registered nurses in this study strive for confidence in their skills and their ability to independently provide safe patient care. The analysis of the themes confidence, preparation, safety, and support and connection to this theory are discussed in Chapter Five.

Chapter Summary

This chapter discussed the significant findings of this phenomenological inquiry into

the lived experiences of nine nurses who transitioned to new graduate registered nurses following a nurse residency program. Demographic representations, as well as individual characteristics of the nine research participants were presented. Data analysis led to four themes that portray prominent elements the participants' lived experiences: confidence, preparation, safety, and support. Chapter five will present the discussion and conclusion of this research.

CHAPTER FIVE

DISCUSSION AND CONCLUSION OF THE INQUIRY

The purpose of this phenomenological inquiry was to explore the lived experience of registered nurses transitioning from student to new graduate registered nurse following a nurse residency program. This study sought to reveal the essence and obtain a deeper understanding of the phenomenon. Analysis of data revealed four themes: *confidence, preparation, support*, and *safety*. This chapter presents an interpretative analysis of these themes; correlates them with current literature and poems; and offers an assessment based on the concepts of the self-efficacy theory. It discusses the implications to nursing education, practice, research, and public policy; identifies and evaluates the limitations and strengths of the study; and reveals recommendations for further study.

Exploration of the Meaning of the Study

The overarching question that was used to guide this research study was: "What is the lived experience of new graduate registered nurses who complete a nurse residency program and the perceived impact on their successful transition into the practice role as registered nurses?" Current literature supports the premise for an inquiry of this phenomenon, with several research studies discussing the benefits of nurse residency programs and how they increase new graduate registered nurse retention during the first year of clinical practice. There is a paucity of literature that focuses on the transition experience of new graduate registered nurses following a nurse residency program. In this study, new graduate registered nurses who completed a hospital-based nurse residency program within the past 1 to 3 years and currently work in the acute care setting in Florida were interviewed. The investigative methodology that was used to

embellish the rich data obtained through participant interviews is the hermeneutic phenomenology of van Manen. According to van Manen (1990), a phenomenological description is always one interpretation, and no single interpretation of human experience will ever exhaust the possibility of another richer or deeper description. The interviews of nine new graduate registered nurses unveiled that new graduate registered nurses need the support of a nurse residency program during their transition to clinical practice. However, while this study aligns with current research in citing the need that exists in the profession, it goes further in presenting a detailed report of the lived experiences of new graduate registered nurses in their journey. As new graduate registered nurses, they initially felt overwhelmed, anxious, and fearful in the clinical setting. After completing the nurse residency program, they reported feeling confident in their ability to safely perform skills, and overall, they had more confidence in their nursing practice. The findings relating to the essence of the lived experience of these nine new graduate registered nurse participants are shared with detailed narratives to support findings and confirm authenticity. Transcription confirmation by participants, ongoing journaling, continuous immersion in the data, and expert validation of themes, are techniques utilized in the study to certify trustworthiness (Lincoln & Guba, 1985).

Interpretative Analysis of the Findings

The data analysis revealed four main themes that conveyed the essence of the lived experience of the nine new graduate registered nurses and the meaning they procured professionally that continues to influence their nursing practice. These new graduate registered nurses discussed the importance of having support from their cohort, resource nurses, and leadership team during their transition to clinical practice. The

support they received during their transition prepared them to confidently and safely provide patient care.

Confidence

The experience that new nurses gain during their residency familiarizes them with hospital policies and empowers them to confidently uphold these policies as part of their job (Speers, Strzyzewski, & Ziolkowski, 2004). "Along with newly discovered confidence is the ability to adequately stand up for oneself in a professional manner" (Morgenthaler, 2008, p. 100). Also, "positive reinforcement can build a new nurse's confidence and inspire competence when visible improvements are recognized by others" (p. 99). Hodges, Keeley, and Troyan (2008) conducted a phenomenological study of 11 new BSN nurses' professional resilience in the acute care setting. The researchers discovered that:

> Developing competence and confidence with patient care was the most challenging endeavor, especially with newly encountered situations. While these nurses discussed learning about crisis scenarios in school, they lacked confidence when actually faced with serious patient conditions in the practice setting. (Hodges et al., 2008, p. 82).

Bagnardi (2014) conducted a mixed method, descriptive design to evaluate the impact of the Designated Education Unit (DEU) setting on new graduate registered nurse leadership growth and overall satisfaction with the DEU experience. DEUs differ from nurse residency programs because their focus is on educating student nurses whereas nurse residency programs educate new graduate registered nurses. At the completion of

the senior leadership clinical, students ($N = 65$) were sent an electronic survey. According to Bagnardi (2014):

> Academic and practice partners have begun focusing on the context that student nurse clinical experiences occur and have created models that make the most of the clinical experiences not only through the use of expert nurses, but also through the creation of the DEU where there is a major focus on educating student nurses. The practice of using DEUs as a platform for student learning and employing mentoring in a structured environment may be an essential piece to facilitating well-prepared Registered Nurse graduates in the realm of nursing leadership, narrowing the theory-practice gap. (p. 16)

The findings of Bagnardi's (2014) study in relation to confidence revealed that the preceptors were very helpful in the areas of prioritization, organization, time management, and guidance on how the student nurses should plan their day. The students reported this encouraged them to be more independent and make decisions, which was good for building their confidence and time management.

Elsa, one of several participants in this study, discussed how in nursing school, students learn essential skills but not necessarily the ways in which to apply them. **Duramater** also shared that her nursing school tried diligently to get them a substantial clinical experience, but it was really not adequate in terms of having the force of grasp regarding what needs to be done in a 12-hour shift. **Elsa** and **Duramater's** desire for a realistic clinical experience that would contribute to confidence in their nursing practice is described in Sri Chinmoy's (1981) poem about confidence:

> What is confidence?

Your love for your real nature.

What is confidence?

The destruction of your negative thoughts.

What is confidence?

The transformation of imagination

Into reality.

Preparation

Preparation, the process of being ready—and for the purposes of this study—new graduate registered nurse preparation for clinical practice, is a major concern for many of the participants. Being able to practice skills in the clinical setting with their preceptor or in the skills lab with an educator was beneficial and prepared them to independently perform the skill. **Belle** discusses one of the strengths of the nurse residency program was being able to practice skills, documentation, and provide patient education with her preceptor and this prepared her for clinical practice. **Bush Girl** shared, "The simulation and the skills lab and the other stuff that we did during the ER class that was really very helpful because it just showed us what we see every day as ER nurses and stuff like that." Olson-Sitki et al. (2012) conducted a nonexperimental, repeated measures time series mixed-methods design with 31 new graduate registered nurses that was used to determine the effect of a nurse residency program on the new graduate registered nurse experience, retention rate, and employee satisfaction. Quantitative data analysis revealed nine responses were statistically significant different at 12 months versus 6 months,

all were improved, regarding feeling prepared to complete job responsibilities, communicating with the multidisciplinary team, delegating, prioritizing patient care, opportunities to practice skills, and providing care for a dying patient.

Thomas, Bertram, and Allen (2012) conducted a qualitative study of 11 new graduate registered nurses. The researchers sought to understand the lived experience of the first year of professional practice from the perspective of the new graduate registered nurse. Many of the nurses reported they were not clinically prepared to work on the nursing unit and did not understand hospital financials and politics. The participants felt clinically unprepared to work because of the lack of experience in nursing school. Some of the specific issues that were identified: starting intravenous lines, inserting urinary catheters and nasogastric tubes, and not providing care for more than two patients before graduation. In addition to this, failing to work as part of the multidisciplinary team and not working several 12-hour shifts in a week contributed to unrealistic work expectations.

