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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

“A LEAP OF FAITH”: STUDENT TO PROFESSIONAL
NURSE TRANSITION

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

Lisa Sandman Zenoni

College of Natural and Health Sciences
School of Nursing
Nursing Education

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This Dissertation by: Lisa Sandman Zenoni

Entitled: *“A Leap of Faith”: Student to Professional Nurse Transition*

has been approved as meeting the requirement for the Degree of Doctor of Philosophy in
College of Natural and Health Sciences in School of Nursing, Program of Nursing
Education

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ABSTRACT

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This qualitative, phenomenological study sought to answer the question: How do new graduates view their baccalaureate educational experiences in relation to their transition to professional practice? Eight new graduate nurses from a private nursing school in the western United States participated in this study. Participants wrote reflections describing their transition from student role to professional nurse and reviewed these reflections with the researcher at the end of face-to-face interviews. In-depth interviews using open-ended questions were conducted, recorded, and transcribed by the researcher. The results of the interview and reflections were analyzed by the researcher using Colaizzi's (1978) method to identify the recurring themes and member checking with the participants to help validate the results. Additional validation strategies included writing rich, thick descriptions; triangulation using interviews, reflections, and field notes; clarification of researcher bias; and peer debriefing. Reliability was enhanced by the researcher using a quality digital audiotape recorder, transcribing the interviews, and utilizing an audit trail during data collection and analysis. Five themes were identified in this study: (a) figuring it out, (b) the learning process, (c) influential people, (d) where you practice matters, and (e) questioning preparation. When describing their transition experiences and retention in both their reflections and interviews, the participants identified how essential their nursing education experiences

were in laying the foundation for building their professional practice. This study provided insight into transition and retention experiences as it is the only qualitative study that investigated the entire educational experience and utilized open-ended interviews and reflections. The theory of transition was used to inform the study. The participants' journeys from student role to professional nurse were unique because their educational and new graduate orientation experiences varied but, ultimately, each participant referenced education in the interview and reflection. The interviews took place in cafés and coffee shops per participants' request and participants identified issues supporting working night shifts as a new graduate nurse. Results supported the appropriateness of using Meleis' (2010) theory of transition to provide insight into baccalaureate nursing students' transition from a student role to professional nurse. Findings from the study provided the rationale for recommendations for nurse educators that included retaining or implementing precepted practicum experiences, retaining or enhancing high quality clinical placements, addressing incivility on nursing units to support both students and staff nurses, supporting and educating preceptors in the clinical setting, providing opportunities for nursing students to care for critically ill or complex patients, providing opportunities for preceptors and clinical faculty to allow students and new graduate nurses to become more independent in providing patient care while continuing to be a resource to insure patient safety, and supporting nurses of all generations in their educational and work place needs to encourage retention. Students take a "leap of faith" when starting a nursing program and entering practice. They rely on nursing education to provide the necessary foundational knowledge and experiences to

support their transition from a student role to professional nurse and to support their retention in their first nursing roles as well as the nursing profession.

Key Words: transition to practice, retention, phenomenology, transition theory, preparation for practice

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CHAPTER I

INTRODUCTION

Providing safe nursing care is multifaceted and challenging. After completing nursing school, many new graduate nurses struggle to succeed in today's complex healthcare environment as they transition from student nurse to professional nurse. Consequently, within the first few year of practice, many new graduates leave their first job or the nursing profession entirely. With the increasing nursing shortage, both practice and education need to retain all nurses. Many retention solutions have focused on new graduate orientation or residency programs offered in the practice setting. Despite implementation of these programs, the issue of retaining new graduate nurses remains. Research focusing on education experiences have addressed specific strategies to help prepare students for practice or support transition. To best address retention of new nurses, nurse educators and practice partners must collaborate throughout both education and practice. It is necessary to recognize what experiences during nursing education promote transition to professional practice and support retention of new graduates to inform changes and retain best practices for both practice and education.

Background

Nursing Shortage

The nursing shortage in the United States is an important issue presently influencing practice and education; it will continue to be an issue based upon projected

numbers. Multiple factors are projected to influence the registered nurse (RN) shortage including patient age, aging registered nurse (RN) workforce, economic factors, and healthcare reform (Juraschek, Zhang, Ranganathan, & Lin, 2012). The recent downturn in the U.S. economy temporarily improved the shortage of RN positions (Buerhaus, Auerbach, & Staiger, 2009). The increase in younger nurses entering the workforce is also encouraging; however, despite this increase, there will still be a shortage of RNs, growing to approximately 260,000 by 2025 (Buerhaus et al., 2009). By 2022, the RN workforce is projected to increase 19% with a total number of job openings at 1.05 million (Bureau of Labor Statistics, 2013). Increasing educational capacity is one suggestion to address the future shortage (Buerhaus et al., 2009). There are flaws in this suggestion, however. The ongoing faculty shortage (American Association of Colleges of Nursing [AACN], 2015), a decrease in available clinical sites (Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014; Jeffries, 2005), and an inadequate number of placements (Chang & Daly, 2012) prohibit an increase in numbers of nursing education programs necessary to meet future demands. Identifying the importance of the nursing shortage, the AACN (2014) is working to address this issue by working with schools, nursing organizations, and policy makers. As a result of the nursing shortage, the nursing profession must address the retention of the nurses already completing nursing education programs.

In the current nursing shortage, it is important to consider the vacancy rates of RN positions. Bedside RN turnover rates increased to 17.2% in 2015 from the 2014 rate of 16.4% (Nursing Solutions, Inc. [NSI], 2016). Importantly, the RN turnover rate surpassed the hospital turnover rate in 2015, indicating the nursing shortage is present

and getting stronger (NSI, 2016). To help improve staffing during the nursing shortage, many organizations are recruiting newly licensed RNs (Spiva et al., 2013) and spending millions to recruit and retain them (Zinsmeister & Schafer, 2009). Again, this emphasizes the need to retain new graduate nurses.

Practice Environment

Exploring today's practice environment is critical to identifying the challenges new graduates must face and the need for exploring retention solutions. Rapidly changing technology, critically ill patients, and outcome-based initiatives influence today's practice settings. New graduate nurses must be prepared "to practice safely, accurately, and compassionately, in varied settings, where knowledge and innovation increase at an astonishing rate" (Benner, Sutphin, Leonard, & Day, 2010, p. 1). Employers need nurses who are prepared to care for older and more acutely ill patients in a rapidly changing healthcare environment (National Advisory Council on Nurse Education and Practice, 2010). Issues facing nurses in practice include adapting to ongoing changes in technology, accessing extensive nursing and medical literature, and meeting patient privacy concerns (Benner et al., 2010). Additional healthcare challenges include chronic conditions, an aging population, a more diverse population, health disparities, and limited English proficiency (Institute of Medicine [IOM], 2011). Student and new graduate nurses care for these very complex patients. During nursing education, students learn about these environments. Once they become new graduates, however, there is often a disconnect between the caring aspect of nursing and workplace requirements, contributing to their dissatisfaction with their new positions (Duchscher & Myrick, 2008; Kelly, 1998).

Additionally, numerous initiatives influence the practice settings nurse graduates enter, adding to the complexity of the practice environment. Health care is moving to an outcomes-based approach. The Triple Aim Initiative seeks to improve patient care experiences, improve the health of populations, and reduce the per capita cost of health care (Institute for Healthcare Improvement, 2016). To improve the quality of inpatient care for Medicare patients, the Centers for Medicare and Medicaid (CMS; 2015) implemented value-based purchasing as part of the Affordable Care Act (ACA). This program uses quality data reported from the hospitals and also shares the results with the public (CMS, 2015). The quality data are a direct result of nursing practice. Another program designed to measure nursing quality and improve reimbursement under pay for performance policies is the National Database of Nursing Quality Indicators® (NDNQI®; Press Ganey, 2015). Used by 98% of Magnet® recognized facilities and more than 2,000 United States hospitals, NDNQI® links their quality indicators and outcomes with the CMS non-payment rule, e.g., pressure ulcers (Press Ganey, n.d.). To ensure patients have the best possible outcomes and healthcare organizations receive the maximum reimbursement, nurses must be adequately prepared to implement best practices when providing patient care. This is the practice environment new graduate nurses enter and they must begin their transition to professional practice during nursing education to increase retention.

Problem

The attrition of new graduate nurses during the first few years of entering practice is a serious, ongoing issue. In 1999, Children's Hospital Los Angeles reported a turnover rate of 36% of new graduates leaving in less than a year and 56% leaving within two

years (Ulrich et al., 2010). Bowles and Candela (2005) found 30% of recent RN graduates left their first job in one year and 57% left by two years. In another study (Kovner et al., 2007), after one year of practice, 13% of new nurses had already changed jobs, 37% felt ready to leave their jobs, and 24% of new nurses planned to leave their first jobs within two years of employment. More recently, researchers noted within a year after graduation, approximately 18% of new graduate nurses had left their job (Kovner, Brewer, Fatehi, & Jun, 2014; Unruh & Zhang, 2014). Despite slightly improved numbers, many new graduates continue leaving their positions. Unit turnover for new graduate nurses is also an issue. Research findings indicated 30% of new nurses had some type of internal turnover during their first year of practice, which had a negative organizational consequence (Kovner et al., 2016). The nursing profession cannot afford to continue losing its newest members and the nursing shortage cannot be alleviated with the continued attrition of new graduate nurses.

As a result of turnover, practice organizations face high costs. Orientation and training as well as productivity costs for newly hired RNs are among the highest turnover cost categories (Jones, 2008). The organization must pay for the orientee's time as well as the preceptor's time and additional costs (Greene, 2010). Since new graduates often leave their place of employment within one to two years, organizations need to hire agency or travel nurses resulting in high costs to employers (Greene, 2010). Importantly, RN turnover is also potentially detrimental to patients and staff as well as being costly for the organization (Jones, 2008). With increasingly limited resources, organizations must address the retention issue.

Multiple factors influence attrition. Being adequately prepared for practice is essential when transitioning to professional practice. Yet, the current educational system might not adequately prepare new graduates for practice. New graduate nurses lack both the confidence and competence necessary to assume the level of responsibility for patient safety required in the nursing profession (Casey, Fink, Krugman, & Propst, 2004). Many new graduates cite being dissatisfied or unprepared for the challenges encountered in the workplace environment as reasons for leaving the profession (Bowles & Candela, 2005). New graduate nurses' decreased confidence in their preparedness for practice is a contributing factor to high organizational turnover (Krugman et al., 2006). Additionally, Bachelor of Science nurses (BSN) might experience increased levels of stress related to nursing skills, handling demanding care, managing interpersonal relationships, and responding to equipment issues in their first three years of practice, leading to decreased retention (Wu, Fox, Stokes, & Adam, 2012). Conversely, associate degree nurses (ADN) reported less stress in these areas but instead reported more stress when participating in areas such as research projects and committees, which might be a result of the differences in baccalaureate and associate education (Wu et al., 2012). If new graduate nurses do not transition successfully, they might leave the workplace and the nursing profession (Rush, Adamack, Gordon, Janke, & Ghement, 2015).

Practice Strategies

Both practice and education partners are searching for solutions to the retention challenge. With the ongoing nursing shortage, they cannot afford to ignore attrition of new graduate nurses. Retention issues have highlighted the need to investigate new graduate nurses' perceptions of the initial experiences of practice (Casey et al., 2004).

Participants in the Casey et al. (2004) study noted transitions into practice experiences included stress, feeling inadequate, and skill and knowledge deficits. The researchers also noted most of the new graduates did not have enough confidence and competence to meet the nursing profession's requirement of assuming a responsibility level for patient safety. Even after one year of practice, new graduate nurses still reported feeling not confident, skilled, or comfortable with practice, which is an issue since standard orientations do not last this long (Casey et al., 2004). These findings are often seen as contributing factors to the attrition of new graduate nurses.

Transitional experiences occur throughout nursing practice. One important transition occurs when the student nurse becomes a professional nurse. Multiple resources provide recommendations for new graduate nurse programs to help address retention and patient safety (Benner et al., 2010; IOM, 2004, 2011; Spector & Echternacht, 2010). A regulated national standardized transition program to ensure a focus on patient safety has been proposed in the United States (Mellor & Greenhill, 2014; Spector & Echternacht, 2010). Since 2009, the Commission on Collegiate Nursing Education (CCNE) has been accrediting one-year residency programs using the University HealthSystem Consortium/American Association of Colleges of Nursing (UHC/AACN) one-year residency programs (Goode, Lynn, Bednash, & McElroy, 2013) now known as the Vizient/AACN Nurse Residency Program (AACN, 2016). Researchers continue to study best practices for a regulated new graduate nurse transition program (Spector et al., 2015).

Support strategies to assist the transition from student to professional nurse include internship/residency programs, orientation programs, and mentorship/

preceptorships (Edwards, Hawker, Carrier, & Rees, 2015). These are often referred to as transition interventions or transition support strategies (Edwards et al., 2015).

Suggestions for transition support strategies include using a cohort model with the new graduates and being mentored for three months (Doelling, Levesque, & Clifford, 2010), having closer partnerships between practice and academic institutions (Casey et al., 2004), ensuring strong evidence-based programs (Spector et al., 2015), and implementing high levels of preceptor support (Blegan et al., 2015) to improve outcomes during their first year of practice and also increase retention. Organizational strategies shown to increase retention of new graduate nurses include new graduate nurse-focused preceptor model program, preceptor-focused preceptor program, needs-based and/or specialty training, and externship before graduating from a basic RN program (Salt, Cummings, & Profetto-McGrath, 2008).

When available, internship/residency programs serve to help bridge the gap between education and clinical practice. Common elements of these programs include days with additional clinical support and a program that lasts from six months to one year (Edwards et al., 2015). After 10 years of implementing new graduate residency programs, researchers noted the lessons learned and best practices (Goode et al., 2013; Ulrich et al., 2010). One model system reported a substantial increase in retention rates for new graduate nurses participating in the residency programs (Goode et al., 2013). Another RN residency program also reported positive outcomes including improved retention of new graduate nurses (Ulrich et al., 2010). Research showed the benefit of these structured new graduate experiences but not all new nurses have the opportunity to work in organizations with these programs. In a 2011 survey of members of the

American Organization of Nurse Executives, 9.7% of nurse leaders responded, indicating approximately 36.9% of hospitals offered a nurse residency program (Pittman, Herrera, Bass, & Thompson, 2013). The fact remains--new graduate orientation and residency programs are not universally available at this time and other options for supporting retention need to be identified.

Since transitional support strategies are closely associated with retention, it is important to examine transition research as well. Researchers used qualitative and quantitative studies to identify new graduated or newly licensed nurses' experiences of transition to practice (Moore & Cagle, 2012; Morales, 2014; Spiva et al., 2013; Zinsmeister & Schafer, 2009). Importantly, many qualitative studies only focused on one organization (Moore & Cagle, 2012; Spiva et al., 2013; Zinsmeister & Schafer, 2009). Numerous tools were used in quantitative research studies evaluating the implementation of new graduate nurse transition programs. One tool used to measure the new graduate nurse's experience on entry to the workplace is the Casey-Fink Graduate Nurse Experience Survey© (Casey et al., 2004; Goode et al., 2013; Rush et al., 2015). Additional instruments included Conditions for Work Effectiveness, Group Cohesion, Leader Empower Behavior Total Scale; Nurse Satisfaction Total Scale; Organizational Commitment Total Scale; and Organizational Job (Work) Satisfaction Total Scale (Ulrich et al., 2010). In a recent study, instruments used included the National Council of State Boards of Nursing (NCSBN) Practice Issues Index, the Overall Competence Tool, Specific Competency Tool, and the Brayfield and Rothe Index of Job Satisfaction (Spector et al., 2015). The resources required to analyze all of the data was a barrier for many organizations.

These studies provided insight into how transitional support strategies following graduation from nursing education assisted new graduate nurses in their transition from student to professional nurse and helped increase retention. Despite a call for organized transition programs, there is currently a lack of uniformity and support available to new graduate nurses as they enter practice. To support retention of new nurses, it is important to investigate experiences present in nursing education that support or inhibit transition to professional practice.

Education Strategies

With the variation in the length and content of practice-based transitional support strategies, it is important to identify nursing education strategies that provide nursing students with experiences that promote transition to professional practice and retention of new graduates. New nurses enter the workforce with different educational backgrounds and experiences. Attention needs to be paid to retention strategies for new graduate nurses (Waddell, Spalding, Navarro, Jancar, & Canizares, 2015). Addressing the educational experiences that support transition to professional practice is important. The National League for Nursing (NLN; 2013) announced an inaugural program through the NLN Center for Academic and Practice Transitions. The program offers nurse educators the opportunity to implement courses and content available through vendors. This program is an example of the importance of focusing on education to help prepare students to transition to professional practice. Yet, limited research has focused on strategies implemented during nursing education that could assist in preparation for transition to practice (Waddell et al., 2015). As noted, new nurses identified that feeling of unprepared contributed to their intention to leave practice. It is necessary to identify

which classroom and clinical strategies during nursing education provided students with experiences that promoted transition to practice.

The body of literature reflected a focus on one type of educational interventions during nursing school that assisted nursing students transition to professional practice. Some identified increases in retention after the implementation of these educational interventions. Successful initiatives to help prepare students for practice or influence retention included implementing a curriculum-based career planning and development program for baccalaureate nursing students (Waddell et al., 2015), a nurse externship program (Cantrell & Browne, 2005; Salt et al., 2008), and precepted clinical experiences (Bowdoin, 2014; Casey et al., 2011; Kelly & McAllister, 2013; Penprase, 2012; Reagor, 2010; Salt et al., 2008).

Research findings also indicated specific interventions increased preparedness or readiness, which has also helped increase retention. Simulation experiences (Casey et al., 2011) and collaboration between academia and support readiness for practice (McCalla-Graham & De Gagne, 2015; Watt & Pascoe, 2013). Factors related to the clinical experience during nursing school that supported preparedness or readiness for practice included a structured and quality clinical experience (Bennett, Jones, Brown, & Barlow, 2013; Fowler, Schmied, Psaila, Kruske, & Rossiter, 2015; Happell, 2008; Hickey, 2009; Ironside, McNelis, & Ebright, 2014; Watt & Pascoe, 2013). A preceptor-guided experience in general (Hartigan-Rogers, Cobbett, Amirault, & Muise-Davis, 2007) and for senior nursing students (Casey et al., 2011; Reagor, 2010) promotes readiness or preparedness for professional practice. The clinical setting also influences readiness for practice by providing a positive and supportive environment (Ares, 2014; Biggerstaff,

Wood, & Fountain, 1998; Hartigan-Rogers et al., 2007; McCalla-Graham & De Gagne, 2015), a welcoming staff and community (Bennett et al., 2013), and having students feeling valued as a member of the clinical team (Edwards, Smith, Courtney, Finlayson, & Chapman, 2004; Watt & Pascoe, 2013). Another successful method to assist in transitioning during nursing education involves increasing clinical hours through one-on-one precepted experiences during the senior year using a partnership between education and practice (Harrison, Ball, Stewart, & Bratt, 2007). The outcomes of the initiative matched those of new graduate programs as the new graduates had increased confidence in their ability to function as new graduates as well as decreased costs in orientation and increased retention (Harrison et al., 2007). The findings emphasized the benefit of the precepted clinical experiences in educational programs; however, limiting clinical sites made this difficult to implement in all education programs.

As noted, the literature identified the benefit of precepted clinical experiences including a clinical capstone course in increasing students' self-reported preparedness or readiness for practice. Yet, not all researchers found students increased their self-reported preparedness for practice after completing a capstone course (Usher, Mills, West, Park, & Woods, 2015). Research findings indicated nursing students did not express a strong sense of professional identity both before and after the capstone experience, which might be due to the quality of clinical experiences occurring throughout the program, and recommended looking at all of the content in the senior year to take an overview of the knowledge and skills necessary to transition to the practice setting (Usher et al., 2015). This discrepancy supported the need to focus research on students' educational experiences throughout nursing education to identify all interventions that supported

professional transition and retention of new graduate nurses. Concentrating research on one specific intervention did not adequately provide insight into the complexity of the nursing student's journey toward transition to professional practice. A more inclusive investigation of how all classroom and clinical experiences throughout nursing school acted to help support or inhibit nursing students' transition to professional practice was necessary.

Theoretical Framework

From the time a change is anticipated, a transition experience begins (Meleis, 2010). This is the case in nursing education. When a student begins nursing school, the transition to professional nursing practice begins. Transitions theory (Meleis, 2015) was the theory that informed this study. It evolved over time (Meleis et al., 2000) and has been used in nursing education (Im, 2011; Meleis, 2015). The type of transition applicable to this study was a situational transition as a student moves from student nurse to professional nurse during nursing education. Importantly, this could be a complex transition as students can also experience developmental, health and illness, and organizational transitions (Meleis et al., 2000).

This theory was applicable to this study because nursing students experience transitions throughout their education program. From the time they are accepted into nursing school until they graduate, nursing students' experiences in the classroom and clinical site influence their transition to professional practice. No matter when the end of a transition occurs, transition theory is about "understanding the nature of and responses to change, facilitating and supporting the experience and responding to it at different

phases, and remaining or becoming healthy before, during or at the end of the event” (Meleis, 2015, p. 362).

Importantly, transition is a process but mastering necessary skills and behaviors and having a new sense of identity are reflections of healthy outcomes of the transition process (Meleis et al., 2000). In nursing, these outcome patterns are necessary for retention of new graduate nurses. Student experiences during nursing education leading to transition to professional practice--transitional experiences--might support or inhibit the process, influencing the attainment of these desired outcomes. Identifying how nursing students described these transitional experiences provided insight into their overall transition to professional practice and retention intentions to inform nursing practice and education.

Definition of Terms

New graduate nurse--A registered nurse who completed a baccalaureate degree and started working as a nurse in the last 12 months.

Nurse residency program--A structured post-licensure program that lasts between 3 to 12 months (Pittman et al., 2013).

Preceptor--An assigned experienced registered nurse working one-on-one with a student or new graduate nurse during a clinical rotation or preceptorship.

Preceptorship--A clinical experience where an experienced registered nurse, a preceptor, provides support and guidance while paired with a student or new graduate nurse.

Retention--New registered nurses remaining in their first workplace job for one year.

Transition--A “passage from one life phase, condition, or status to another” (Chick & Meleis, 1986, p. 239).

Transition support strategies--Organizational support strategies to assist the transition from student to professional nurse including internship/residency programs, orientation programs, and mentorship/preceptorship (Edwards et al., 2015).

Problem Statement

With a challenging practice environment and an increasing nursing shortage, the retention of new graduate nurses must be a goal for both practice and education.

Determining how practice settings and educational preparation promote transition to professional practice retention is an opportunity to address the gap between nursing and education. Using best practices to implement new graduate transitional support strategies is important for the future of nursing. A national regulatory model for transitioning newly licensed nurses to practice exists (Spector & Echternacht, 2010). Although research findings identified best practices for new graduate transitional experiences beneficial to easing the transition to practice for new graduate nurses and decreasing retention, not all new nurses have access to these programs. The NCSBN membership developed a transition-to-practice model (Spector & Echternacht, 2010). The model includes the assumption that educational programs adequately prepare nurses for practice and practice settings do not expect new nurses to be fully prepared for practice (Spector & Echternacht, 2010). Yet, these assumptions have not been fully met at this time.

As noted, new graduates continue to report feeling unprepared for practice and with different educational experiences and preparation, this is not surprising. Their unpreparedness contributes to the attrition of new graduate nurses. A need exists for

research and scholarship to provide insight into how to best prepare students for practice (Ironside et al., 2014). All new nurses graduate from a nursing education program before starting an RN position. Educational experiences support or inhibit the student's transitional process. Partnerships between clinical practice and nursing education need to occur throughout nursing education and professional practice to ensure students are ready for practice.

In nursing education, research findings focused on specific aspects of preparation and transition to professional practice. It is necessary to take a broader overview of students' transitional experiences during nursing education to investigate transition to practice and retention. Many experiences throughout nursing school--personal and situational--inform a student's transition to professional practice. Research findings indicated transitional support strategies might assist in transition to professional practice in practice settings and were generally effective in increasing retention (Edwards et al., 2015). To better understand retention, it is important to identify interventions (Edwards et al., 2015). This supported the need to ask new graduate nurses to identify what strategies in the classroom and clinical environments during nursing education supported or inhibited their transitional experiences to promote transition to professional practice and retention in their first jobs and the nursing profession overall.

Preparing nursing students for professional practice is a daunting challenge. Today's practice environment is complex and the nursing shortage provides additional challenges. Integrating best practices such as a nurse externship program (Cantrell & Browne, 2005; Salt et al., 2008) and precepted clinical experiences (Bowdoin, 2014; Casey et al., 2011; Kelly & McAllister, 2013; Penprase, 2012; Reagor, 2010; Salt et al.,

2008) during nurses' education are challenged by a practice environment overwhelmed with accommodating a large number of nursing students with an overburdened staff. Organizations need new graduate nurses prepared to provide safe patient care. Yet, new graduates often feel unprepared and leave their first jobs or the nursing profession. Identifying what strategies during nursing education best supported their transition and retention is important to inform practice and education partners about effective pedagogy and clinical placement decisions.

The current nursing practice environment requires new graduate nurses be prepared for practice, successfully transition from nursing student to professional nursing, and provide safe nursing care. The availability and structure of new graduate residency or orientation program varies greatly between organizations hiring new graduate nurses, increasing the need to better prepare students in the educational setting for professional practice. The varying quality and availability of clinical experiences enhances the need to identify whether students perceived their experiences supported their transition to professional practice. Since little is known regarding what experiences during a baccalaureate program assist students with transitioning beyond specific strategies, a knowledge gap exists. It is important to better understand what works during the educational experience in order to promote best educational practices throughout the nursing curricula and inform practice organizations that hire new graduate nurses. Preparing nurses better to transition to professional practice might increase retention, which would assist in the nursing shortage and promote patient safety. The paucity of information about BSN students' experiences of transitioning to professional practice during nursing school supported the need for this study. To identify best practices in

nursing education to better prepare students for professional practice, it is necessary to identify what classroom and clinical experiences in during nursing school influenced their transition to professional practice and retention.

Purpose

The purpose of this study was to describe baccalaureate educational experiences that supported and inhibited transition to professional practice and retention of new graduate nurses.

Research Question

The following research question guided this study:

- Q1 How do new graduate nurses view their baccalaureate educational experiences in relation to their transition to professional practice and retention?

Research Design

The methodology for this study is addressed completely in Chapter III. This section provides a brief summary. For this research study, the researcher used a descriptive, phenomenological approach. Overall, phenomenology had many benefits that matched the researcher's interest in studying the phenomenon. Phenomenology describes the meaning of the lived experiences for several individuals and describes what the participants have in common while experiencing the phenomenon (Creswell, 2013). The product of phenomenology--the description or essence of the phenomenon--assisted the researcher in learning more about how students viewed their experiences during nursing education as supporting or inhibiting their transition to professional practice and retention (Merriam, 2009). With the lack of research identifying how new graduate nurses described their educational experiences in relation to their transition to

professional practice and retention, this approach provided the researcher with an in-depth understanding of how the participants viewed the phenomenon of experiencing transition toward professional nursing practice during nursing education.

For this study, the researcher used purposeful sampling when selecting participants for this study, the specific type of sampling strategy, and the sample size (Creswell, 2013). Each of the participants had experienced transitional experiences during his/her BSN education and was able to describe his/her lived experiences, which is essential in phenomenology research (Creswell, 2013). Participants met the identified study criteria of graduating from a BSN program within the last 24 months and working as a registered nurse on a medical surgical unit for at least three months and not more than 12 months. As more recent nursing graduates, the participants were most qualified to share their lived experiences of transitional experiences during nursing education (Morse, 1998). This timeline also allowed for participants to provide insight into how the experiences supported or inhibited their transition to professional practice and retention in their RN position(s). Since the literature findings suggested new graduates often changed jobs within units (Kovner et al., 2016) or institutions (Kovner et al., 2014; Unruh & Zhang, 2014) within one year, it was helpful to include participants who had practiced for at least 12 months to provide insight into their experience or intention on staying with their RN position.

Creswell (2013) suggested researchers use one or more samples at the site level, the event or process level, or the participant level in establishing a good plan. For the purpose of this study, the researcher chose samples from one school of nursing for the site level and participants from one traditional nursing program at the participant level.

The school of nursing is a private, non-profit, faith-based university in the western United States. Since the participants graduated from the traditional program at one school of nursing, the researcher was able to identify more common experiences than if they were from different programs or schools (Creswell, 2013). The researcher noted the importance of reporting why a specific group of participants was selected (Morse, 2008). For this study, the researcher concentrated on traditional nursing students because they had the opportunity to complete a summer practicum experience or externship, which some researchers have found assisted in transitioning to professional practice (Cantrell & Browne, 2005; Salt et al., 2008).

The researcher recruited baccalaureate nurses who were within two years of graduating from nursing school and had worked as a registered nurse for at least three months but not more than 12 months. The participant recruiting method entailed the researcher first contacting the potential participants through social media (see Appendix A). The researcher also utilized the snowball or chain sampling (Creswell, 2013) to allow participants to reach out to other new graduate nurses meeting the inclusion and exclusion criteria. The sample size included adult participants aged 35 years or less. Data were gathered until saturation was attained. Morse (2000) shared the importance of noting factors such as the quality of data, scope of the study, nature of the topic, amount of useful information obtained from each participant, number of interviews per participant, use of shadowed data, and qualitative method and study design used when estimating the number of participants required to reach saturation. Morse noted if participants were interviewed multiple times, providing a large amount of data for each participant during a phenomenological study, there might only need to be 6 to 10

participants. As the number of interviews and richness of data might vary between participants, the sample size was estimated to be between 8 to 12 participants.

Using Husserl's (cited in Reiners, 2012) descriptive phenomenological approach provided an opportunity for the researcher to interact with the participants through personal and group interviews to capture the descriptions of their personal transitional experiences during nursing school. Colaizzi's (1978) method of data analysis was utilized with the researcher bracketing her experience of working with BSNs in the classroom and clinical settings as well as teaching and working with new graduate nurses in the clinical setting. The researcher also shared the research findings with the participants to ensure credibility (Reiners, 2012). The chosen method provided depth and details to inform the experience.

Significance/Rationale

Munhall (2012) addressed characteristics of significance in phenomenological research. Some studies resulted in the development of policy or practice changes (Munhall, 2012). The critical issue of the nursing shortage makes it is necessary for nurse educators, clinical partners, and new graduate employers to learn more about how educational experiences during baccalaureate nursing education support or inhibit new graduate nurses' transition to professional practice and retention in their first new graduate position and the nursing profession. Additional qualitative research is necessary to gain a better insight into new graduates' perceptions of all of their educational experiences instead of only select ones, e.g., externships and precepted clinical experience, that influenced their transition to practice. Information gathered from this research study could potentially serve to inform best practices in pre-licensure curriculum

and new graduate employment programs that support new graduation transition to professional practice and retention. Ultimately, it is important to implement or retain the strategies that support transition to professional practice and potentially increase retention.

Summary

New graduate nurses must be adequately prepared to provide safe patient care in a challenging practice environment. Nurse educators strive to include best practices in classroom and clinical environments. Bachelor of Science in Nursing students need experiences that support their transition from student to professional nurse and enhance retention. Qualitative research is necessary to determine which transitional experiences during nursing education supported or inhibited that transition. Insight gained could inform academic nurse educators about supportive teaching practices to modify curricula, clinical practice partners about environments that best support student learning, and new graduate employers about orientation needs.

CHAPTER II

REVIEW OF LITERATURE

Overview

The purpose of this study was to describe baccalaureate educational experiences that supported or inhibited transition to professional practice and retention of new graduate nurses. To provide insight into this topic, literature findings related to educational strategies, transition to professional practice, and retention of new graduate nurses were explored. Additional research was reviewed related to the education and practice environments. The review of the literature continued as new findings helped inform the data collection, data analysis, and synthesis chapters of this study.

For this study, multiple sources were reviewed including books, dissertations, articles, and websites. Literature searches were conducted primarily covering the past 15 years using databases including EBSCO, which included CINAHL Complete and MEDLINE Complete as the primary sources of literature used in this study. Additional references were located by searching reference lists. Major search terms used in the review of literature included student nurse transitions, new graduate transitions, nurse transitions, and new nurse transitions.

