

**IMPLEMENTATION OF A TRANSITION TO PRACTICE PROGRAM FOR NEWLY
LICENSED REGISTERED NURSES**

by

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Abstract

The reality of nursing at a professional level is often in direct contrast to anything new nurses have experienced during their educational program. This reality shock may lead to increased turnover and decreased job satisfaction. The objective of this project was to determine whether an evidence based transition to practice program initiated at a 285-bed not-for-profit community acute care facility increased confidence and comfort for newly licensed nurses as they transitioned from student nurse to professional nurse. A comparative study was conducted utilizing the Casey-Fink Graduate Nurse Experience survey. The survey tool was administered upon starting the transition to practice program and then again at eight weeks into the program. Newly licensed nurses hired by the organization and starting in January 2017 were included. Nurses with any previous experience were excluded. The study began with 32 subjects and nine were lost during the course of the study, resulting in a 71.8% retention rate for the study. There was a significant increase in self-reported confidence in nursing skills at eight weeks (p -value < 0.0005). There was no significant change in self-reported job satisfaction at the eight-week mark (p -value = 0.294). While this project validated that an evidence-based transition to practice program increased nurse confidence as they transitioned from student nurse to professional nurse, further research is needed to see if these outcomes will translate into better retention and job satisfaction for newly licensed nurse.

Implementation of a Transition to Practice Program for Newly Licensed Registered Nurses.

Currently no required or defined process for transitioning from student nurse to professional nurse exists. As healthcare organizations experience increasing pressure to replenish their nursing vacancies, often the introductory or transitional process is curtailed in order to meet the immediate needs of the organization (including patient care needs) and to decrease financial costs. The literature reflects that additional instruction and experience after graduation from an accredited school of nursing is crucial for a new graduate's success (Pellico, Brewer, & Kovner, 2009; Hill, 2010; Thomas, Bertram, & Allen, 2012; Kumaran & Carney, 2014; Letourneau, & Fater, 2015).

The healthcare industry is undergoing significant change at a rapid pace. Goode, Reid Ponte, and Sullivan Havens (2016) describe how the role of the clinical nurse has grown in complexity. They discuss several contributing factors including advancement of care technologies, acuity of patients, specialization, quality and safety requirements, evidence based practice expectations, rapid turnover of acute care patients due to short lengths of stay, and the need for increased coordination of care across care continuums. They further note it is extremely difficult for nursing schools to adequately prepare newly licensed nurses for these challenges.

The first 12 months of practice are a challenging time for new nurses. McCalla-Graham and De Gagne (2015) mention research participants expressing that nursing school provided basic knowledge but did not actually prepare new nurses to function effectively in the first twelve months of an acute care setting. They further note many of the participants were of the opinion that nursing school focused on enabling the student to pass the national licensure exam rather than on roles and responsibilities as a professional registered nurse.

The consequences of these perceptions and experiences for newly registered nurses, is that they are leaving their positions within the first few years in record numbers. Brewer, Kovner, Greene, Tukov-Shuser, and Djukic (2011) reported turnover of registered nurses within the first year to be 18.1%, within two years 26% and within three years to be 43.4%. Due to replacement and growth needs, The Bureau of Labor Statistics (2013) lists registered nursing positions as one of the occupations with the most number of job openings. They estimate there will be approximately 1.05 million jobs available by the year 2022. Given the current challenges of an aging population, a nursing shortage, and an increasing demand for nurses, continuing to lose newly licensed nurses at the current rate is not sustainable for the nursing profession. A successful methodology to transition newly licensed nurses to professional nurse has to be a priority.

Transition to Practice (TTP) Programs or Registered Nurse (RN) Residency Programs have been one way in which health care organizations are trying to meet this need for additional exposure and training for newly licensed nurses. This paper will demonstrate how a community acute care facility implemented a transition to practice program for newly licensed registered nurses and will explain how this impacted the comfort and confidence levels for these new nurses as they transitioned from student nurse to professional registered nurse.

Problem Description

Over the course of several months the organization had noted numerous requests from nursing leaders to fill nursing positions due to nurses who decided to leave employment within one year of joining the organization. It was further noted many of the nurses that left the organization within one year were newly licensed and part of new graduate onboarding. This organization has not tracked statistics related specifically to newly licensed registered nurse

turnover. The organization did not offer a transition to practice or registered nurse residency program. Over time the organization had adapted orientation processes to better meet the needs of newly graduated registered nurses, however, outcomes of these changes had not been defined or measured. Due to continued concerns regarding inadequate preparation of newly licensed nurses and concerns regarding perceived turnover of these nurses, it was decided to implement an evidence-based transition to practice program for newly graduated registered nurses and to begin tracking measures.