Curtis (2007) used a mixed methods approach to determine how the use of scenario-based workshops can improve the mental health clinical placement experience for undergraduate nursing students. It was decided that intensive workshops would be implemented in order to better prepare undergraduate nursing students for their clinical placement. Students, clinicians, and new graduate registered nurse comments demonstrated that the responses to the workshops were positive. These positive comments were contributed to a closer link between the universities and the clinical areas with the goal of promoting careers in mental health nursing. Students discussed feeling better prepared and more confident about their mental health clinical placement and when they returned to school, reported the benefits of being adequately prepared. In addition to

this, a bridge was created between institutes for learning and professional practice, therefore reducing the gap between theory and practice.

Pertillar's (2015), poem reflects on the significance of preparation, dedication, and patience and further supports **Belle** and **Bush Girl's** need for preparation in the clinical setting:

Anyone wishing to achieve success,
And still without a guarantee to receive it...
Must have discipline to tolerate the taste,
Of sacrifice to appreciate the ups and downs...
That come with correcting mistakes to be made.
With a regular dose of preparation, dedication...
And patience to sometimes find,
A dislike for setting one's sights so high!
Since time spent not to waste any of it...
Is neither empathetic nor forgiving.

Support

According to Johnstone et al. (2008):

> The term *support* is defined in various English dictionaries as "to give aid or courage and to give strength to." To address the difficulties and stresses that new graduate registered nurses are known to experience upon commencing their practice as registered nurses, many in the field have steadfastly argued that new graduate registered nurses must have both individual support and a supportive workplace environment. Unless such support is provided, it will be

> extremely difficult for new graduate registered nurses to make the transition successfully from novice to advanced beginner. (p. 47)

Johnstone et al. (2008) conducted a mixed methods study to investigate the successful integration of new graduate registered nurses (N =11) into safe and effective organizational systems and processes. Quantitative data from the study revealed four themes: support of graduate nurses, confidence of graduate nurses, helpfulness of graduate nurse program, and learning needs of the graduate nurses. The researchers discovered that providing support to the new graduate registered nurses in an appropriate and timely manner had a direct and positive impact on their sense of confidence and competence as beginning practitioners. Being given support was also perceived as being critical to helping them avoid making mistakes. It was also evident from the data that when new graduate registered nurses were provided appropriate support, they achieved transition from novice to advanced beginner relatively quickly, with most achieving that transition within 3 to 4 months of after graduating from their nursing program. It was further evident that being supported enabled the new graduate registered nurses to also quickly become functional members of the team.

Data further revealed the predominant way in which new graduate registered nurses supported themselves was by actively seeking out staff whom they thought would most support them. Supportive staff were identified by their manner and whether they made the new graduate registered nurse "feel comfortable." Paradoxically, whether new graduate registered nurses actually got the support from staff they were seeking, and how much, often depended on their confidence levels and own support-seeking behaviors. Ironically, those who exhibited most confidence attracted more support from staff than

did those who lacked confidence (Johnstone et al., 2008). In this study, **Elsa** shared that one of the main benefits of the nurse residency program was the support that she received during that year of transition:

> And so for me, I think the benefit is just having so much support and having people that one, know you're a new nurse and they're willing to step with you, you know, one step at a time, in learning and transitioning into um a full-blown registered nurse. And so I think that would be the main benefit to having a residency program. Especially if you have a year-long residency program because you get a whole year for your transition to have that continued support. And for me, whether or not I used all of the support and all of the resources all of the time, that didn't happen very often. But for me, knowing that I had those resources, you know in the back of my hand, if I ever needed them, was really big for me.

Cleary et al. (2011) conducted a qualitative study exploring some experiences of a small cohort of new graduate registered nurses (N=13) during their first 2 years of working in mental health. The study findings revealed 11 key issues: (a) teamwork; (b) experiential learning; (c) self-development; (d) confidence; (e) listening; (f) rapport; (g) keen observation; (h) patience; (i) empathy; (j) learning from colleagues; and (k) maintaining a positive approach towards patients. Overall, the issue that recurred most frequently was teamwork. According to the researchers, teamwork, as new graduate registered nurses experience it, can be multifunctional and constitutes a foundation that provides personal, professional, and clinical learning support; intimate involvement with role models in complex situations, including boundary management; opportunities to

practice communication when tension is high; and an interpersonal safety net for new graduate registered nurses, patients, and the unit as a whole.

Guest (n.d.) in a poem reflected on teamwork as an important component of support. It also reflects the support and teamwork dynamics **Elsa** experienced during her nurse residency program:

It's all very well to have courage and skill
And it's fine to be counted a star,
But the single deed with its touch of thrill
Doesn't tell the man you are;
For there's no lone hand in the game we play
We must work to a bigger scheme,
And the thing that counts in the world to-day
Is, how do you pull with the team?
They may sound your praise and call you great,
They may single you out for fame,
But you must work with your running mate
Or you'll never win the game;
Oh, never the work of life is done
By the man with a selfish dream,
For the battle is lost or the battle is won
By the spirit of the team.
You may think it fine to be praised for skill,
But a greater thing to do

Is to set your mind and set your will

On the goal that's just in view;

It's helping your fellowman to score

When his chances hopeless seem;

Its forgetting self till the game is o're

And fighting for the team

Safety

Safety is the condition of being safe from undergoing or causing hurt, injury, or loss (Merriam-Webster, 2016). Many of the participants in this study discussed the nurse residency program creating a safe environment to learn during their transition to clinical practice. Straka, Burkett, Capan, and Edwin (2012) conducted a 3-month pilot study using a pre-/posttest design to determine if the use of high-fidelity simulation with novice pediatric nurses' (n = 26) influences their knowledge of deterioration symptoms and potentially affects adverse events on the inpatient units. High-fidelity simulation and the use of situation awareness allows learners to evaluate and respond to their perception, understanding, and prediction (Cooper et al., 2010). The participants in this pilot study were new graduate registered nurses, within 6 months of hire, and included both men and women over the age of 21. As a part of the nursing orientation program, the Pediatric Crisis Recognition and Management course was a convenience sample based on the number of vacant positions in acute, emergency, and critical care areas. The findings of the study revealed there was a 7% increase in participants' knowledge post course in recognizing clinical signs of decreased perfusion and a 23% increase in their ability to identify the first sign of deterioration in pediatric patients. By increasing knowledge of the appropriate interventions, the novice nurse potentially enhances his or her ability to respond and intervene, therefore promoting

patient safety and improving patient outcomes during a crisis (Straka et al., 2012). In this study, **Donald Duck** felt safe because he had a preceptor that would make sure that he did not cause patient harm:

> The strengths would certainly be that you have someone looking over your shoulder the entire time teaching you, encouraging you, and there as a safety net since you are a new nurse. And in the event that you go to do something that wouldn't be safe you've got another person there to catch you and to make sure that you're not causing any harm to the patient.

Dejnicki (2016), in a poem, reflected on an individuals' need to feel safe in the workplace, which further supports **Donald Duck's** experience with safety in the workplace:

> Yearning to feel safe, deep inside,
> Emotions you should never hide.
> Sometimes it's hard to feel secure,
> When so many things, you're not very sure.
> Afraid of failure, afraid of loss,
> Trying to always please your boss.
> What's in your mind, what do think?
> Find the reasons, find the link.
> It's not easy to simply change,
> You are normal, you're not strange.
> This feeling is a human emotion,
> We all live in this deep lonely ocean.