This literature review chapter is divided into four sections. The first section identifies the pertinent findings for transition to professional practice in the practice setting. The second section identifies the pertinent findings for transition or

readiness/preparedness for practice during nursing education. Pertinent findings in the first two sections include the transition in professional practice, the gap between education and practice, and preparation for practice in the educational setting. In the third section, gaps in the transition to practice literature are explored as well as how this study minimized the gap and further contributed to the science of nursing education. The final section addresses the theoretical framework that influenced this research study.

Part I: Transition to Professional Practice in the Practice Setting

Over 85 years ago, the issue of transition from the classroom to the clinical environment was introduced to the nursing community (Townsend, 1931). This issue remains relevant in nursing education and practice. In healthcare literature, transition is a central concept in nursing (Meleis et al., 2000). Transition to practice is also an international issue as identified by nursing literature findings from countries including Australia (Hussein et al., 2016; Kelly & McAllister, 2013; Levett-Jones & Fitzgerald, 2005), the Sultanate of Oman (Al Awaisi, Cooke, & Prymachuk, 2015), Singapore (Cleary, Horsfall, Muthulakshmi, & Jackson, 2013), and Taiwan (Feng & Tsai, 2012). These countries had varying educational preparation and new graduate support systems, which highlighted the complexity of this issue. Literature findings described transitions during the new graduate period as well as during nursing education. In the nursing literature, transition included transition theory (Meleis et al., 2000), reality shock (Al Awaisi et al., 2015; Kramer, 1974), and transition shock (Duchscher, 2009). Although research has addressed aspects of this issue, it remains a concern in both practice and education settings.

First Year Experience

The transition from student to professional nurse is an important aspect of professional transition. McCalla-Graham and De Gagne (2015) identified new graduate nurses practicing in an acute care environment found their transition from student to nurse was very difficult. Al Awaisi et al. (2015) also noted new graduate nurses experience reality shock as a result of the theory-practice gap in their first year of practice. Even after one year of practice, new graduate nurses still report feeling not confident, skilled, or comfortable with practice, which is an issue since standard orientations do not last this long (Casey et al., 2004). Issues regarding retention have highlighted the need to investigate new graduate nurses' perceptions of the initial experiences of practice (Casey et al., 2004). In their study, Casey et al. (2004) used a tool to measure the new graduate nurse's experience on entry to the workplace--the Casey-Fink Graduate Nurse Experience Survey. Casey et al. found participants noted transitions into practice experiences included stress, feeling inadequate, and skill and knowledge deficits. Additionally, most of the new graduates did not have enough confidence and competence to meet the nursing profession's requirement of assuming the responsibility level for patient safety (Casey et al., 2004). From the literature, it was obvious a gap existed between education and practice in preparing new nurses for professional practice. It was also important to note what was identified about assisting with transition in the nursing literature.

Practice Environment

The literature identified factors in the practice setting supporting readiness and transition to practice. Levett-Jones and Lathlean (2008) noted a key factor for successful

transition for new graduate and creation of a culture embracing a sense of belonging was the practice environment itself. Importantly, during nursing education, learning cannot take place without dedicated preceptors in the workplace (Newton, Cross, White, Ockerby, & Billett, 2011). This highlighted the importance of the culture and supporting nursing staff in the practice environment.

Personal Factors

Literature findings also indicated personal factors could also influence a new graduate's transition to professional practice but were often overlooked. Factors that supported students' readiness for professional practice included students being open-minded and flexible (Bennett et al., 2013) and having the abilities of reflection and self-reflection (Frost, Höjer, & Campanini, 2013). Other personal factors included having communication skills (Raymond, Clauser, & Furman, 2010) and the confidence in one's ability to become a nurse (Sharpnack, Moon, & Waite, 2014). Using a cross-sectional survey study, Australian researchers assessed whether age, gender, history of previous paid employment, and level of confidence in handling clinical situations influenced new graduates' satisfaction with their practice environment when transitioning to professional practice (Hussein et al., 2016). Age was the only personal factor identified in their study as the older new graduates were less satisfied with their practice environment than the younger ones. Using qualitative methods might provide additional insight into personal factors influencing transition to professional practice.

Transition Support Strategies

The nursing literature identified multiple support measures to support transition to practice for new graduate nurses utilized by organizations in the practice setting and

addressed retention outcomes as well. Organizational support strategies to assist the transition from student to professional nurse included internship/residency programs, orientation programs, and mentorship/preceptorship (Edwards et al., 2015). With the concerns of patient safety, residency programs were suggested for new graduate nurses (IOM, 2004). Additionally, the IOM (2011) recommended nurses complete nurse residency programs and the Carnegie Foundation study (Benner et al., 2010) also recommended implementing nurse residency programs. Yet, in 2011, according to the 9.7% of nurse leaders who responded to the survey, approximately 36.9% of hospitals in one study had nurse residency programs (Pittman et al., 2013). Literature findings identified the benefits and best practices of transition support strategies in improving the transition process from education to practice but the number of these programs was limited.

Salt et al. (2008) conducted a systematic review of interventions by healthcare organizations in the United States to increase the retention of new graduate nurses from baccalaureate or associate degree programs. The review identified four types of retention strategies: preceptor programs with a new graduate nurse (NGN) focus, preceptor program model with a preceptor focus, needs-based orientation and/or specialty training, and externship before graduation from a basic RN program. When reviewing the length of time for the retention strategies, Salt et al. identified higher retention rates were related to longer retention strategies. Strategies with less than a two-month length resulted in the lowest retention rate and those lasting three to six months had the highest retention rates at one year. Importantly, all of the 16 studies included in the review were quantitative or mixed-methods but only three used experimental study designs. The strategies with

programs of 6 to 12 months in length had the weakest study design, which was addressed in their stated results, as there was not a clear cause and effect relationship with pre-experimental designs. This highlighted the need for research into the area of retention. Salt et al. noted the weakness in the study designs, absence of theoretical frameworks to guide the research, and lack of validity and reliability information in the reviewed studies. As a result, “no strong, clear recommendations and conclusions can be drawn from the data” (Salt et al., 2008, p. 294). Based upon the reviewed outcomes, Salt et al. noted a preceptor program model with an NGN focus that lasted between three and six months was the most effective of the identified retention strategies. This review highlighted the challenges in relying on transition support strategies to support transition to practice and retention.

The nursing literature identified interventions taken by organizations for transition programs. Holland and Moddeman (2012) noted newly licensed nurses who completed a yearlong nurse residency program requiring a four-hour monthly session had a 92.8% retention rate. Another suggestion for a new graduate program involved using a cohort model with the new graduates being mentored for three months (Doelling et al., 2010). Rhodes et al. (2013) noted experienced nurses were more satisfied with newly licensed registered nurses who participated in a nurse residency program lasting over 12 months and using four phases. Importantly, the first phase occurred during the pre-hire period where only the most qualified candidates were chosen for the nurse residency program (Rhodes et al., 2013). This was another example of the limited access all new graduates had for being chosen for a new graduate nursing program.

Findings in the nursing literature also provided insight into known outcomes from nurse residency programs. Since 2012, approximately 31,000 nurses from 86 organizations with 100 hospitals participated in 12-month UHC/AACN nurse residency programs (NRP; Goode et al., 2013). In 2009, the UHC programs started accreditation with AACN. Any post-baccalaureate NRP was eligible for CCNE accreditation as long as it met accreditation standards including program quality of program faculty, institutional commitment and resources, and curriculum as well as program effectiveness (Goode et al., 2013). The cost of accreditation was a potential barrier for NRPs pursuing accreditation, however.

Over 6,000 new graduate nurses completed the Versant RN residency after 10 years of implementation (Ulrich et al., 2010). Key characteristics of a successful RN residency included the following:

Structure and standardization; ... educational content management; clinical immersion experience with dedicated preceptors; support systems for RN residency roles and for residents; transparency and accountability; communication; active stakeholder engagement and organization-wide commitment; performance and outcomes management. (Ulrich et al., 2010, p. 374)

The results of the Versant longitudinal study indicated facilitating the transition of new graduate nurses through the program assisted with the transition to the professional RN role and accelerated the new graduate's competence and confidence as well as increasing retention in the organization (Ulrich et al., 2010). To incorporate all of these factors, organizations must dedicate substantial resources.

Using strong research designs provided stronger evidence of best practice for transition programs. Current literature supported the assertion that strong, evidence-based transition programs improved outcomes during their first year of practice and also

increased retention (Spector et al., 2015). Spector et al. (2015) conducted a transition to practice study of 105 hospitals in three states. The researchers compared data from 44 hospitals using a National Council of State Boards of Nursing (NCSBN) Transition to Practice (TTP) model program in its first year of development compared to 61 control hospitals using a randomized model, which was the first study of transition programs to do so. This study utilized multiple quantitative data collected from nurses, preceptors, managers, and site coordinators through online surveys. The instrument used to evaluate safety practices and errors was the NCSBN Practice Issues Index; the instruments for evaluating nurse competence were the Overall Competence Tool and the Specific Competency Tool; and the instrument used to study job satisfaction was the Brayfield and Rothe Index of Job Satisfaction (Spector et al., 2015). To evaluate work stress, the NCSBN staff developed a tool consisting of four questions (Spector et al., 2015).

The researchers noted the results of the study indicated a standardized transition to practice program improved safety and quality outcomes (Spector et al., 2015). Additionally, the best outcomes over time were in new nurses completing a transition program that was standardized, evidence-based, and in existence for at least two years. Conversely, new graduates in hospitals with a limited orientation program had more errors, had more negative safety practices, felt less competent, experienced more stress, reported less job satisfaction, and had twice the turnover at the end of the first year. Spector et al. (2015) noted the benefits of decreased errors and negative safety practices as well as more self-reported competence of new graduates as rated by the preceptors and new graduates themselves in new graduate nurses with established transition to practice programs. Based upon their findings and previous studies, Spector et al. suggested

transition programs should be formalized in the institution with the support of administrators and chief nursing officers; occur over at least six months; have an integrated preceptorship program into the transition program; include patient safety, teamwork, evidence-based practice, communication, informatics, quality improvement, clinical reasoning, and patient-centered care; be customized to allow new graduates learn specialty knowledge required to work on the unit; and allow time for new graduates to learn and apply content, obtain feedback, and share their reflections. These outcomes supported the benefit of transition to practice programs but it is also important to note the limited number of these programs available for new graduate nurses.

When investigating preceptor support in hospital transition to practice programs, Blegen et al. (2015) noted the common use of precepted clinical experiences but the lack of information about arrangements for the preceptorships. Blegen et al. conducted a longitudinal analysis in the hospitals participating in the NCSBN study. A 23-item tool was developed for the study for use by both new graduate RNs and preceptors. For the best transition to practice experience for new graduate RNs, preceptors should share shift and patient assignments; have time to assess, guide, and evaluate each new graduate; and keep the number of preceptees for each preceptor low (Blegen et al., 2015). Even noting best practice within the preceptorship, it is important to note half of the hospitals in the study did not have the optimal preceptor arrangement. Again, this was another reason to investigate experiences during baccalaureate education to assist in transition to practice and retention.

Partnership Between Practice and Education

Partnerships between practice and education can assist with the transition to professional practice for new graduate nurses. Some new graduate programs partner practice with education. Bull, Shearer, Phillips, and Fallon (2015) described the development of a university course offered for new graduate nurses to assist in transition to professional practice. Bull et al. acknowledged the program provided a structured, evidence-based, and clinically focused education and support program for the new graduate nurse and also addressed quality care and patient safety. Using the dedicated education unit (DEU) strategy present in many nursing school programs, one school and organization partnered to present a DEU new graduate program on the same unit where the new graduates had completed previous rotations (Dorcy et al., 2016). With this partnership, the ambulatory care oncology site had a source of recruitment for new graduates and a program that ultimately resulted in excellent patient care (Dorcy et al., 2016). Although the nursing literature supported the partnership between practice and education, this practice is not widespread. With the variation in new graduate program lengths and content, it is important to identify methods that promote transition to professional practice during nursing education.

Part II. Transition and Readiness/Preparedness for Practice During Education

Gap Between Practice and Education

Both practice and education partners are searching for answers to the identified gap between practice and education. Nursing education has its strengths including its effectiveness in forming professional identity and ethical comportment as well as the fact

that clinical rotations provide good learning experiences, especially when clinical and classroom teaching is integrated but there is still a significant gap between nursing practice and nursing education (Benner et al., 2010). The gap between practice and education was further emphasized by IOM's (2011) charge that to prepare nurses for practice in today's complex health care system, the nursing profession must better prepare nurses for practice. This highlighted the need for practice and education to work together during nursing education to ensure quality clinical opportunities and up-to-date theoretical material. This identified gap also had profound effects on new graduate nurses leaving the educational setting and entering the complex practice environment. These effects included the lack of preparation for practice identified by new graduate nurses.

Lack of Preparation

Being adequately prepared for practice is essential when transitioning to professional practice. It is necessary for new graduate nurses to feel competent, prepared (Edwards et al., 2004), and knowledgeable to practice in today's healthcare environment (Trepanier, Early, Ulrich, & Cherry, 2012). The current educational system might not adequately prepare new graduates for practice. New graduates expressed feeling inadequate with their clinical knowledge during their first year of practice (Casey et al., 2004). They lacked both the confidence and competence necessary to assume the level of responsibility for patient safety required in the nursing profession (Casey et al., 2004). New graduate nurses identified they lacked practical skills to care for patients in the acute care setting and some did not feel confident and comfortable in their role (McCalla-Graham & De Gagne, 2015). Additionally, new graduate nurses identified issues

including staff expectations, effectively managing time, a full patient load, and the amount of learning required led to the perceived difficulty of the first year of work (Rydon, Rolleston, & Mackie, 2008). New graduates working in critical care areas reported being less satisfied with their work environment (Hussein et al., 2016). One suggestion to support new graduates practicing in the intensive care unit was having clinical placements in the area as a student to help facilitate their transition to practice and decrease their experience of “reality shock” (O’Kane, 2012). This highlighted the need for practice and education to partner during nursing education to better prepare new graduate nurses for practice.

New graduate nurses are not alone in their assessment of their preparation for practice. Nurse managers (Oermann, Poole-Dawkins, Alvarez, Foster, & O’Sullivan, 2010) and new RNs (Candela & Bowles, 2008) also believe new graduates are not adequately prepared for clinical practice. In their cross-sectional, comparative design of nurse educators and nurse managers using the Nurse Competence Scale, Numminen et al. (2014) evaluated whether outcomes of nursing education met the requirements of nursing practice. Overall, nurse educators assessed new novice nurses’ competence higher than nurse managers. The differences addressed the ways educators might assess competence in relation to minimum requirements for licensure or in reference to expectations after completing an education program (Numminen et al., 2014). Both managers and educators agreed about competencies related to direct patient care, maintaining professional skills, and act responsibly and ethically while remembering care of the self. The largest differences were related to competencies of developmental and evaluation

tasks, coaching and mentoring activities, the use of evidence-based knowledge, and activities requiring a comprehensive view of the care situation (Numminen et al., 2014).

Nursing literature findings also indicated nursing staff members discovered new nurses identified weaknesses regarding their preparation for practice (Numminen et al., 2014). In their Australian survey of regulated and unregulated nurses over four time periods (2001, 2004, 2007, and 2010), Hegney, Eley, and Francis (2013) added open-ended questions in 2007 and 2010 and found a major theme--respondents' perceptions of the preparation for practice of the student enrolled and registered nurses. Interestingly, the identified issues varied from 2007 to 2010. For example, the respondents listed time management as an issue in 2007 but not in 2010 (Hegney et al., 2013). This provided insight into the need to constantly update issues of preparation for practice in relation to transition to professional practice as nursing education is constantly evolving to meet changing practice needs. It is also important for nurses to provide a positive clinical experience for students but this might not occur if staff nurses do not believe the nursing curriculum adequately prepares students for practice (Hegney et al., 2013).

It is important to consider the educational environment when exploring the transition to professional practice from beginning nursing student to professional nurse. The shifts in nursing practice environment provide an increased importance of identifying new graduate nurses' readiness for practice with the demands on higher education (Sharpnack et al., 2014) when considering transition to practice. Nursing education from the 20th century is inadequate to prepare for healthcare delivery in the 21st century (IOM, 2011). A need exists for research and scholarship to provide insight into how to best prepare students for practice (Ironside et al., 2014). Increased insight about students'

experience of transition during baccalaureate nursing education might provide needed information for nurse educators and practice partners.

Accreditation

To help ensure quality nursing education, nursing programs seek to meet established essentials and standards while preparing students for practice. This provides nurse educators with another layer of consideration when developing curricula. The American Association of Colleges of Nursing (AACN; 2008) identified nine essentials of baccalaureate education to provide curricular elements to ensure new graduates have the knowledge, skills, and attitudes necessary to practice in this environment. The five standards nursing programs must meet for accreditation by the National League of Nursing Commission for Nursing Education Accreditation (NLN CNEA; 2016) include Culture of Excellence--Program Outcomes; Culture of Integrity and Accountability--Mission, Governance, and Resources; Culture of Excellence and Caring--Faculty; Culture of Excellence and Caring--Students; and Culture of Learning and Diversity--Curriculum and Evaluation Processes. To meet these outcomes and standards, nurse educators must establish quality programs while facing challenges in the classroom and clinical environments.

Licensure

In addition to accreditation, nursing education must consider the influence of licensure on its curriculum design. The National Council of State Boards of Nursing (NCSBN) developed and administers the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) to test the entry-level nursing competence of candidates for licensure as RNs (Pearson Vue, 2016). Importantly, the NCLEX-RN is

designed to test the knowledge, skills and abilities essential for entry level RNs for safe and effective practice of nursing (NCSBN, 2016). The pass rates, especially for applicants taking the exam for the first time, are important outcome indicators for schools of nursing. When a new graduate does not pass NCLEX, it affects the graduate, healthcare agency, and nursing program (Roa, Shipman, Hooten, & Carter, 2011). In addition to preparing students to practice, nurse educators must ensure the curriculum adequately prepares new graduates to pass NCLEX with the emphasis on the first attempt (Roa et al., 2011). Schools might implement curricular changes in nursing programs to increase NCLEX pass rates with positive results (Carr, 2011; Koestler, 2015). In addition to providing areas for student support, programs identified faculty development needs including test-writing and simulation instruction (Koestler, 2015) as well as large curricular gaps (Carr, 2011). Nursing programs must provide a curriculum that prepares students to pass the NCLEX-RN.

People

Literature findings identified the importance of people influencing nursing students' perceptions of readiness for practice, which supported their transition to practice. Mentorship provides nursing students with an increased perception of their readiness for practice (Ares, 2014; Fowler et al., 2015; McCalla-Graham & De Gagne, 2015). Additionally, good role models (Bennett et al., 2013) support students' perceptions of readiness for practice. In clinical environments, good preceptors (Bennett et al., 2013; Macwilliams, 2011; Moore & Cagle, 2012; Reagor, 2010; Watt & Pascoe, 2013) promote the perception of readiness for practice. It is important for nurses to provide a positive clinical experience for students but this might not occur if staff nurses

do not believe the nursing curriculum prepares students adequately for practice (Hegney et al., 2013). This information is important when considering the influence of students' experiences during nursing education on transition to practice and retention.

Education Strategies

Romyn et al. (2009) recommended a systematic evaluation of current strategies to identify best and promising practices. Nursing faculty must develop a nursing curricula that utilizes an innovated student-centered approach to bridge the preparation-practice gap to further increase retention of new graduate nurses (Wu et al., 2012). Nurse educators are challenged to change the way they themselves were educated. Many nurse educators listened to lectures in the classroom, performed skills on a static mannequin in a lab, and completed clinical rotations in a hospital setting while working with a nursing instructor in a clinical group. To succeed in today's practice environment, nursing education must prepare nurses who are able to manage complex conditions; demonstrate competencies in systems thinking, quality improvement, and case management; have a basic understanding of health policy and research; and coordinate care with multiple health professionals (IOM, 2011). This is a daunting task and requires the implementation of best practices in the classroom, lab, and clinical environments. To accomplish this task, it is important to identify how new graduates viewed their educational experiences in preparing them to transition to professional practice and supporting their retention.

The Initiative on the Future of Nursing identified several points to prepare nurses for future practice (IOM, 2011): using collaboration, communication, and systems thinking as the new basics in nursing education; fostering problem-solving and critical

thinking skills in nurses using technology such as hi-fidelity simulations; establishing partnerships in the community to help prepare nurse; and providing students with the ability to mature as professionals and foster life-long learning. To meet these goals, nursing education must utilize student-centered, active learning approaches.

Traditionally, nursing educators use lectures to present content. Some educators are augmenting lectures with positive outcomes such as incorporating clinical nurse specialists who use case studies on their areas of expertise while lecturing to junior level nursing students (Chan, Chan, & Liu, 2012). This approach helps link theory and practice, which allows students to use this experience to enhance their practice (Chan et al., 2012).

Reflective practice is another student-centered strategy (Naber, Hall, & Schadler, 2014; Thomas, Bertram, & Allan, 2012). Benefits of reflective assignments include increasing critical thinking (Naber et al., 2014). Using reflective assignments with a simulation blog also allow students to apply learned critical-reasoning, decision-making, problem-solving, and professional communication techniques (Thomas et al., 2012). With the identified issue of new nurses feeling unprepared for practice, these strategies are important to consider during transition to professional practice in baccalaureate education.

An additional active learning strategy that has attracted the interest of nurse educators is the use of the flipped classroom and blended learning. In the flipped classroom approach, students prepare for class ahead of time by reading assigned pages, perhaps listen to recorded lectures, and use active teaching strategies during class time as the educator guides individual student learning (Elliott, 2014; Presti, 2016). In her

literature review on flipped classroom, Presti (2016) noted this strategy might be effective in increasing student engagement and self-efficacy in the academic setting, which could promote active learning. However, continued research is needed to identify the best strategies before it could be recommended as an effective learning strategy. Since nursing students have to take biomedical courses such as pathophysiology, Blissitt (2016) studied student outcomes and satisfaction using the blended classroom approach, utilizing both online and classroom instruction in a beginning nursing course. Blissitt found student outcomes for both traditional and blended courses were not significantly different but student satisfaction scores for the blended courses were much lower. Presti also noted student satisfaction with the flipped strategy was not always positive. Blissitt identified the challenge of students not having prior experience with active learning methods, which could influence their satisfaction. These examples identified the need to explore students' perceptions of whether these approaches supported or inhibited their transition to practice during nursing education.

Clinical Experiences

As noted, the NCSBN (2013) acknowledged the need for new graduates to have a basic level of nursing knowledge, skills, and attitudes to pass the NCLEX-RN, which is required to enter professional practice. Nursing education primarily relies on clinical experiences to help students acquire this knowledge. Traditionally, the clinical setting and clinical environments provide opportunities for students to increase their competency but also confidence, organizational skills, and preparedness for practice (Edwards et al., 2004). Additionally, nursing students must have opportunities to apply critical thinking skills in clinical practice to become proficient nurses (Benner et al., 2010). Candela and

Bowles (2008) concentrated on what areas of their educational preparation the new graduate nurses perceived as helpful in preparing them for practice. Participants identified a need for greater preparation for clinical practice (Candela & Bowles, 2008). It is important to evaluate the current clinical instruction models as they must prepare nursing students to transition to the professional nursing role and become competent practitioners (Hickey, 2009).

The AACN (2008) provided detailed information regarding expectations for clinical experiences within baccalaureate nursing programs including providing the student with experiences to acquire a professional identity, apply professional communication strategies, perform psychomotor skills proficiently, and promote integration of the learning outcomes. Even with the inclusion of simulation in some nursing curricula to meet accreditation requirements, students still require excellent clinical experiences; the AACN cited the importance of actual patient care experiences in preparing BSN students.

A structured and quality clinical experience supports nursing students' readiness for practice and assists in transitioning from their education to the practice environment (Bennett et al., 2013; Fowler et al., 2015; Ironside et al., 2014; Watt & Pascoe, 2013). The clinical setting also influences readiness for practice by providing a positive and supportive environment (Ares, 2014; Biggerstaff et al., 1998; Hartigan-Rogers et al., 2007; McCalla-Graham & De Gagne, 2015), a welcoming staff and community (Bennett et al., 2013), and having students feeling valued as a member of the clinical team (Edwards et al., 2004; Watt & Pascoe, 2013). The challenge is ensuring students have these experiences in the clinical environment to assist in their transition to professional

practice. It is important to note the availability of clinical sites is decreasing (Hayden et al., 2014; Jeffries, 2005) and an adequate number of placements is also an issue (Chang & Daly, 2012).

Nursing partners face challenges in the clinical environment while also trying to accommodate the needs of nursing education. Even with quality clinical placements, nursing education must work with clinical practice partners to ensure best practices are followed. With limited quality clinical placements, it is critical to establish best practices to prepare new graduate nurses for transition to professional practice. A suggestion for improving the transition process of new graduates is to have closer partnerships between practice and academic institutions (Casey et al., 2004). Literature findings identified collaboration between academia and practice supported readiness for practice (McCalla-Graham & De Gagne, 2015; Watt & Pascoe, 2013). One successful innovative approach is the academic practice partnership model establishment of dedicated education units (DEUs; Dapremont & Lee, 2013; Moscato, Miller, Logsdon, Weinberg, & Charpenning, 2007; Walker et al., 2012). Dedicated education units have been shown to be positive communities of practice providing excellent clinical experiences (Mulready-Shick, Flanagan, Banister, Mylott, & Curtin, 2013). Additionally, reports of new graduates who completed clinical rotations indicated learning experiences on DEUs positively influenced their transition to professional practice (Mulready-Shick et al., 2013).

Although clinical education is where students apply the information learned in the classroom, little is known regarding the teaching and learning opportunities in this environment (Ironsides et al., 2014). Issues regarding clinical education include their relevance and quality (Chang & Daley, 2012). Some new graduate nurses identified the

need for increased clinical hours in their program. Researchers found educators must evaluate the quality of the clinical experiences (Candela & Bowles, 2008). In their research, Ironside et al. (2014) examined the depth of pre-licensure students' learning in the clinical setting to learn how precious clinical time was being used and found most of the interactions between students and faculty in a clinical setting consisted of being focused on task completion and memorized knowledge quizzing. Ironside et al. (2014) suggested the nursing discipline must investigate best methods for students to learn the nature of contemporary nursing practice. In their Australian study, Hegney et al. (2013) found respondents believed there needed to be changes in the preparation of new graduate nurses to ensure they were prepared for practice including increased practical clinical experience and more opportunities for preceptors to provide coaching or mentoring during clinical time. These concerns about the quality of clinical education highlighted the need to identify clinical transition experiences during nursing school new nurses found supported or inhibited their transition to professional practice and retention.

Precepted Clinical Experiences

One model of clinical instruction used in many nursing programs is a preceptor model. As noted in transitional research, a preceptor-guided experience (Hartigan-Rogers et al., 2007) promotes readiness or preparedness for professional practice. Preceptorships also increase retention of new graduates (Salt et al., 2008). Additional studies are needed to identify "factors that facilitate and impede learning" with a precepted approach (MacIntyre, Murray, Teel, & Karshmer, 2009, p. 451).

Externship. One method to assist nursing students transition to professional practice during nursing school is a nurse externship program. This experience typically

uses the precepted clinical experience model. Most externships occur during the summer between the last two years of nursing school. A systematic review of interventions to increase retention of new graduates identified the importance of externship (Salt et al., 2008). Cantrell and Browne (2005) identified students felt they were a part of the real scene of nursing, figured out the practice environment, and gained an awareness as well as became frightened during an externship experience. These themes identified the role the externship played in the transition to professional practice.

Senior practicum. Many schools use the precepted clinical experience model during the senior year of nursing school as a senior practicum or clinical preceptorship (Bowdoin, 2014; Casey et al., 2011; Reagor, 2010). In this model, a senior level-nursing student is assigned to a staff nurse at an agency who precepts the nursing student during a clinical rotation (Hickey, 2009). The student experiences the nuances of the nurse's role as well as learning practical skills (Hickey, 2009). Additionally, a faculty member from the academic setting provides information to the staff nurse and assists with identifying students' learning goals and progress (Hickey, 2009).

Completing a precepted senior practicum clinical experience can help prepare students for the challenge of practice (Bowdoin, 2014; Casey et al., 2011; Harrison et al., 2007; Reagor, 2010). The outcomes of increasing clinical hours through one-on-one precepted experiences during the senior year using a partnership between education and practice matched those of new graduate programs as the new graduates had increased confidence in their ability to function as new graduates as well as a decrease costs in orientation and increased retention (Harrison et al., 2007). The findings emphasized the benefit of precepted clinical experiences in educational programs; however, limiting

clinical sites made this difficult to implement in all education programs. Importantly, nurses could assist in identifying students' learning needs if they consistently worked together (MacIntyre et al., 2009). MacIntyre et al. (2009) identified the presence of nursing students working with staff nurses during the last semester of school helped students develop skills essential to a successful nursing practice, which included both clinical decision-making and time management skills. As students completed a senior practicum, their experiences increased their self-efficacy for readiness for practice, which increased their satisfaction with their new role and increased patient safety (Reagor, 2010). In the United States, researchers studied readiness for practice of BSN students during their precepted senior practicum clinical rotation using mixed-methods surveys, qualitative data to provide more insight into the student's experience and clarify findings (Casey et al., 2011; Reagor, 2010), and a mixed-methods questionnaire (Hickey, 2009). Completing a precepted senior practicum clinical experience could help prepare students for the challenge of practice (Bowdoin, 2014; Casey et al., 2011; Reagor, 2010). As students complete a senior practicum, their experiences increase their self-efficacy for readiness for practice, which could increase their satisfaction with their new role and retention and increase patient safety (Reagor, 2010). The literature findings highlighted what is known about preparation for practice but additional descriptions of how these clinical experiences support or inhibit new nurses' transition to professional practice and retention is needed.

Simulation

One approach nursing faculty have addressed the challenges with clinical education is by using simulation. Lee and Oh (2015) identified the effects of using high

fidelity human simulation in nursing education by applying a meta-analysis approach. Lee and Oh found using high fidelity human simulation might provide a positive impact on cognitive skills and clinical skill acquisition. In their study, they determined more research is necessary to identify if this educational strategy could improve communication skills and knowledge acquisition (Lee & Oh, 2015). This strategy has been used in many schools and learning how students view its use in transitions might provide needed insight into transition to practice and retention.

Part III. Research Methodology and Identified Gaps

The current nursing practice environment requires new graduate nurses to be prepared for practice, successfully transition from nursing student to professional nursing, and provide safe nursing care. The availability and structure of new graduate residency or orientation programs vary greatly between organizations hiring new graduate nurses, increasing the need to better prepare students in the educational setting for professional practice. The varying quality and availability of clinical experiences enhance the need to identify how students perceived their experiences supported their transition to professional practice. Since little is known regarding what experiences during a baccalaureate program assisted the students with transition beyond specific strategies, a knowledge gap exists. It is important to better understand what works during the educational experience in order to promote best educational practices throughout the nursing curricula and inform practice organizations that hire new graduate nurses. Better preparing nurses to transition to professional practice might increase retention, which would assist in the nursing shortage and promote patient safety. The paucity of information about BSN students' experiences of transitioning to professional practice

during nursing school supported the need for this study. To identify best practices in nursing education and better prepare students for professional practice, it is necessary to identify what classroom and clinical experiences during nursing school influenced the transition to professional practice and retention.

The nursing literature included multiple research methods used to investigate readiness for practice. Wolff, Regan, Pesut, and Black (2010) explored the meaning ascribed to readiness for practice from nurses in educational institutions and practice settings using focus groups in practice, education, and the regulatory sector. Results of the focus groups highlighted the question of whether practice or education was ultimately accountable for preparing new graduations for practice. The results identified changes in nursing education as well as a complex healthcare environment (Wolff et al., 2010). Importantly, Wolff et al. identified the importance of noting the dialogue about readiness for practice was outdated as a result of multiple factors including the complexities of the practice environment and changes in educational policy influencing the “successful preparation, transition and integration of new graduates” (p. 191). Wolff et al. also noted the importance of cooperation among those creating transitional strategies as well as the efforts of experienced nurses in practice to retain new graduate nurses.

Outcomes of achieving readiness for practice during nursing education include a smoother transition to practice when entering the professional workforce (Sharpnack et al., 2014) and the ability to enter the practice environment ready to competently care for patients (Casey et al., 2011; Levett-Jones et al., 2009). Importantly, readiness for practice supports new graduates feeling adequately prepared for the pace of acute care (Casey et al., 2011) and specialty practice areas (Fowler et al., 2015; Happell, 2008;

Hickey, 2009). Additional consequences include new graduate nurses having more confidence and less anxiety about abilities (Happell, 2008; Reagor, 2010). Further positive outcomes include decreased stress with time management, increased clinical skills, communication, and ability to make clinical decisions with complex medical diagnoses (Hickey, 2009). Importantly, increased retention is another result of readiness for practice (Casey et al., 2011; Reagor, 2010).