Exposure to the realities of nursing is lacking within the current educational processes. In the state of Texas, recent legislative action has mandated community colleges to reduce the number of hours required in nursing and other allied health programs. This reduction is being felt by the graduates. Many students often experience few opportunities to manage the care of more than one or two patients, may find limited opportunities to practice specific skills, and are generally not considered to be part of the nursing team (Halfer & Graf, 2006 as cited by Thomas et al., 2012, p.243). In most circumstances, students are not allowed to accept physician orders and tend to have limited interactions with physicians (Thomas et al., 2012, p. 243). Many nurses graduate with their nursing degree without ever having experienced a complete workload or even having worked a complete twelve-hour shift. The reality of nursing at a professional level is in direct contrast to anything they have experienced during their educational experience.

Yet another dimension to this issue is that the intentions of nursing educational organizations compared to the intentions of the health care organizations are significantly different. A nursing school's success is currently measured by the National Council Licensure Exam (NCLEX) pass rate (the percentage of their students who pass the registered nursing licensure examination). The success or failure of this measure may impact state or federal

subsidies, or accreditation for a good number of schools. Due to this definition of success for nursing schools, educational facilities tend to place a significant amount of emphasis on their students to pass the NCLEX. Although passing NCLEX is an excellent initial milestone, it does not necessarily translate to mean a graduate nurse is well prepared to take their place in the workforce as a professional registered nurse. These differing priorities may dictate emphasis placed on certain activities within schools of nursing thus enhancing the perception of newly licensed nurses feeling inadequately prepared for their first role as a professional nurse.

Orientation programs are offered in every organization but they often do not address the needs of newly licensed nurses. Orientation programs are extremely variable and most often are limited to meeting regulatory requirements, and any identified organizational issues. According to Thomas et al. (2012) graduate nurses expressed concerns regarding being criticized by peers or colleagues or making mistakes, fear of failing, low self-confidence, and expressed an anxiousness regarding dealing with more experienced nurses. Kramer, Halfer, Maguire, and Schmalenberg (2012) characterized the concerns of new nurses into several categories: Delegation, prioritization, time management skills, clinical autonomy, nurse-physician collaboration, constructive conflict resolution, and restoring self-confidence. These issues are not typically part of the curriculum for an organization's orientation program.

In 2010, The Institute of Medicine issued a report titled, *The Future of Nursing*. One of the recommendations from that report was for state boards of nursing, accrediting bodies, the federal government, and health care organizations to take actions to support nurses' completion of a transition-to-practice program (nurse residency) after they have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas (Institute of Medicine, 2010, p. 3). However, at this time, there remains no direction on how

health care organizations or nursing schools are expected accomplish this goal. A study of acute care hospitals by Pittman, Herrera, Bass, and Thompson (2013) reported that only 36.9% of hospitals studied had adopted a residency program. This study further noted the greatest barrier to implementing a residency program were financial resources. Given the continued emphasis on declining reimbursements and reducing health care costs, it can be anticipated that financial resources will continue to be challenging.

Available Knowledge

A review of the literature was conducted as an electronic search. Electronic databases utilized included PubMed, the Cumulative Index of Nursing and Allied Health Literature (CINAHL), and the Agency for Healthcare Research and Quality (AHRQ) including the national guidelines clearinghouse and the national quality measures clearinghouse. Key words for searches included “nurse residency programs” and “nurse transition to practice programs”. This initial search yielded 4,387 articles.

Inclusion criteria for the review included a publication date of 2012 or later in a peer reviewed publication, and nurse residency or transition programs in an acute care setting. Exclusion criteria included publications in languages other than English, non-acute care programs, programs for advanced practice or allied health professionals (physicians, physical therapy, pharmacists, etc.), and specialty programs (surgery, critical care, pediatrics, etc.). This eliminated all but 140 articles. Further exclusions were programs that incorporated partnerships between academic and clinical organizations and programs which included only baccalaureate graduates. Also excluded were editorial or informational articles. After these eliminations, 30 articles remained.