Chandler (2012) conducted a qualitative descriptive design and investigated the experience of first-year nurses in making the transition from school to practice. The

sample comprised 36 nurses who had graduated from associate degree and baccalaureate programs. Most of the sample was from New England with the remaining from other parts of the United States. Analysis of the participants' responses revealed two themes: (a) "They were there for me," (b) "There are no stupid questions," and (c) "Nurturing the seeds." The themes of "they were there for me" and "there are no stupid questions" have a common thread because they relate to safe clinical practice. Preceptors were there for the new graduate registered nurse because they created a personable, safe relationship by intentionally role modeling team communication or patient interactions and provided frequent consultation, feedback, and recognition to their orientees. "There are no stupid questions" is a theme that resonated among all of the participants because the expectation to ask questions was directly communicated to the new graduate registered nurses. The findings of the study revealed that questions provide a safety net for new graduate registered nurses to practice. Similar to the study findings, **Aubrey Brown** shared the nurse residency assisted with her transition to clinical practice by allowing her to ask questions in a forum that was safe. According to Bagnardi (2014), senior nurses promoted safety by correcting the new graduate registered nurses when they were not demonstrating safe practice. They would review the skill with them before they went into the patient's room. The experienced nurses created an environment that was conducive to asking questions.

Concepts of the Self-Efficacy Theory

Self-efficacy is defined as "an individual's judgment of his or her capabilities to organize and execute courses of action. The core of self-efficacy theory means that people can exercise influence over what they do" (Resnick, 2014, p. 197). According to Bandura (1977), through the use of reflective thought, generative use of knowledge and skills to perform specific behavior, and other tools of self-influence, a person will decide

how to behave. An individual must have the opportunity for self-evaluation or the ability to compare individual output to some sort of criterion in order to determine self-efficacy. The initial theory development and research related to self-efficacy was based on research testing the assumption that exposure to treatment conditions could result in behavioral change by altering an individual's level and strength of self-efficacy (Resnick, 2014).

Bandura differentiated two components of self-efficacy theory: self-efficacy expectations and outcome expectations. These components are major ideas of the theory. "Self-efficacy expectations are judgments about personal ability to accomplish a given task, whereas outcome expectations are judgments about what will happen if a given task is successfully accomplished. They were differentiated because individuals can believe that a certain behavior will result in a specific outcome; however, they may not believe that they are capable of performing the behavior required for the outcome to occur" (Resnick, 2014, p. 199). According to Bandura (1977), the majority of outcome expectations are based on the individual's self-efficacy expectations. In other words, people anticipate that the types of outcomes typically depend on their judgments and how well they will be able to perform the behavior. Those individuals who have confidence in their ability to perform a particular behavior will expect favorable outcomes for that behavior. Conversely, expected outcomes are dependent on self-efficacy judgments. Bandura hypothesized that expected outcomes may not add much to the prediction of behavior.

Bandura (1986) suggested that individuals' judgment about their self-efficacy is based on four components: enactive attainment, which is actual performance of the behavior; vicarious experience or visualizing other similar people performing a behavior; verbal persuasion or exhortation; and physiological state or psychological

feedback during a behavior. These four components interact with characteristics of the individual and the environment. Ideally, self-efficacy and outcome expectations are strengthened by these experiences and result in moderate behavior. Self-efficacy and outcome expectations are influenced by performance of a behavior. As a result, there is a reciprocal relationship between performance and efficacy expectations, as shown in Figure 3.

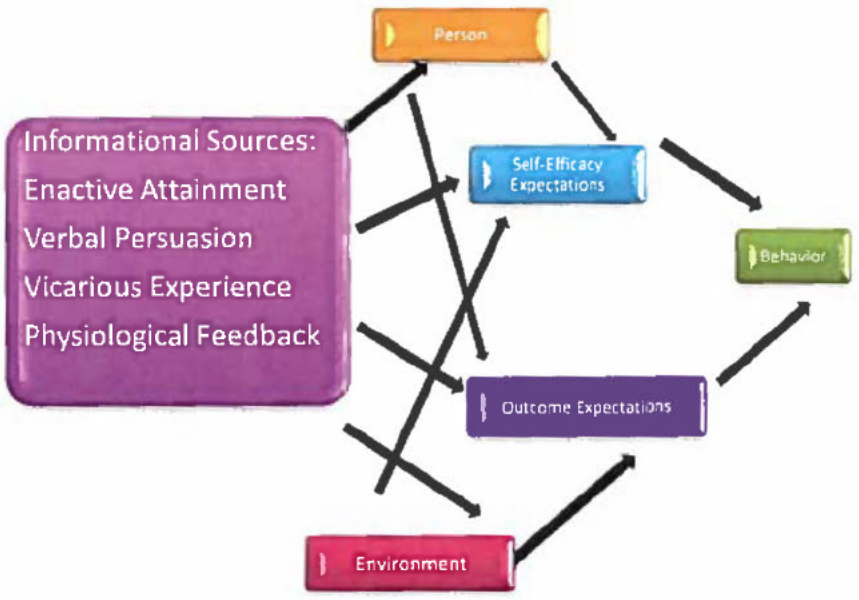

Figure 3. Self-efficacy theory: Reciprocal relationship between performance and efficacy and outcome expectations (Butts, 2016, adapted from Resnick, 2014).

The emerging themes of this study confidence, preparation, support, and safety are connected to Bandura's theory of self-efficacy expectations and outcome expectations which, are based on judgment. The concept of enactive attainment is related to the theme of confidence, the concept of vicarious experience is related to the theme of preparation, the concept of verbal persuasion is related to theme of support, and the concept of physiological feedback is related to the theme of safety. This is shown in Figure 4.