The nursing literature also included multiple research methods used to investigate transition to practice. Often, qualitative data were gained from open-ended questions on surveys or with mixed methods research. Mixed-methods studies on new graduate nurses during their first year of practice have also been conducted (Casey et al., 2004; Cleary et al., 2013; Hussein et al., 2016). Australian researchers examined pre-licensure nursing students' perceptions of preparedness for practice after their last clinical placement using quantitative and mixed-methods surveys (Heslop, McIntyre, & Ives, 2001; Woods et al., 2015), as a result of a capstone subject on readiness for practice using a mixed-methods survey (Usher et al., 2015), and as first-year graduates using an interpretive, descriptive study (Watt & Pescoe, 2013). A case study approach has also been used to study transition to practice for new graduate nurses (Al Awaisi et al., 2015).

These studies provided insight into how certain experiences during nursing education and transitional programs following graduation assisted students and new graduate nurses in their transition to professional practice. Yet, these studies also provided insight into the lack of uniformity and support available to new graduate nurses in nursing education and transition programs. Nursing practice cannot assume the burden of preparing all new graduates for practice. In a changing practice and education

environment, it is important to identify current practices in nursing education that support or inhibit the transition to professional practice and retention of new graduate nurses. The best way to identify the transitional experiences present during nursing education and implement or retain practices that best prepare students for practice is by interviewing new nurses through qualitative research.

Part IV. Theoretical Framework

Transitions Theory

Transitions theory (Meleis, 2015) informed this study and was applicable because nursing students experience transitions throughout their education program. From the time they are accepted into a nursing program until they graduate, nursing students' experiences in the classroom and clinical site influence their transition to professional practice.

Widely used in nursing research, education, and practice, transitions theory evolved into a middle range theory (Im, 2011). During the 40 years of development, transitions theory was guided from Turner's role theory, lived experience, and feminist postcolonialism paradigms (Meleis, 2015). Findings from studies using frameworks introduced by Chick and Meleis (1986) and Schumacher and Meleis (1994) helped to inform the middle range theory. Transitions theory includes the components of transition triggers, properties, conditions, patterns of response, and intervention (Meleis, 2015).

Transition triggers. Characterized by change, which is related to an external event (Chick & Meleis, 1986), four types of situations trigger a transition experience (Meleis, 2015). Importantly, unlike change, transition is an internal event (Chick & Meleis, 1986). These types of situations include developmental, situational, health-

illness, and organizational (Meleis, 2015). Situational role transitions are changes in job role function and scope of practice (Schumacher & Meleis, 1994). An example of situational transition is a nursing student learning to navigate her first hospital clinical experience (Meleis, 2015). In this study, the concept of transitions was used to inform the nursing student's passage from a beginning nursing student to professional nurse. Importantly, students experience all types of transitions during nursing education. Each type of experience needs to be considered when examining the influence of these experiences on the transition to professional practice and retention of new nurses.

Properties of transition. Described by Chick and Meleis (1986), the properties of transition include time, process, experiences, milestones, and conditions. In the current model, the properties of transition include time span, process, disconnectedness, awareness, and critical points (Meleis, 2015). Importantly, while the beginning of the time span occurs when a person is aware of a moment or situation, the ending occurs when the final goal is achieved and might include mastering a new role or developing certain competencies (Meleis, 2015). Additionally, transition is a fluid process and includes sensing impending or actual disconnectedness. As an internal experience, the awareness of the situation, trigger, or change event is another property of transition (Meleis, 2015). Finally, critical points or milestones are the final property of transition; ascertaining them is necessary for understanding the phases in the transition experience and identifying assessment and intervention points (Meleis, 2015).

Conditions of change. During transition, change triggers begin a process that has patterns of response that are observable and nonobservable behaviors and are also either functional or dysfunctional (Meleis, 2015). Once the change triggers are anticipated, the

patterns of response start and are influenced by personal, community, societal, or global conditions. Personal conditions include the meaning and values a person attributes to the context of and change itself (Meleis, 2015). Additionally, the expectations of how oneself or others react to change, level of knowledge and skills regarding the change, and belief about expectations of those undergoing change influence a person's experience and responses (Meleis, 2015). During nursing education, personal conditions are very important to consider during the transition experience. Community conditions that would promote or inhibit effective health transitions include support from partners and role model and resource availability (Meleis, 2015). Community conditions are also important to consider during nursing education with the possible influence of support and role models. Societal and global conditions also influence transition experiences and include policies (Meleis, 2015). All of these are important when investigating new nurses' descriptions of experiences during nursing school that support or inhibit transition to professional practice.

Patterns of response. Patterns of response through process and outcome indicators characterize a healthy transition (Meleis et al., 2000). Process patterns can be assessed throughout the process of dealing with a change trigger (Meleis, 2015). Process patterns include engaging, locating and being situated, seeking and receiving support, and acquiring confidence (Meleis, 2015). One way to evaluate engagement is to note how involved a person is with all of the aspects related to transition experience (Meleis, 2015). When examining location and being situated (Meleis et al., 2000), one option involves noting how a person is able to recognize his/her position in the complex system (Meleis, 2015). Other aspects of the pattern of response involve confidence in being able to

handle new, multiple, and perhaps conflicting demands on a person and seeking and receiving support during transition (Meleis, 2015).

Outcome indicators include mastery of skills and behaviors necessary for managing new situations or environments, fluid and integrative identity, resourcefulness, healthy interaction, and perceived well-being (Meleis et al., 2000). Outcome patterns are assessed at the determined end of the transition process (Meleis, 2015). Mastery includes integrating behaviors in identity for role mastery as well as seeking out appropriate resources for environmental mastery (Meleis, 2015). Being able to go between multiple identities is another outcome response (Meleis, 2015), which could include being a nursing student and certified nursing assistant (CNA) during nursing education. Both process and outcome indicators might influence transitional experiences during nursing education, which highlight the benefit of interviewing new nurses about their experiences during nursing education.

Intervention framework. In transitions theory, interventions work to help facilitate and inspire healthy process and outcome responses (Meleis, 2015). The four interventions noted in transition theory include clarify roles, competencies, and meanings; identify milestones; mobilize support; and debrief (Meleis, 2015). The first intervention involves interviewing a person to determine the meaning he/she attributes to the event and stages of transition and the ability to master and perform identified competencies (Meleis, 2015). Second, it is important to also identify milestones essential in managing transitions (Meleis, 2015). The third intervention--mobilizing support--involves providing supportive resources, rehearsals, reference groups, and role models (Meleis, 2015). Finally, debriefing is a tool used throughout nursing (Meleis, 2015).

During nursing school, debriefing is used formally in simulation as well as in clinical environments. Learning more about students' experiences with the debriefing intervention during nursing education might provide needed insight into what experiences supported or inhibited transition to practice and retention for new registered nurses.

Importantly, transition is a process but mastering necessary skills and behaviors and having a new sense of identity are reflections of healthy outcomes of the transition process (Meleis et al., 2000). In nursing, these outcome indicators are necessary for retention of new graduate nurses. Students' transitional experiences during nursing education leading to transition to professional practice might support or inhibit the process, thereby influencing the obtainment of desired outcomes. Identifying how nursing students describe these transitional experiences could provide insight into how their overall transition to professional practice and retention intentions inform nursing practice and education.

Therapeutics. In transition, nursing therapeutics involve nursing measures. Schumacher and Meleis (1994) identified assessment of readiness was one of the measures applicable to nursing therapeutics and allowed researchers to identify various patterns in the transition experience. Nurse researchers and educators have explored the topic of readiness for practice, which provides insight into the transition process. Outcomes of achieving readiness for practice include a smoother transition to practice when entering the professional workforce (Sharpnack et al., 2014) and the ability to enter the practice environment. Another measure is preparation for transition, which involves environments created to prepare clients and colleagues for transition (Schumacher & Meleis, 1994). These environments include orientation programs and preceptorships

(Schumacher & Meleis, 1994). Nursing literature identified findings from clinical environments, which include preceptorships as well as new graduate orientation programs in relation to preparation for practice and transitions. The results of studies of these nursing measures helped inform current understanding of transition to professional practice ready to competently care for patients (Casey et al., 2011; Kelly & McAllister, 2013; Levett-Jones et al., 2009). The students' experiences in the classroom and clinical environment may be identified as nursing therapeutics.

Transition Theory Literature

Transitions during education are identified as situational transitions. A review of literature found Meleis et al.'s (2000) transitions theory was identified in nursing education research in quantitative and qualitative studies. Calabrese (2013) conducted a quantitative study on pre-licensure baccalaureate nursing students' beliefs about knowledge and learning. Qualitative studies included investigating new nurses' transition to professional practice after starting their first job through a qualitative study of written responses to a question of the Casey-Fink New Graduate Nurse Experience Survey© (Brewington, 2013). Additional qualitative studies included the transition from healthcare assistant to student nurse (Brennan & McSherry, 2007), clinical transition of baccalaureate nursing students during preceptored, pregraduation practicums (Wieland, Altmiller, Dorr, & Wolf, 2007), and transition experiences of nurses progressing from RN to BSN (Delaney & Piscopo, 2007). Transitional theory has also been identified in a qualitative study of learning transitions nurses experienced while undertaking the advanced nursing education program (Graue, Rasmussen, Iversen, & Dunning, 2015). More recently, Meleis (2016) used transition theory to describe the process of moving

from a position as a dean of a nursing program to reclaiming a professional voice. The review of literature did not discover a research study identifying how experiences during nursing school influenced transition to professional nursing and retention. Figure 1 provides a visual representation of transitions theory.

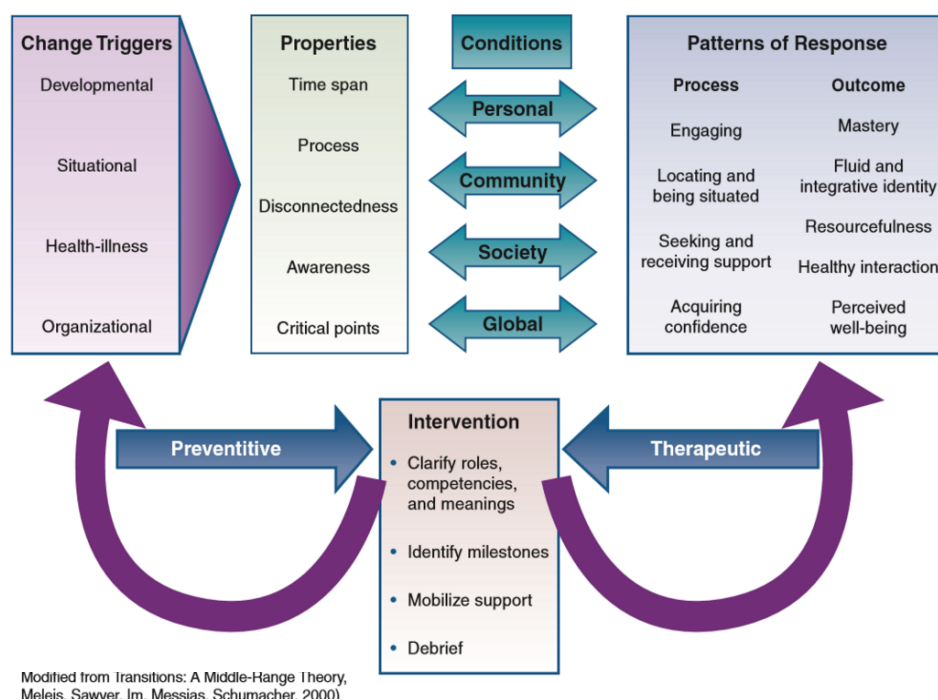


Figure 1. Transitions theory (see Appendix B for permission to use figure).

Summary

New graduate nurses face a challenging practice environment and often identify feeling unprepared for practice (Casey et al., 2004) as identified through open-ended questions included in surveys. In the nursing literature, transition to professional practice and retention are often addressed in transitional support strategies including nurse residency programs that have been studied using quantitative methods or mixed methods

with open ended questions on surveys (Goode et al., 2013; Spector et al., 2015; Ulrich et al., 2010). Although issues regarding the soundness of the quantitative studies exist (Salt et al., 2008), the fact remains--the number of programs available to all new graduate nurses remains limited (Pittman et al., 2013). The gap between education and practice highlights the need to identify what strategies in the nursing curriculum provided students with experiences during nursing education that supported or inhibited new graduate nurses' transition to practice. The literature identified clinical learning (Edwards et al., 2004), externships (Salt et al., 2008), and senior practicum experiences (Casey et al., 2011) as beneficial to preparedness for practice or transition to practice and retention. In these studies, students and new graduates completed open-ended questions on surveys. To more fully identify experiences during nursing education that supported or inhibited transition to professional practice and retention, new graduates must be provided with the opportunity to fully describe their experiences in a qualitative, phenomenological interview. Used in many dissertation studies, transitions theory was appropriate for informing this study (Meleis, 2015).

CHAPTER III

METHODOLOGY

Introduction and Overview

The purpose of this study was to describe baccalaureate educational experiences that supported and inhibited transition to professional practice and retention of new graduate nurses. The following research question guided this study

- Q1 How do new graduate nurses view their baccalaureate educational experiences in relation to their transition to professional practice and retention?

Using a systematic approach, quantitative researchers gather empirical evidence according to an established plan to generate predictions using deductive reasoning (Polit & Beck, 2012). Conversely, in general, qualitative research focuses on process, understanding, and meaning with the researcher acting as the primary instrument of both data collection and analysis in an inductive process producing a richly descriptive product (Merriam, 2009). As qualitative research is useful when exploring the nature of little-understood phenomena (Polit & Beck, 2012), it was useful in this study as most literature findings concentrated on transition to practice as an RN (Goode et al., 2013; Spector et al., 2015; Ulrich et al., 2010) or with specific strategies during nursing education (Casey et al., 2011; Salt et al., 2008). For this research study, the researcher used a phenomenological approach in conducting open-ended interviews with participants who completed their baccalaureate education within 24 months and worked as an RN on an in-

patient medical surgical unit for at least three months but not more than 12 months. The product of phenomenology, the description or essence of the phenomenon, assisted the researcher to learn more about how these new graduate nurses viewed their experiences during baccalaureate nursing education as supporting or inhibiting their transition to professional practice and retention (Merriam, 2009).

In this chapter, the overview of information and research sample needed to answer the research questions is presented. Additionally, the research design, data collection methods, and data analysis and synthesis are discussed. Ethical considerations related to this study as well as issues of validation and reliability are also presented. Finally, the limitations and delimitations of this study as well as a summary of this chapter are provided.

Overview of Information Needed

To answer the research question for this qualitative study, four types of information were required to shed light on the problem of transitioning to professional practice and retention (Bloomberg & Volpe, 2016): contextual, demographic, perceptual, and theoretical information.

Contextual Information

Contextual information refers to the context in which the participants either live or work (Bloomberg & Volpe, 2016). For this study, this information described the setting in which the participants learned during nursing education. Elements within the learning environment or culture might influence the participant's behavior or perceptions. By collecting contextual information during an interview, the researcher listened for

descriptions of the learning environments participants identified as supporting or inhibiting their transition to professional practice or retention.

Demographic Information

Demographic information was gathered from each participant including age, gender, ethnicity education level at the start of nursing school, and healthcare experience outside of the baccalaureate student and RN role. Additionally, information pertaining to the participant's first RN position was obtained. This information assisted the researcher in interpreting findings. Each participant completed a demographic information form before the interview (see Appendix C).

Perceptual Information

Perception information relates to the perceptions each participant had of the phenomenon being studied (Bloomberg & Volpe, 2016). In this study, this referred to the participants' perceptions of experiences during baccalaureate nursing education related to transition to professional practice and retention. The primary source for this study was participants' responses to open-ended information questions.

Theoretical Information

Theoretical information evolved from the literature search on the topic of transition to practice and retention post licensure and in the education setting. A review of literature was presented in Chapter 2 of this study. A continued review of literature occurred that provided insight into emerging information as well as for the analysis of the study's findings.

Research Design

The United States continues to face an ongoing shortage of registered nurses. Once they complete nursing education, new graduate nurses enter a complex practice environment with challenges that include chronic conditions, an aging population, a more diverse population, health disparities, and limited English proficiency (IOM, 2011). New graduates must be knowledgeable to practice in today's healthcare environment (Trepanier et al., 2012). However, new graduate nurses often lack practical skills to care for patients in the acute care setting and some do not feel confident and comfortable in their role (McCalla-Graham, & De Gagne, 2015). As a result, within a year after graduation, approximately 18% of new graduate nurses leave their job (Kovner et al., 2014; Unruh & Zang, 2014). The nursing profession cannot afford to lose any nurses. Post-licensure solutions concentrate on transition support strategies including nurse residencies to increase retention (Goode et al., 2013; Spector et al., 2015; Ulrich et al., 2010). During nursing education, nursing literature identified a focus on specific strategies including clinical learning (Edwards et al., 2004), externships (Salt et al., 2008), and senior practicum experiences (Casey et al., 2011). With a limited number of new graduate programs available, a focus on how the entire nursing education curriculum assists in transition to professional practice and retention is needed. This study examined the experiences during nursing education that supported or inhibited transition to professional practice and retention. With insight gained from this study, the researcher hoped the findings would inform nurse educators in academia and practice to retain or implement best practices in nursing education.

To best answer the research question asking how new graduate nurses viewed their baccalaureate educational experiences in relation to their transition to professional practice and retention, a qualitative, phenomenological approach was used in this study. This research design was appropriate because new graduate nurses would be able to provide the insight necessary to gather this information based on their experiences during baccalaureate nursing education and experience working as a registered nurse for at least three months and no more than 12 months. Transitions theory (Meleis, 2015) informed this study by providing information regarding the components of transition. The theory's components would provide assistance to the researcher in identifying the aspects of transition that occurred during the nurse's successful transition to practice.

This research study followed characteristics of qualitative research. The researcher acted as the key instrument by interviewing participants using open-ended questions (Creswell, 2013). By organizing the data into patterns, categories, and themes, the researcher used complex reasoning through inductive and deductive logic (Creswell, 2013). Additionally, the researcher utilized the qualitative research characteristic of keeping a focus on the participants' meaning about the phenomenon of interest and not on the literature or the researcher's experiences (Creswell, 2013). The researcher also realized the importance of emergent design in this study (Creswell, 2013). Throughout all phases of the research process, the researcher acknowledged the potential need for changing or shifting from the initial plan, which could not be tightly prescribed. Reflexivity was another characteristic of qualitative research included in this study (Creswell, 2013). It took place by keeping a diary and having reflective discussions with a supervisor (Sorsa, Kiikkala, & Åstedt-Kurki, 2015) or research advisor. The researcher

conveyed her background and how it informed her interpretation of the study's information. By developing a complex picture of the phenomenon of interest, the researcher also included a holistic account (Creswell, 2013). The researcher attended to the many factors by reporting multiple perspectives of recent nursing school graduates' experiences during nursing education and their view of how these experiences supported or inhibited transition to professional practice and retention. Identifying these characteristics allowed the researcher to identify the appropriateness of this qualitative method in researching her topic of interest.

Philosophical Assumptions

As with other qualitative studies, this research included four philosophical assumptions, which were then linked to an interpretive framework--social constructivism. The first of the four assumptions was ontology or the nature of reality (Creswell, 2013). For this assumption, the researcher asked the question: how do new registered nurses view their experiences during baccalaureate nursing education in relation to transition to professional practice and retention? As a characteristic of this assumption, the researcher acknowledged new registered nurses would have multiple views on their experiences during baccalaureate nursing education. To show the existence of multiple perspectives, the researcher used direct quotes from each participant and identified emerging themes of their transitional experiences during baccalaureate nursing education.

Another assumption was epistemological, which included what counted as knowledge and how knowledge claims were justified (Creswell, 2013). To answer the questions for this assumption, the researcher asked multiple questions. What counts as knowledge about transition to practice during nursing school. How can the claims of new

registered nurses be justified? It was important the researcher acknowledged her relationship to the phenomenon being studied--the lived experiences during baccalaureate nursing education. The researcher is a BSN faculty member and the study participants were new registered nurses who completed baccalaureate education. Characteristic of this assumption, the researcher used open-ended questions during each interview, which lessened the distance between her and the study participants. To become as much of an insider as possible for this research project, the researcher used quotes from study participants to identify themes and collaborate with participants to ensure understanding of each participant's experience during baccalaureate nursing education.

In the axiological assumption, the researcher considered the role of values (Creswell, 2013). For this study, the researcher asked what the role values had in a qualitative study about new graduate nurses' experiences during baccalaureate nursing education. The researcher explored values in the study and readily acknowledged bias in interpreting subjective responses. Furthermore, the researcher discussed her own values regarding experiences during baccalaureate nursing education and acknowledged the existence of bias.

Lastly, the methodological assumption asked about the process and language of research (Creswell, 2013). The researcher used a qualitative phenomenological method to explore participants' lived experiences during baccalaureate nursing education for new graduate nurses. The researcher followed a path of data analysis using inductive logic to develop increased detail of the concept. The researcher transcribed interviews and then read transcripts to identify emerging themes. Additionally, the researcher reviewed the transcripts to group and validate the identified themes using phenomenological data

analysis procedures as outlined in the appropriate section. In following the methodological assumption, the researcher began with a detailed interview guide (see Appendix D) and was open to revising questions based upon experiences while interviewing participants (Creswell, 2013).

Interpretive Framework

For this research study, the researcher incorporated a social constructivism framework. The constructivist paradigm is often used in phenomenological studies (Creswell, 2013; Polit & Beck, 2012). The goal of this study was to rely on participants' views of their experiences during baccalaureate education and how they supported or inhibited their transition to professional practice and retention (Creswell, 2013). The researcher used open-ended questions to listen carefully to what the participants said. Constructivism points to the unique experience of each person (Crotty, 1998). The researcher acknowledged the importance of the participants' experiences when interacting with others and the cultural norms including nursing education and how nurses formed their experiences. This framework required the researcher to interpret the meanings the participants had about experiences during baccalaureate education that influenced their transition to practice and retention.

As stated, a phenomenological approach was used in this study to best answer the research question. Overall, phenomenology has many benefits that matched the researcher's interest in studying the phenomenon. Phenomenology describes the meaning of the lived experiences for several individuals and describes what the participants have in common while experiencing the phenomenon (Creswell, 2013). This

provided the researcher with an in-depth understanding of how the participants viewed the phenomenon of experiences during baccalaureate nursing education.

An important component of choosing the phenomenological approach was acknowledging the presence of philosophical tenants. Cohen and Omery (1994) identified phenomenological philosophy guides research using different approaches as identified by different schools. In social science research, there are primarily three traditions with the goal of the phenomenological studies to obtain fundamental knowledge of a phenomenon (Cohen & Omery, 1994). Heidegger or Heideggerian hermeneutics guides the interpretation of phenomena. A combination of description and interpretation is guided by the Dutch school (Cohen & Omery, 1994). The third approach, the eidetic or descriptive structure, is guided by Husserl or the Duquesne school (Cohen & Omery, 1994). The researcher anticipated using Husserl's approach for this study.

In this approach, the understanding is structures constitute any human experience and each experience has a unique pattern (Cohen & Omery, 1994). These patterns can then form the meaning or truth of the experience to the participants (Cohen & Omery, 1994). The goal of this philosophy is to "describe the meaning of an experience and as a result now have a meaning attached to it" (Cohen & Omery, 1994, p. 148). Cohen and Omery (1994) addressed the importance of researchers bracketing their suppositions, reflecting on the described experiences, and describing the essential structures of the experience. The resulting description is essential to the experience no matter which individual has the experience (Cohen & Omery, 1994). Cohen and Omery emphasized the importance of reduction, "the process of putting aside the natural world (... the world

of interpretation) in order to see the phenomenon as it is in its essence” (p. 148). This is why this researcher approached the phenomenon or experience through a new, naïve lens.

Research Participants and Sampling

The researcher used purposeful sampling when selecting participants for this study, the specific type of sampling strategy, and the sample size (Creswell, 2013). Each participant would have experiences during baccalaureate nursing education and would be able to describe their lived experiences, which is essential in phenomenology research (Creswell, 2013). Inclusive criteria included participants graduating from a traditional BSN program within the last 24 months, being younger than 35 upon graduation, and working as a registered nurse on an inpatient medical-surgical hospital unit for at least three months but not more than 12 months. Additionally, the new graduate nurse must not have worked in an organization with an accredited new graduate nurse program. As more recent nursing graduates, the participants would be most qualified to share their lived experiences of transitional experiences during nursing education (Morse, 1998). This timeline also allowed the participants to provide insight into how the experiences supported or inhibited their transition to professional practice and retention in their RN position(s). As the literature findings suggested new graduates often changed jobs within units (Kovner et al., 2016) or institutions (Kovner et al., 2014; Unruh & Zang, 2014) within one year, it was helpful to include participants who had practiced for at least three months to provide insight into the influence their baccalaureate education experience had on their transition to practice and intention to stay in their first RN position.

The researcher utilized snowball sampling where participants nominated others for participation (Creswell, 2013). Once recent graduates identified they had worked as a

registered nurse on an in-patient hospital medical-surgical unit for at least three months but no longer than 12 months and had not completed an accredited new graduate program, the researcher asked if they wished to participate in her research. The sample size included adult participants aged 24 years and younger--members of Generation Y (Stanley, 2010).

Eight participants agreed to participate in this study. Data analysis was conducted along with data collection to clarify findings and determine saturation, which occurred with the eighth interview. Each participant completed an information form before the interview to provide demographic information about the sample as well as prior experience in healthcare. The participants also completed information describing their first RN position (see Appendix C). The summary of participant sample characteristics is presented in Table 1.

On the demographic form, the participants were asked if they would like the researcher to consider any cultural, religious, gender, or other issues during the interview. All of the participants responded no to this question. Of the eight participants, one was male and two were Asian. The other participants categorized themselves as White or Caucasian. The participants ranged in age from 22- to 24-years-old. Prior to starting nursing school, one of the participants had completed three years of college while the other participants had completed two years of college. Four of the participants had additional health care experience beyond nursing school. Health care experience included volunteering in a hospital prior to starting nursing school, working in home healthcare for three years, working as a as a mental health technician, working as a

certified nursing assistant (CNA) during nursing school as well as at a special needs camp.

Table 1

Participant Characteristics and First Registered Nurse Position Information

Participants	Number of Participants
Gender	Male: 1 Female: 7
Ethnicity	Asian: 2 Caucasian: 6
Age Range	22-24 years
Education level upon beginning nursing school	2 years of college: 7 3 years of college: 1
Additional healthcare experience	Yes: 4 No: 4
Length of employment in first RN position	3.5 months to 5 months
Hospital Orientation	1 week classroom/ 3.5 weeks preceptor: 1 6 weeks classroom/ 2 weeks preceptor: 1 6-7 weeks classroom and preceptor: 3 8 weeks preceptor: 1 12 week preceptor: 1 12 months classroom/12 weeks preceptor: 1
Number of hours worked/week	36- 52 with mandatory call
Left first position?	Yes: 0 No: 8

All eight participants obtained their first RN position in a hospital following graduation and were paid. Each of the participants worked a minimum of 36 hours per week. Two participants had one mandatory on call shift per pay period and another often worked over 36 hours due to staff shortages. Two participants worked on a general

medical surgical (Med Surg) unit and one participant worked on a cardiac Med Surg unit. Two participants worked on surgical units and two participants worked on pediatric Med Surg units. Finally, one participant worked on a progressive care unit. Orientation types and lengths varied between the participants. Some participants noted their classroom time included modules while others noted classroom time also included simulation and skills portions. The shortest length of orientation was one week of classes and three and one-half weeks with a preceptor. One participant noted her orientation program included a year of new graduate classes and modules as well as the 12 weeks spent with a preceptor. The other participants had mixtures of classroom and preceptor orientations lasting from 6 to 12 weeks with classes before the preceptor shifts, concurrent with the preceptor shifts, and after the preceptor shifts. None of the participants stated they had left their first RN positions.

Research Site

Creswell (2013) suggested researchers use one or more samples at the site level, the event or process level, or the participant level in establishing a good plan. For the purpose of this study, the researcher chose samples from one school of nursing for the site level and participants from one traditional nursing program at the participant level. The school of nursing is a private, non-profit, faith-based university in the western United States. Each year, 72 students are accepted in the traditional program. Students complete four semesters of classroom and clinical experiences upon acceptance in the program. Clinical sites occurred in acute care, long term, and community sites in agencies. Opportunities for inclusion in immersion sites and dedicated education units existed throughout the program. Active learning methods including reflection and flipped

classroom were incorporated in the classroom. Other strategies used in the traditional program included simulation, externships, and senior practicum experiences. Since the participants graduated from the traditional program at one school of nursing, the researcher was able to identify more common experiences than if they were from different programs or schools (Creswell, 2013). The researcher noted the importance of reporting why a specific group of participants was selected (Morse, 2008). For this study, the researcher concentrated on traditional nursing students because they had the opportunity to complete a summer practicum experience or externship, which some researchers have found assists in transition to professional practice (Cantrell & Browne, 2005; Salt et al., 2008).

Data Collection Methods

Prior to conducting this study, the researcher conducted a pilot study with two new graduate nurses who did not meet the inclusion criteria. The pilot study helped identify preliminary findings regarding the practicality of the procedures as well as the researcher's skills and capabilities (Bloomberg & Volpe, 2016). The researcher practiced the bracketing technique during the pilot interviews. During unstructured interviews, reflexivity as well as self-knowledge and sensitivity facilitated bracketing (Sorsa et al., 2015). Another goal of pilot testing was to refine the interview questions (Creswell, 2013). The researcher assessed the effectiveness of the interview questions and probing questions.

For the study, the researcher recruited eight participants via Facebook Messenger. Many of the chosen school's alumni used Facebook and were able to receive Messenger notifications due to prior friend requests. Since the researcher was not aware of

employment dates, Facebook Messenger was used to identify potential participants through direct contact or referral by utilizing the snowball method. Once the researcher determined if the potential participants met the inclusion criteria and agreed to participate, the researcher followed up with each of the participants via Facebook Messenger or private email depending upon the participant's preference to arrange a meeting at a time and location convenient for his or her schedule. Once a meeting time was established, the researcher provided a reminder either via private email or Facebook Messenger according to the participant's preference prior to the meeting time with a reminder that the participant could cancel or reschedule the meeting if desired.

Each of the participants chose to meet in a coffee shop or diner for the interview sessions. Many of the participants chose places where they had studied during nursing school. The researcher first offered the participant a preferred drink. At the beginning of the interview, the researcher discussed the purpose of the study with the participant and rationale for gathering the information. The researcher provided an opportunity for the participant to ask additional questions. The researcher then reviewed the consent form and informed the participant he or she was free to decline the interview or to terminate the interview at any time (see Appendix E). After witnessing the signing of the consent form and presenting the participant with a copy of the consent form to keep, the researcher collected the demographic information (see Appendix C). The researcher then conducted a face-to-face interview using open-ended questions outlined in the interview guide (see Appendix D). Using open-ended questions allowed the researcher to respond to the situation of each interview (Merriam, 2009). For this phenomenological study, the

questions were open-ended and nondirectional (Creswell, 2013). This allowed each participant to share his or her own educational and new graduate nurse experiences

The researcher recorded each interview using an audio tape recorder capable of capturing each of the participant's and researcher's responses. The researcher asked follow-up clarifying questions or probes when necessary throughout the interviews to elicit further responses and provide additional insight into the participant's baccalaureate nursing educational experience (Merriam, 2009). During each interview, the researcher made notes on the interview guide (Merriam, 2009). These field notes included selections of the participants' responses as well as information about their facial expressions and body language. The researcher also remained neutral during the interviews, not letting personal views be known (Merriam, 2009). The interviews lasted between 60 and 80 minutes in length.

At the conclusion of each interview, the researcher asked the participants if they were willing to talk with the researcher again in person or via email to verify findings or gather additional information and all agreed. As part of the sampling, the researcher asked the participants to provide a name of another former classmate capable of answering questions as well (Creswell, 2013). Each of the participants shared names of potential participants meeting the inclusion criteria after the end of the interview. The researcher then thanked each participant verbally and with a thank you card and provided a coffee mug from the participant's former university as well as a \$20 gift card.