Overall, the literature demonstrates positive results from transition to practice or nurse residency programs with the most measured outcome being new nurse retention (Letourneau, & Fater, 2015; Lin, Viscardi, & McHugh, 2014; Anderson, Hair, & Todero, 2012; Goode, Lynn, McElroy, Bednash, & Murray, 2013; Harrison, & Ledbetter, 2014). Other positive results include skills, clinical competence, confidence, and satisfaction (AL-Dossary, Kitsantas, & Maddox, 2014; Goode et al., 2013; Medas et al, 2015). The literature also identified programs that have been going for two or more years showed more positive outcomes than new programs (Spector et al, 2015; Rosenfeld, & Glassman, 2016).

There were no negative outcomes from implementation of a transition to practice or nurse residency program, although financial obligations were cited as the most frequent barrier to residency programs (Pittman et al., 2013; Wierzbinski, Ward, & Bauman, 2015). The literature also highlighted some issues with prior studies. Poor definitions of terms and outcome measures, lack of adherence to an evidence-based program, and poor utilization of controls were the most often noted. Despite these issues, the evidence for a transition to practice program remains positive.

Rationale

Three national models were considered for this project – The National Council of State Boards of Nursing (NCSBN) Transition to Practice (TTP) model; the University Health System Consortium / American Association of Colleges of Nursing residency program; and the Versant nurse residency program. All programs had similar core content. A review of potential costs indicated the University Health System Consortium / American Association of Colleges of Nursing residency program and the Versant nurse residency program require a subscription with a significant financial investment up front to obtain the program tools. The NCSBN TTP

program listed all tools online and made them freely available, however there is a fee associated with the on-line didactic portion of the program if an organization elected that process. The University Health System Consortium / American Association of Colleges of Nursing residency program; and the Versant nurse residency program are very focused on the baccalaureate prepared nurse and not necessarily the associate degree prepared nurse. The University Health System Consortium / American Association of Colleges of Nursing residency program; and the Versant nurse residency program have a set curriculum which all participants are expected to complete within predetermined time frames. The National Council of State Boards of Nursing (NCSBN) Transition to Practice (TTP) model is customizable based on scope of practice in each state. Based on these differences, the NCSBN Transition to Practice (TTP) program was chosen for this project.

The National Council of State Boards of Nursing (NCSBN) Transition to Practice (TTP) program was developed in response to the issue of training and retention of new nurses. The NCSBN found the inability of new nurses to properly transition into new practice can have grave consequences including errors, negative safety practices, increased stress, and increased turnover (NCSBN, n.d.). In response to these identified issues, the NCSBN committee developed the evidence-based standardized TTP model.

The NCSBN TTP program has identified core components that must be included in an evidence-based transition to practice program (NCSBN, 2008). These components should be incorporated into the new nurses' experiences and not presented as deficit education (NCSBN, 2008). The model utilizes the Quality and Safety Education for Nurses (QSEN) competencies. The QSEN competencies are based on the Institute of Medicine competencies for driving quality and improving safety (Spector et al., 2015). These competencies include patient-centered care,

communication and teamwork, evidence-based practice, quality improvement, and informatics. These learning competencies are modules which are completed within the first six months of the program and can be tailored to best meet each organizations' learning levels, resources and culture.

In addition, the NCSBN TTP model encompasses the use of trained preceptors and role models who work with and guide the new nurse for the first six months of practice. The length of this program is six months with continued organizational support for one year. Organizational support may include feedback and reflection as well as introduction to system activities such as committees, unit projects and other learning opportunities offered by the organization (Spector et al., 2015).

A study by Spector et al. (2015) discusses the NCSBN TTP program and demonstrates that an evidence-based transition program does improve outcomes and retention for nurses in their first year of practice. It is noted this study is the only study found that utilized a control group for comparison purposes. This study demonstrates that nurses who participate in transition programs have less work-related stress, increased job satisfaction and are less likely to leave their positions. The NCSBN TTP model addresses key aspects cited by newly licensed nurses as crucial for their success. Lin et al. (2014) identify social interactions with other new graduates, communication, effective preceptors, and skill development as important components of a transition to practice program. The NCSBN TTP model addresses these needs as part of the modules and competencies incorporated into the program.

Specific Aims

The purpose of this project was to evaluate whether there was an increase in the new graduate nurse's levels of comfort and confidence as they participated and progressed through an

evidence-based transition to practice program. Comfort and confidence were chosen as measures as they were often cited in the literature as significant contributing factors in new nurse stress levels or as a determining factor in leaving their position (McCalla-Graham, & De Gagne, 2015; Fink, Casey, Krugman, & Goode, 2008; Lin et al., 2014; Kumaran, & Carney, 2014). It is further anticipated, that by increasing the levels of comfort and confidence as newly licensed nurses transition into the professional nurse role, this will translate into increased retention for these nurses over time. The timeline for this project was not long enough to give an accurate picture of newly licensed nurse job turnover so that will be addressed at a later date.