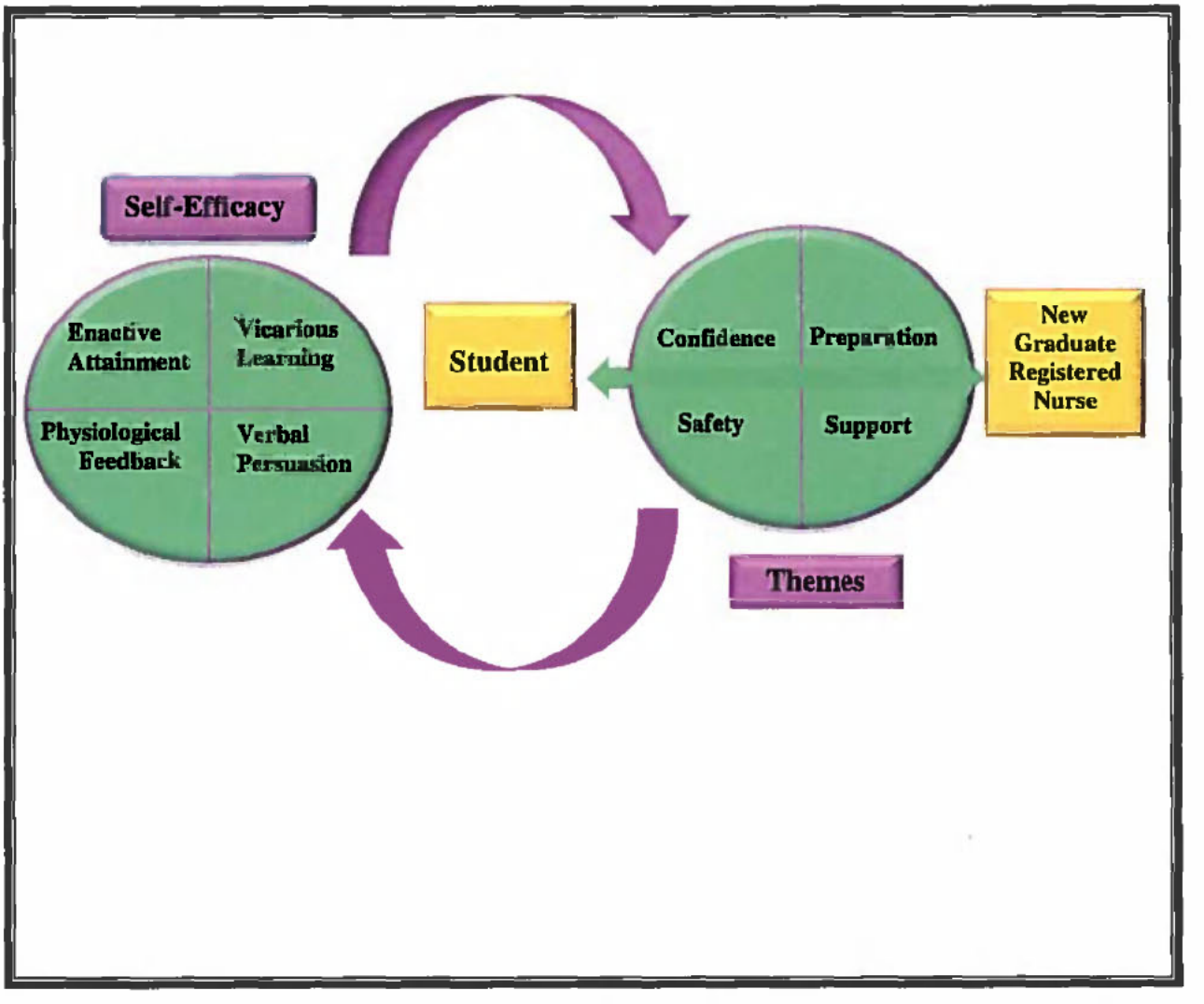

Figure 4. Self-efficacy theory connection to themes (Butts, 2016).

Enactive Attainment – Connection to Confidence

According to Bandura (1977, 1986), enactive attainment has been described as the most influential source of self-efficacy information. It generally results in greater strengthening of self-efficacy expectations compared to informational sources. However, performance alone does not establish self-efficacy beliefs. Preconceptions of ability, the perceived difficulty of the task, the amount of effort expended, the external aid received, the situational circumstance, and past successes and failures impact the individual's

cognitive appraisal of self-efficacy (Bandura, 1995). According to Franklin et al., (2015), self-efficacy is a temporary and easy-to-influence belief that is situation specific. Having a strong sense of self-efficacy is a way to help individuals develop new behaviors, though the behaviors are actually learned through observation and taught through modeling. A strong sense of self-efficacy does not guarantee learning or behavior change. It may lead to changes in behavior when accompanied by feedback, opportunities for behavioral practice, and when learners believe that behavior change is important. Confidence in performing skills and providing safe patient care, for a majority of the new graduate registered nurses in this study, was a primary concern. **Elsa** shared:

> So when you have people, and like I said, resources and a program that's willing to help you move into that application level of all your skills, I think that's what really helped my transition. So once I was off my residency program, I felt pretty strong as a new nurse.

As a result, the external aid that **Elsa** received during the nurse residency contributed to her self-efficacy and this assisted with her transition to clinical practice because once she completed the nurse residency program, she felt strong in her ability to perform these skills.

Bandura's (1995) notions of "preconceptions of ability" and the "perceived difficulty of the task," as they relate to the individual's cognitive appraisal of self-efficacy is evident in **Elsa's** comment regarding the need for nurse residency programs in all hospitals:

> I think for me personally, I think every single hospital should at least have some type of residency-transition program for new nurses because I think as

> health care progresses, and with sicker more complex patients and patient loads, there has to be a really strong program for new nurses to go where they feel confident in their nursing practice and they don't feel like they're drowning or they don't feel overwhelmed or they don't feel anxious or question why they chose nursing in the first place.

The leadership team also has a role in promoting self-efficacy in the new graduate registered nurse that builds their confidence. According to Laschinger, Borgogni, Consiglio, and Read (2015), authentic leaders may also have an indirect effect on occupational coping self-efficacy by facilitating a sense of community where all are welcome, treating everyone fairly, and reinforcing positive organizational values. When new nurses feel a sense of belonging and fairness and feel that their organization has values in line with their own, they will feel more confident in their ability to do a good job.

Vicarious Experience – Connection to Preparation

Vicarious experiences are seeing other similar people successfully performing the same activity (Bandura, 1977). This type of experience also influences self-efficacy expectations. Some conditions impact the influence of vicarious experiences. If the individual has not been exposed to the behavior, or has little experience with it, vicarious experience will have a greater impact. In addition to this, when clear guidelines for performance are not explicated, self-efficacy is more likely to be impacted by the performance of others (Resnick, 2014). According to Welsh (2014):

> self-efficacy beliefs reflect what people believe they can do with the skills they possess under varying circumstances. Thus, self-efficacy beliefs are not stagnant; they vary across activities and fluctuate across changing circumstances. When people do not believe their actions will produce desired effects, they have little incentive to act; therefore, self-efficacy beliefs can impact motivation. (p. 371).

Donald Duck discussed the multidisciplinary team approach to simulation that he experienced during his nurse residency program in the emergency room. The simulation scenarios that he described are with patients that he had very little exposure, and therefore, it had a great impact on his transition to clinical practice:

> … because at times in our population, we'll have patients come in and have a spontaneous delivery. If the neonatal team can't get down to the unit before that baby is delivered, we have to know what to do. There are also times when the patient doesn't end up in the right department, you do your head-to-toe assessment, and realize they are a trauma-criteria patient. Therefore, simulation really helps with the assessment and the skills. It just helps with the overall taking care of your patient. I think simulations are pretty crucial. There are just some situations that you are not going to run into as often and you still need to be familiar and comfortable with them.

Belle, on the other hand, discussed that her simulation experiences in nursing school were not realistic and that she learned more during the debriefing session:

> So going over the simulations with the students and the teacher after it actually happens, you learn a lot more. When you're put in a situation, the pressure really causes you to pause or stop and you have no idea what to do because you blank out. Or it really helps you remember what you've learned and just put it into practice.

Belle also discussed how the skills fairs that she participated in during her nurse residency program prepared her for clinical practice:

> In the nurse residency program, we didn't do simulation necessarily, but the Hospital has a skills fair. I guess we did do simulation during the skills fair. Every Year, everybody has to go through it. In maternity for example, they did have a simulator woman go through like this hypertensive crisis. Or in the emergency room, if a mother gives birth, she's not going to be rushed upstairs. You have to do it downstairs in the emergency room.

Verbal Persuasion – Connection to Support

Verbal persuasion involves telling an individual that he or she has the capabilities to master the given behavior. Verbal encouragement from a trusted, credible source, in the form of counseling and education has been used alone and with performance behavior to strengthen efficacy expectations (Resnick, 2014). Verbal persuasion is synonymous with the feedback the new graduate registered nurses in this study exhaustively shared during their interviews. **Monarch Raiser** discussed that she had the same preceptor for the majority of her 11 weeks of orientation and this seemed to increase her self-efficacy:

> I had a preceptor … we had a good relationship that was friendly and working that was based on her authority and her knowledge and training. Also, my ability to listen to her and learn. It was a good relationship and something where she also

had to continue to push me to advance my skills and take on more of the responsibility rather than her always telling me what to do.