Role of Researcher

Initially, the researcher determined a phenomenological approach was best for studying the phenomenon. An important aspect of conducting this research involved the

researcher bracketing her own educational experiences as student and nurse as well as her role as a nurse educator (Creswell, 2013). This followed the idea of epoche, or bracketing, the researcher's own experiences in order to obtain a new, fresh perspective of the phenomenon. This followed a descriptive phenomenological approach (Cohen & Omery, 1994). Bracketing strategies include researchers developing awareness of their actions throughout the stages of research and being aware if both "interpersonal and interactional effect on research" (Sorsa et al., 2015, p. 12) so they do not unconsciously affect the data. The researcher also planned the number of participants needed in the study, method of collecting data, and data analysis techniques. Additionally, the researcher followed ethical considerations throughout the study.

Data Handling Procedures

After the completion of each interview, the researcher followed specific steps to ensure the protection and security of the data. The researcher kept the consent form, interview guide, participant reflection, and audio digital recorder in her possession after the conclusion of the interview. The researcher transcribed the digital audio recording verbatim onto a password-protected computer in the researcher's home office. Each participant was identified using numeric identifiers. Demographic information associated with the numeric identifiers was not reported in the findings due to the small sample size and ethical considerations (Creswell, 2013). This number was used to label each audio file and transcripts. The researcher then stored the interview materials in her home office and downloaded each recording on her password-protected home computer. Once the data were transcribed and verified for accuracy, the recording files were erased. The researcher will delete digital recordings and transcripts after five years or once the

findings are published. The research advisor will retain the informed consent forms for three years.

Data Analysis and Synthesis

The researcher used Colaizzi's (1978) method of data analysis in this study. Common in nursing phenomenological research (Vagle, 2014), Colaizzi's method utilizes the following steps:

1. Read all of the subject's descriptions, protocols, to acquire a feeling for and make sense of them.
2. Extract significant statements by returning to each protocol and extracting phrases or sentences that directly pertain to the investigated phenomenon.
3. Formulate the meanings of each significant statement.
4. Organize the formulated meanings into clusters of themes. To validate the clusters, refer back to the original protocols.
5. Integrate the clusters of themes into an exhaustive description of the investigated phenomenon.
6. Formulate the exhaustive description of the phenomenon in a statement of identification of its fundamental structure.
7. Validate the exhaustive description findings with the participants to compare the researcher's results with each of their experiences.

Data analysis occurred after transcribing each participant's interview; this is the case for qualitative research which is unlike quantitative research where analysis occurs after all research is gathered (Creswell, 2014). This approach also assisted in identifying saturation of categories when gathering additional data no longer revealed new insights or

ideas (Creswell, 2014). The researcher compared emerging themes with the components of transitions theory--the identified theory that informed this study. Additionally, the emerging themes were compared with the new baccalaureate graduate's curriculum to provide insight into how their experiences of transition during nursing education matched with the structured curriculum.

Ethical Considerations

Ethical issues can potentially arise in all aspects of qualitative research (Bloomberg & Volpe, 2016). Throughout the research process, the researcher was aware of potential ethical issues. The researcher used Creswell's (2013) approach of examining the ethical issues as they applied to the phases of the research process. Prior to conducting the study, ethical issues included seeking applicable university approval, examining professional association standards, and gaining permission from participants (Creswell, 2013). The researcher addressed this issue by obtaining Institutional Review Board (IRB) approval from the University of Northern Colorado (UNC; see Appendix F). The researcher also consulted standards of nursing research as shared in the Collaborative Institutional Training Initiative (CITI) Program through UNC's IRB process. The researcher also obtained informed consent from the study's participants.

When beginning to conduct the study, the types of potential ethical issues for the study included disclosing the study's purpose, not pressuring the participants into signing the consent forms, and respecting indigenous societies (Creswell, 2013). The researcher informed the participants of the general purpose of the study when contacting them via Facebook Messenger to ascertain interest and establish a potential time frame of availability. Additionally, the researcher told the participants they did not have to sign

the consent form and asked about cultural, religious, gender, and other differences that needed to be respected (Creswell, 2013). Again, the researcher reminded the participants they could decline to continue the interview at any time.

When collecting the data, potential ethical issues for the study included the researcher avoiding deceiving each of the participants, respecting the potential power imbalances as a former instructor and/or advisor, and using participants by gathering information without giving them anything in return (Creswell, 2013). The researcher addressed these issues by building trust with the participants through conversation; discussing the purpose of the study during the initial communication and before obtaining consent and describing how the data would be used before obtaining consent; avoiding the use of leading questions, withholding sharing personal impressions, and avoiding discussing sensitive information; and providing a coffee mug, thank you note, and \$20 gift card as a reward for participating in the research study.

While analyzing the data, the researcher acknowledged types of ethical issues in the study including avoiding siding with participants, also known as going native; avoiding disclosing only the positive results; and respecting the privacy of the study participants (Creswell, 2013). The researcher addressed these issues by reporting multiple perspectives and contrary findings. The researcher also assigned a number to each participant and only developed composite profiles (Creswell, 2013). With a small sample size in qualitative research, it is necessary to maintain confidentiality by refraining from using demographic tables when presenting results (Morse, 2008). The researcher only included an aggregate description of the sample to prevent this potential ethical error.

In reporting the data, the types of ethical issues the researcher must anticipate include falsifying evidence, data, findings, or conclusions (Creswell, 2013). The researcher was careful not to plagiarize, avoided disclosing information harmful to participants, and made sure to communicate using clear, straightforward, and appropriate language. For this study, the researcher addressed these ethical issues by reporting all of the study findings honestly by noting the American Psychological Association's (2010) guidelines for any permissions needed for reprinting or adapting other people's work. Finally, when publishing the study, the researcher was aware the types of ethical issues included sharing the data with others, not duplicating the research findings, and providing proof of lack of any conflict of interest or proof of compliance with ethical issues including obtaining consent forms (Creswell, 2013). The researcher addressed these identified issues by providing the research advisor with copies of each consent form, providing each participant with copies of the research report, and sharing practical results through publication (Creswell, 2013).

The overall risks for the participants in this study were minimal. The risks inherent in this study were no greater than those normally encountered during regular classroom participation. There was potential discomfort in sitting during the 60- to 80-minute interview sessions but the participants did not share any concerns of discomfort. The research did not intend to disrupt or manipulate participants' normal life experiences as the interviews were arranged based upon the participants' schedules. The participants did not share that they experienced any discomfort while recalling experiences during nursing education or sharing personal information about themselves. When sharing prior events, the participants vividly remembered details but even if the event was seen as

negative, the participants did not share they experienced discomfort. The benefits for participants in this study included gaining actual experience with the research process and contributing to the science of nursing education. The participants verbalized their interest in the research and results. Overall, the researcher believed the benefits to the participants outweighed the potential risks.

Strategies for Validating Findings and Reliability

In quantitative research, the researcher attempts to provide elements of control and rigor to produce quality research using methods such as internal validity, external validity, and reliability (Polit & Beck, 2012). The terms validity and reliability in qualitative research hold different meanings. Validation in qualitative research refers to a process to assess the accuracy of findings, which is described best by the researcher and study participants (Creswell, 2013).

Morse, Barrett, Mayan, Olson, and Spiers (2002) acknowledged the use of verification strategies, which helped the researcher “identify when to continue, stop or modify the research process in order to achieve reliability and validity and ensure rigor” (p. 10). One method--collecting and analyzing data concurrently--involved the interaction between what was known in the data and what the researcher needed to know by showing the interaction between data and analysis; this interaction “is the essence of attaining reliability and validity” (Morse et al., 2002, p. 13). To follow this strategy, the researcher began data analysis before completing all of the interviews.

Morse et al. (2002) also identified the lack of an investigator being responsive at all stages of the research process as one of the greatest hidden threats to validity. As the research process included actively listening throughout the interview with each

participant, the researcher ensured the interviews were arranged at a time and place agreeable to the participants but also considered the researcher's schedule to ensure her ability to focus solely on the interview without interruption. The research process also entailed the analysis portion, which encouraged the researcher to be responsive to participant feedback when sharing findings.

Validation Strategies

For this research study, the researcher used five of Creswell and Miller's (2000) eight strategies for validation Creswell (2013) suggested for validating findings (p. 253). One of the methods suggested by Creswell as being reasonably easy to conduct and cost-effective involved the researcher writing rich, thick descriptions. The researcher described the participants in detail, which allows readers to determine if the information could be transferred to other settings. Details included physical descriptions of movement and activity as well as interconnecting details using strong word choices such as action verbs and participant quotes (Creswell, 2013).

Another validation strategy used in the research study was triangulation. For this study, multiple methods of data collection provided triangulation (Merriam, 2009) including face-to-face interviews, field notes, and participant reflections. Prior to interviewing, participants were asked to complete a brief reflection about their experiences of moving from a student role to a professional nurse role. These data provided an additional source that was used to build a "coherent justification of themes" (Creswell, 2014, p. 201). The establishment of themes based on participants' reflections and interviews strengthened the validity of this study as well as provided more insight into the transition phenomenon and retention.

An additional validity strategy involved using member checking to determine the accuracy of the qualitative findings (Creswell, 2013). Using this strategy, the researcher asked participants if the identified themes and descriptions were accurate during the data analysis process (Creswell, 2014). The researcher incorporated this strategy by talking in person to some of the participants and emailing other participants.

A fourth validation strategy involved clarifying researcher bias (Creswell, 2013). The researcher ensured the reader understood her position and any biases or assumptions that might impact the study. The researcher addressed this by commenting on past experiences, biases, prejudices, and orientations that shaped the interpretation and the study's approach (Creswell, 2013).

A final validation strategy involved using peer debriefing to enhance the accuracy of the study (Creswell, 2013). In this strategy, a person reviewed the entire study and asked question ensuring the study would be relevant with others beside the researcher (Creswell, 2014). As this person asked hard questions about the research, it provided an opportunity for an external check of the research process. As this was dissertation research, the researcher's research advisor served in this role.

Reliability

In qualitative research, reliability involves consistency or stability (Creswell, 2014). One method of enhancing reliability is using a good quality recording and transcribing the interviews to include aspects such as pauses and overlaps (Creswell, 2013). The researcher used a new digital audiotape recorder capable of capturing even soft-spoken responses with background conversations and music present. The researcher also transcribed all of the interviews herself to ensure the reliability through consistency.

As Bloomberg and Volpe (2016) noted, transcribing the interviews is one way a researcher immerses herself in the data and becomes more familiar with it.

Limitations and Delimitations

Limitations

When designing a research study, it is important to note the limitations of the study. Limitations are characteristics of the design or methodology that influence the interpretation of the findings from the research study (Bloomberg & Volpe, 2016). As only graduates of the traditional program participated in the study, those students who did not complete the program were not eligible. These former students might have had unique experiences that provided insight into transition to practice.

Additional limitations included the sampling method and data collection. The researcher used Facebook Messenger as the primary method of recruiting participants, which initially left out those who do not use or access Facebook. Although the researcher also used the snowball method, this also limited the potential participants to those known by the participants. Additionally, this research relied on participant memory of experiences during nursing education. All of the participants had finished nursing school within eight months of participating in the initial interviews but recollection of all aspects of their educational experiences was still a limitation.

Additionally, a limitation involved whether the interview questions unintentionally introduced bias or limited potential responses. The researcher's own bias was another potential limitation, which she attempted to set aside through bracketing. Because the researcher was a novice, this was a potential limitation in the study. Since the participants were once the researcher's students, this was another potential limitation

as they might not have been as open about responses because of their past experience as a student. The researcher did note, however, how open every participant was in sharing their experiences and did not appear to hesitate when mentioning specific examples or telling stories.

Delimitations

Delimitations are characteristics in a research project that define and clarify the conceptual boundaries (Bloomberg & Volpe, 2016). With time and resource limitations, the sample was being drawn from one nursing school. Other nursing schools in the same geographic area might have had different curricula, providing additional experiences for their students to identify.

The choice to include the entire education experience was another delimitation. Focusing on only limited experiences, such as the clinical learning environment, would place limits on what new nurses might identify as supportive of their transition to practice and retention. Many active learning strategies and clinical partnerships were included throughout the curriculum and limiting the research question to a specific area would not have provided the opportunity for new nurses to explore all of the educational experiences.

Including only participants born between 1981 and 1999 (Generation Y) was another delimitation (Stanley, 2010). Generational differences might influence transition to practice experiences. It is important to identify what attracts and retains nurses from each generation (Stanley, 2010). Nurses in Generation Y, also known as Millennials or Nexters, face unique challenges in the work environment, which influence retention (Clendon & Walker, 2012). Generation Y nurses are noted to be mobile in the work

place due to frustration with their working environment and also intend to leave nursing due to lack of flexibility in work hours as well as staff shortages for meeting patient needs (Clendon & Walker, 2011). In this study, choosing participants from one generation provided a more homogenous sample and decreased the chance that generational differences might influence generational influences on transition to professional practice and retention.

Choosing new graduate nurses who were not working in an organization with an accredited new graduate residency program was a further delimitation. As accredited new graduate programs provide structured, research-based, ongoing education, the new graduates participating in the accredited programs were excluded from the participants. These new graduate nurses might have had a different transition to practice experiences.

Additionally, the choice to limit the sample to new graduate nurses working in inpatient medical surgical units was a further delimitation. As the baccalaureate in nursing is intended to prepare nurse generalists, the decision was made to exclude graduate nurses who were working in labor and deliver, intensive care units, and emergency departments. These new graduates might have also had different transition to practice experiences.

Summary

In this chapter, the methodology of this study was fully presented. The researcher used a phenomenological approach to fulfill the purpose of describing baccalaureate educational experiences that supported and inhibited transition to professional practice and retention of new graduate nurses. The researcher conducted in-depth, open-ended interviews using a purposeful sampling technique of new nurses belonging to generation

Y who graduated from a traditional program from one identified nursing school. Data were analyzed for common themes using Colaizzi's (1978) method to identify how new registered nurses viewed their baccalaureate educational experiences in relation to their transition to professional practice and retention. Limitations and delimitations of this study were also presented. Ultimately, describing how education experiences influenced transition to practice and retention for new graduate nurses will help nurse educators in supporting nursing students throughout their educational and new graduate experiences.

CHAPTER IV

RESULTS

The purpose of this study was to describe baccalaureate educational experiences that support and inhibit transition to professional practice and retention of new graduate nurses. The following research question guided this study:

- Q1 How do new graduate nurses view their baccalaureate educational experiences in relation to their transition to professional practice and retention?

For this study, the analysis entailed making sense of the participants' experiences, extracting significant statements and identifying their meaning, organizing the meanings into themes, and integrating the themes into an exhaustive description of the participants' experiences during baccalaureate education that supported and inhibited their transition to practice and retention. After conducting the interviews, the researcher transcribed the data, verified the accuracy of the transcription, and reviewed the participants' reflections. The field notes were also reviewed to identify non-verbal and emphasized responses. This process allowed the researcher to be fully immersed in the data. During the data collection and analysis, the researcher utilized bracketing by maintaining a journal of personal reflections about the described experiences, ideas about the study, and comments about the participants' responses and reflection statements.

During the repeated readings of both the transcriptions and reflections, the researcher gained an overall view of the participants' experiences. The researcher then

identified significant statements in both written and electronic versions of the transcriptions. Reflections were reviewed following the transcribed interview for each participant to note similarities and differences. The researcher then identified significant statements in the reflections. The significant statements were compiled into one electronic document with meanings identified with each statement. The researcher then compiled an electronic flip chart to organize the meanings into themes. The electronic flip chart is similar to paper wall charts that can be pasted to walls except in the computerized version, Word documents are created in a computer and quotes can be copied and pasted into the documents (Bloomberg & Volpe, 2016). For each step, the researcher ensured the significant statements and themes were identified as originating from interviews or reflections. The themes were identified to follow Merriam's (2009) criteria of answering the question and being sensitive to the data, exhaustive to encompass relevant data, and mutually exclusive so a unit of data was only placed in one theme. Multiple versions of the electronic flip charts were made to create an audit trail. The researcher shared the identified themes with participants and research advisor to provide additional insight and clarification. Changes were made to reflect the feedback, which allowed the researcher to identify the themes and sub-themes in this study.

Identified Themes

In this study, five identified themes described the participants' transition from student role to professional as well as influences on retention. The five themes and associated sub-themes are identified in Table 2 below. The detailed descriptions of each theme and sub-theme and participant quotes are described in this chapter to present the results of this study.

Table 2

Themes and Sub-Themes of the Process of Learning Nursing Skills

Theme Number	Theme	Sub-Categories of Theme
1	Figuring It Out	Uncertainty Overwhelming Building Blocks Juggling Confidence
2	The Learning Process	Self-initiated Inquiry Learning Strategies Watch One Then Do One Scaffolding Educational Development
3	Influential People	Hindrance Assistance
4	Where You Practice Matters	Environmental Culture Interpersonal Behaviors
5	Questioning Preparation	Practice Complexity Then and Now Navigating the System Environmental Challenges Second-guessing

Theme One: Figuring It Out

From the time participants chose a nursing major, participants noted how they continually attempted to figure out their path through nursing school and their first nursing position. This provided the basis of the first theme--Figuring it Out. "It was definitely studying and a lot of work, but like then I had figured it out--how to study--and so I just kind of had a routine and did it. And just like figured that's what I am going to do until I'm done, and accepted that" (Participant 2). There were many unknowns during their journeys. Many participants noted ambiguity about nursing school and the path to their first position. Participants shared experiences of doubting their choice of nursing as a major and wanting to quit nursing school during the first semester. These feelings were all influenced by their attempts at figuring out how to navigate the new experience: "First semester was still absolutely the hardest semester of them all. I think it was just a big learning curve in that time frame. Because the material was new and different and the way of learning was different and being in clinicals and balancing that was different" (Participant 6). Additionally, participants noted how they realized how classes and exams built upon their knowledge: "Just getting used to how the nursing school tests were. They were just different than the tests I had taken previously. So ya it took me about 8 weeks for me to figure out how to study and do the tests" (Participant 2). Multiple participants recalled their search for balance between their personal life and nursing school. Ultimately, participants shared about their confidence levels during nursing school and starting their first nursing position.

Uncertainty. In this first sub-theme, most participants described their feelings of uncertainty surrounding nursing as a major and a profession. Participants described

challenges of uncertainty due to their lack of experience in health care. One participant changed her major to nursing after one year of college but acknowledged she was not certain of her new major either”

When I first started college I didn't really have any idea of what I wanted to do... To be honest, I don't think I knew anything about what it meant to be a nurse... I never spent any time in a hospital. I never had any family members who spent much time in a hospital. It was like completely new thing to me and I think I kind of just took a leap of faith. I guess and decided that nursing was for me because I wanted to be in health care and being directly with patients... Nursing was very patient centered and I was with people all the time and I really liked that aspect of it too. So [I] think that's kind of where I started with nursing. (Participant 4)

Other participants also noted feeling uncertain about nursing school due to their family members' lack of similar experience: “Just due to the fact that I had no family in the medical background so I didn't know what I was expecting” (Participant 8).

Additionally, even participants who chose nursing as a major from the beginning did not feel certain about their path: “I was beginning my journey as a... nursing student. I had no idea what I was doing and what this profession had in store for me” (Participant 1).

During orientation to nursing school, participants recalled feeling uncertain: “They were just like telling us all the expectations and I still didn't exactly understand what I was getting into” (Participant 2).

After reviewing the identified themes and providing her perception of their fit, Participant 7 noted she “liked seeing that most of us struggled, especially toward the beginning of the program, in questioning ourselves and our choice in career paths.” This provided insight into the perceived role faculty members play during periods of doubt: “I think that speaks a lot to the rigor of our program, but with the way that most of were retained even after these doubts really shows how supportive our instructors were to help keep us on the right track” (Participant 7).

Overwhelming. In addition to feeling uncertain as they started nursing school, many participants noted feeling overwhelmed, providing the basis for the second sub-theme--Overwhelming. When describing orientation, Participant 2 remembered, “It was like very overwhelming and stressful... I just thought I hope this is right because it seems like it's going to be a lot of work.” As she shared this, she used her hands to emphasize the feeling of being overwhelmed. Participant 3 also recalled her beginning of nursing school and emphasized her response: “But I also remember that first semester was sooo overwhelming.” Another participant recalled her feelings she experienced during nursing orientation as well as she felt during nursing school: “I am actually in nursing school and for the next two years I won't have a life. It will just be school. Which is pretty much it. Like, I didn't have a life. It was just mainly studying and school and work” (Participant 3). The experiences during the first few weeks were especially stressful for some participants:

I remember the first weekend following starting nursing school. My roommate... and I literally stayed in and studied the whole weekend and then we went crazy. We literally went crazy. We were like I can't do this again... We were so overwhelmed because like we had two or three tests, it must have been two tests, but we were just so inundated. (Participant 6)

The feeling at the beginning of the program led to some students feeling like they wanted to quit:

The rigor of our program, um, especially at first with the amount of tests and everything per week, and I think at first... it was really overwhelming. And like by week two, I was like I'm done; I'm quitting. I like called my mom and I was like ok I don't want to be a nurse anymore; like I'm totally over it; like I'm quitting. (Participant 7)

Although some considered leaving the nursing program, all of the participants remained and graduated with their classmates.

Building blocks. An aspect of participants figuring out nursing school and the nursing profession involved their experience in identifying the pattern for introducing nursing content in the curriculum as well as their ability for synthesizing material for the sub-theme of Building Blocks.

Nursing school is about building on what you already learned... I would say second semester got better, third semester got even better, and fourth got even better. Like each one as we went through gradually just like more prepared, more aware, little bit less stressed each time because I think I was like I can just wing it sometimes and I am gonna be fine. Um. And also, just the prior knowledge and everything building on top of it. (Participant 4)

Participant 1 described the process, “You kind of have to start somewhere. Like nursing school, you have to start with the basics, and over time, you learn it and you become professional. More professional from novice to expert.” Reflecting upon the journey from the student role to professional nurse, Participant 1 further added, “Learning the basics of nursing was difficult, challenging, and thought provoking, but also rewarding, worthwhile, and meaningful. Without this challenge, I would not be able to express my care for people today.”

The end of the first semester of nursing school was significant to most participants: “By the end of the first semester I do remember having my wits about me a little bit more and kind of knowing what to expect in terms of tests, feeling a little more comfortable in that realm, but still” (Participant 6). “But, I think after that first year and once I started getting into hospitals and doing clinicals that's when I was like this is definitely the right thing” (Participant 4). Participant 4 further shared in her reflection:

Most importantly, [the school] provided me with tools. I will never know everything there is to know about nursing, but it's how to figure it out that's important. I am able to have more meaningful relationships with my patients now than when I was a student because [the school] gave me what I needed to do that. I have all kinds of dreams about my nursing career, dreams that are now taking

shape. I cannot [lose] sight of what it's all for though, being for and with the people I am there for.

Many participants noted how their current practice was built upon their experiences during certain courses. Participant 2 identified the benefit of her Health Assessment class noting, "Before that, I didn't really understand how we assessed patients. ...They taught us how to come up with a really detailed head to assessment and I've used ever since then." Participant 7 also shared, "You need to really be relying on everything, and all that patient data and everything we assess and... that was really important when I learned that two years ago." She also shared information about assessment in her reflection:

Now as a professional nurse, I have really had to rely on my assessment skills and I have come to find the great importance of a great assessment and clinical signs. Whenever I call a doctor about a patient, they always want to hear what about the patient's condition or assessment preceded my call.

The senior leadership course with its Service Learning component was also noted to provide insight into management principles:

Even just by understanding how a nurse works and... how the shift works...helps you in the management style of...understanding how to approach certain things a certain way and...knowing when you need to not say anything.... I think just understanding and learning was such a big difference because I feel like there is a lack of leadership sometimes on the floors. (Participant 8)

Health Promotion was seen as a course that provided additional insight into nursing. Participant 4 noted taking the class provided the opportunity for "thinking about health being more of like on the preventative side in the communities rather than...just inpatient hospital." Importantly, the placement of the courses influenced how participants viewed the importance placed by the program: "I would definitely say that nursing school gears you toward acute care. Like all of your clinicals are geared toward

the hospital and they just kind of tag community on in the end there” (Participant 5).

During their recollections, participants noted how their experiences also provided a basis for their future plans:

I really like preventative health and working with whole groups of people and health promotion rather than you're sick in the hospital and this could have been prevented a long time ago I think I'm going to get a little burned out--eventually. I think I definitely want to stay in the hospital for a while. I definitely see myself moving more into like community health and I think my community health clinical definitely did that. (Participant 4)

The sub-theme of Building Blocks continued as the participants finished their baccalaureate education and started their career in nursing. Participants shared they were still learning new information as a new graduate nurse: “I feel like I'm a student all over again, but in a totally different way. Like, yes I'm a professional nurse now, but like the amount that I learn every night is crazy” (Participant 7). She noted the building on her knowledge as well: “I do my best to rely on everything I have learned to this point, and also on the resources that I have available on my unit in my colleagues as well as my charge nurse, etcetera” (Participant 7). The continuation of learning extends beyond being a student: “You learn something every single shift as a nurse” (Participant 1).

The transition from a student to a registered nurse was the biggest step I have made in my professional career... There is no bridge from student to registered nurse; it was more so a jump or leap of faith and a swim to the other side. I often relate the jump to taking the NCLEX and the swim as my first year as a nurse because it takes endurance and perseverance. I know that my first year will be an arduous task, of learning the routine of the shift and of my coworkers while still establishing my own schedule. (Participant 8)

Many participants noted the amount of knowledge gained from starting nursing school to beginning their first position: “I know I'm going to keep getting better and I'm always learning” (Participant 5). “It is such a short like time frame too. Like less than

two years, I have no idea what it is to be a nurse to like I'm ready to start trying it” (Participant 4).

Juggling. In the sub-theme of Juggling, participants noted how hard it was to manage other obligations or aspects of life outside of nursing school. One participant was a student athlete and she noted the challenge of balancing the beginning of nursing school with her sport requirements and having to make difficult choices at times: “I actually opted out. We were going to go to Notre Dame for a meet and I actually opted out of the Notre Dame meet because I was so behind in school, but I think it was worth it in the long run” (Participant 4). Another participant described the challenges of personal relationships during nursing school: “I just went through big learning curve on like a personal level... That was also a huge influence. Which is funny to think about because a lot of times people don't really think about how a personal life is affecting like work, or school” (Participant 6). When specifically describing dating challenges, Participant 6 shared, “That became very, very stressful on, um, nursing school because a lot of people didn't really understand that stressors of nursing school and how clinicals work and all of that so I was trying to like navigate that side of my life in addition to nursing school.” Participant 6 also noted the importance of finding balance: “My last year really I feel like I spent more time not just studying and not just doing school work. And finding balance in terms of like getting out and hiking more and um definitely taking care of myself physically.”

Confidence. The participants also noted the changes in their confidence levels from beginning nursing school through their new graduate nurse experiences providing this sub-theme. Participants noted their nursing school experiences informed their

confidence in dealing with experiences as a new graduate nurse. Many participants noted having an increased confidence for senior year and practice as a result of their summer practicum, also known as externship, experiences: “Going into senior year, like going into clinicals, I was a lot more confident, um, which was very helpful” (Participant 7).

Participant 8 concurred:

I really think that being in the externship program gave me so much more confidence in the long term because not only was I able to feel comfortable in the clinical setting, but to be able to understand how to do patient care and feel comfortable with it.

One participant began by describing how she gained confidence in her ability to deal with building stress:

For the whole two years, I just tried to like--take a step back and be like ok, “What is actually happening?” and just like really focusing on what was in front of me and not letting all of the, like everything I had to get done, you know really build up and make me nervous. (Participant 7)

She used the confidence she gained when dealing with challenges in her new graduate nurse position: “So it's like a lot of perspective and saying ‘ok, it's going to be hard and it's going to be tough, but I have the tools I need to get through’” (Participant 7).

When describing the feeling of being finished with nursing school, many participants continued to describe their confidence issues. One participant emphasized the last words of “on my own” as she recounts her own challenges as a new graduate nurse:

When I graduated nursing school I definitely felt ready to be done. Besides the fact that I was over all the tests, group projects, clinical reflections, prep guides, and lack of sleep, I mostly longed to finally start the career all the hard work was for. That being said, I was terrified of being on my own. (Participant 4)

Participants also described their increased confidence as they continued in their new graduate positions: “After 8 weeks of orientation, I was finally on my own. This

came as both a relief and a very scary reality... It has since gotten much better. I learn new things every shift and become more and more confident each week” (Participant 6).

Participants also shared information regarding support systems that influenced their confidence as new graduate nurses. In her reflection, one also noted her support system:

Overall, the transition isn't as bad as I thought, but I definitely do have days where I feel like I still don't know anything. But I have to reassure myself that I know more than I think; and if I do feel unsure, I have a whole team of support that are there when I need them. (Participant 3)

Not all participants reported the same level of confidence and support when starting their new graduate positions:

Although I attended one of the best nursing schools in [the state] and utilized all the tools provided for me to be a successful nurse, my confidence to perform at a high functioning level was far below par.... Often before my shifts, the feelings of anxiety, fear, and excitement used to fill the hours I prepared for work. (Participant 8)

Participants' confidence levels also influenced their views of retention. In her reflection, Participant 5 shared about a patient experience that influenced her confidence in her career choice:

I was challenged ethically as a nurse taking care of patient in restraints, and I definitely noticed a lot of the excitement and glamour of a new/first job had disappeared. Here I was settling into my life now and for the future, and I found myself doubting if I'd chosen the right path.

The influence of signing a two-year contract was also an issue for retention even when confidence levels changed because of experiences:

There have been points in this process where like I've said; I've had highs and lows. And the lows have been like “maybe I don't actually want to be peds, maybe I want to do something else, I want to change my mind, blah, blah, blah. “I'm not doing enough things in my life that are change.” I get on these like weird things that will like last a day and I'm like oh ya I forgot I'm still learning a ton and I don't know a lot of things and you chose peds for a reason and you actually do like it. And I think being in my generation, a lot of people are like keep going and change all the things and get a new job, don't just do one thing

and I think that pressure, I'm like, oh 2 years of something. But, I'm glad because it's forcing me. (Participant 6)

Confidence levels during nursing school and as a new graduate varied among participants. Although some felt ready to leave the academic area, a lack of confidence of being on one's own developed. Importantly, participants shared thoughts of wanting to leave their new position after challenging shifts, wavering confidence, and questioning nursing as a chosen professional path. Thoughts of leaving were placed in context with actions noted by others in her generation--initiating change when situations became difficult. These doubts and considerations of leaving provided insight into the complexity of retention for new graduate nurses within the first six months of practice.

Theme Two: The Learning Process

The second identified theme--The Learning Process--encompassed the ways participants viewed acquiring knowledge about nursing to assist in their transition from student nurse to professional nurse. In their recollections, participants identified ways they learned by asking questions even when they were hesitant or felt they were asking too many. Participants also noted the benefit of learning in the skills and simulation labs as well as during their junior and senior practicum clinicals. Participants also recalled learning by watching others perform skills and then performing skills themselves. During the learning process, participants also identified how their learning built upon their previous experiences. Finally, the participants shared their struggles with wanting to provide patient care independently while needing and sometimes wanting to depend on others.

Self-initiated inquiry. From the beginning of nursing school, participants learned the importance of asking questions during clinical rotations to help clarify

information and promote their critical thinking, thus providing the basis for the sub-theme, Self-Initiated Inquiry. Multiple participants shared experiences of asking questions during clinical rotations and continuing to ask questions as a new graduate nurse. Participant 1 recalled his first clinical faculty member encouraging students to ask questions. He shared about the experience mimicking her voice as she provided advice: “She was like, ‘if you don’t ask questions, you are not doing it right... (and) you are going to have a horrible experience at this clinical’... And, um, I will never forget that because I still ask so many questions.” He also noted, “Not only did I ask questions, but she asked me questions so I could critically think about things... Sometimes you need to think about what you need to say or what you need to do before you ask a question even.” Participants also noted the importance of continuing to ask questions to aid in their understanding of what they were learning. Many participants also shared how asking questions clarified practice during clinical. Participants noted the importance of asking questions when unsure. As she shared her experience, Participant 8 mimicked other people’s responses to emphasize the importance of their statements: “I’d ask them to show me, um. And they were very [receptive] to it. They were ‘ok, well, why do you think that?’ Kind of questioned it and most of the time they had the answer and they gave a pretty good explanation of why.” Not all participants found it easy to ask questions all the time. When discussing her clinical rotations, another participant recalled having questions as she performed nursing actions but finding it difficult to remember them afterwards. Although the participants noted how much they questioned and the benefits of questioning, others also identified the challenge they felt regarding asking questions. Participant 6 recalled:

I was timid so I wouldn't ask a lot of the time. I would just be like "no it's fine." If it was a question like that was quick and easy to answer, I would ask it. I'm a big question asker. I just am. But...when it would come to like, "oh we need to get over here," I would be like "oh it's fine we can do it later." ...I would never like advocate for myself entirely.... "Can we do that right now?" And you know if nurses were really open with me, and like engaging, and asking like "hey do you want to go do this with me?" I would definitely take the opportunity. But, if that didn't come up, I would generally be more timid and sit back.