Method

Context

The setting for this project was a 285-bed community, acute care, not-for-profit, facility. As noted previously, this organization did not currently have a transition to practice or registered nurse residency program in place. The information obtained from this project will be utilized to make program improvements and adjustments to better meet the needs of the organization and of the newly licensed nurses.

The sample was all newly licensed graduate nurses selected for and starting employment at the organization in January 2017, which equated to 32 participants. There were 29 female participants and 3 males, all ranging in age from 18-37 years. Fourteen nurses were associate degree graduates and 16 were baccalaureate graduates. All newly licensed nurses were eligible to participate in the transition to practice program and although participation was not mandatory, all eligible nurses did participate. Experienced nurses were excluded.

Intervention

This project utilized a descriptive, comparative methodology using a survey questionnaire to study differences of the same cohort of graduate nurses before they start the transition to practice program and then at eight weeks into the transition to practice program. The same survey tool was utilized each time. The Casey-Fink Graduate Nurse Experience Survey (revised) was utilized. This tool was chosen as it has been shown to be reliable and valid - reliability estimates range from .71 to .90 (Casey, Fink, Krugman, & Propst, 2004) and has been cited in other studies regarding registered nurse transition programs (Goode et al., 2013; Lin et al., 2014). The Casey-Fink Graduate Nurse Experience Survey (revised) consists of five sections; demographic, skills/procedure; comfort/confidence (25 items with Likert scale response); job satisfaction; and work environment (Casey et al., 2004). According to the authors, this instrument takes approximately 15-20 minutes to complete making it not too time consuming for participants.

A descriptive, comparative method is one in which two or more groups are used for comparison. This project compared outcomes (comfort and confidence) upon admission to the program and then again at eight weeks into the program. The comparison will provide evidence of whether a transition to practice program is useful in enabling newly licensed nurses to feel more comfortable and confident within the first eight weeks of practice.

The survey was administered to participants on the first day of the transition to practice program by the nursing education team. The nursing education team then implemented the transition to practice program following the NCSBN model. At eight weeks, the survey was administered to the participants again by the nursing education team. The surveys were collected and the data collated by the organizations research team.

Upon initiation of the project it was anticipated the project would reveal that newly licensed registered nurses participating in the program would feel more comfortable and confident after participating in the program than they did prior to the program. It was also anticipated (based on validation from the literature) that these feelings of comfort and confidence at an early stage of their career will translate into increased retention of new nurses.

Measures

As noted previously, comfort and confidence were chosen as measures as they were often cited in the literature as significant contributing factors in new nurse stress levels or as a determining factor in leaving their position (McCalla-Graham, & De Gagne, 2015; Fink et al., 2008; Lin et al., 2014; Kumaran, & Carney, 2014). Comfort and confidence are measures that can be reviewed at various stages of the program, including the very early stages, and evaluated over time as a reference point for further intervention. By ensuring comfort and confidence are addressed early in the program it is anticipated nurse turnover will be positively impacted moving forward. The timeframe for this project was not adequate to give an accurate representation of nurse turnover so that will be incorporated into a subsequent project.

Analysis

Data from the two-time periods was collated and a ranking methodology was utilized to convert the data to a measurable comparable format (1 = *strongly disagree*, and 4 = *strongly agree*, with the “negative” questions being reversed). A Wilcoxon signed-rank test was utilized to analyze the difference between the two surveys. Qualitative data in the form of comments was utilized as supportive data to understand potential themes.

Ethical Considerations

This survey was conducted anonymously and no identifying information was collected. Informed consent was obtained from all participants and Institutional Review Board (IRB) approval from Capella and the organization was obtained prior to beginning the project.

Results

As noted previously, data from the two-time periods were collated and a ranking methodology was utilized to convert the data to a measurable comparable format (1 = *strongly disagree*, and 4 = *strongly agree*, with the “negative” questions being reversed). Utilizing a Wilcoxon signed-rank test to analyze the differences between the two surveys, it was found that there was a significant increase in self-reported comfort and confidence at the eight-week mark (p -value < 0.0005). There was no significant change in self-reported job satisfaction levels at the eight-week mark (p -value = 0.294).

The study began with 32 subjects and 8 were lost during the course of the study, resulting in a 75% retention rate for the study. The nurses that were eliminated were either found to be ineligible for the study (did not pass the NCLEX) or were terminated from employment.