According to Welsh (2014), supportive work environments can empower employees, heighten self-efficacy, and improve professional performance. Conversely, stressful or unsupportive work environments can diminish self-efficacy. **Bush Girl** provided an example of the effects of an unsupportive work environment on the new graduate registered nurse:

> I had a friend and we started out together but she was in a program which she didn't have the (nurse) residency and she was like crying every day because she was always scared and afraid She didn't even stay there long. She left. She didn't even stay there up to a year. She left the job and went to look for something else. Even though it was a medical/ surgical floor, it was still challenging for her and she did not have the support of a nurse residency program.

According to Laschinger et al. (2015):

> Assigning new graduate registered nurses reasonable patient assignments and support to make good clinical decisions and ask for help, nurse leaders can help reinforce new graduate registered nurses' confidence in their skills and abilities. By recognizing and rewarding new graduate registered nurses for their progress and good work, nurse managers provide positive reinforcement that encourages them to believe in themselves and increases their job-specific self-efficacy. (p. 1087)

Physiological Feedback – Connection to Safety

Individuals rely in part on information from their physiological state to judge their abilities. Physiological indicators are especially important in relation to coping with stressors, physical accomplishments, and health functioning. Individuals evaluate their physiological state or arousal, and if aversive, they may avoid performing that behavior (Resnick, 2014). Physiological feedback as it relates to patient safety is discussed by some of the participants in this study. **Duramater** shared that a structured transition to total patient care is needed for the new graduate registered nurse because it promotes patient safety: "Transitioning from one patient to multiple patients over a reasonable period of time with support is the best approach. I can't imagine just going from school and taking care of patients. It wouldn't be safe." **Elsa** shared:

> Being cautious and confident as a new nurse is the biggest thing I learned from the nurse residency program and having both of those two things combined, really help you to work independently as a new nurse. Also, to have the support system to say we've done this before, we've already worked through this, you can do this on your own. And having preceptors who are really strong and teaching you at the beginning and then backing away and letting you gain independence on your own is really, really an important part in building that independent nursing skill set. Once you're finally on your own, it's not as scary because you've already had all of the training and you already have a little bit of that confidence to know how things work, where to find things, who to go to in case questions arise.

Bush Girl discussed the unit-specific simulation that was provided in the nurse residency program helped with her transition to clinical practice and provided a safe forum to learn and practice skills:

> The simulation and the skills lab and the other stuff that we did, during the ER class, that was really very helpful because it just showed us what we see every day as ER nurses. How to recognize what is really an emergency and when you need the doctor right now. How to attend to different situations like somebody coming in with abdominal or chest pain. Things to look at- attend to when you know the patient is deteriorating and how to communicate this to the doctor.

Assumptions of Self-Efficacy Theory

The four themes identified in this study were confidence, preparation, safety, and support. These themes are linked to four concepts in Bandura's (1977) theory of self-efficacy. There are general assumptions about the definition of self-efficacy that need clarification. Self is the identity of a person while efficacy is the power to produce an effect. The combination of these meanings denotes a conscious awareness of one's ability to be effective and to control actions. The underlying attributes with self-efficacy include cognitive and affective processes and locus of control. In relation to cognitive processes, people with high levels of self-efficacy are more likely to set higher goals, commit to challenges that are more difficult, and strive to meet those goals. They achieve the goals by visualizing successful outcomes instead of dwelling on the potential negative consequences (Zulkosky, 2009).

According to Bandura (1989), a key component of self-efficacy is that "a major function of thought is to enable people to predict the occurrence of events and to create the means for exercising control over those that affect their daily lives" (p. 1179).

Affective processes are "people's belief in their capabilities affects how much stress and depression they experience in threatening or taxing situations, as well as their level of motivation" (p. 1177). Lastly, locus of control "refers to an individual's perception about the underlying main causes of events in his or her life" (Neill, 2006, p. 1). In other words, self-efficacy focuses on a person's belief in the ability to perform a specified task. A person with a high-level of self-efficacy believes in the utilization of cognitive and affective processes in order to obtain a desired outcome. This is an example of believing in an internal locus of control (Zulkosky. 2009).

Antecedents of Self-Efficacy Theory

Social experiences precede self-efficacy and determine whether someone has high or low levels of self-efficacy. People do not carry out everything they learn despite having the ability to enact the behavior. Mastery experiences generate a feeling of confidence and an eventual feeling of self-efficacy, while failure in tasks fosters a low level of self-efficacy. When confidence is gained, it influences the person's decision to attempt a new activity (Zulkosky, 2009). Bandura (1977) discussed that expectations of personal efficacy are derived from four key sources of information: enactive attainment, vicarious learning, verbal persuasion, and physiological feedback. People use this information to judge their level of self-efficacy and these are the antecedents of self-efficacy. The antecedents reflect the four themes: confidence, preparation, safety, and support that transpired from this phenomenological study that explored the lived experience of transitioning to a new graduate registered nurse following a nurse residency program.

Consequences of Self-Efficacy Theory

Self-esteem and self-confidence are consequences of self-efficacy. They have a different set of defining attributes. Self-esteem refers to a general feeling of

self-worth or self-value. Self-efficacy is not concerned with the global perspective of what a person thinks about himself or herself; rather, self-efficacy is concerned about the perception or judgment of being able to accomplish a specific goal. These two concepts clearly have different attributes. Self-confidence is a learned concept that develops over time through continual reinforcement of positive behaviors (Copeland, 1990). Self-confidence is the belief that "one knows how to do something and has the ability to make things happen" (Ferguson, 1996). Self-efficacy is related to a specific situation and that is different from the terms self-esteem and self-confidence. Self-esteem and self-confidence are terms that are personal characteristics and have a stable influence on a person's behavior. An individual may display high or low levels of self-confidence, but self-efficacy is not determined in this same manner. Participants in this study reported increased levels of self-confidence at the completion of the nurse residency program. They reported confidence in their ability to perform skills and when providing patient care. Conversely, when they discussed self-confidence, it was in relation to how the nurse residency played a contributing factor in slowly building their self-confidence.

Significance of the Study

The review of literature revealed a paucity of information regarding the lived experience of transitioning to a new graduate registered nurse following a nurse residency program. An understanding of this phenomenon contributed to nursing knowledge by revealing the lived experience of nurses who recently transitioned from student to new graduate registered nurse following a nurse residency program. Findings from this research have implications for nursing education, practice, research, and health/public policy that can shape existing and future nurse residency programs.

Implications of the Study for Nursing Education

Findings from this study provided insight regarding how a nurse residency program can assist with transition to practice. It also provided evidence that new graduate registered nurses demonstrate a lack of practice readiness and there is a need for nurse residency programs. There is a gap between theory and practice. This requires a reexamination of the expectations for new graduate registered nurses and their education both during and after nursing school. Schools of nursing must look internally to consider pedagogy and a curriculum that will help with the transition to clinical practice. The findings of this study also support the need for nurse educators to change curricula to be more reflective of reality. For example, 12-hour clinical days, more realistic patient/nurse ratios, communication activities, and simulation that promotes critical thinking. In addition to this, practice with change of shift report, delegation, prioritization, computer charting, patient/family teaching, and interdisciplinary patient rounds.

Hospital orientation programs for new graduate registered nurses that validate success reveal a shift that extends outside of the classroom to include the practice setting and the multidisciplinary team. Hospitals need to provide a supportive learning environment for new graduate registered nurses to acquire the skills necessary to become competent and safe employees. Supportive learning environments should include the multidisciplinary team, educators, leadership, and administration. Didactic learning is also needed to allow new graduate registered nurses the opportunity to learn through structured processes. They need support in order to understand the practices and

behaviors within the clinical setting and also become familiar with the structure of the work environment.