Asking questions continues to be a part of the participants' practice as new graduate nurses. They noted their comfort level of asking questions and resources, which many related to their experiences during nursing school. Describing her fears of continuing to ask questions, Participant 7 stated,

I found like even as a new grad I ask so many questions. Our unit is awesome. Everybody is super helpful. That was one thing I was really nervous about was like oh they're going to expect me to know everything and I like did this new grad program and they are going to expect I learned a lot in it and I'm not going to ask questions. And I shouldn't ask questions. Like, I have so many questions to ask and everybody is so helpful. The charge nurses but just like my co-workers, the other nurses. I never feel like I'm dumb for asking a question. Even if it's like a question I've asked before and I probably should have remembered the answer, I'm just like, "hey, I know I know this, but help me get there. Like, what's going on?" And like everybody's really receptive to that, and um, so that's been super helpful and that was how it was in clinicals during school too.

The experience of how others responded to their questions or concerns about asking too many questions was important in their learning process during nursing school and as a new graduate nurse.

Learning strategies. In the sub-theme of Learning Strategies, many participants noted the benefits and experiences of learning in the skills and simulation labs as well as the value of their junior and senior practicum clinicals in their learning process.

Participants recounted how helpful these experiences were in gaining nursing knowledge.

In relation to the simulation and skills lab, Participant 3 shared, "They were helpful. I

think it kind of prepared for us to go in and really like assess, you know. You are not jumping in. You are kind of stepping back and assessing.”

Skills and simulation. While recounting their journeys of transitioning from a student role to professional practice, many participants noted the benefit of practicing skills on manikins before patients. When referring to practicing injections, Participant 8 shared, “Because this is a patient's life in their hands, and I'm not going to do it just testing the waters. That's what a manikin is for.” Participants especially noted the importance of certain skills for practice as well as requirements for checking off during skills lab:

You had to memorize something, like putting in a Foley cath and you had to get checked off and if you missed something then you would have to go over and do it again and again and again, which is helpful because it's a sterile procedure and you've got to get that down. (Participant 1)

Interestingly, Participant 1 provided insight into why he did not take advantage of simulation labs: “I did not take advantage of the sim labs that well. I took advantage of clinical because I knew that was more real world.” Yet, he noted a benefit of simulation lab when he shared, “It was a learning experience and I guess what I liked about sim lab was you got the extra time to do things.” He also laughed when recalling a simulation involving alcohol withdrawal assessment and how what he learned from the experience would be beneficial in practice:

I remember when I was in sim lab and my patient was withdrawing and, I mean it's a manikin of course, and they're saying “I'm throwing up, ahh, baa.” I'm not doing the CIWA score; I'm more focused on the physical symptoms, you know. So looking back to sim lab and then relating that to real world nursing, I'll never forget that if someone's withdrawing, just do the CIWA score right there and then treat them. (Participant 1)

Participant 7 also recalled simulation experiences during school and related them to practice: “That was really scary, but we had to learn to work well as a team, um, which was great because that's how it is in the real world.” Participants shared stories of how their learning and preparation in simulation lab evolved. “It was straight after clinical. We worked on our prep, and we were like ‘ok, it could be this’, and then we were like really thinking critically. I just remember like we were like more prepared like actually talking through it thinking like a nurse” (Participant 3).

Practicum. While sharing about their educational experiences during their journey from student nurse to professional nurse, every participant mentioned their experiences during the optional Junior Practicum and/or required Senior Practicum. The Junior Practicum course was an optional learning experience offered during the summer between the students’ junior and senior years of college. The clinical experience is part of a nursing elective course students paid to take. Students applied for both paid and non-paid placements. Of the study’s participants, six chose to participate in the Summer Practicum. These participants chose to invest financial and personal resources to supplement their clinical learning experiences. Multiple participants included a Summer Practicum experience when describing their optimal transition experience during nursing school.

Participants were asked why they took the optional junior practicum elective course. Many participants responded they perceived the opportunity as being potentially beneficial. Participant 5 replied, “How is this going to hurt? ...This would just be an opportunity, and it's being like given to us so why not take the school up on this opportunity?” After a very negative experience during one clinical rotation, one

participant decided to take advantage of the summer practicum opportunity due to the potential learning opportunities:

From then on, it kind of set the tone for me for my clinicals that I understood that I am here to learn and if there are people here who don't want to do it, then I'll find somebody who can. Or if they're nurses that are just someone jaded about the nursing field, um, I mean it's my job to find the opportunities to learn.
(Participant 8)

Participants described identified multiple benefits of the summer practicum experience: "I think it was probably the first time I felt like I could do it. ...That it wasn't out of the question to uh take a full load or...really being able to hone those assessment skills and work on your time management and your planning" (Participant 5). Many described learning more about their profession during the extended time. When describing summer practicum, Participant 2 shared how it "helped me see exactly what a nurse does on a med surg floor and like allowed me to become more confident. Ya. I think mainly that was the most helpful thing I did throughout nursing school." For some participants, it was because of not leaving for post-conferences and completing more hours than a typical clinical rotation:

I really had the opportunity to um to just understand the nurse's role... It was really helpful in that Summer Practicum experience to like learn like ok, the nurse works three shifts a week and this is how it goes. This is the flow of a shift from beginning to end, uninterrupted and they don't go in and do prep you know for a few hours before. So it's like you are really learning what it's like on the floor and just kind of like get as you are doing it. ...It really was uninterrupted and we didn't have to break for the post conferences in the middle of the day. ...What we learned in those was very helpful and like the knowledge was great, but it's also very valuable to have an entire shift where you're not being pulled off the floor for a two-hour meeting. (Participant 7)

Others noted the benefit concentrating on giving reports during the practicum experience.

Additional benefits included practice with charting and feeling connected to a unit.

Participant 6 recalled her summer practicum experience was "the first time I felt

connected with a unit at all.” Participant 8 shared stories about how her preceptor questioned her actions and helped build her critical thinking skills during summer practicum: “I loved the fact that they would question me to make sure that what I’m doing is correct because I felt like it built upon my critical thinking skills. ...It was making sure I knew what I was doing and there was a reason for it.” Finally, participants shared the benefit of getting to practice clinical skills over the summer away from multiple theory courses and gaining confidence as a result:

Getting to practice a lot of what I learned that first year. We learned a whole lot that first year, but I didn't feel very confident in everything yet. So, I think it was just great practice. ...Just to take some time off from intense class work and get into really intense clinical work and just getting to practice skills. (Participant 4)

The participants noted feeling more prepared for senior year and practice as a result of their practicum experiences. Many participants noted the benefit of returning to the same unit for their Senior Practicum experience. Participants also noted the close relationship with their preceptors and unit staff members: “I had not worked as a CNA and I had not done anything in health care... it...really made a difference to helping me be ready to be a nurse and be ready for my senior capstone” (Participant 2). Completing a summer practicum experience allowed students to often take additional patients more quickly in their senior medical surgical rotation: “I was quickly progressing to a heavier patient load” (Participant 5).

In their senior practicum experiences, participants shared stories about experiences that influenced their transition to professional practice: “I learned to do my first core during my capstone. It definitely prepared me in how to not freak out” (Participant 8). Participant 8 shared about her patient death experience during senior practicum:

I was very emotional during that shift. I was crying and...I've never cried in front of anybody at school. So it was kind of nice to know that they understood it... I'm glad I went through it before I was a new grad. Um. As a student...I felt like I had more support. (Participant 8)

Completing a senior practicum on the night shift was also noted as beneficial:

When I was orienting in peds for my job, it was easy to do nights because I did my practicum on nights. I thought it was really helpful to do my practicum at nights and like kind of be prepared for what it's like on night shift. Because there's a new grad when we were doing our new grad class that says transitioning to nights is really hard and she doesn't like it. Where for me, it was like a piece of cake. It wasn't that bad. (Participant 3)

Participants also viewed their experiences as applicable to practice: “We lost him that night and I will never forget that. And um, and I just think as a student seeing that and to a nurse now, as a professional nurse, I know what to look for if someone is going into shock. I know what to do” (Participant 1). When providing input into the identified themes for this study, Participant 7 shared she learned a great deal in both her junior and senior practicum experiences and attributed these experiences to her transition from student to professional nurse because she had more hours of practice, which gave her more confidence.

Watch one then do one. The third sub-theme of Watch One Then Do One encompassed the way the participants recalled their learning experiences during clinical rotations. All of the participants shared stories of learning by hearing stories, watching nurses provide care or participate in emergencies, and applying what they learned during clinical practice. When describing her experience during summer practicum, Participant 8 noted the importance of practicing communication: “When you are a student, you are kind of sitting back and watching things. But being able to practice communication is

always key because if you're not able to communicate what's going on, then how are you going to educate your patient?"

Participants also shared stories of when they thought they were going to complete a skill, but instead had to observe: "I think that was our first time being able to pass meds. ...Then to go in and have a nurse say 'have you ever passed meds before?' and I'm like 'No.' They were like 'I will just do it this time' and I ended up standing back" (Participant 2). "I remember they wanted me to do a dressing change but it ended up being them doing it, and like them teaching me and I wasn't doing. ...I mean it was fine because I learned by watching, but sometimes I wish I was doing too" (Participant 3).

Scaffolding. As participants shared stories of their transition from a student role to professional nurse, they identified how their learning was scaffolded as it was based on prior learning experiences: "I kind of remember lots of reflections and getting into those for the first time and getting into prep guides for the first time. Um. Ya. I just remember those ...taking a very long time the first time. Learning how to do them" (Participant 4). Additionally, participants recalled the benefit of completing their patient preparation guides prior to clinical: "We would have to go in the day before and...get all of our prep on our patients.... Which was really helpful for like the learning process as we were doing it" (Participant 7). Participant 1 recalled the process of visualizing a patient before seeing the disease process:

We were learning about cardiogenic shock and all the different types of shock and knowing like something is happening. Like you can visualize a patient that's kind of- fake- you can fake symptoms-in your mind and you can tie things together, but it is a lot different in the real world because...you're making it up in your head.

The importance of including reflection into practice was also shared: “After you watch all this happen, then you ask questions, and then you get answers, and then you can reflect on it after the clinical or just reflect after a shift and realize like- this is what I am going to be doing and I need to learn it quickly” (Participant 1). The importance of applying learning to practice was also noted as Participant 2 recalled witnessing an ethical issue during one of her first clinical rotation: “We talk about it and say it is in healthcare, but you actually see it as a student and it does change how you think about things because it's just not a case study on a piece of paper.” Participant 1 chuckled as he recalled the benefit of caring for a patient after having a patient with the same diagnosis during clinical setting: “Asymptomatic patient with SVT--I had one of those patients in clinical and then I had one during my actual real-world nursing so I knew exactly what to do.” Observing workflow during clinical was also noted when describing how learning occurred: “Clinicals are very hands on, but you really do just have the opportunity to see the way that different nurses do different things. I think [it] was really helpful in adopting different things like into my own nursing practice” (Participant 7).

The scaffolding sub-theme was also present in how participants recalled their experiences of learning to provide care throughout their journeys and wanting to retain the knowledge they gained. Participant 5 shared how a senior nursing student assisted her in preparing a patient's body after dying. When confronted with the task again, she noted the second experience was “much easier to kind of have a road map to go from,” providing insight into how her first experience assisted her the next time. Participants also identified how retaining information gained with each course was important. Participant 4 recalled why she chose to complete a junior practicum: “I just wanted to

stay relevant--I didn't want to lose all the information that I gained that first year was a big part of it.” Participants noted how they now incorporate the knowledge they learned during school: “I was doing my, um, notes when ... getting report on my shift change, and I was like literally just writing a list of all those acronyms that I never knew before and it's strange to me” (Participant 7).

Half of the participants noted the benefit of have a background in health care or wishing they had similar experience to provide more assistance in learning information during nursing school and about clinical. Participant 3 nodded her head as she recounted the experience of identifying the benefit of her CNA education: “I just remember going into that first med surg class. ...I was like ‘Oh, I understand this because I had that CNA background so things kind of made sense.’” Participant 4 noted her own lack of knowledge and sought out classmates who were CNAs: “I also friended a lot of nursing students who had their CNA license because I knew they kind of knew a little bit more about hospitals than I did.” Some participants wondered if being a CNA would have been helpful and others shared it was helpful: “I didn't work as a CNA and I didn't work in healthcare and I do kind of wonder if that would have helped and I can't say it would cause I didn't do it but just having a little more experience” (Participant 2). “I think that it was helpful [to be a CNA] in the sense that it prepared me to work in that environment” (Participant 6).

Educational development. In this final subtheme of the Learning Process theme (Educational Development), most participants noted the experience of having a clinical faculty member preceptor present while providing patient care during clinicals. Some shared it was comforting while others wished for more autonomy. Participants shared

stories of when preceptors provided more autonomy during regular clinical rotations or practicum experiences. The participants identified their challenges related to depending upon preceptors and clinical faculty members while also wishing to provide care for their patients independently: “I think what's made the difference between being a student to a nurse now was um being able to do hands on in the clinical setting at my clinical rotations” (Participant 8).

Most of the participants recalled the presence of clinical faculty, preceptors, or staff nurses while doing procedures during nursing school or ensuring their assigned patients' well-being. Some viewed it as a benefit. Participant 7 recalled, “As a student, it was so helpful knowing that there was always another nurse that had eyes on my patients and could catch those little differences in a patient's condition.” In her reflection, Participant 2 wrote,

During clinical rotations while in nursing school I did my best to try and do as much patient care as possible while still allowing the patients primary nurse to be involved. However, during clinicals the patients I was taking care of still had a primary nurse who was watching over me, letting me know what I missed, and stepping in and helping me when things got too complicated.

Participants noted the constraints of being a student with constant supervision. Participant 6 shared about the challenge of assuming all of the care as a new graduate in a pediatric unit: “Because I did a peds rotation, but I only had 6 weeks to like hone in on skills during my Senior Practicum. ...I'm still a student, and they still look at you as a student. So, you don't get free rein. You don't get to just go do things.”

Other participants recalled the benefit of having preceptors allow increased autonomy during clinical rotations. During her pediatric clinical, Participant 3 recalled,

It was really helpful because I had the same nurse throughout.... I remember she was the one who kind of let you be independent after a few days. So the first shift

she was there with me and let me do all the charting and would watch me and go over it. Then afterwards, she kind of let you go in. "That's your patient now... If you need me, I'm here, otherwise you do what you think you need to do and if you are unsure I'm here." So I think that was really cool.

Participant 8 had the same preceptor for her Summer and Senior Practicum experiences:

"He trusted me. He'd seen what I'm able to do, so then it kind of gave me more autonomy to be able to practice what I'd been doing the whole summer. So, that was really nice." Participant 4 laughed at times when she described the role her preceptor played during her Senior Practicum experience:

I think I was at that point where...I'm ready to start trying to do things on my own and I think she was very ok with that. She was ok in taking a step back and letting me kind of do what I think, and um, I think that was where she started handing me the phone and the resident or doctor was calling and letting me talk to them. She was always right there on the phone... [It was] kind of nerve racking at first. She was like "here you page the doctor." I think that was the first clinical that I started carrying a phone with me too...I think she knew...that I was graduating very soon and that I needed to have that confidence before, which I think was really helpful. She's like "You know you've been here for a little bit you can start doing this now." I think she also saw that I was starting to understand and get a lot of my skills down and was ready to start doing something that I hadn't done before. I have like phone phobia just to begin with and I'm supposed to be calling this doctor and telling them like "your patient's crashing." So I think she was very helpful with that, and like taking a back seat.

After completing new graduate orientations, many participants noted the difference of practicing without a preceptor present. In her reflection, Participant 2 shared her experiences:

Now that I am on my own with no preceptor it is very overwhelming. I still run into drugs and procedures I am not familiar with. There are many times when I feel like I am not able to see all five of my patients nearly enough. The floor I am on is a small floor and there are usually two or three other nurses and a charge nurse working with me. Most of the other staff is very supportive, helpful, and willing to help me. However, they have their own patient load and other work to do so they are often busy. This leaves me feeling overwhelmed and scared many nights. When I have gotten very little sleep, have many things to do in a short period of time, and am very stressed out it is difficult for me to remember everything I have learned. This has led me to feel like I am not doing a good

enough job and possibly making little mistakes or missing things. I hope that over time with more experience this job will become less stressful and more enjoyable.

Multiple participants noted having their preceptor allow the student to carry out the care while being a resource would be beneficial for preparing for practice. Participant 3 stated,

I think during our clinical and even in our Capstone before we go into a room, we always have that one person sort of explain things to me and prepare us for what we are going into. But in the real world, like in the nursing world, you are kind of going in by yourself... I think it would be helpful if I was the one saying ok this is what I am going to do and her correcting me.

When asked about the perfect transition experience during nursing school, Participant 3 identified the benefit of starting to take the lead in providing care while the instructor or preceptor acted as an assistant:

When you go into clinicals maybe like the first day you are like following a nurse, but after that you should be the ones that are like, ok this is my patient; you are going in, you are assessing; you are kind of like independent, but you have your preceptor and your instructor there. And if your instructor has to be there with you to give meds and everything, kind of stand in the background and not hovering over your or telling you what to do. You are the ones telling them what to do so it like gets you prepared for transitioning.

Many participants shared that not having a clinical faculty member or preceptor present was challenging as a new graduate nurse: “It was kind of like a double edge sword. I was like I am really ready to be on my own and I am really terrified to be on my own” (Participant 4). Similarly, Participant 6 noted, “The first time you do it by yourself, completely, completely by yourself. And NO one is there and you scan it yourself and you click X at the computer and you let that infuse at the rate you know...it's supposed to infuse. It's a very scary feeling.” As she recounted this feeling, the participant emphasized the word “NO” verbally and with her hands. The issues of needing

confirmation and confidence were also shared. Participant 3 noted, “I’m just so used to being in that student role than now I’m like I need confirmation that this is what I’m doing.” The effect of feeling and being alone when providing patient care was also noted by Participant 8: “The hardest transition for me was people expecting you to do it and know how to do it versus having that teacher that was still there. I think it makes a huge difference just because it definitely affects your confidence.” When reviewing the identified themes, Participant 4 added she had to be autonomous for several months before she started to feel more confident: “Instead of asking what to do, I was getting verification for what I was already planning on doing.” This provided insight into the ongoing transition as a new graduate nurse.

Theme Three: Influential People

In their reflections and during their interviews, all participants noted how people influenced their transition from a student role to a professional nurse role. The theme of Influential People encompassed the participants’ experiences of interactions with others who either hindered or assisted their learning experiences during their transition from student to professional nurse. Some were seen as a hindrance or “a person or thing that interferes with or slows the progress of someone or something” (Merriam-Webster, n.d., para. 1). On the other hand, others were seen more as assistance since they were helping or supplying help.

Hindrance. One of the components of the theme of Influential People was the sub-theme of Hindrance. Participants shared stories of other nursing students, clinical faculty, course faculty, and preceptors who interfered or slowed their transition progress. The people whom participants viewed as a hindrance interacted with them throughout

their nursing program and into their new graduate experience. It was important to note the participants recalled the experiences within the context of when they occurred during their nursing education and new graduate experience. For example, participants noted how sometimes students were frustrated with an experience but in retrospect, it was actually a better learning experience than they believed at the time.

Nursing students. While describing their experiences during their baccalaureate education, participants shared the competition between nursing students over grades or anxiety around tests was noted to sometimes be a hindrance. One participant suggested one factor in the competition might be the nursing school's admission policy for nursing school. If a student started classes during the freshman year of college at the school and attained the required science and overall grade point average (GPA), the student progressed into the nursing program automatically without needing to apply for general admission. If students did not meet the science or overall GPA, they applied for general admission into the nursing program and competed with transfer students. Participants noted anxiety related to this requirement. Regarding anxiety, Participant 7 provided insight into how interactions between classmates hindered her ability to take tests:

I found that a lot of people in our cohort would get really anxious and stressed out and it made me anxious and stressed out. ...I had to like really do boundaries a lot because I was like ok I can't talk to all these people about all these tests because I'll start to get really anxious and nervous or whatever. But like I know if I'm in a test and I'm anxious and nervous, I'm not reading the questions right, I'm not answering them with a clear head, so I just did my best to just stay calm and just really like process through with a clear head because having those like anxious thoughts or you know I was like that's not going to help me out at all.

Interaction with students from other pre-licensure programs within the same school was also noted to be a hindrance. Participant 5 described the behavior of a second-degree student completing the nursing program in 12 months, an accelerated

nursing student, who was completing his senior practicum experience on the same unit where she was completing her last medical-surgical clinical rotation:

The student went in with the idea that he was precepting the younger student, which was just condescending over the whole board. Even though like I had gone to... nursing school as much as he had--even more probably.... came across very condescending.

The participant was challenged with this interaction because they were assigned the same patients during the participant's medical surgical clinical rotation and the accelerated student's senior practicum clinical experience. The accelerated student's attitude interfered with the participant's ability to care for her patients even though she believed they could have worked together for an optimal solution. Throughout nursing school, participants identified examples of how interactions with other nursing students were sometimes a hindrance in their transition experiences.

Clinical and course faculty. Although not common to all experiences, participants indicated clinical and course faculty members were also perceived to be a hindrance. Participant 5 noted "a frustrating situation for everyone" when a clinical faculty in one of their first clinical rotations did not provide clear instructions and rationale for expectations. She laughed as she recounted the story from her first semester of nursing school through the lens as a new graduate nurse and used her hands to emphasize the frustration she felt during the experience:

I remember being very intimidated going into a room where the patient was sleeping at 7 am in the morning and he was like "you just have to do it" and I was like "but"...How far we've come... In my naïve, unknowing mind, I was like, "Why do I have to do it right now? Why are you forcing me to do it right now? When I can do it any time during the day." You know, and especially since it was only one patient. It was like, the patient isn't going to go anywhere necessarily.

She recalled her clinical faculty's response to her uncertainty: "He was very like 'you have to do this and this is how it's done.'" When providing her thoughts about this behavior, Participant 5 said, "He was wanting respect, but he didn't give us a reason to give it to him.... He didn't give us the rationale. He didn't explain things...I think he didn't understand how new we were." In this situation, the participant recalled how one of her classmates received a warning about her performance and the other clinical group members believed the clinical faculty member was the cause of the student's performance issues. Participants also noted course faculty were also more of a hindrance at times. Participant 1 recalled the Medical Surgical II course faculty's way of teaching the material was not helpful: "The instructor would like to over explain things so then it just got to the point where you don't know--like you get lost." This participant preferred to have only the facts presented, which did not represent all of the participants' preferences for learning. Importantly, these were only the participants' perceptions of how their interactions with the clinical and course faculty member influenced their transition from student to professional practice. These recollections provided important insight into their perceptions. These interactions might have ultimately provided them with experiences that made them more aware of practice challenges but the participants still viewed them as hindering their transition experiences. Faculty members did not provide connections for the students to help alter their perceptions. As nursing students, they were not aware of how these experiences provided possible benefits for their practice.

Preceptor. Finally, another group of people noted as a hindrance to the participants' transition from a student role to professional nurse was preceptors. Half of the participants had distinct recollections of interactions with preceptors that negatively

influenced their experiences. Many of the challenges involved expectations. An identified issue involved the perception of what students were able to do during clinical rotations based upon their skill level. After she told a preceptor she could only administer medications with her clinical faculty present, Participant 3 noted the preceptor's response indicated she did not fully understand everything the students could do beside administer medication: ""Then what are you supposed to do?' I'm like, 'I can assess; I can do vitals; I can do anything else, but meds.' Like you know, nursing is not all about meds. I didn't say that to her, but in my head I was like, you know."

Participants also shared stories of how preceptors were not always clear with their instructions, which also hindered transition to practice. In an early rotation while still only assigned to provide care for one patient, Participant 3 recalled how she did not understand what the preceptor wanted after she was assigned to help a patient:

She told me to go help her with this and help her with that, so I was in the room for the majority of the day. But then when I come out, she was like "Where have you been? ...As a nurse you need to be able to prioritize and manage your time better" and stuff. So ok, well I don't really know what you want me to do because you are the one who sent me in.

Also during a beginning medical-surgical rotation, the same participant recalled an experience with a preceptor that made her dislike the rotation: "I remember that I got assigned to this nurse and she was a little bit older and she was like 'oh yay, I guess I have my own little minion today.'" The participant used her hands to convey her dismay over the use of the *minion* term. Participant 8 vividly recalled her clinical experience occurring later in the curriculum, which remains with her today because of the preceptor's reaction to the color of her skin:

Actually one of my hardest times that I had was during my Med Surg 2 rotation.... When I encountered some nurses that were not open to--not open to

like--nurses who were colored... It just kind of came out of nowhere and it just like. It really hit a nerve with me because I've never had to deal with that. Especially in the times that I've been in school my whole life...it was really hard for me because as a student, you don't have the grounds to be able to say like "Hey you need to teach me because." I mean I feel like at some point as a student you are kind of at the mercy of your educator to kind of provide that education and if they don't want to, it's hard to like pry because it's putting the patient's care in the middle of it. ...But it was just very [deep sigh] it was very scary and it was very, um there was a little bit of hostility. ... I didn't feel comfortable. I was just honestly ready for that rotation to end. Just because I knew she was going to be there when I was going to be at my clinical rotations and it didn't make me feel very comfortable. ... I think that just kind of soiled my whole clinical rotation during Med Surg 2.

Additionally, the participant recalled the challenge of being a student and her perceived lack of power in the situation.

The participants also noted how a preceptor's experience level and patient load hindered their learning: "I had a preceptor that clinical that I don't think was ready to have a student...I think she was also a newer nurse too. She was still getting time management underway. ...She yelled at me a couple of times over things... as a student that wasn't my fault" (Participant 4). The student had not made a connection between theory and practice when a patient's intravenous (IV) infusion became infiltrated and she did not make the connection between her assessment findings and the IV's lack of patency. Her preceptor did not explain the rationale: "I remember the next day talking to my clinical instructor, like, 'can you please tell me what happens when an IV blows and what it looks like because she was like not very helpful?'" (Participant 4). The participants recalled being a burden and asking questions was an issue with busy preceptors as well: "They need to get their job done.... There wasn't a lot of time in the day so I felt like sometimes more of a burden" (Participant 6).

Participants made connections between preceptors' behavior and their future as a new graduate nurse. Participant 8 stated,

During my time as a student nurse I often observed many nurses judge their co-workers and this type of hostility towards each other created fear in me. I was scared because as a new graduate I have a lot to learn, which meant I will be making mistakes and asking a lot of questions; however, I did not want my co-workers to think any less of me due to the fact.

In an impassioned recollection of some of her classmates being paired with preceptors who students learned to avoid, Participant 7 recalled,

It made me really upset. I mean come on. They were a student once too; like can't they get that? Like, we are trying to learn. We aren't trying to ask dumb questions, but we don't know the answer. ...I think I always felt bad when they had those preceptors. We are there for a reason. WE are there to learn. We are excited to learn.

As she recalled the experience, she emphasized how students wanted to learn using her hands and voice to emphasize "We" each time she said the word, but especially when she described wanting to learn.

Assistance. In their reflections and throughout their interviews, participants noted how friends, family, clinical faculty, course faculty, preceptors, and patients assisted in their transition from nursing student to professional nurse, which provided information for the sub-theme of Assistance. As Participant 4 noted, "They made an impact." In his reflection, Participant 1 shared,

A gargantuan thank you to all of the [nursing school] nursing staff and students that helped me along the way. Without the guidance, spiritual efforts, and compassion, my real life-nursing career would not be the same. I now understand what it feels like to be a nurse, now hard it actually is, and how rewarding being a nurse can be.

Family and friends. Many of the participants shared stories of how family members assisted them throughout their transition to professional nurse. Participants

recalled the support of family members and friends when wanting to quit and the encouragement of faculty members: “My mom and dad were so supportive...with all the little break downs I would have over the phone sometimes” (Participant 1). After hearing her daughter’s desire to quit nursing school during the very beginning, Participant 4’s mother reached out to a family friend who was a year ahead of the participant in nursing school:

She called one of my friends who was a grade above me, and she was like “What's happening, can you talk her down? I don't know what's going on, like can you really go talk to her?” So then my friend, who was a grade above me, she came and was like “I did the same thing my third week of nursing school...it's ok, you will be fine like you will get through it, like you'll have your first few tests and it will be hard, but you will be ok.

The friend shared her own experience while providing support and encouragement. After a bad experience during her first clinical rotation, Participant 2 received assurance from her family: “My cousin and other people told me that's not like it is everywhere.” (

Importantly, although sometimes the competition for grades was more hindering, participants also recalled the assistance classmates provided throughout nursing school: “I lived with other nursing students who are my friends and I think that was helpful...it was helpful to be with people who are all working hard... Just to be able to talk and like realize everyone is in the same boat and I am not alone” (Participant 2). Participants shared the sentiment of feeling like others were also experiencing similar challenges, especially in the beginning: “We were all feeling the same thing. It was tough to start out with” (Participant 4). Participants described examples of getting to know their classmates well because of spending so much time together in classes and clinicals. Group projects and study groups were also common memories of the support system classmates provided: “I don’t like group projects, but if I had to do a group project, ya, I

would rather be with friends and people I live with so it's easier" (Participant 2).

Participant 7 enthusiastically noted she really preferred completing group projects with classmates who were part of her clinical immersion group:

When we had group projects, everybody just knew how we worked together and they were the BEST projects ever. And everybody would be complaining about their groups, and we were like "Oh we love our groups. Everybody does their part and it's awesome." And we were like "Woo-hoo we have the best group ever."

Even students in other cohorts were noted to be helpful. When Participant 5 faced her first patient death, she recalled the assistance provided by a practicum student:

The preceptor wasn't really there.... She was busy. You know trying to deal with everything. [She] kind of walked me through it. But there was a practicum student there, and we like went in and prepared the body and that. She like was very helpful. Like, "this is what I do when I have to do dead people."

During the last semester of nursing school, Participant 7 recalled how helpful it was to hear her classmates' experiences during Senior Practicum:

It was also interesting when we were doing our practicum class sitting there and listening to other people's experiences. ...Just like seeing how far we had come... And like in our two years because all of us were freaking out week 1, you know. And then hear us at the end of practicum like "oh ya, I just through that IV in and I did awesome" and "I assessed this and I talked to this doctor." Like you know. Just hearing those small glory stories...was just so great.

This recollection emphasized the importance of hearing other students' experiences to assist in the transition to professional practice.

Importantly, participants also shared the importance of confiding in their classmates during challenging times. The participant who experienced incivility due to her skin color recalled talking to her friends/classmates who could relate to her experience:

What helped me through that...clinical rotation was having other nurses.... [They] were very helpful and supportive in saying "you know what this is your

rotation and.... this is her job- she decided that she wanted to precept so she can't pick and choose." She told me, "You know this is your time. You are paying to be here so you should take control of it and do what you can." (Participant 8)

In addition to reaching out to her clinical instructor, this participant purposely chose people who could support her learning and process her experience. Many participants noted the absence of classmates as a challenge during their new graduate nurse experiences:

I think also the hardest transition is not having my friends there. Um. Because like in nursing school you always have your friends, you're always decompressing.... I don't think I really realized it at the moment that I was decompressing when I was talking about how crazy my day was. ...But when you like go home, and everyone you know graduates, you don't have that same support because not very many people understanding the nursing world. Let alone understand being a new grad in the nursing world. ...And it's kind of given me a reason to reach out and hang out as often as I can with our schedules so different. (Participant 8)

The assistance classmates and friends provided proved to be very important as participants transitioned from student role to professional nurse.

Preceptor. Most of the participants recalled the assistance their preceptors provided during their transition from a student role to professional nurse. When describing her preceptors during nursing school and as a new graduate, Participant 7 recalled, "I've had really wonderful preceptors." The feedback preceptors provided was noted to be really helpful and sometimes uplifting: "I do remember one of the nurses telling me that she thought I would become a very good nurse because I was very proactive" (Participant 5). "My old practicum preceptor. She definitely helped with the transition. I think she encouraged me a lot to trust my instincts" (Participant 4).