Three of the top responses for comfort and confidence were ranked in the top five at both survey points. “I feel at ease asking other RN’s on the unit for help,” “I am supported by my family and friends,” and “there are positive role models for me to observe.” The remaining two top five responses for the first survey point are “I am satisfied with my chosen nursing specialty,” and “I feel my work is exciting and challenging.” These two responses were replaced with “I feel staff is available to me during new situations and procedures,” and “I feel my preceptor provides encouragement and feedback about my work” at the second survey point (8 weeks).

Two questions regarding comfort and confidence remained consistently in the bottom five lowest scoring questions over both survey points – “I am experiencing stress in my personal life,” and “I feel overwhelmed by my patient care responsibilities and workload.” Other questions in the bottom five were different for both survey points. It is noted that the second survey point did score more questions related to time management lower than the first survey point (“I am having difficulty prioritizing patient needs,” “I am having difficulty organizing patient needs.”) The qualitative comments gathered during the survey also appear to reflect this theme – “we get worked hard and have to pick up quickly,” “sometimes I feel the more experienced preceptors have less time to teach because they are trying to help other nurses on the unit,” “we have a lot of nurses on the floor, everyone is OK with watching them struggle, instead of helping.”

In addition to the questions, the survey participants were also asked to list the top three skills they were uncomfortable performing independently. Three skills were listed within the top five most frequently reported for both survey points – chest tube care (8), code/emergency response (8), and central line care (8). The initial survey also listed “MD communication” as the second most frequently reported uncomfortable skill (10) but this skill was far less reported at the second survey point (2). Blood product administration was the most frequently reported uncomfortable skill in the initial survey (11) and this skill was reported significantly less frequently at the second survey point (4). Of note, “unit specific skills” was the lowest reported uncomfortable skill at the initial survey (0) and rose to one of the highest reported uncomfortable skills at the second survey point (8).

The results for job satisfaction were essentially unchanged for both survey points. “Weekends off per month” and “vacation” were reported as least satisfying at both survey points,

while “amount of encouragement and feedback” and “hours that you work” were reported as most satisfying at both survey points.

Discussion

Summary

This project did support the initial premise that an evidence-based transition to practice program does increase newly licensed registered nurses’ levels of comfort and confidence within the first eight weeks of practice. Further study and time is necessary to see if this translates into increased retention of these nurses. The NCSBN’s TTP model was well received by the participants as noted by the qualitative comments received during the survey – “the program was great,” “precepting is helpful, educational,” “grateful for this program,” and awesome experience.” More information is needed to validate the experiences of the preceptors and unit leaders to see if this program is as valuable or meaningful to them and if resources assigned are sustainable.

This project did not evaluate competency of newly licensed nurses as a part of the outcome measures. Self-reported levels of comfort and confidence do not necessarily translate into competency so next steps for this program should involve some level of competency outcome measures. Additional future study may also involve comparison of patient quality care outcome measures.

Limitations

There were some limitations to this project. The sample size was relatively small (32 participants) and this limited some ability to gain statistically significant data at the individual question level. The eight week timeframes between the survey points was shorter than most

studies due to the timeframes allowable for the project this may have impacted some of the results. Financial and personnel resources were limited for this project as it was unbudgeted.

Conclusion

It is abundantly clear the nursing profession needs to address the transitional needs of newly licensed nurses in comprehensive manner. Acclimating to the very complex, rapidly changing, and often under-resourced health care environment is difficult. Newly licensed nurses are the nursing workforce of the future and given the challenges of a significant retiring nursing workforce, nursing shortages, an increased demand for nurses and an aging population the need to address the issue of newly licensed nurses leaving their positions within the first one to three years is imperative.

Transition to practice programs have been shown to positively impact outcomes such as new nurse retention, clinical decision making, and confidence and comfort in their new role but not all organizations have implemented such programs. Adding to the difficulty of this issue is that many organizations that have implemented some form of a transition to practice program are not utilizing evidence in their programs. This has created difficulties in gathering meaningful data regarding outcomes and success of these programs and has contributed to confusion for the newly licensed nurse when choosing a first place of employment.

Overall, the implementation of an evidence-based transition to practice program, proved valuable to the organization's newly licensed nurses. The organization is committed to continuing the program moving forward. Continuing to survey participants will assist with ensuring the program continues to meet the needs of the newly licensed nurses joining the organization. Additional data including newly licensed registered nurse turnover, and competency should be added to our data collection over the next several cohorts.

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