Implications of the Study for Nursing Practice

New graduate registered nurses in this study verbalize the dilemma of attaining an appropriate balance between theory and practice in educational programs. The culture of support from the leadership team and preceptors is clearly highlighted as having a positive influence on new graduate registered nurse transition. Access to preceptors, how preceptors meet new graduate registered nurses' learning needs, the importance of their preceptor relationship, preceptor preparation for their role, and the overall culture of support is important. When preceptors are well-prepared for their role, new graduate registered nurses reported high levels of satisfaction with having their learning needs met, either by the preceptor or from other experienced nurses. The participants in this study exhaustively reflect on their positive preceptor experience and how this contributed to their transition to practice. A quality preceptorship supports new graduate registered nurse development, confidence, and competence. This is imperative for any nurse residency program.

According to Lee et al. (2009), in a structured preceptor program where preceptors are trained to become coaches, peers, and models for new graduate registered nurses; they were able to adapt faster to circumstances and to provide high-quality nursing care. Therefore, the retention of new graduate registered nurses and reduction of turnover cost would enable hospitals to achieve cost containment related to recruitment, orientation and training. Employers need to be proactive in the development of nurse residency programs that clinically support the new graduate registered nurse. When work

environments are not conducive to learning, new graduate registered nurses become reluctant to seek advice or support and organizations risk turnover.

Implications for Nursing Research

Findings from this study help close the gap in the literature by exploring the lived experiences of transitioning to a new graduate registered nurse following a nurse residency program. There are too few published qualitative studies regarding this phenomenon. This investigation provided a voice to new graduate registered nurses who have recently transitioned to practice. Other unexplored areas of research as they relate to new graduate registered nurse transition to practice include: preceptor preparation and mentoring. The role of the preceptor is integral in bridging the theory-practice gap, supporting new graduate registered nurse transition, and increasing levels of confidence in practice and promoting job satisfaction among new nurses. Preceptor selection, education, role preparation, and adequate resources have all been found to promote confidence, competence and critical thinking ability. Hospitals should provide mentorship programs because they allow for changing roles and relationships between mentor and mentee that correlate with the stages of transition. This is likely to meet the dynamic needs of new graduate registered nurses.

Implications of the Study for Health/Public Policy

Hospitals, schools of nursing, and policy-makers need to understand and respond to the issues that are barriers to transition. The American Association of Colleges of Nursing (AACN) recognizes the importance of this and highly recommends nurse residency programs as a means to prepare nurses for the profession. The American

Association of Colleges of Nursing believes that nurse residency programs facilitate the successful integration of new graduate registered nurses into the profession by improving confidence, competence, and prioritization of patient care needs, communication; developing leadership skills; and decreasing stress levels (AACN, 2015). New graduate registered nurses must be prepared to provide nursing care. Nursing education must expand and encompass fundamental competencies such as: leadership, research, evidence-based practice, and health policy education. Interdisciplinary collaboration is also needed within the curriculum. This will promote safe patient care and improve patient outcomes (Cunningham, 2012).

The Institute of Medicine (IOM) (2010) proposes that in order to have successful implementation of nurse residency programs, it must be a mandatory requirement when an organization hires a new graduate registered nurse. The IOM suggested that nurse residency programs must be nationally accredited. Without regulatory oversight of accreditation and the development of a core curriculum, nurse residency programs would not be eligible to receive Centers for Medicare & Medicaid Services pass-through dollars and programs. They would vary in structure, content, and delivery across organizations. Several of the participants in this study verbalize that nurse residency programs should be mandated by the government. **Elsa** shared:

> … and the old school thing of nurses eating their young, all that has to go. And I pray that nurse residency programs will do this. Hospitals need to encourage nurse residency programs because we have to move away from senior nurses harassing new nurses and the mentality that you have to 'earn your right and you have to do this and go through what I did.'

Strengths/Limitations of the Study

The strength of this qualitative research study is that new graduate registered nurses that transitioned to practice within the last 1-3 years provided information. They study offered evidence-based data to support that hospital-based nurse residency programs are an effective strategy to assist with new graduate registered nurse transition. It adds to the body of literature that preparation of new graduate registered nurses for clinical practice bridges the theory-practice gap, promotes patient safety, and decreases new graduate registered nurse turnover. It offers rationale and incentive to effectively address a gap in nursing education, while it also fills a gap in the literature by giving voice to nurses who participated in a nurse residency program. Since nurses were from various age groups and years of clinical experience, clinical specialties, and types of nurse residency programs, it gives a wider perspective on the new graduate registered nurse transition experience.

One of the study limitations is homogeneity. With all study participants being female except for one, a high percentage of the study does not capture the male perspective of new graduate registered nurse transition experience following a nurse residency program. The sampling recruitment plan yielded a majority from the FNA, a homogenous group with similar viewpoints and experiences. Knowledge obtained from this phenomenological study might not generalize to other peoples, other settings, or other countries. The limitations of a novice researcher and researcher's bias may also impact selective choice of literature, without consideration of voices to the contrary.

Recommendations for Future Research

The current state of nurse residency programs and their role in easing new graduate registered nurse transition to practice can lead to several research questions based on the findings from this research study. Do comprehensive nurse residency programs that include clinical orientation, computer-based learning modules, didactics, and simulation have better outcomes such as decreased turnover and improved job satisfaction of the new graduate registered nurse versus those programs that only provide clinical orientation and computer-based learning? Does a structured preceptor program for experienced nurses contribute to better outcomes for new graduate registered nurses? Does the length of a nurse residency program have an effect on new graduate registered nurse transition to practice?

A quantitative, mixed methods or longitudinal approach is recommended to investigate this phenomenon. An experimental study is recommended for studying comprehensive versus non-comprehensive nurse residency programs and their effect on new graduate registered nurse preparation for clinical practice. The study variables would consist of a control group of new graduate registered nurses that participate in the non-comprehensive and the experimental group that participate in the comprehensive nurse residency program. A mixed methods approach is recommended to investigate structured preceptor education and its effects on the outcomes of new graduate registered nurse readiness for practice. A statistical analysis regarding outcomes such as new graduate registered nurse retention, hospital return on investment, or turnover intention of the new graduate registered nurse could be explored. The lived experience of participating in a structured preceptor program and the lived experience of the

preceptorship from the new graduate registered nurse's perspective could also be investigated. Lastly, a longitudinal study is recommended to investigate the length of a nurse residency program and its effects on new graduate registered nurse transition to practice. The participants in this study completed nurse residency programs of varying lengths. As the participants discussed, the length of the nurse residency had an impact on their transition and readiness for clinical practice. A longitudinal study that investigates new graduate registered nurse transition after the completion of a nurse residency program over an extended period is recommended.

Summary and Conclusion

Chapter five discussed the findings of the phenomenological inquiry: the lived experience of transitioning to a new graduate registered nurse following a nurse residency program. This study explored the lived experience of new graduate registered nurse transition experience following a nurse residency program to capture the essence of their experience and to fill an identified gap in the literature by giving a voice to the participants. The results of the study yielded four themes: *confidence, preparation, safety,* and *support*. The participants voiced confidence in their skills and personal identity, providing care for multiple patients and for their role as a registered nurse after completing the nurse residency program. Preparation was provided in a variety of ways that included simulation, hands-on skill demonstration, and didactic classes. The participants overall felt safe in their practice at the completion of the nurse residency. They were grateful to have someone beside them to observe them as they provided patient care. Support from peers, leadership, and administration propelled the new graduate registered nurses to quickly become functional members of the team.