Participants also learned from their preceptors' stories and their actions and how they used them in practice now. Participant 2 recalled how a preceptor's stories during her first semester influenced her current practice.

In her first job as an RN, she gave the patients the wrong drug and killed a patient, and so that's something that like I always think about. Ya, it's a lot of time at work that I'm in a hurry and pulling meds and just like always I think about [her story].

Participants also watched their preceptors, which assisted in their understanding of the nurse's role:

One thing that I have noticed other preceptors do that I really liked was how much they educated the patients. And that's something I've really tried to adopt into my practice is saying like "ok turn this way" and "this is like why I'm telling you to do that."

Even preceptors who were identified as being challenging were remembered as assisting with the transition from student role to professional nurse. Participant 4 recalled:

I had a kind of hard preceptor she was very, very good...I kind of heard this from people who had her after that too is that she really holds you to a high, high standard as a nursing student. Like, she will call you out if you do something that she doesn't think was the right way. And she isn't like totally "my way or the highway," but if she doesn't think you did something right she will totally call you out on it, which I think was really good.

This description highlighted how the participants did not mind being challenged by preceptors during their learning experiences.

Many participants noted they were their preceptors' first assigned students. They shared how these preceptors sought feedback and were encouraging: "She asked for a lot of my feedback, which I thought was really good" (Participant 4). They noted how these preceptors often shared their experience level with the participants, which they found beneficial: "She's like 'ok well this is the first time I have a student so I'm kind of like new at this.' So it was good for her to let me know ahead of time" (Participant 3).

Participants also took note of their preceptors' feedback during clinical experiences.

Participant 4 recalled,

She was also like very encouraging. ...She would always take like 15 minutes after every shift to kind of like debrief with me. I had never had a preceptor do that with me before. Especially after a shift had ended. ...It made me feel good because most of the time it was really positive feedback. ...I think that gave me a lot of confidence.

Participants often compared a preceptor's actions with other preceptors or what they heard from classmates' experiences with preceptors.

Clinical and course faculty. More participants recalled their clinical and course faculty members as assisting rather than hindering their transition to professional practice: "I've had so many great clinical instructors throughout nursing school" (Participant 5). Participants recalled clinical instructors who found solutions around nurses, who did not want to work with students, recalled what it was like to be a student, advocated for their learning, and pushed them to think critically. Importantly, the participants' perceptions of their clinical instructor's engagement were also noted: "I think you could just really tell how much they wanted you to learn and how much they cared about your success" (Participant 7). Participants also noted when clinical faculty made connections between theory or lab skills. Participant 4 giggled as she remembered her early attempt at assessing a patient while also recalling the benefit of hearing her clinical faculty's stories:

She evaluated me for like my first assessment ever...I think she was just very encouraging. Like, "you did these parts right. ...Good job thinking about this during the assessment," and then also giving me things to point out like how to do specifically with his diagnosis like "remember when you have this type of patients you want to remember pay close attention to like this part of the assessment" and just getting really good feedback. ... I remember liking her and all the stories that she shared with us. Um, I think that made one of the biggest differences was like

post-conference...and she would share some of her experiences of being a nurse. That really was helpful.

Participants also recalled experiences when clinical faculty were able to connect theory and clinical during post conference. Participant 3 recalled, “We would do a post-conference and there we would like ask him questions about our lecture and this is what we are learning and this is what we are confused on. So we would like have a mini lecture of what we learned in class.” A clinical faculty’s ability to teach was noted as assisting participants in understanding content presented in the classroom.

Many participants also noted how course faculty members assisted with their transition: “I felt like every teacher I had was good or helpful. I didn't feel like I had a bad teacher” (Participant 2). Many participants recalled course instructors who used helpful teaching styles, encouraged students who were discouraged, and provided knowledge necessary for practice. Participant 1 remembered first walking into his Introduction to Medical Surgical nursing class and how his instructor provided insight into nursing: “From that day on, I knew that nursing was not just serious that it's fun too.” Participant 1 also recalled liking how one of his course faculty member presented the material: “I just love the way she teaches. She's just straightforward and doesn't elaborate too much and I think that's what a lot of teachers should do. ...And if it doesn't stick, and someone goes on a tangent, then I'm just bored.” This participant’s recollection highlighted the different ways participants learned information, which was important in their transition to practice experiences.

Patients. No participants recalled patients hindering their transition to professional practice but many did recall patients assisting with their transition. Patient experiences provided participants with insight into patient care, benefits of

communication, perspective on patient needs, and knowledge about nursing practice.

Participant 5 told the story of a patient restrained in a bed and how maintaining the patient's privacy and dignity influenced her patient care: "Both my instructor and my preceptor nurse at this time were like... 'you are doing a good job maintaining his dignity.' ...I remember that. ...It's an important lesson to learn because sometimes we're so oblivious." Participant 4 shared about one of her patient's reactions to her care:

He was a really sweet patient. Like, one of his wives had been a nurse and he knew all about nursing. And he was excited to have me do an assessment on him... I remember that being pretty impactful, having a patient that was excited to have me as a nurse.

When recalling her experience of caring for a patient, Participant 3 remembered, "It wasn't just about doing meds and everything. It's about being there when they are at their weakest." These patient interactions were important to the participants' learning about nursing.

Theme Four: Where You Practice Matters

Participants shared how their practice environment influenced their educational experiences in relation to their transition to professional practice, which provided the basis for the theme--Where You Practice Matters. Participants described experiences of how a practice environment could be nurturing by being consistent, receptive, supportive, and teaching oriented. Participants also described instances where people in practice environments were dishonest about learning opportunities and the ability to transition to professional practice. They also shared stories about practice environments that made participants welcome.

Environmental culture. Environmental Culture was the first sub-theme in the fourth theme of Where You Practice Matters. Many participants described nursing units that provided a nurturing environment for their learning. One aspect of this was consistency, which was perceived as beneficial in their transition to professional practice. Participant 7 was involved in an immersion program at one hospital. In this learning opportunity, she completed most of her clinical rotations at the same hospital along with the same five classmates. She recalled the benefits of the learning environment in the immersion opportunity:

I think it was helpful for consistency sake, um, as far as knowing where things are at on a unit or generally in the hospital or like understanding the policies of the hospital so we didn't have to overcome that barrier of going to different places. ...They had certain rules of like what students could and couldn't do...so it was very helpful to know what was expected of us and that consistency was great. Um. ...We also had the same clinical group every time because it was like the six of us and we had an awesome group.

Participant 4 noted the benefit of having the same preceptor during her pediatric rotation, which was part of the unit's culture although the participant did not realize this: "I just coincidentally had the same preceptor every clinical day I was there and I think that made a big difference." Participant 1 was assigned to a dedicated education unit (DEU) for a clinical rotation where he had the same preceptor for every shift. He noted the benefit of having a consistent preceptor: "You get to form a relationship. You get to ask more questions because you feel more comfortable." On the same unit, Participant 4 had a different experience because she had multiple preceptors: "I think that one was one of my harder, hardest clinicals. I did bounce around between preceptors a lot." The dichotomy of their experiences showed how the environment was the same but the preceptor assignments made a difference in the participants' learning experience.

When a nursing unit is perceived as receptive to students, participants identified the experience as being more beneficial to their transition to professional practice.

Participants noted the overall culture of a unit as being influential to their experience as well. Participant 7 recalled,

They work like a well-oiled machine. It's crazy. ...Everybody just was there for a purpose and they like knew that. ...That was like really awesome to be a part of and everybody was there because they really cared about what they were doing and you could tell. So, they were also receptive to having students because they were like “we want to bring people into this. ...We want people to see how awesome like what we do is.”

Participant 2 was assigned to a DEU and recalled what happened with some of her classmates at other clinical locations when the nurses did not know students were going to be on the unit compared to her experience: “They don’t know they were going to have a student and they’re not happy about it. ...They knew I was coming...and I feel like that helps.” The culture of accepting students was noted as being very supportive in their learning experiences.

Participants also noted how staff members on their assigned units were supportive of their learning experiences as being beneficial to their transition to professional practice. Participant 2 witnessed a rapid response on her first day of her Summer Practicum, which was the first time she had witnessed one of these events. She noted how the team came together to care for the patient but also noted how the nurses cared for the other patients: “The other nurses helped and stepped in to help my nurses with her other patients. ...Everyone worked together. That was like a really cool experience.” Participants also shared their experiences of supportive staff members in their reflections.

Participants also noted the supportive environment as they described their new graduate nurse experiences. During her time as a new graduate nurses, Participant 5

wrote, “Overall, the support and encouragement I have received over the last 4 months has been overwhelming, positive and encouraging. Coworkers have complimented my abilities and appreciate my work.” After a rough evening when the unit was understaffed, Participant 5 also shared in her interview, “Your charge nurse for that night was like ‘there's no one else I'd rather do this with, and I was like flattered because I'm a new grad... It's a compliment that you say that and I'm new and you think that I can handle it.” Participant 3 also shared about her transition as a new graduate nurse in her reflection:

It made it easy for me because the preceptors that I had were amazing and they were very supportive (the entire unit was supportive) and they made sure I would be as prepared as I could be for when I come off. Overall, the transition isn't as bad as I thought but I definitely do have days where I feel like I still don't know anything but I have to reassure myself that I know more than I think and if I do feel unsure, I have a whole team of support that are there when I need them.

The continued importance of the learning environments to the participants' transition to practice was evident throughout their interviews and reflections.

Participants also noted when there was a culture of teaching on a unit: “They were always like constantly ‘do you have any questions?’ If [I] didn't, she was like ‘ok if anything comes to mind, don't be afraid to ask’ type of thing” (Participant 3). As she shared the experience, Participant 3 considered what made the unit open to teaching: “[It] is a teaching hospital, everyone ... is willing to help you and teach you and explain things to you if you don't get it.” During her experience in the immersion program, Participant 7 described how the nurses wanted to help students learn:

All the nurses on the unit loved what they were doing. You know like “come and learn this.” Even if it wasn't my patient, the nurse would be like “come and see this. I am about to do this.” Like, “do you want to come and hear this lung sound that I am hearing?” ...They were super awesome about pulling me into those things.

This recollection provided another example of how the culture was beneficial during the participant's immersion experience.

Interpersonal behaviors. In this subtheme, participants shared stories of how dishonesty and other unwelcoming behaviors also influenced their transition to professional practice. Although she shared examples of the positive attributes during her immersion experience, one participant also noted negative interpersonal behaviors. Although they were initially promised job opportunities, Participant 7 shared her experience of dishonesty related to the promise in her immersion program:

Towards the end of the program, they had a shift in their education department, so, at the hospital so they didn't really know why we were there. ...[The educator] kind of told us pretty much if we wanted to work there like we would just apply and be like level with any other applicant who could come from anywhere else, which was challenging to hear because...we just came here for every single clinical in hopes that we would work here and now you are pretty much telling us like good luck you know through the process and we are not going to give you anything for you doing all your clinicals here.

The identified shift of personnel was an important factor in the participant's experience. Participant 1 chuckled as he provided insight into the interpersonal behaviors on the unit during his new graduate nurse experience: "I get eaten up all the time. Nurses, nurses eat their young for sure."

Additional participants shared stories of hostile behaviors between nurses that they had witnessed during their clinical rotations. Participant 8 noted outcomes from the negative behaviors:

I noticed between the nurses that worked as a team versus the nurses that kind of had that hostility towards each other. There's a world of a difference. I noticed that the call lights were answered quicker. The patient satisfaction was so much better because they're getting what they needed even if their nurse was busy. Um. There was another nurse that if she was just sitting down, didn't have anything else do; she was willing to help them.

Her concern directly influenced her transition during her new graduate nurse period: “It did set me back quite a bit because I didn't want to, I didn't want them to think anything less of me” (Participant 8).

Just as they had recalled experiences where preceptors were not welcoming, participants described environments where nurses were not welcoming to students. Participant 1 described how some nurses verbally responded to learning students were scheduled on the unit: “I think that's why I hated the Labor and Delivery rotation so much. I would come to the floor and they weren't expecting students. They were like ‘Ukk ...I'm not going to talk to them.’” Participant 2 described her worst clinical experience:

It was a rehab center and looking back on it, it's not at all like a med surg floor, very different. I was with LPNs, not RNs, so it was probably the worse clinical I've had, but they all got significantly better from that. ...The nurse I was with for the first week...she hated her job and like told me how horrible it was working there. ...I don't know if they were annoyed we were going to be RNs or like just like they did not have the best attitude towards us and there were some that were great and fine.

Additionally, participants described how the unpredictability of the units was stressful. Participant 6 stated, “There's just so many factors you don't know. And you are very unfamiliar with the hospital you are in and you're unfamiliar with the staff. Every day is a new day. It's not like a familiar place. So that's kind of what gave me anxiety, I think.” The unpredictable environment was in direct contrast to the immersion experience where Participant 7 noted, “I think it was helpful for consistency sake.” These examples provided insight into how the participants viewed the learning environment's influence on their transition experiences.

Theme Five: Questioning Preparation

While many participants noted the benefits of their baccalaureate educational experiences toward their transition from student nurse to professional nurse, all participants noted areas where they lacked knowledge or confidence as a result of what they did not experience during their baccalaureate education, leading to the theme of Questioning Preparation. Many of the participants noted most of the patients they cared for during their clinical rotations were stable. They shared the challenge of caring for critically ill or unstable patients as a new graduate nurse. Other participants noted the lack of opportunities to perform skills during clinical, which made it more challenging as a new graduate nurse. Some participants also noted a disconnect between what they were taught during their education and what they experienced during practice. Multiple participants shared stories about their lack of practice in communicating with physicians during their clinical rotations. Most participants wished they had the opportunity to practice this more as a student. Finally, multiple participants noted they still felt anxious or unprepared as a new graduate nurse to provide care despite their experiences during clinical rotations in nursing school.

Practice complexity. In the sub-theme of Practice Complexity, participants recalled their journeys of transitioning from student nurses to nursing professionals and noted the challenges they faced as a result of facing a practice environment were more complex than what they experienced during their baccalaureate education. As Participant 3 recalled about her patients during nursing school: “They were pretty stable.” Once participants started caring for patients on their own following their initial new graduate

orientation periods, many noted the transition was related to their experiences in caring for more unstable patients than what they experienced in school. Participant 8 recalled,

I think that's been the hardest transition getting these patients stable when I thought they would be stable already. ...In my clinical rotations as a student I've never had to stabilize a patient. ...Because most of the time, especially on a med surg floor, they are pretty much stable and you are just making sure they are continuing what they are doing. You are continuing the education before you discharge them. Whereas the patients that I'm getting, they're going through alcohol withdrawals, they're going through opioid withdrawals and a lot of COPD patients. ...I don't know how to deal with it as effectively as I should be... I've never dealt with it so I don't understand how to cope with it. ...Things like that have definitely set back my confidence.

Her experience highlighted her challenge of caring for unstable patients on her own.

Participant 3 noted her lack of seeing patients with diagnoses she now cared for as a new graduate nurse: “In my peds rotation, I did it in the spring so I didn't get a lot of RSV kids or bronchiolitic kids. I got more surgery [patients]... so I didn't see respiratory kids.”

This participant also noted her unit during her Senior Practicum did not take unstable patients as they were sent to the pediatric intensive care unit (PICU), which was not near her assigned pediatric unit and was different in her current unit. As she noted, “I don't really get to see a whole lot of what is critical” (Participant 3). Not all participants shared the same experiences but many described when they started caring for more unstable patients. Participant 4 described how she was purposely given unstable patients during her orientation as a new graduate nurse:

They tried to give them some of the more critical patients on the floor. That way-when I was on my own, I would have had some people who were a little bit more critical. ...I actually got a really critical patient my last week of being on orientation. And my last night of orientation I called a rapid-like my first rapid. I think that was really good for me to do before starting. Because I was like, I was so nervous about my first rapid response, um, and then sure enough, I got to call one on my last on orientation. I had lot of help and support with me that whole night.

When asked if she felt that it would have helped to care for unstable or critically ill patients during her clinical rotations, Participant 4 did not think so: “I kind of felt like I only understood one piece of the story. I didn't understand like what everything was for.... I don't think I could have like handled all of the patients. I don't think I would have understood the whole story as much.” This participant’s experience provided insight into her ability to care for unstable patients in a student role compared to a new graduate nurse role.

Then and now. The next sub-theme of Questioning Preparation, Then and Now, describes how participants had questions regarding their experience as a student compared to the demands as a new graduate nurses including evidence-based practice and orders as well as performing skills including hands-on and communication. Participants noted certain disconnects between school and practice. Participant 1 shared examples of how the clinical setting provided insight into evidence-based practice on his new practice unit in a way the theory course from his baccalaureate education could not:

I used all the information I could get to cram my brain and even with all the updated, you know, books; there's still something more new that they learn in the hospital with evidence-based practice or so. For me, keeping up with evidence-based practice is crucial.

This participant identified the importance of evidence-based practice because of his experiences in practice. Participant 3 noted practices were different than what she learned in her theory classes: “It’s just weird because in nursing school you didn’t learn that because if you ‘perrfed’ [perforated], you would go to surgery right away.”

Participant 1 noted nursing school did not adequately provide information about protocols: “You don't get this in nursing school either. They say you always need a doctor's order. For some stuff, that's not always technically true. There's protocols.”

These examples highlighted some of the disconnects with their education experiences that participants questioned as they started their professional nursing career.

Although participants recalled their experiences of practicing skills during skills and simulation labs, they still shared concerns about the reality of performing skills on patients as a new graduate nurse. In her reflection, Participant 3 wrote,

The hard part was actually knowing what to do at times. I wish I would have had the chance to practice some of my skills during clinicals because now, being a nurse, there are some procedure/skills that I haven't done before and knowing it's something I have to do a lot on my unit makes me feel unprepared. I wasn't able to practice starting IVs so now that the nurses are the ones who will normally draw blood on younger patients makes me nervous because half the time I'm afraid the IV will blow or I won't get it. Looking back, I just wish I would have had a little bit more practice on certain skills.

As a new graduate nurse on a pediatric unit, she had had experience in starting IVs on adult patients but not many on pediatric patients. Participant 3 described her concerns about communicating with aggressive patients because of her lack of experience during clinicals as a student:

We stay away from those that could be aggressive during nursing school, but when you go into clinical you don't know how to deal with aggressive patients. I know it's more for our safety, but like when you go into the real world, I'm just like I wouldn't know what to do in that situation. ...I get that your safety comes first. Stand by the door, and I know what not to do like have your stethoscope around your neck, and turn your back on your patient, and stuff like that. But other than that, I don't know how to like talk to them, how to like decrease their aggression.

Navigating the system. In their recollections, participants recounted stories of Navigating the System, the next subtheme of questioning preparation. Half of the participants specifically mentioned challenges when talking with physicians. "I know when I did my clinicals I didn't talk to the doctors at all. I don't think, um, even when I

did my practicum” (Participant 3). “In clinicals I didn't have very many experiences with the doctors” (Participant 7). Participant 8 shared in her reflection:

One of the biggest challenges I have encountered thus far was talking to the physicians. Not only was I already scared to embarrass myself in front of my co-workers, I was also terrified to talk to the physicians, it also probably didn't help the fact that many of the nurses were telling me all the do's and don'ts. The idea of upsetting a physician and having to constantly interact with them throughout the day frightened me.

As a result of her experiences, Participant 8 suggested nursing students should be encouraged to communicate with others during clinical rotations:

I wish during nursing school there were more interactions with the doctors so like if something happens with your patients you kind of have that experience... You could go talk to them and that way so you're kind of prepared what to say and what to ask. Kind of advocating for [your patients]. Now I am just going in blind-sided. ...I think what I would encourage students to do is to communicate not only with their nurses and their preceptors but to doctors. Because that has been my biggest problem now is being able to communicate to people that you think are "inferior" or superior to you. Um. Understanding how to communicate things in a way that is effective and productive.

Other participants had similar suggestions. “Please encourage students to talk to the doctor during clinical. That's something I did not get to do very much. ...Because when I talk to the doctor still, I don't expect what they are going to ask sometimes” (Participant 1). An issue identified by participants is their experience in talking with the doctors in simulation did not match current practice. Participant 3 related,

I had to call the doctor. But, that was like uh, panic moment and like “Oh God” and you were leaving like “What did I just do?” It was just different like I expected the doctors to be a little bit more scarier you know in the pediatric team ...they are a lot nicer. So it is, they are easier to approach, but still don't know whether to go to the intern, the resident, and then there is an attending. So sometimes I'm like I can't find the intern, but should I still wait to find the intern to talk?

These issues of communicating with physicians significantly influenced the participants' ability to navigate their new practice environment as professional nurses. Participant 1

noted his experience in talking with physicians as a new graduate nurse was different than what he experienced during simulations: “But it's totally different. When you have to call crit care, trauma PA, surgery, um, some of the internal medicine docs, they're ego is so ...high.” He shared his frustration with an experience of trying to get a physician to come see his patient. As he recalled his story, Participant 1 shook his head and used his hands to emphasize his feelings:

Because the doctor's taking too long to come see my patient. They don't know me at all, right. They don't know who I am, but they listen to the charge. And they'll be up their quick. But when I tell them, “Their vital signs are tanking, their lactic acid's increasing, they're in respiratory distress, can you come see this patient right now? I'll call respiratory so they can come do a treatment and, I want, please come up here right now.” Fifteen minutes later, it's like. Ok, I'm calling a rapid. The patient is sick.

This participant's story further provided insight into the increased challenge the participants faced in the health care system as a new graduate, novice nurse.

Environmental challenges. During their transition from a student role to professional nurse, participants described examples of Environmental Challenges they faced--the next sub-theme. Environmental challenges were even more apparent as a new graduate nurse because participants felt like school experiences always adequately prepared them for practice. Many participants described the environmental challenges of working nights. Participant 5 recalled:

You know it's not what I expected. Not in as far as the workload. I knew kind of the workload from having done a couple half nights as a nurse extern...but never in nursing school or anything. ...I don't think I realized...how night shift impacts your life. No one really tells you. I think people try to tell you.

Participant 3 also described an idea for completing capstone clinical hours on both days and nights while she acknowledged being unprepared for what she experienced during practice:

I don't know if it would be easier to do part of the capstone on days or not, but I think it would be helpful to have a balance of the two because you never know what you are getting into. I remember I started off on nights and I'm like "this is easy. I don't know what you guys are complaining." And once I transitioned over to days, I was like "oh crap, what am I going to do?"

Several participants also shared that working nights as a new graduate helped strengthen skills they were still developing. "I'm so grateful for being on nights because it's allowed me to slow down enough to pay attention and to breathe and to really like find that.... balance and time management and what's really important right now" (Participant 6).

Another aspect of working nights as a new graduate nurse that participants did not feel prepared to face was feeling alone. Participant 5 said,

There was a point where I was pretty depressed about night shift because I would miss out so much in my friends' lives--and the peoples' lives around me and I would just fall off the face of the earth for 3 days. More like 5 because you sleep so much.

When asked to describe her feelings further, she shared,

The hard part is finding that work personal life balance on nights because all you want to do during the day is sleep. ...It's really hard to do extra-curriculars--like outside work--activities when you are not working a set schedule and working nights because most of the things are on nights, and you are not always working the same nights.

Participant 6 shared her experience of working night shift: "You kind of fall off the face of the earth. It changes your life dynamic. A lot of things change and like, not a lot of people get it." Participant 8 shared similar feelings.: "With night shift you don't see very many people. ...I think it does affect me. I'm not going to lie." These challenges of working nights highlighted the environmental challenges new graduate nurses faced. Many viewed the challenges were related to their inexperience in working nights during nursing school.

Second-guessing. As they recounted their transition experiences, participants shared their examples of Second-Guessing, a sub-theme of Questioning Preparation. Participant 7 shared her experience in her reflection: “I spent a lot of time second-guessing myself and everything I learned as a student nurse. The first week I had a small crisis of ‘do I actually know anything about being a nurse? Did school prepare me for this?’” Participant 3 shared, “I think I learn and know more than I think and I still look at myself and I don't know what I'm doing”; when asked if her experiences during nursing school transferred to practice in her new job, she replied, “It’s just different because what you learn in nursing school isn’t exactly what you will see outside in the real world.” Multiple participants identified that what they experienced as a new graduate nurse was not what they believed about nursing during nursing school. Participant 6 described how she felt her patient experiences as a new graduate nurse taught her about nursing in a way that nursing school did not:

It's more about human life and the fact that it's sacred and that's...the environment I get to work in versus nursing school's idea of it is more like the purpose is to keep people alive and to do to be a nurse. I don't know because I want to say I want to say be a nurse is one thing but it's not. It's like so many things. Like nursing school you learn. I feel like it limits you. Like, I don't, I don't feel like I really saw the depth of what a nurse is until I saw, had experiences like that. Little glimpses like that. You know. So had I just gone through nursing school never seeing the family dynamic, never seeing someone really, really sick or someone like go home and see the joy in that--like had I not seen those experiences, I would literally just be doing tasks.

This second-guessing the reality of nursing practice based upon their experiences during nursing school compared to their new graduate nurse experiences further highlighted how the participants questioned their preparation for practice. This was an important component in how participants viewed their education experiences’ influence on their transition from student role to professional nurse.

Summary

In this chapter, the results of the study were fully presented. The baccalaureate educational experiences that supported and inhibited transition to professional practice and retention of new graduate nurses were characterized by five themes. The first theme, Figuring It Out, described how participants struggled to decipher their path through nursing school and their first nursing position. Theme two, The Learning Process, was characterized by the many ways participants learned about the nursing profession during nursing school and as new graduate nurses. Theme three, Influential People, described how classmates, families, preceptors, clinical faculty, course faculty, and patients hindered and/or assisted participants' experiences of transitioning to professional practice. Theme four, Where You Practice Matters, was characterized by the important role the practice environment and the people in these environments played in the participants' transition to professional practice. Finally, the fifth theme, Questioning Preparation, highlighted the participants' continued reflections on how their educational experiences influenced their nursing knowledge and abilities as new graduate nurses.

These themes highlighted the complexity participants faced during their transition from the student role to professional practice. When recalling experiences during their baccalaureate education, participants shared positive as well as negative stories and how these influenced their transition. Participants identified both clinical experiences and classroom experiences in their reflections and interviews. As they described their journeys, each participant used their experiences during nursing school to measure their knowledge and experiences as new graduate nurses. They identified the foundations of knowledge and experience laid during their educational experience.

CHAPTER V

DISCUSSION

The purpose of this study was to describe baccalaureate educational experiences that supported and inhibited transition to professional practice and retention of new graduate nurses. The following research question guided this study:

- Q1 How do new graduate nurses view their baccalaureate educational experiences in relation to their transition to professional practice and retention?

In this chapter, the researcher examines study participants, transition experience including transition theory, and retention. In addition, the findings of this study are examined in relation to prior research and literature. The researcher also examines each of the five themes identified in this study individually to fully discuss the findings. Additionally, recommendations for nurse educators, as well as limitations and unique contributions of this study, and opportunities for future research are discussed.

Participants

Eight participants who completed their baccalaureate of nursing degree within the past 12 months shared personal reflections, completed a demographic data sheet, and discussed their educational and new graduate experiences during face-to-face interviews. One participant was male and two participants identified as being Asian. Although only one male participated, the ratio of males to females in the study was actually higher than a representative group of graduates from the participants' nursing program. Similarly,

the participants' baccalaureate nursing program had a lower ratio of minority students than identified in the study. All of the participants graduated from a traditional BSN program, were between 22 and 24-years-old, and were members of Generation Y (Stanley, 2010).

All participants chose to conduct the face-to-face interviews in coffee shops or restaurants. While transcribing the interviews, the researcher noted the presence of background music and conversations as well as baristas calling orders. During the interviews, the participants were focused and not at all distracted. Many of them chose locations where they had studied during their nursing education; the environments were comfortable and preferable for these participants. Research literature did not always indicate the setting where interviews with Generation Y participants were conducted (Altinbasak-Farina & Guleryuz-Turkel, 2015; Mar et al., 2014). When indicated, the literature noted using offices for focus interviews (Clendan & Walker, 2012). Using a familiar and non-threatening setting that appealed to the participants during data collection might have been a unique aspect of this study.

One of the participants had completed three years of college prior to starting nursing school while the other participants had completed two years of college prior to starting nursing school. Four of the participants had additional healthcare experience beyond nursing school. Healthcare experience included volunteering in a hospital prior to starting nursing school, working in home health care for three years, working as a CNA during nursing school as well as at a special needs camp, and working as a Mental Health Technician. This information was important to note as existing transition to practice or practice readiness studies often included participant healthcare experience

data (Casey et al., 2011). In this study, participants shared experiences about stresses and comfort levels related to prior or lack of experience in health care. Some participants specifically stated prior experience was helpful during beginning clinical experiences.

This sample was not homogeneous in its gender, ethnicity, years of education prior to starting nursing school, or healthcare experience. When reported, former quantitative and mixed methods studies of baccalaureate students' transitional experiences during new graduate periods included average respondents being White women aged 35 years or younger with previous healthcare experience as a volunteer, nursing assistant, unit secretary, or licensed practical nurse (Casey et al., 2004); 91% were female, 11% were non-White, and had an average age of 28 (Spector et al., 2015); 90.8% female and average age of 27.86 (Salt et al., 2008). In a qualitative study of Hispanic new graduate nurses, the age range was 24-55 years and five of the seven participants were female (Morales, 2014). Of the 21 participants in a qualitative study of newly licensed registered nurses, 20 participants were female, 15 were White, and the mean age was 29 (Spiva et al., 2013). In another qualitative study of new graduate nurses, only the age range was reported, which was 22 to 38 years (Zinsmeister & Schafer, 2009). Similar to gender and ethnicity data included in the nursing literature, most of the participants in the current study were female and White but the age range of the participants was lower.

The participants in this study also identified characteristics about their hospital orientation experiences. None of the participants worked at hospitals with accredited new graduate nurse residency programs, which was an identified exclusion for this study. The participants shared information about their new graduate orientation programs. The

classroom experiences ranged from no scheduled days to 12 months of continued classroom education experiences. Also, participants shared they spent between 2 to 12 weeks with a preceptor during their new graduate nurse orientation experience. Multiple resources provided recommendations for new graduate nurse programs to help address retention and patient safety (Benner et al., 2010; IOM, 2004, 2011; Spector & Echternacht, 2010). Although a regulated national standardized transition program to ensure a focus on patient safety is proposed in the United States (Mellor & Greenhill, 2014; Spector & Echternacht, 2010), there are currently no standardized orientations for new graduate nurses in all healthcare organizations. The wide variation in orientation programs described by the participants highlighted the challenge of relying on practice to ensure new graduate nurses are prepared to transition to professional practice.

Transition Journey

In nursing, the transition journey is a unique experience even when paths appear similar. In this study, transition was defined as the movement from a student role to professional nurse. The perspective of the transition to professional nursing practice journey starting in nursing education has been previously identified (Hoffart, Waddell, & Young, 2011). To provide additional insight into the participants' transition experiences, the researcher requested a personal reflection to "describe your transition from the student role to professional nurse" prior to the face-to-face interviews. At the end of each interview, the researcher reviewed the reflection with the participant. The participants' word choices and descriptive stories vividly illustrated their experiences. Interestingly, the participants shared almost the same basic information in their reflections and interviews.

As the participants were not given specific instructions for the reflection, the reflection formats varied although each provided important details regarding his/her transition experience. Overall, the reflections were between one-half page single-spaced to four pages double-spaced. Some were written very informally while one was written in American Psychological Association format. When describing the same situations, the written reflections included word choices that provided information regarding the participants' experiences while the interviews included more emotional and descriptive words about the environment and persons involved. The interviews provided richer details but the reflections were very personal as they clearly shared concerns and successes. When describing their transition experiences in both their reflections and interviews, the participants identified how essential their nursing education experiences were in laying the foundation for building their professional practice. Their journeys from a student role to professional nurse were unique because their educational and new graduate orientation experiences varied; but ultimately, each participant referenced education in their interview and reflection.