This study contributes to the discussion regarding nurse residency programs as the minimum requirement for all new graduate registered nurse entry into practice. Preparation of new graduate registered nurses for clinical practice is imperative for now and for the future generation of nurses. Nurse residency programs are needed because they contribute to patient safety and improved patient outcomes. In addition to this, there is increased new graduate registered nurse retention and a decrease in turnover.

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APPENDIX A

BARRY UNIVERSITY IRB APPROVAL LETTER

Barry University

Division of Academic Affairs

[redacted]

Research with Human Subjects
Protocol Review

Date:	April 22, 2015
Protocol Number:	150913
Title:	The Lived Experience of Transitioning to a New Graduate Registered Nurse following a Nurse Residency Program: A Phenomenological Inquiry
Meeting Date:	September 16, 2015
Researcher Name:	Ms. Michelle Butts
Address:	[redacted]
Faculty Sponsor:	Dr. Indra Hershorin

Dear Ms. Butts:

On behalf of the Barry University Institutional Review Board (IRB), I have verified that the specific changes requested by the convened IRB on September 16, 2015 have been made.

It is the IRB's judgment that the rights and welfare of the individuals who may be asked to participate in this study will be respected; that the proposed research, including the process of obtaining informed consent, will be conducted in a manner consistent with requirements and that the potential benefits to participants and to others warrant the risks participants may choose to incur. You may, therefore, proceed with data collection.

As principal investigator of this protocol, it is your responsibility to make sure that this study is conducted as approved by the IRB. Any modifications to the protocol or consent form, initiated by you or by the sponsor, will require prior approval, which you may request by completing a protocol modification form.

It is a condition of this approval that you report promptly to the IRB any serious, unanticipated adverse events experienced by participants in the course of this research, whether or not they are directly related to the study protocol. These adverse events include, but may not be limited to, any experience that is fatal or immediately life-

threatening, is permanently disabling, requires (or prolongs) inpatient hospitalization, or is a congenital anomaly cancer or overdose.

The approval granted expires on October 31, 2016. Should you wish to maintain this protocol in an active status beyond that date, you will need to provide the IRB with and IRB Application for Continuing Review (Progress Report) summarizing study results to date. The IRB will request a progress report from you approximately three months before the anniversary date of your current approval.

If you have questions about these procedures, or need any additional assistance from the IRB, please call the IRB point of contact, Mrs. Barbara Cook [redacted] or send an e-mail to [redacted]
Finally, please review your professional liability insurance to make sure your coverage includes the activities in this study.

Sincerely,

David M. Feldman, PhD
Chair, Institutional Review Board
[redacted]

Cc: Dr. Indra Hershorin

APPENDIX B

BARRY UNIVERSITY

INFORMED CONSENT FORM FOR USE WITH SKYPE

Your participation in a research project is requested. Your participation in a research project is requested. The title of the study is "**The Lived Experience of Transitioning to a New Graduate Registered Nurse Following a Nurse Residency Program: A Phenomenological Inquiry.**" The research is being conducted by Michele Butts, a doctoral student in Barry University's College of Nursing and Health Sciences and is seeking information that will be useful in the field of nursing. The aim of this phenomenological inquiry is to explore the lived experience of transitioning to a new graduate registered nurse following a nurse residency program. In accordance with these aims, the following procedures will be used: individual audio-taped interviews will be conducted with each study participant. The interview process will take place between the researcher and the participant in a mutually acceptable, private, one-to-one environment. The number of participants is anticipated to be no more than 20.

If you decide to participate in this research, you must meet the following criteria:

1. Be a Registered Nurse who has completed a Nurse Residency Program within the last 1-3 years.
2. Be age 18 and older.
3. Be English-speaking
4. Be available for a face-to-face, video conference interview using a method (i.e. Skype® with access to a computer and phone; if opting for this method, or telephone interview
5. Willing and ready to discuss your transition experience as a new graduate registered nurse following a nurse residency program in a 60 minute interview and agree for this interview to be audiotaped
6. Be willing to review and return the transcribed interview and participate in a 30 minute member check session

If you decide to participate in this research, you can do so face to face, telephone or Skype®

For the face-to-face interview you will be asked to:

1. Choose time a location that is convenient for you and the investigator.
2. Sign consent, choose a pseudonym and complete a demographic questionnaire.
3. Participate in approximately a 60 minutes individual interview with the principal investigator. This interview will be digitally audiotaped.
4. Do a follow up 30 minutes session to confirm the accuracy of the transcript verbatim.
5. The total time commitment will be 90 minutes.

For the Skype® or telephone interview:

1. Choose time that is convenient for you and the investigator

2. Be available by Skype® or telephone.
3. Be asked to sign consent per docusign.com before interview session.
4. Ask to choose a pseudonym
5. Complete an e-mailed demographic sheet and return completed sheet per e-mail *before interview session.*
6. Participate in approximately a 60 minutes individual interview with the principal investigator. This interview will be digitally recorded.
7. Complete a follow-up 30 minute session to confirm the accuracy of the transcript via Skype® or telephone. Total time will be 90 minutes.

Your consent to be a research participant is strictly voluntary and should you decline to participate or should you choose to drop out at any time during the study, there will be no adverse effects on your employment.

There is no known risk of involvement in this study. There are no direct benefits to you, your participation in this study may help our understanding of how new graduate registered nurses transition to clinical practice following a nurse residency program.

As a research participant, information you provide will be held in confidence to the extent permitted by law. As this project involves the use of Skype®: to prevent others from eavesdropping on communications and to prevent impersonation or loss of personal information, Skype® issues everyone a "digital certificate" which is an electronic credential that can be used to establish the identity of a Skype® user, wherever that user may be located. Further, Skype® uses well-known standards-based encryption algorithms to protect Skype® users' communications from falling into the hands of hackers and criminals. In so doing, Skype helps ensure user's privacy as well as the integrity of the data being sent from one user to another. If you have further concerns regarding Skype® privacy, please consult the Skype® privacy policy. To ensure confidentiality, the researcher will establish a separate Skype® account for this research project only. After each communication, the researcher will delete the conversation history. Once this is done, the conversation cannot be recovered. The conversation will be recorded/transcribed using the Voice Memo App for iPhone. The iPhone will be placed close to the computer speaker to record the conversation. The conversation will be saved using the participants' pseudonym. The conversation will be deleted from the researcher's iPhone after the interview has been transcribed and the member check completed. Once this is done, the conversation cannot be recovered.

Any published results of the research will refer to group averages only and no names will be used in the study. Data will be kept in a locked file in the researcher's office. Audio tapes will be destroyed after transcription of the tapes. Your signed consent form will be kept separate from the data. All data, including demographics, consent forms, and transcripts, will be maintained indefinitely by the primary investigator at the completion of the study.

If you have any questions or concerns regarding the study or your participation in the study, you may contact me, Michele Butts, at [redacted] my supervisor, Dr. Indra Hershorin at [redacted] or the Institutional Review Board point of contact, Barbara

Cook, at [redacted] If you are satisfied with the information provided and are willing to participate in this research, please signify your consent by signing this consent form.

I acknowledge that I have been informed of the nature and purposes of this experiment by _____ and that I have read and understand the information presented above, and that I have received a copy of this form for my records. I give my voluntary consent to participate in this experiment.

_____ _____
Signature of Participant *Date*

_____ _____ _____ _____
Researcher *Date* *Witness* *Date*

(Witness signature is required only if research involves pregnant women, children, other vulnerable populations, or if more than minimal risk is present.)

APPENDIX C

BARRY UNIVERSITY

PERMISSION REQUESTING ACCESS TO PARTICIPANTS

FLORIDA NURSES ASSOCIATION

Guidelines for Research Recruitment Notices For Website Placement and Email Distribution List

Nurses who have been FNA members for a minimum of one year are eligible to submit nursing research recruitment notices for distribution via the FNA member email list and on the FNA website *free of charge*. There is a maximum of two studies per year per member.

Nurses who are not FNA members are eligible to submit nursing research recruitment notices for a fee of $250.00 per notification.

Guidelines for submission and acceptance of nursing research recruitment notices:

- Nurses submitting the recruitment notice must be the principal or one of the principal investigators on the research study.
- Nursing research proposals and recruitment notices must already have received institutional IRB approval prior to submission. Written evidence of IRB approval must accompany all study recruitment notices.
- Recruitment notices should be submitted by email to the FNA Executive Director: [redacted] and shall include a phone and email contact information for the nurse submitter.
- Notification of acceptance of recruitment notice for email distribution and website placement will occur within 4-6 weeks.
- The website notice placement will be posted for no more than 12 weeks.
- Email placement will be on the first week of the month.
- All recruitment notices placements are subject to FNA final approval.

APPENDIX D

BARRY UNIVERSITY

REGISTERED NURSE RECRUITMENT FLYER

Participants Needed for Research Study

THE LIVED EXPERIENCE OF

TRANSITIONING TO A NEW GRADUATE

REGISTERED NURSE FOLLOWING A

NURSE RESIDENCY PROGRAM:

A PHENOMENOLOGICAL INQUIRY

Qualifications– must include the following criteria:

1. **Registered Nurses who have completed a Nurse Residency Program within the last 1-3 years.**
1. **Age 18 and older.**
2. **English-speaking.**
3. **Be available for a face-to-face, Skype® or telephone interview.**
4. **Willing and ready to discuss transition experience as a new graduate registered nurse following a nurse residency program.**
5. **Agree for a 60 minute interview to be digitally recorded**
6. **Willing to review and return the transcribed interview and participate in a 30 minute follow-up "member check" session.**
7. **The total commitment time for this entire process is approximately 90 minutes**

20 VOLUNTEERS NEEDED
EACH WILL RECEIVE A $25 GIFT CARD
CONTACT PRINCIPLE INVESTIGATOR: MICHELE BUTTS
PHONE: (407) 376-3987 OR EMAIL MICHELE.BUTTS@MYMAIL.BARRY.EDU

If you have any questions or concerns regarding the study, you may contact me, Michele Butts, at [redacted], Dr. Indra Hershorin at [redacted] or the Institutional Review Board point of contact, Barbara Cook, at [redacted]

APPENDIX E

BARRY UNIVERSITY

SEMI-STRUCTURED INTERVIEW QUESTIONS

1. How did the nurse residency program help with your transition to clinical practice from student to registered nurse?
2. How would you describe your overall experience with participating in the nurse residency program?
3. What are the benefits of participating in the nurse residency program?
4. What are the strengths of the nurse residency program?
5. What are the weaknesses of the nurse residency program?
6. What type of support did you receive during the nurse residency program? Were you assigned a mentor or a preceptor? Discuss your relationship with your preceptor or mentor.
7. Did you attend classes during the nurse residency program? If so, in what ways did the information to your transition to practice?
8. How did resources such as simulation and skills lab contribute to a successful transition as a registered nurse?
9. Describe how the nurse residency stimulated professional identity, networking, independent learning, and reflective practice.

APPENDIX F

BARRY UNIVERSITY

DEMOGRAPHIC QUESTIONNAIRE

Pseudonym_____

Instructions: Please provide a response for each of the following questions:

1. What is your age?
   a. 18 – 25 years
   b. 26 – 30 years
   c. 31 – 40 years
   d. 41 – 50 years
   e. 50 years or older
2. What is your sex/gender? ___Female _____Male
3. What is your primary language? _____
4. How many years have you been a registered nurse? (please circle one)
   a. 1 year
   b. 2 years
   c. 3 years
5. What type of nurse residency program did you complete? (please circle one):
   a. Associate Degree Nurse (ADN)
   b. Bachelor of Science in Nursing (BSN)
   c. Licensed Practical Nurse (LPN)
6. Select the specialty area that you worked in during the nurse residency program):
   a. Pediatric Critical Care
   b. Adult Critical Care
   d. Acute Pediatrics
   e. Medical/Surgical

c. Hematology/Oncology f. Other: _____

7. What was the length of the nurse residency program? (please circle one):
   a. Less than 6 months
   b. 6 months
   c. 9 months
   d. 12 months
   e. 18 months
   f. Other (if not listed above): _____

7. What is the specialty of the nursing unit where you are currently working?

   (examples: Pediatric Critical Care, Emergency Department, etc.)

   _____

8. How long have you worked in this specialty area?
   a. Less than 6 months
   b. 6 months
   c. 1 to 2 years
   d. 2 to 3 years
   e. more than 3 years

VITA

Michele Denise Butts, MSN, RN, CCRN

EDUCATION

Year	Degree	Institution	Clinical Major
Pending	PhD	Barry University, Miami, FL	Nursing
2012	MSN	University of Central Florida, Orlando, FL	Nursing Ed
2002	BSN	Barry University, Miami, FL	Nursing
2000	B.A.	University of Florida, Gainesville, FL	English Lit

PROFESSIONAL LICENSURE

Registered Nurse — Florida, 2002

PROFESSIONAL EXPERIENCE

01/22/2016-Present	**Adjunct Clinical Faculty**, ECPI University, College of Nursing, Orlando, FL
02/13-Present	**Learning Consultant,** Acute Pediatrics and Pediatric Critical Care Services, Orlando Health, Orlando, FL
09/11-11/12	**Clinical Nurse Educator,** Neonatal Intensive Care Unit, Florida Hospital for Children, Orlando, FL
09/10-09/11	**Staff Nurse,** Neonatal Intensive Care Unit, Florida Hospital for Children, Orlando, FL
07/08-08/10	**Travel Nurse,** Pediatric Intensive Care Unit, Neonatal Intensive Care Unit
06/05-07/08	**Corporate Pool Nurse,** Pediatric Critical Care, Arnold Palmer Medical Center, Orlando, FL
08/03-06/05	**Staff Nurse,** Pediatric Intensive Care Unit, Florida Children's Hospital, Orlando, FL
05/02-08/03	**Staff Nurse,** Pediatric Emergency Room, Baptist Children's Hospital, Miami, FL

HONORS AND AWARDS

12/2015- Sigma Theta Tau International Honor Society of Nursing, Lambda Chi Chapter, Grant in the sum of $1000 for Doctoral Dissertation Proposal, *The Lived Experience of*

Transitioning to a New Graduate Registered Nurse Following a Nurse Residency Program.

SCHOLARLY ACTIVITIES

Dissertation

Present. Student Researcher. *The Lived Experience of Transitioning to a New Graduate Registered Nurse Following a Nurse Residency Program.*

Memberships in Professional Organizations

Theta Epsilon Chapter, Sigma Theta Tau	2002
American Association of Critical Care Nurses	2014
Florida Nurses Association	2015
Lambda Chi Chapter, Sigma Theta Tau	2015

INSTRUCTIONAL ACTIVITIES

Teaching Responsibilities

Pediatric Basic ECG Course
Pediatric Essentials Course
Pediatric Critical Care Course
TeamSTEPPS
Pediatric CCRN Review Course
Pediatric CPN Review Course
Cardiac STABLE: Recognition & Initial Management of Congenital Heart Disease