Transitions Theory

Transitions theory (Meleis, 2015) informed this study. It was applicable to the study because nursing students experience transitions throughout their education program and into their professional practice. From when they were accepted into a nursing program until they graduated, nursing students' experiences in the classroom and clinical site influenced their transition to professional practice. Transitions theory includes the components of transition triggers, properties, conditions, patterns of response, and intervention (Meleis, 2015). Importantly, "the goals of transition theory are to describe

triggers, to anticipate experience, to predict outcomes, and to provide guidelines for interventions” (Meleis, 2015, p. 364). In this study, the participants’ responses provided an opportunity to identify the triggers they encountered during their transition experiences. The results of the study provided insight into how the experiences influenced outcomes. Finally, this study provided important information for nurse educators and administrators regarding the importance of interventions in guiding the transition experience from student role to professional nurse.

Transition Triggers

Characterized by change, which is related to an external event (Chick & Meleis, 1986), four types of situations can trigger a transition experience (Meleis, 2015). Situational role transitions are changes in job role function and scope of practice (Schumacher & Meleis, 1994). In this study, participants experienced situational change, triggering the transitional experience as participants described moving from a student role to professional nursing role. Changes in the participants’ scope of practice were another component of the situational change trigger they experienced. In this study, the concept of transitions was used to inform nursing students’ passage from a beginning nursing student to professional nurse. Importantly, participants experienced multiple transitions during nursing education. Each type of experience was considered when examining the influence of these experiences on the transition to professional practice and retention of new graduate nurses. Participants identified developmental transitions (a second trigger) when describing the challenges associated with dating while in nursing school. This experience produced increased stress for one participant during an already stressful time

in her life--nursing school. Identifying this challenge provided insight into how more than one type of trigger was experienced.

The participants in this study did not identify the other two types of triggers identified in transitions theory. The first type of trigger (health-illness) not identified by the participants involves a change or illness situation (Meleis, 2015). The fourth type of trigger (organizational) is linked to organizational rules and functioning (Schumacher & Meleis, 1994). The arrival of a new leader is an example of an organizational trigger (Meleis, 2015). Participants in this study did not identify any organizational triggers even though personnel changes occurred in the Dean position during their time in nursing school. The lack of comments about this change could provide insight into how baccalaureate nursing students might be insulated to organizational change.

Properties of Transition

Described by Chick and Meleis (1986), the properties of transition include time, process, experiences, milestones, and conditions. In the current model, the properties of transition include time span, process, disconnectedness, awareness, and critical points (Meleis, 2015). Choosing nursing as a major influenced the students' experience as they noted whether they were informed of the resulting journey based upon their experience with the nursing profession or their family's experiences. In the current study, the beginning of the time span occurred when participants started nursing school. When starting nursing school, participants recalled when they picked up their nametags and school polo shirts during orientation. For many, this was symbolic of their entry into nursing school and the beginning their nursing journey. The end of transition is fluid and has not occurred for these participants. They described their new graduate experiences as

part of the journey but they did not describe it as the end. Perhaps at the time of the study, the participants did not feel they had mastered their new role as a registered nurse and continued to develop competencies in their professional practice. The second property of transition—process—involves the experience that ensues during transition, which is a dynamic and fluid process (Meleis, 2015). When they described their experiences in going from a student role to professional role, participants recalled where and when they felt more and less confident and competent in their skills and identity as a nurse.

Another property of transition identified in transitions theory is disconnectedness (Meleis, 2015). Participants in this study noted feeling disconnected during nursing school and as a new graduate nurse. In nursing school, participants without experience in health care described being disconnected when noting their lack of knowledge about how nursing units were related to the healthcare organization and how the nursing profession was related to other healthcare professions. As a new graduate nurse, many participants described feeling isolated from others friends and former classmates as they were unable to attend social events due to their schedules while working night shift. The participants described their disconnected feelings during the interviews, which showed their awareness of the experiences involved in their transition from the student role to professional nurse. The participants described a sense of loss (Meleis, 2015) related to their change in support and social networks.

Awareness is another property of transitions (Meleis, 2015). As transition is an internal experience, the participants' descriptions of how they learned about the role of nurses including providing care and processes such as giving report provided evidence of

awareness. The final property of transition is critical points or milestones (Meleis, 2015). Participants identified milestones in their transition from student to professional nurse including the finishing the first semester of nursing school. As one of the goals of transitions theory is to provide guidelines for interventions (Meleis, 2015), the participants' descriptions of the challenges in learning how to take exams and navigate the clinical experiences were a few examples that provided insight into the first semester experience. Students might benefit from interventions to assist them through the challenges inherent in the first semester of nursing school. Another milestone identified by participants was studying, taking, and passing NCLEX--an important milestone in the transition to the professional practice journey. Providing resources during the NCLEX process after students leave nursing school and complete NCLEX preparatory courses might be another possible intervention for assisting during the transition to professional nursing practice.

Conditions of Change

During transition, change triggers that begin a process have patterns of response that are observable and non-observable behaviors and also either functional or dysfunctional (Meleis, 2015). As noted, once the change triggers are anticipated, the patterns of response start and are influenced by personal, community, societal, or global conditions. Personal conditions include the meaning and values a person attributes to the context of and change itself (Meleis, 2015). In the current study, personal conditions provided insight into the meaning and value of the transition from student role to professional role from the very beginning of their journey. The participants described their responses to the work required in their nursing program including their willingness

to alter their personal lives to devote the necessary time and effort to continue in the program. Additionally, the expectations of how one or others react to change, level of knowledge and skills regarding the change, and belief about expectations of those undergoing change influence a person's experience and responses (Meleis, 2015). In this study, participants noted how their own lack of experience or their family members in healthcare contributed to their stress during the beginning of nursing school, which might be related to unknown expectations influencing their transition experiences. Participants in this study who completed a summer practicum course noted increased insight into the nursing role and increased confidence in their abilities as a result of their experiences. This might have influenced their experience and responses to their transition experience. The participants expected their lives to change as they transitioned from the student role to the professional role. One of the challenges identified was the isolation experienced by working the night shift as a new graduate nurse as it caused isolation from friends, which was not anticipated by participants. One of the goals of transitions theory is to anticipate experience; providing information about working night shifts as a new graduate nurses might assist them in their transition experiences. Another important finding in this study was the experience of a participant during her clinical rotation because of the color of her skin. This finding indicated the level of vulnerability and sense of marginalization could influence responses to transition (Hall, Stevens, & Meleis, 1994). The sense of vulnerability and marginalization identified by this participant provided insight into her description of the event and subsequent actions.

Community conditions that could promote or inhibit effective healthy transitions include support from partners and role model and resource availability (Meleis, 2015). In

this study, community conditions that promoted health transition for the participants included the support from family, classmates, and friends. This provided insight into how these support systems assisted the participants in achieving effective transition. Additionally, it identified the potential benefit of providing opportunities for students to access support systems if they were not receiving support from others or needed additional support. The participant who was treated differently because of the color of her skin sought support from peers who could identify with her experience. This provided insight into how the conditions could be related. Another aspect of community conditions is the resource availability for dealing with issues such as sexism and homophobia (Meleis, 2015). In this study, the participant's experiences were related to her skin color. The participant provided insight into the challenges identified in the community resources for dealing with this issue. The healthcare organization's ability to work with the clinical faculty member and student to identify a solution that met the participants' learning needs through the learning environment was not ideal. Additional conversations and possible solutions regarding the incident were encouraged. The participant did not have insight into how this incident was related to the school of nursing, providing additional concern regarding how to support student nurses in the community environment. The benefit of role modeling in promoting effective healthy transitions was noted in this study. The participants noted role modeling by their preceptors and clinical faculty members. Role modeling by preceptors was especially noted during practicum experiences where participants had more hours with their preceptors as well as more consistency with preceptors.

The final two conditions include society and global conditions that also influence transition experiences and include policies (Meleis, 2015). For the final two conditions (society and global), participants did not recall policies in their interviews. Perhaps this was because participants focused their descriptions on their personal experiences and interactions with others during their transition to professional practice journey and did not consider societal or global conditions.

Patterns of Response

Patterns of response through process and outcome indicators characterize a healthy transition (Meleis et al., 2000). These responses help to identify how individuals respond to a change event (Meleis, 2015). Process patterns include engaging, locating and being situated, seeking and receiving support, and acquiring confidence (Meleis, 2015). Outcome patterns include mastery of skills and behaviors necessary for managing new situations or environments, fluid and integrative identity, resourcefulness, healthy interaction, and perceived well-being (Meleis et al., 2000).

Process patterns. One way to evaluate engagement is to note how involved a person is with all of the aspects related to transition experience (Meleis, 2015). In the current study, participants were very engaged in all aspects of their transition to professional practice experience. They described how their classroom and clinical experiences influenced their knowledge acquisition and noted where deficits existed.

When examining location and being situated (Meleis et al., 2000), one option involves noting how a person is able to recognize his/her position in the complex system (Meleis, 2015). In their interviews, participants clearly identified their understanding of their position in the complex nursing system. From a beginning nursing student, to a

senior nursing student, and finally to a new graduate nurse, participants noted the unique ways they were treated in the clinical setting, their knowledge acquisition, as well as how they managed the associated stress involved at each stage.

The additional pattern of response--seeking and receiving support--was very evident in the participants' experiences of transition from student role to professional nurse. Other aspects of the pattern of response involved confidence in being able to handle new, multiple, and perhaps conflicting demands on a person and seeking and receiving support during transition (Meleis, 2015). Participants described the confidence they felt or did not feel in handling first their role as a student nurse and then their role as a new graduate nurse. They recalled how practicum experiences increased their confidence for their senior year of nursing school and/or their first nursing position. Finally, all of the participants shared experiences of how they sought and received support from family, friends, faculty, and preceptors.

Outcome patterns. Outcome patterns are assessed at the determined end of the transition process (Meleis, 2015). It is difficult to identify the end of the transition to professional nursing practice. Mastery includes integrating behaviors in identifying role mastery as well as seeking out appropriate resources for environmental mastery (Meleis, 2015). Participants identified behaviors such as caring for a full patient load as part of their role mastery during their clinical education. In this study, participants also identified seeking out appropriate resources such as classmates with CNA backgrounds to help navigate the environmental challenges in the hospitals. Being able to go between multiple identities was another outcome response (Meleis, 2015). Half of the participants identified prior experience in health care. Some of the participants continued to work as

a CNA while in nursing school. Being able to manage the multiple role identities was important to note. Participants in the study identified resourcefulness in their new graduate nurse roles when describing their interactions with co-workers including charge nurses to gather information about their new roles including asking questions. Some participants described the outcome of healthy interactions with their co-workers in their new graduate nurse positions while others described interactions that were not healthy. Some participants were able to work with their co-workers as teammates. Other participants described challenges with relationships relating to communication including physicians and other co-workers who were not identified as team players. During the interviews, many of the participants did not describe experiencing well-being, an outcome pattern of response, in their transition experiences. They described feelings such as isolation and doubt. Based upon the participants' descriptions in their interviews and reflections, the participants had not met the end of their transition experiences at the time of the study.

Intervention Framework

In transition theory, interventions work to help facilitate and inspire healthy process and outcome responses (Meleis, 2015). In the current study, interventions assisted the participants in their transition experience with the outcome of becoming an experienced registered nurse. Four interventions noted in transition theory included clarifying roles, competencies, and meanings; identifying milestones; mobilizing support; and debriefing (Meleis, 2015).

The first intervention involved interviewing a person to determine the meaning attributed to the event, stages of transition, and the ability to master and perform

identified competencies (Meleis, 2015). In this study, the first intervention involved interviewing each participant as well as receiving his/her written reflection, which described his/her transition to practice experience. Participants recalled their experiences as a student nurse, healthcare worker, and new graduate nurse. Competencies shared included performing skills as well as communicating with patients. The meanings behind their perceptions of the transition experience were further investigated during the interview.

It is important to also identify milestones essential in managing transitions (Meleis, 2015). Milestones in this study included receiving the nametag and school polo shirt during orientation, which signified the beginning of the participants' journey. Other milestones included caring for first patients and passing NCLEX after graduation.

The third intervention--mobilizing support--involves providing supportive resources, rehearsals, reference groups, and role models (Meleis, 2015). For the participants, identified resources included influential people who assisted them in their transition to professional practice journey. They noted how clinical faculty and preceptors were also role models in their transition journey.

Finally, debriefing is a tool used throughout nursing (Meleis, 2015). For the final intervention, one participant associated the debriefing her preceptor used during her summer practicum experience. She shared how this assisted her in reflecting upon her new practice. The debriefing experience was noted as a positive experience. This finding provided insight into how using debriefing in the clinical setting in addition to the simulation setting might be beneficial in supporting the transition to professional practice experience.

Importantly, transition is a process but mastering necessary skills and behaviors and having a new sense of identity are reflections of healthy outcomes of the transition process (Meleis et al., 2000). Participants in the study noted certain experiences, such as a welcoming and supportive clinical environment, were supportive in their transition experiences. On the other hand, negative interactions with preceptors interfered with their learning experiences and were inhibitive of their transition process. The participants' descriptions of these experiences provided insight into their transition from a student nurse to professional nurse and their continued retention in the nursing profession as new graduate nurses.

Therapeutics

In transition, nursing therapeutics involve nursing measures. The assessment of readiness is one of the measures applicable to nursing therapeutics and allows researchers to identify various patterns in the transition experience (Schumacher & Meleis, 1994). Participants' experiences in the classroom and clinical environment might be identified as nursing therapeutics. In this study, participants recalled classroom experiences including their introduction to nursing education course and last medical surgical course. Learning that nursing could also be fun based upon a course faculty's introduction to the material and its importance is an example of how humor in the classroom experience influenced their transition experience. Participants also recalled learning experiences in skills and simulation labs. In a simulation lab, one participant neglected to use the clinical institute withdrawal assessment for alcohol (CIWA) score right away when a patient was withdrawing. This measure of learning from mistakes influenced this participant's transition to practice experience. Finally, the participants shared experiences in clinical

rotations from their first introduction to nursing course through their last senior practicum course. The experiences were vivid and expansive. The participant's experience of being treated differently because of the color of her skin was a measure that definitely informed her view of not only that clinical rotation but of the nursing practice environment. The wide time span included in their recollections provided insight into how all of these types of experiences influenced their transition to practice.

Transition Theory Summary

Transition theory was appropriate for this study. The participants' responses matched the components of the theory. Results from the study provided additional insight into baccalaureate nurses' transition from student role to professional practice and potential interventions to help support the transition.

Retention

Findings from this study indicated retention was an issue from the beginning of nursing school into new graduate nursing experiences. Issues related to retention were described during interviews as well as in reflections. During the first semester, participants described vivid stories of being overwhelmed and lacking confidence, which resulted in considering leaving the nursing program and quitting nursing school. This consideration was despite all of the invested time and efforts leading to acceptance into the nursing program. The support of family and friends assisted participants in deciding to continue with the program. Additionally, the participants' ability to persist through doubts and challenges contributed to their decision to continue.

The first semester of nursing school was not the only time participants considered leaving the program. The ongoing enrollment in the nursing program was tenuous

according to one participant who continuously re-evaluated her decision to remain in the program. Tackling each challenge as it arrived provided confidence and provided useful experience when facing challenges as a new graduate nurse.

Although the participants considered leaving the nursing program, they did not quit. As all of the participants in this study completed their baccalaureate degree in nursing, there were no examples of attrition during the program. The lack of attrition was important to note as participants who left the nursing program might be able to provide more detailed information regarding retention issues experienced during nursing school.

As new graduate nurses, the participants continued to share stories and descriptions about their ongoing decisions to remain in their first nursing position. Thoughts regarding leaving first positions were influenced by additional factors. One participant described how her two-year contract continued to influence her decision to stay in her first nursing position despite her continued thoughts of leaving and looking at other positions elsewhere. The participant noted her desire to look elsewhere was related to her generation's tendency to change positions more frequently. This description provided insight about how an external factor might influence retention during the new graduate period.

Another issue regarding retention identified in this study included the disconnection between the desired caring experience and the actual care provided in the nursing role. Providing a caring experience for patients was an important component in the participants' descriptions of why they chose nursing as a career. Multiple participants discussed considering changing nursing positions as a result of their experiences as new

graduate nurses. One participant noted reflecting upon the ethics involved with caring for patients who were not cognitively aware of the rationales for limiting movements.

One participant indicated her entire life had been following a plan up until her time as a new graduate nurse. Not having a plan was disconcerting for the participant. This provided insight into how ongoing mentorship and career planning might assist new graduate nurses in remaining in their current positions or perhaps other positions in the same health care organization, which is important when considering the orientation costs associated with new graduate nurses. Additionally, the participant noted positions she was considering were different than what she identified during nursing school. Her experiences in providing care as a new graduate nurse influenced her thoughts regarding retention in her current position and potential changes.

Unit culture and environment were also issues influencing retention identified in this study. Participants noted that feeling welcomed in their new graduate position and knowing staff members from previous clinical experiences positively influenced their feelings of being a part of a team and made it easier to manage difficult experiences. They did identify thoughts of wanting to quit positions after the difficult experiences. Their responses highlighted the importance of a supportive culture. On the other hand, participants who described units where there was no teamwork or where they felt unsupported from physicians did not identify the practice environment as supporting retention in the new graduate role. Specifically, the participant noted the importance of one charge nurse who regularly supported and communicated with her during her new graduate experience. This participant also noted how she was younger than the other nurses and the only new graduate nurse on the unit. Staffing issues also contributed to

the participants' thoughts regarding retention in their first nursing role. Multiple participants noted working short-staffed or working mandatory overtime as a result of staffing deficits. At a time when they were learning to navigate their new graduate nurse positions, staffing was an important factor in their ongoing consideration to remain in their first position. These are important factors to consider regarding potential issues of retaining new graduate nurses.

Since all of the participants remained in their positions during the time of the study, the results captured only their thoughts regarding remaining or leaving in their first nursing positions. Interviewing new graduate nurses who left positions or even the profession might provide additional insights into what factors actually influenced their attrition.

Themes Identified in This Study

Theme One: Figuring It Out

The first theme identified in this study described the struggle to navigate a path through nursing school and a first nursing position due to many unknown factors and associated uncertainty of the new experience. This study's findings noted a popular reason for choosing a nursing major was a desire to help others. Additionally, uncertainty about nursing school or first nursing positions due to family members' or personal inexperience with healthcare provided an added stress during an already stressful time, nursing school. Despite doubts and inexperience, students succeeded in reaching their goals of obtaining BSN degrees and first nursing jobs. Wanting a road map for success is understandable. The struggle might actually reinforce a student's commitment to pursue a major that is not easily attainable. Since family members might

be unable to provide answers, students must seek support elsewhere. This support might be found through informal or formal mentors. Literature findings indicated mentorship provides nursing students with an increase in their perceptions of readiness for practice (Ares, 2014; Fowler et al., 2015; McCalla-Graham & De Gagne, 2015).

Students in the current study found it helpful to talk to nurses at their workplaces or friends who had been in the nursing program. Providing a social support system through formal or informal mentoring programs is one way to encourage students to network with others who have experience and can answer their questions. These mentoring programs can be established in nursing schools with senior students mentoring incoming junior students. Additionally, students might be encouraged to seek mentors through connections with new graduate or more experienced nurses. These interactions might help decrease uncertainty and doubts and build confidence during nursing school. These experiences could also potentially foster future mentorship relationships, which are so valuable throughout a nurse's career.

The current study's results indicated that although uncertainty related to nursing school existed, healthcare experience provided increased knowledge and confidence about completing clinical rotations. In this study, half of the participants had previous healthcare experiences. This finding was contrary to other studies including one where 98% of participants had previous healthcare experience (Casey et al., 2011). Results in the current study identified healthcare experience as providing confidence in taking blood pressures and readiness to apply new concepts. Beginning students are often challenged with understanding how hospitals function; gaining experience on one unit does not provide immediate insight. One method to support uncertain students and appreciate the

skill set of more experienced students would be grouping experienced and inexperienced students together in beginning clinical rotations. Experienced students could assist other students in basics such as locating supplies on the unit. These interactions could support developing teamwork, which is essential in nursing. This opportunity might also build confidence for all students and encourage them to apply class content with less uncertainty.

Nursing students often reported feeling overwhelmed, especially as they started nursing school. Results from the current study indicated stress was associated with feeling overwhelmed in nursing school, leading to thoughts of wanting to quit nursing school. Importantly, they did not. Nursing school is known to be stressful. Williams (2010) conducted interviews to determine the keys in persistence for first year students. Not giving up was one of the identified themes (Williams, 2010). Students had both positive and negative mindsets that allowed thoughts of wanting to give up squashed by thoughts of not giving up (Williams, 2010). In one mixed methods study of undergraduate traditional and accelerated students at a private university, many participants shared feelings of being overwhelmed with the responsibilities (Reeve, Shumaker, Yearwood, Crowell, & Riley, 2013). In their study, 42.1% of respondents reported feelings of depression and concerns regarding coping strategies were identified. Nursing students felt the demands of studying along with the large number of didactic and clinical assignments left them with little free time (Reeve et al., 2013). Results from the current study identified large amounts of time participants spent studying, especially at the beginning of their nursing program, led to a perception that nursing school and

work would fill the entire day. These findings supported the need to identify coping strategies for nursing students.

Finding ways to cope with feelings of being overwhelmed in a healthy way is important for optimal student performance, student retention, and continued transition to professional practice. The stress associated with nursing school influences students' experiences during their nursing education and might later influence their lives and journey as professional nurses (Reeve et al., 2013). Unfortunately, when students were in trouble, low numbers of participants reported reaching out to faculty for help (Reeve et al., 2013). Results in the current study indicated that even when providing support for doubting students, faculty members were not always notified when students felt overwhelmed. One solution to assist nursing students would be to institute a support group. University resources including counseling centers provide valuable tools for nursing students experiencing stress and feeling overwhelmed due to the pressures associated with nursing school. Nursing faculty members could provide information about the service and encourage attendance, especially during scheduled advising times or when meeting with struggling students. Open communication between faculty members and students feeling overwhelmed could potentially help students decrease some of the existing stressors inherent in nursing education such as testing and scheduling demands. Learning to seek resources to help cope with stress associated with nursing practice could also be potentially beneficial during a nurse's career.

In this study, results indicated semesters seemed to become progressively easier as strategies for taking exams were identified and insight into how nursing courses and clinical experiences built upon the material previously presented and experienced was

gained. Also, current nursing practice was considered to be built upon prior course and clinical experiences. All of the results did not indicate that balance was gained even with insight into the curriculum.

With class and clinical demands in addition to possible work schedules, nursing students must prioritize what is important due to limited free time. The challenges associated with navigating nursing school, especially in the beginning, and managing competing demands produce additional stress. Nursing literature provided insight into the first-year experience of the new graduate nurse (Al Awaisi et al., 2015; Casey et al., 2004; McCalla-Graham & DeGagne, 2015). Importantly, there is a lack of existing literature on nursing students' first-year experiences of nursing school (Ostrogorsky & Raber, 2014). Magnussen and Amundson (2003) conducted a qualitative study to identify the experience of being a nursing student. The researchers discovered four themes of meeting conflicting demands, feeling overworked, feeling unprepared, and seeking respect and support from one's faculty. The current study's findings of juggling demands outside of the student role were similar to the theme of meeting confliction demands where participants noted the challenges such as working and going to school (Magnussen & Amundson, 2003). Many students work during nursing school to provide needed income as well as to practice skills in CNA and other associated healthcare jobs. Extra demands upon students' limited time provides additional sources of stress during nursing school. This further illustrates the need for students to utilize support services offered by the university including counseling and support services to assist them in coping with increased stress levels and provide information about available resources. For example, these services might assist students in identifying additional methods of

financial aid if their work is interfering with school success. Overstressed nursing students might be unable to focus on school, which could ultimately influence their ability to learn and apply material critical for providing safe patient care.

Faculty members could assist first semester students by explicitly providing information about the nature of the nursing curricula, the importance of setting a strong foundation for additional coursework, and knowledge building. This could be accomplished by providing insight into how a current topic or course fits into the entire nursing school curriculum. Nursing students who are more experienced with stand-alone pre-requisite courses might not see how learning normal assessment findings in an assessment course provides the knowledge needed to identify future abnormal assessment findings in a medical surgical clinical experience. Again, faculty members could encourage students to utilize resources such as mentoring programs and support groups to help navigate the system and decrease the associated stress of needing to retain and apply content beyond the current course. Nursing students might be overwhelmed and feel stressed with balancing school and other roles. Ultimately, nursing students need to learn to take responsibility for their own learning and realize that content in nursing school applies directly to providing safe patient care and cannot simply be learned to pass one test. Fostering life-long learning and being responsible for meeting one's own learning needs will also be useful throughout a nursing career.

In this study, results identified changes in confidence levels during the journey from a student role to professional nurse. Precepted practicum experiences increased confidence levels for both their senior year of nursing school and professional practice in the current study. In a study of 78 nurse externs, participants in a summer externship

program reported gaining greater self-confidence as both a person and future nurse (Ruth-Sahd, Beck, & McCall, 2010). Similarly, participants in another externship program reported increased self-confidence and knowledge base and an easier transition to senior year (Rhoads, Sensenig, Ruth-Sahd, & Thompson, 2003). In a mixed methods study of pre-licensure nurses, participants had increased confidence following a practicum experience during their last semester of school with seasoned faculty and preceptors (Bowdoin, 2014). Additionally, Bowdoin (2014) stressed

the value of the practicum experience for providing the transition from student to professional nurse cannot be underestimated in both teaching prelicensure students to think like a nurse and prepare them for the real world roles and expectations of professional practice. (p 117)

Casey et al. (2011) also noted the importance of a senior level practicum in preparing students for professional practice.

The influence of the summer and senior practicums on increasing participants' confidence levels cannot be overlooked. Resources are limited and often strained. Healthcare organizations are challenged to provide preceptors necessary to orient new employees often due to the attrition of new graduate nurses. As a result, preceptors might be unavailable for clinical rotations and healthcare organization might cancel or limit educational opportunities for nursing students. Without these opportunities, nursing students do not gain the necessary practice experience that promotes competence and confidence. This ultimately affects students' preparation and transition to professional practice. Practicum experiences must be retained. Education and practice partners need to work together to ensure the success of these learning opportunities.

With support from preceptors and staff, results from the current study reported confidence and competence increased each week as a result of learning new skills daily

as new graduate nurses. Similarly, new graduates reported increasing confidence over time (Penprase, 2012). In a study by Blegan et al. (2015), an increase in competence was noted in newly licensed RNs as they gained experience in hospitals with supportive precepted experience. Differences in levels of self-confidence could be attributed to a participant's length of employment as a new graduate nurse (Zinsmeister & Schafer, 2009).

Importantly, confidence levels also influenced thoughts of retention. Findings from the current study identified the benefit of using confidence gained from overcoming challenges during nursing school to address challenges as a new graduate nurse. Conversely, the current study's results also found new graduate nurses considered leaving their positions after having doubts about their capabilities as a new graduate nurse even with positive precepted experiences. For many new graduate nurses, this was the first time in their lives where they did not have a plan for the next step and they found it unsettling. This study's results found signing multiple year contracts was one reason for staying in a new graduate position when considering leaving as a possible change experience, which was attributed to a characteristic of Generation Y. These reactions might not be unique. This younger generation in the workforce is noted to be more mobile in the work place (Clendon & Walker, 2011). Both academia and practice settings must explore this issue to determine whether the needs of nurses from this generation can be met while also meeting the needs of the other three generations of nurses currently practicing today. With limited and potentially diminishing resources, organizations must retain all of their nurses and not simply accommodate requests that meet the characteristics of one generation at the expense of another. Identifying

exemplars of success in healthcare organizations or other industries is one suggestion for meeting the needs of multiple generations of workers to help retain as well as recruit new nurses.

Theme Two: The Learning Process

The Learning Process was characterized by the many ways participants learned about the nursing profession during nursing school and as new graduate nurses. Participants identified how they learned by asking questions even when they were hesitant or felt they were asking too many. This is identified as self-initiated inquiry. Learning the importance of clarifying information throughout the educational process assists students in developing this skill set, which continues to be essential in professional nursing practice. In this study, this was cultivated in an active learning environment where dialogue was encouraged beyond simply following a nurse throughout a shift, resulting in collaborative engagement of students and clinical faculty to support professional nurse development.

Nurse educators should welcome questions to foster a culture where it is normal for students to ask questions (Nickitas, 2012). Results from this study revealed the importance of asking questions in order to succeed in nursing and gain critical thinking skills. Questions from faculty members and preceptors could further develop critical thinking skills. Faculty members who ask the right questions help to promote knowledge awareness and master of content (Nickitas, 2012). Learning the importance of clarifying information throughout the educational process assists students in developing this skill set, which continues to be essential in professional nursing practice. Not every nurse uses questioning in practice. When educating and orienting new clinical faculty members,

nurse educators should emphasize the importance of creating an environment where open dialogue through questioning develops students' critical thinking and clinical reasoning skills.

The results of this research showed questions of self and with a clinical instructor; yet, the use of questioning in the classroom was an interesting omission. Although participants recalled clinical instructors and themselves asking questions, they did not share experiences where course faculty members used Socratic questioning in the classroom. Socratic questioning is an important tool for assessing learning as well as exploring attitudes, values, or feelings related to conflicts or ethical dilemmas (Nickitas, 2012). Although many faculty members use this form of questioning as well as asking questions to increase participation, participants in this study did not recall this practice when describing their transition experiences. Faculty members have been encouraged to utilize active learning strategies to prepare nurses for future practice (IOM, 2011). As noted, nurse educators have traditionally used lectures to present dense content included in theory courses as it is an efficient way to present materials. Literature provided insight into more active ways educators could present content including involving clinical nurse specialists to present case studies (Chan et al., 2012) and flipped classrooms (Blissitt, 2016; Elliott, 2014; Presti, 2016).

In the current study, some nurse educators at the participants' school have embraced active learning strategies more than others. Since this study's results did not identify the use of these strategies, it might provide insight that more faculty members might need to adopt more active learning practice before students identify the connection of the critical thinking development associated with these strategies. Faculty members

might feel confident they have imparted the requisite knowledge. When looking toward the future, however, faculty members might need to consider students' ability to apply the information into their professional practice.

Evidence from this research showed the process of using questions was an important foundation in launching nursing careers. Inquiry to clarify concepts and affirm decisions involving patient care as new graduate nurses enter the complex practice environment is critical to safe and high-quality care. Nurse educators and preceptors must continue to encourage and utilize questioning as an effective method of problem solving and critical thinking. To do so, an environment of collaborative engagement needs to also be encouraged in the practice setting. With continued encouragement and modeling by preceptors and mentors, new graduate nurses could utilize questioning to better navigate the challenging practice environment, which could lead to increased understanding and confidence in their abilities to provide safe patient care.

Specific learning strategies were also components included in The Learning Process theme. Study results identified the benefits of learning in the skills and simulation laboratories and practicing on a manikin prior to providing direct patient care. The skill labs and simulated clinical experiences are designed to provide safe, structured, and supportive environments for students to develop required clinical competence to ensure safe patient care. Safe patient care is a priority for students as well.

In an interpretive descriptive survey study in Australia, researchers noted the participants valued learning through theory prior to applying the information in practice (Fowler et al., 2015). The benefit of utilizing simulation as a strategy for learning patient care continues to be questioned by some. The preference for hands-on learning in the

clinical environment has been identified in other studies as well (Fowler et al., 2015).

Nursing students prefer the clinical setting for many reasons including the ability to interact with “real” patients, which is why many of them chose the profession. Without gaining the requisite framework of knowledge and skill development, clinical experiences are ineffective for student learning and specifically not safe for patients.

In the practice environment, educators utilize skills and simulation environments to teach and confirm competence as well. In fact, many new graduate orientation programs also utilize simulated experiences to help develop communication and teamwork. The results in this research supported the benefits of experiencing situations in the simulation lab prior to clinical practice. Providing the rationale for these valuable learning experiences might encourage more students to more fully embrace these opportunities. Faculty members need to emphasize the goal of creating a safe patient environment throughout the educational environment as students might not recognize the benefit of their experiences for future patient interactions.

Benefits of learning strategies provided during practicum clinicals increased confidence as previously stated. Most clinical experiences during nursing school involve a student being assigned to a nursing unit with a clinical faculty member overseeing a group of students during a rotation that consists of a smaller number of clinical hours than practicum rotations. These clinical experiences provide students with opportunities to apply theory into clinical practice. With additional clinical hours and one-on-one interactions, the opportunity to complete a clinical rotation in a precepted model provides unique learning experiences beneficial for transitioning to professional practice. The optional summer practicum allows students to expand their knowledge of nursing beyond

what they had experienced during their first two semesters of nursing school and the senior practicum allows students to apply their acquired knowledge and skills in an environment closely resembling the one they will enter as new graduate nurses.

Identified benefits of a summer practicum experience in the current study included gaining important skills such as understanding the nurse's role, practicing report and charting, and building critical thinking skills. Similarly in a qualitative study of an externship program, participants noted needing to learn both the language and practices in the healthcare environment when they started their externship experience (Cantrell & Browne, 2005). Beginning clinical experiences might not provide students with the opportunities to fully understand these aspects of the nursing environment. Study results indicated that learning more about a nurse's typical practice day was an additional benefit of the summer practicum. Students were able to provide patient care with an assigned preceptor during the entire 12-hour shift. During a typical rotation, students leave the unit for a post-conference experience, which often lasts for an hour. Many students view post-conference as both a beneficial learning experience when discussing aspects of their day as well as an interruption in care when missing experiences such as giving report to the oncoming shift. Educators often use a post-conference experience to help students connect theory with practice. Perhaps clinical faculty members should consider foregoing post-conference for at least one clinical day to allow students to experience the patient care experience from beginning to end. This opportunity was included in a precepted senior practicum experience but in the beginning of a program, students are trying to solve the intricacies of nursing care and might benefit from an earlier experience.

Additional benefits of a junior and senior practicum involved the increased confidence students gained from the additional hours. The optional summer practicum experience provided nursing students with the opportunity to expand their knowledge of the nursing professional as well as increase their confidence while entering their senior year and beginning their professional practice. Study results indicated the 180 hours spent in a senior capstone contributed to increased confidence. Not all students felt prepared for practice upon graduation. In a study of transition into nursing practice of accelerated second-degree nursing program graduates, the new graduates who felt adequately prepared for practice credited their 210-hour final preceptorship (Penprase, 2012). Similarly, Reagor (2010) noted participants identified an increase in perceived readiness for practice following a senior preceptor experience. The extended time period allotted to the senior practicum clinical experience was one of the identified learning strategies included in a senior practicum experience.

As previously stated, faculty members must advocate for opportunities for students to participate in these extremely beneficial learning experiences. In efforts to manage the number of nursing students accepted into a healthcare organization, the number of clinical hours is also being challenged. Due to the identified benefits, nurse educators must ensure the extended time length included in practicum experience remains as well. Once students become accustomed to a typical clinical rotation, it is over. Students must have opportunities to immerse themselves in the nursing environment to better prepare them for the realities of the complex nursing environment they face as new graduate nurses. Practicum experiences allow for this invaluable opportunity. Working

with clinical partners to implement and retain these opportunities is another way to support transition to professional practice.

Watch One Do One is another aspect of the learning process. In nursing, the learning process for skill development often involves students learning the rationale and components of a skill, watching someone perform a skill, practicing a skill in a safe environment, and then performing the skill in a clinical setting. This process involves multiple practice opportunities as well as competency requirements in an attempt to ensure students are prepared to practice skills safely in the clinical setting. In reality, even when they are competent, students often watch nurses perform skills in the clinical environment instead of having the opportunity to actually perform the skills they learned.

This study revealed the importance of not only watching a skilled nurse perform a skill but also having the opportunity to perform the skills with supervision and feedback. In a study to identify stress in baccalaureate nursing students, a study participant noted increased stressed because of not liking to only watch instead of getting to have more hands-on opportunities in the clinical environment (Wallace, Bourke, Tormoehlen, & Poe-Greskamp, 2015). Results in the current study indicated simply watching skills without performing them caused frustration.

Students are aware they will be required to perform skills in their professional practice and want to perform skills while they have a clinical faculty member or preceptor present to offer guidance. The results of this study revealed some nursing staff members were concerned when students did not perform medication administration on their assigned patients. Students might be restricted from passing medications based upon organization or school policies as well as clinical faculty's time restrictions

associated with meeting the clinical group member's learning needs. Nurses questioned what students were actually learning if they did not pass medications. Having to wait for instructors to pass medications was noted to be a stressor for students in other studies (Wallace et al., 2015). This provided insight into the challenges existing in many clinical settings. Nursing staff members are caring for very fragile, acutely ill patients while being short-staffed and often having assigned students. It takes time to allow students to perform a skill, especially the first time they are doing so in practice. Also, nursing staff members might see the benefit of not passing medications when students are assigned to a patient with the clinical instructor assisting in medication administration skills. When their time is already limited, it is understandable that staff nurses might want students to watch them perform the skill and perhaps emphasize medication administration as an important learning experience. If education and practice partners are relying on clinical experience to help prepare students for professional practice, it is important for students to actually perform skills prior to assuming care for patients on their own as new graduate nurses. Practice partners must be confident that nursing students are competent to perform relevant skills. With the number of nursing students on a typical unit, it could be challenging for nurses to know each student's practice level. This could be accomplished more easily if each clinical course included a description of the course including where it falls in the curriculum and a list of skills the students are capable of completing as well as any that are specifically prohibited. Clinical faculty members could post this list on the nursing units prior to the start of a rotation and students could share it with their preceptors. It is also important for clinical faculty members to advocate for positive

learning experiences for their students. To promote effective transition to professional practice experiences, students must be able to safely perform skills in practice.

Results also showed learning builds upon previous experiences and the importance of reflection in practice as well as experiencing situations rather than simply learning in a case study. Similarly, researchers identified the value of authentic learning (Walker, Rossi, Anastasi, Gray-Ganter, & Tennent, 2016), finding students perceived learning was more valuable when where they were actively learning (Duque & Weeks, 2010). Learning is an active process where students continuously add new knowledge to existing knowledge acquired in the classroom and clinical settings. Students are encouraged to incorporate critical thinking and clinical reasoning skills into their nursing practice to prepare them to care for critically ill and medically complex patients they will encounter in practice (Benner et al., 2010). Reflective practice is one method nurse educators use to develop clinical reasoning and clinical knowledge (Tanner, 2006). Benefits of reflective assignments also include increasing critical thinking (Nabor et al., 2014).

From the beginning of a nursing program, nursing faculty members encourage students to incorporate reflection into all aspects of their learning. Nurse educators must provide opportunities for students to learn how to reflect in order for them to utilize reflection in their future practice. In the classroom, nursing faculty could incorporate reflection following a teaching-learning event to allow students to evaluate their effectiveness and determine what they might change in future experiences. In clinical settings, students' reflections could help them process their patient care experiences. Participants in another study of nursing externship experiences reported the benefits of

reflection (Ruth-Sahd et al., 2010). The ability to reflect verbally is especially important to support student learning. Not all clinical faculty and preceptors are able to incorporate this important learning component. In a qualitative descriptive research study in Ireland, preceptors were not prepared to conduct guided reflection without additional education (Duffy, 2009). Again, this is important as educators consider the role preceptors play in educating nursing students. Reflection was noted to be an avenue for learning by participants in the current study; therefore, it would be important to consider providing additional education for preceptors so they might better use reflection to help guide student learning.

It is important for nurse educators to identify additional methods and strategies that might support students' critical thinking and clinical reasoning skills. Results indicated the importance of debriefing to assist with reflective practice in the clinical environment. Using a debriefing model in clinical practice is not as common as using it in simulation. Although a formal debriefing model was not used, the perception of debriefing after an experience might provide evidence of the application of debriefing experienced during simulated activities to clinical settings.

Using debriefing models in the clinical environment has been encouraged (Hunter, 2016) and utilized (Dreifuerst, 2015). Debriefing has been used to assist students in enhancing clinical reasoning during simulated learning events (Forneris, 2015). Educators also researched how simulation with debriefing and guided reflection could stimulate critical thinking in baccalaureate students (Padden-Denmead, Scaffidi, Kerley, & Farside, 2016). Results from one study confirmed the relationship between critical thinking and reflection while there was no relationship to critical thinking during

simulation (Padden-Denmead et al., 2016). These studies illustrated how nurse educators continue to seek ways to enhance students' critical thinking and clinical reasoning skills to prepare them for practice in today's complex environment. As part of the transition from a student role to professional nurse, nurse educators must support students' opportunities to reflect upon their classroom and clinical experiences to provide them with the necessary skills to incorporate reflection into the professional practice.

Results from the current study found students wanted to provide patient care independently while needing and sometimes wanting to depend on others. For new graduate nurses to eventually care for patients independently, they must progress through a learning process that requires clinical faculty and preceptors to oversee students while they provide care in order to ensure the patient's safety. As nursing students gain experience and increased competence, they are provided limited autonomy with continued oversight. Once they graduate, new nurses begin their practice with assigned preceptors to support their continued learning and new role. Over time, these preceptors act more as resources until the formal relationship ends and the new graduate nurse practices on his/her own. This is not always a smooth or easily accepted process, however. Clinical faculty members or preceptors can be viewed as being supportive or restrictive. This is often because some preceptors neglect to let students assume more autonomy while still overseeing the patient care even during the senior practicum experience.

If students are not afforded the opportunity to direct patient care within the safe confines of a precepted experience, they will lack the skills necessary to provide safe, independent care in their own nursing practice. In fact, new graduate nurses often have

similar perceptions of their preceptors. In one study, new nurses appreciated assuming care for critically ill patients while still having a preceptor present when needed but not all the time (Moore & Cagle, 2012). The researchers noted that when a new nurse encountered an urgent situation and did not have a preceptor present, she felt overwhelmed and lost, which led to negative new graduate perceptions (Moore & Cagle, 2012). New graduate nurses developing expertise in an intensive care unit (ICU) valued the presence of experienced staff partners during a new graduate residency program (Adams et al., 2015). Also noted was nurse residents would need continued access to expert support when transitioning to new units (Adams et al., 2015). As many new graduates are working on short-staffed units, access to expert support might be limited. These studies highlighted the importance of preceptor presence and guidance during a new graduate nurse's orientation but also the necessity for the new graduate to assume independence.

Some students and new graduate nurses are ready to assume more responsibility for patient care than others. Ultimately, nurse educators must ensure clinical experiences meet students' learning needs. Students must identify the importance of having preceptors present for patient safety but also realize the importance of assuming more of the patient's care under the preceptor's guidance. To ensure a smooth transition to professional practice, new graduate nurses must feel confident when assuming independent care of their patients and a strong educational experience supports this outcome.

Theme Three: Influential People

The theme of Influential People encompassed the participants' experiences of interacting with others whom they perceived as either hindering or assisting their learning experiences during their transition from student to professional nurse. Influential people perceived to hinder learning included nursing students, clinical and course faculty, and preceptors. Of course, these perceptions and some interactions might be more helpful than perceived at the time. One example was the stress associated with perceived competition between classmates on course performance. It is important for nurse educators to identify the important role student perception plays in their evaluation of educational experiences. Students must earn passing grades to graduate with their BSN degree. This could cause feelings of being overwhelmed when juggling all of the clinical and class requirements as noted previously. This study's results indicated students should not always place emphasis on grades. This change in emphasis might help students decrease their perceived competition. Faculty members have a role in encouraging students to persist through challenges that occur during nursing school (Williams, 2010); perceived competition between classmates is an example where faculty members might encourage persistent behaviors such as reaching out to a classmate to ask for assistance over competitive actions such as belittling a classmate due to his/her academic performance. Perceived challenges could negatively affect a student's learning. Encouraging students to reflect not only on their practice but also on their own perspective of their nursing journey might help foster behaviors that would assist students and, ultimately, new graduates persist in the nursing profession.

In the current study, results revealed student learning was strongly influenced by preceptor interactions. A preceptor's use of demeaning language created an environment of disrespect and negativity. Instead, the practice environment needs to be one of trust and safety for the learner. A quality experience is necessary to promote optimal student learning (Ironside et al., 2014). This study's results noted the presence of unfair treatment by a preceptor based upon the color of a student's skin. Unfortunately, racial bias exists in health care. Researchers identified implicit race and skin tone bias in nursing, pharmacy, and medical students while investigating potential implications for health disparity (White-Means, Dong, Hufstader, & Brown, 2009). The students exhibited a preference for Whites versus Blacks and light versus dark skin tones (White-Means et al., 2009). The students in the identified study are today's healthcare providers.

Nurse educators must acknowledge the possibility that racial encounters might occur for students in minority populations. Nursing faculty and clinical partners must advocate for students' learning experiences and work toward identifying a solution that is best for the student. Increasing diversity education in healthcare education is a goal nurse educators must also work toward realizing. The nursing preceptor role is critical for students to have a quality learning experience; positive student and preceptor interactions require mutual respect and professional communication. Nurse educators and practice partners must work together to foster positive interactions and intervene when necessary. Negative preceptor experiences are not supportive of transition experiences necessary for success in today's complex practice environment and do not support retention of nurses and students from minority populations.

Conversely, family and friends, classmates, preceptors, clinical and course faculty, and patients assist students in their transition to practice from a student role to professional nurse. In today's practice environment, nurses require a strong foundation for practice. This foundation includes the student's educational experience in the classroom and clinical environments. A structured and quality clinical experience supports nursing students' readiness for practice (Bennett et al., 2013; Fowler et al., 2015; Ironside et al., 2014; Watt & Pascoe, 2013). This readiness assists students in their transitioning from education to the practice environment. To retain students experiencing challenging educational requirements as well as nurses practicing in the complex practice environment that exists today, educational experiences must include necessary critical thinking and clinical reasoning skills as well as provide support for the learner. Many people assist students in their educational experiences.

A strong social support assists nursing students in succeeding when struggling with the demands of nursing school and assists in encouraging persistence in nursing students. Students will have challenging experiences and they find it helpful to have family members available when experiencing a "little break downs" on the phone at times. In a qualitative study to identify factors that influenced nursing students' persistence, Williams (2010) identified the importance of connecting as one theme. In the study, a participant commented about a student knowing his mother would be available to talk if he called at three in the morning. This was similar to the current study's findings of the importance of family support when students might falter in their self-confidence. The ability to persist through adversity could also provide students with experience that would benefit them in professional practice. Nursing faculty could

encourage students to seek educational support services as well as connect with supportive family members.

Educators also seek to identify how preceptors can assist students' learning experiences. Results indicated it is important for students to receive feedback about their practice and performance. Feedback is important in fostering students' learning processes (Allen & Molloy, 2017; Jansson & Ene, 2016). Students require input regarding their care in order to continue or make changes during future patient interactions. Learning does not occur in a vacuum. Identifying a tool to overcome barriers for effective feedback is one example of how researchers are innovating to address this important aspect of the clinical learning experience (Allen & Malloy, 2017). Role modeling was also identified in the current study. At the graduate level, it was found when students had preceptors who role modeled well, students reported feeling more prepared for practice (Ares, 2014), which is a component of transitioning to professional practice.

As noted in the current study, when students perceived a preceptor as beneficial to their learning experience as evidenced by feedback or role modeling, they might seek to return to the unit following graduation. When examining the transition period of new graduate nurses, newly licensed registered nurses were more likely retained in hospitals where it was identified an evaluation of the preceptor context included providing feedback (Blegan et al., 2015). This illustrated how preceptor feedback continues to be valuable in the new graduate experience as evidence supported the retention of new graduate nurses in the practice setting. Preceptor support is essential in providing a positive learning environment for both students and new graduate nurses. Continuing to

develop tools to assist preceptors in providing feedback and positive role modeling are two examples of ways nurse educators could support this learning process.

In the current study, classmates' support also assisted participants in their transition to practice. One identified method of support was hearing classmates' stories of providing excellent patient care at the end of the program. In a crowded curriculum, it is essential to allow students to hear each other's stories. Story has been demonstrated as a way for developing, accessing, and understanding the practice world (Edwards, 2014). It is not viewed as a replacement for reflection but an additional method of allowing students to make sense of the clinical experience. Story provides a mean to illustrate real- life clinical experiences, express emotions, and provide another layer of analysis (Edwards, 2014). When students use story, they provide insight into care experiences and interactions other students have not experienced at all or experienced differently. Faculty members could support students in sharing their story and assist with identifying its meaning to help provide another way students can analyze clinical practice in addition to using reflection methods.

This study's results also identified the importance of clinical instructors providing encouragement of student practice and connecting theory with clinical practice. In addition to gaining valuable insight into practice through feedback, the type of feedback is also important in fostering student outcomes. Positive feedback from clinical instructors is an encouragement for students to persist (Williams, 2010). Persistence would assist students and new graduate nurses when facing challenging clinical experiences they will encounter. Students also learn through their patient experiences. In the current study, patient interactions inspired learning and informed practice. When

noting connections students made with patients helped with the mindset of persisting, one participant's connection with a patient in one study led to her self-identity as a nurse (Williams, 2010). Connecting with a patient provides many students with the experience that brought them into the nursing profession--they want to care for others. Nursing students and new graduate nurses will remain in practice if they can make connections with their patients instead of simply performing tasks. The importance of many different people assisting students in their transition from a student role to professional nurse cannot be underestimated. Faculty members can encourage students to seek assistance as well as foster supportive relationships. These experiences will further assist new graduate nurses as they encounter new challenges and will also benefit from those providing assistance.

Theme Four: Where You Practice Matters

In this study, practice environment influenced educational and new graduate nurse experiences. Nursing units provided a nurturing environment for learning--the basis for an environmental culture. As mentioned, a quality practice experience is essential in developing nursing knowledge and the environment contributes to the experience. Importantly, the clinical setting influences readiness for practice by providing a positive and supportive environment (Ares, 2014; Biggerstaff et al., 1998; Hartigan-Rogers et al., 2007; McCalla-Graham & De Gagne, 2015), a welcoming staff and community (Bennett et al., 2013), and having students feel valued as a member of the clinical team (Edwards et al., 2004; Watt & Pascoe, 2013). Academic and practice partners can work together to make the environment more conducive for student learning.

One aspect of a positive and supportive learning environment essential for preparing students for practice involves continuity of preceptors. Results of this study indicated continuity of preceptors allowed for the formation of a relationship with the preceptor, which promoted a more comfortable learning environment and also encouraged asking questions. As previously stated, an environment that encourages questioning supports critical thinking formation. Continuity of preceptors including sometimes having the same preceptor for the entire rotation was described in some pediatric clinical rotations, immersion experiences, and DEU assignments.

The continuity of assigned preceptors aids in retention of new graduate nurses as well. In a hospital's preceptor experiences, continuity of preceptors was noted where more newly licensed registered nurses were more likely retained after one year (Blegan et al, 2015). The benefit of consistent and quality preceptors has also been identified in other studies (Adams et al., 2015; MacIntyre et al., 2009; Moore & Cagle, 2012). New graduate nurses believed consistent preceptors build trust and confidence, which builds learning; while having many different preceptors means a preceptor does not know the new graduate's skills and it is a new start (Adams et al., 2015).

Although not always feasible due to nursing staff scheduling challenges, consistently pairing the same preceptors and students when possible is beneficial for creating positive learning opportunities. Education and practice partners need to work together to ensure the best environment for staff nurses and nursing students. Continuity of preceptor assignments might not only increase student satisfaction with their learning experiences, it could support new graduate nurses entering the complex nursing environment where continued learning is critical to their success.

This study's results also identified the importance of a welcoming learning environment. The learning process requires student and nurse engagement. Students are more open to learning opportunities when placed in a supportive environment. Staff members welcomed students during clinical rotations as well as new graduate experiences in the current study. A welcoming staff and community is a factor in a positive nursing environment (Bennett et al., 2013; Nishioka, Coe, Hanita, & Moscato, 2012), which supports a quality learning experiences. Dedicated education units are noted to be supportive learning environments (Nishioka et al., 2012).

Supporting student learning can also occur when nursing staff members share positive and challenging aspects of the unit culture. When students were completing their summer and senior practicum experiences, staff members were often open about organizational culture challenges and successes as was the case with participants in their immersion experience. These experiences often influence students' employment decisions. Students are encouraged to identify organizations that are compatible with their goals; it is better for both students and healthcare organizations to identify whether a student is a good fit for a new graduate position.

In another immersion experience, researchers similarly found participants having a good learning experience mentioned factors such as a willingness to teach and openness to share information as well as being welcomed by the manager and introduced to team members on the unit (Bennett et al., 2013). The current study's results noted simply having staff members aware the students were coming to a clinical rotation supported the transition experience. Importantly, researchers identified positive clinical experiences for students were more likely related to how valued and supported they felt during their

actual clinical experience (Edwards et al, 2004). Academic and practice partners demonstrated the benefit of partnerships through the creation of DEUs. Nurse educators could support the continued development and retention of this type of learning opportunities that provide positive and welcoming environments to promote student learning.

In this study, unwelcoming behaviors in the clinical setting influenced transition to professional practice experiences. As with negative preceptor interactions, unwelcoming behaviors by nursing staff members are detrimental to student learning experiences and might cause increased stress and dissatisfaction. The interactions necessary for student learning are hindered or nonexistent. Examples identified in this study included broken promises for students assigned to an immersion program and hostile behaviors between nurses. When nurses do not work together, patient care is influenced due to unanswered call lights, for example.

Unfortunately, results of the current study indicated staff nurses were not always supportive of new graduate nurses and exhibited unwelcoming behaviors. In one study, some new graduates found support with the nurses they worked with, yet over half noted not all nurses were helpful (Penprase, 2012). At this junction in nursing practice, it is truly unfortunate these unwelcoming behaviors persist. This is also important to recognize as new graduate nurses rely on their co-workers to answer questions and provide support. In contrast to the welcoming environment described above, feeling unwelcomed by staff members who did not realize students were scheduled was also described in this study, providing further evidence of the negative behaviors still present on today's nursing units. Researchers also identified an example when staff members

made students feel unwelcome on the unit as they reported staff clearly stated students were not wanted and nurses complained that the students were present (Wallace et al., 2015).

These behaviors by healthcare staff members were reported as causing the students the most stress (Wallace et al., 2015). These incidents illustrate the continued incivility nursing students and new graduate nurses encounter on some nursing units with some nursing staff members. To fully address this issue, nurse educators and practice partners should investigate the factors contributing to the behavior. Perhaps high patient acuity, staffing shortages, and the continued presence of nursing students negatively influenced staff nurses' work environment. Although there are no excuses for continued negative interactions between nursing staff members and student nurses as well as new graduates, support should be provided to improve working environments when possible. Perhaps the positive environments noted in some DEUs might offer some strategies for nurse educators to utilize in helping address this issue.

Theme Five: Questioning Preparation

The fifth theme, Questioning Preparation, arose from the study's results that indicated missed experiences during nursing education resulted in a lack of knowledge or confidence. At times, it is understandable why nurses might question whether they are prepared for the difficult practice environments that exist today. With all of the variations in new graduate orientation noted in the participants' data information results, nurse educators must ensure nursing education is preparing new graduate nurses to the fullest extent possible. Educators continue to strive to improve the education delivery methods and ensure the applicability of content in a crowded curriculum. With the

increased complexity of patients in acute care today, it is not surprising new graduate nurses face challenges they might not have experienced during their baccalaureate education. Some reasons for students not being assigned aggressive patients in the current study included concern for student safety. Nursing students might also have been assigned to patients who did not experience any complications. In the academic setting, nurse educators attempt to recreate patient scenarios through case studies and simulated nursing experiences. In the clinical setting, clinical faculty and preceptors assign students to patients with multiple co-morbidities including psychosocial concerns. Study results indicated caring for only stable patients was not intentional but new graduate nurses now care for more medically complex patients. Researchers also discovered that participants found they did not know what to do when encountered with critically ill patients and wished more time with preceptors was spent discussing worst-case scenarios (McCalla-Graham & De Gagne. 2015).

Nurse educators could help address these perceived inadequacies in their education preparation by talking with new graduate nurses to identify what areas they believed needed to be included in both the academic and practice settings. Patients in the clinical setting do not present with diagnoses tailored to a student's current course topic but clinical educators could include the suggestion of asking students about worst-case scenarios (McCalla-Graham & De Gagne. 2015). In these cases, the students are asked to identify the worst outcome based upon the patients' diagnoses or presenting symptoms. In the academic setting, nurse educators could create case studies and scenarios to replicate identified complexity disparity. These potential solutions might help decrease some questioning of preparation for the challenges of current practice.

In a rapidly changing practice environment where technology updates and innovative practices abound, disconnections between what is presented during nursing education and what is witnessed when practicing as a professional nurse will exist. Furthermore, once new graduates enter professional practice, they begin to apply their educational experiences in practice and interpret the applicability of what they learned to their current practice site. For example, as students, nurses might have noted how evidence-based practice was applied in the practice environment or used it in theoretical cases. As new graduates, nurses are helping to inform evidence-based practice through literature searches on their own patients and unit-based projects addressing actual practice issues. Educators could anticipate the eventual disconnections and encourage exploration of appreciative inquiry and other interventions for looking at change (Watkins, Dewar, & Kennedy, 2016). Educators attempt to integrate the most current information and technology into the classroom but despite best efforts, it might not always be possible due to the rapidly changing practice environment. For example, technology embedded in medication pumps and even hospital beds continues to evolve. Importantly, nurse educators could assist students in identifying the importance of clinical reasoning and critical thinking skills taught during nursing education in problem-solving when encountering new technologies or applications during their professional career.

Excellent communication between physicians and nurses is essential for producing best patient care outcomes. The current study revealed communication with physicians during clinical rotations was missing. Additionally, simulated experiences were not the same as communicating with physicians in professional practice.

In a study of senior nursing students' perceived readiness for practice, the researchers identified that although participants reported being comfortable in communicating with interdisciplinary team members, they had a lower level of confidence in communicating with physicians about case issues (Casey et al., 2011). The similarity in findings suggests faculty members need to address this perceived deficit in the nursing curriculum. Solutions could occur in the academic and practice settings.

Using more interprofessional simulated events with actual physicians instead of nurses/students playing physicians would be one possible solution. Another potential solution involves new graduate nurses sharing their challenges with current nursing students through their interactions in the nursing units or inviting student panels in the academic setting. This might persuade students to seek out opportunities to practice communication skills with physicians. Clinical faculty and preceptors could also encourage students to talk more with physicians by making the interaction a goal and also assist in identifying the levels of appropriate interaction between levels of medical providers such as resident and attending physicians. New graduate nurses should not be intimidated with talking to physicians as safe patient care depends upon a strong collegial relationship. Diminishing the concern and increasing confidence would benefit both new graduates and their patients.

Environmental challenges were even more apparent when viewed as a new graduate nurse. The work demands and culture vary widely between the night and day shift in healthcare organizations, which is challenging for new graduates having to decide or being assigned to a shift that might not be the most beneficial for their learning, sleep, or social needs. The discrepancy between the experience in working day and night shifts

is especially evident to new nurses who are trying to succeed in a complex care environment.

All nursing students do not experience providing care for patients during a night shift because of scheduling arrangements with hospital organizations as well as managing day classes with night shift sleep requirements. Additionally, the practice demands of working days as a new graduate nurse are drastically different than working nights. Many new nurses describe day shifts as hectic. The benefits of being able to slow down and practice skills on a night shift were noted but also noted was the challenge of missing out on social events and seeing friends because of associated scheduling conflicts. New nurses often found themselves overwhelmed with their workload as the transition to professional practice was not seamless for all new graduate nurses (McCall-Graham & De Gagne, 2015).

Some summer and senior practicum rotations assign students to both day and night shifts during the extended hour experience, which provides students with increased insight into the different cultures and tasks as well as their own capability for handling sleep issues associated with nights. Some new graduate orientation programs also assign new nurses to both day and night shifts. Supporting the use of these scheduling options might allow nurse educators to assist students aware of the associated shift factors and support a smoother transition to professional nursing practice.

Finally, results in the current study revealed that facing the realities of practice might encourage second-guesses of knowledge acquired during baccalaureate education. Since nursing education provides a foundation for nursing knowledge, it is important to identify how to best prepare students to succeed in their nursing career. Findings also

identified a perceived lack of confidence when performing skills as new graduate nurses, specifically inserting IVs. According to Casey et al. (2011), inserting IVs was one of the top 10 skills participants in their study reported as being uncomfortable performing independently. Not all new graduates will be confident in performing skills but as previously mentioned, it is important for students to have the opportunity to perform skills during their nursing educational experiences to help prepare them for independent practice.

The results of this study also revealed new graduate nurses questioned their knowledge. In a qualitative study of Hispanic new graduate nurses, Morales (2014) identified a theme of shadows of doubt, which referred to participants' questioning everything they were doing as new graduate nurses. Participants asked themselves questions including managing patient education and other patient care situations (Morales, 2014). Nurses can be insightful about education preparation and practice realities. Respondents in a study noted, "Actual practice would always have an element of 'reality shock,' despite the preparation of graduates" (Hickey, 2009, p. 39).

Nurse educators in the academic and practice settings could continue to educate students and new graduates about the stages of reality shock (Kramer, 1974) and provide necessary support. The practice setting continues to increase in complexity and new graduate orientation programs continue to vary in length and content; just as students and nurses continue to question whether nursing education adequately prepared them for practice, nurse educators must ask the same question. Nursing education provides the foundation for nursing practice. The transition from student role to professional nurse

requires both academic and practice partners to continue evaluating and improving nursing education experiences.

Recommendations for Nurse Educators

The results of this study provide nurse educators with a current description of how new graduate nurses viewed the influence of their experiences during baccalaureate educational experiences on their transition to professional practice. Based upon the study results, a number of recommendations for nursing educators and administrators in academic and practice settings emerged:

1. Precepted practicum experiences must be retained or implemented.

Resources are scarce in both education and practice settings, which makes adding or retaining practicum experiences challenging. Additionally, identifying preceptors available to work with a nursing student for an extended clinical experience is difficult when healthcare organizations also need preceptors for new employees including new graduate nurses. Yet, the positive outcome of these experience for increasing confidence in the senior year of nursing school and professional as noted in this study and others for summer practicum or externship experiences (Cantrell & Browne, 2005; Remle, Wittmann-Price, Derrick, McDowell, & Johnson, 2014; Rhoads et al., 2003; Ruth-Sahd et al., 2010; Salt et al., 2008) and senior practicum experiences (Casey et al. 2011; Reagor, 2010) supports the recommendation for both academia and practice to implement and retain practicum experiences. These experiences provide welcoming and supportive learning environments and consistent and encouraging preceptors, which have been

identified as supportive of transition to practice. It is important for nursing students to learn about the value in undertaking an optional experience and taking full advantage of a senior practicum experience. As stated previously, when asked to share their ideal transition to practice experience, participants who completed the optional summer practicum experience specifically cited that experience.

2. High quality clinical placements must be retained and enhanced.

Participants described the benefit of clinical experiences that were consistent, receptive, supportive, and teaching oriented. A structured and quality clinical experience supports nursing students' readiness for practice (Bennett et al., 2013; Fowler et al., 2015; Ironside et al., 2014; Watt & Pascoe, 2013), which supports transition from the student role to professional practice. Despite the increased use of simulation to replace clinical in some nursing schools, clinical rotations in healthcare settings remain an important component of nursing education. It is very important to examine clinical placements to ensure students receive high quality preceptors required for providing education necessary for transition from a student role to professional practice.

3. Incivility on nursing units needs to be addressed to support both students and staff nurses. Participants in this study identified acts of incivility experienced as nursing students and new graduate nurses. Preceptors using demeaning language and not wanting to work with a student because of her skin color creates an environment of negativity and disrespect, which cannot

be ignored. This type of negative environment influences a student's ability to learn necessary skills foundational to nursing practice. In the clinical setting, nursing students feel welcomed by some nursing staff while others are hostile toward students (Benner et al., 2010). According to a study conducted by Kerber, Woith, Jenkins, and Schafer Astroth (2015), new graduate nurses began their practices on units where they described disrespect from physicians, nurse leaders, and staff nurses; incivility created a hostile, tense, and unprofessional work environment. Nurses in professional development have been identified as being capable of promoting a culture civility by raising awareness of the issue, providing support for new nurses, and assisting health care workers cope with incivility (Kerber et al., 2015). By partnering with nurses in professional development, nurse educators could also play an important role in addressing this issue. Examples of welcoming environments on DEUs demonstrated how academic practice partnership could support a positive culture (Nishioka et al., 2012). Academic and practice partners must work together to eliminate incivility in the nursing clinical environment.

4. Preceptors in the clinical setting must be supported and educated. Preceptors are critical to the student learning experiences. Participants in this study recalled both positive and negative encounters with preceptors during their nursing education. As new graduate nurses, preceptors continued to play an important role in the participants' successful transition to practice. A positive preceptor experience was important for transitioning

to the RN role (Zinsmeister & Schafer, 2009). Not all preceptors have the requisite knowledge for supporting students' positive knowledge development (Duffy, 2009). Simply assigning a student to a preceptor does not assume essential learning will occur. Academic partners need to assist practice partners in implementing and evaluating preceptor education and support tools. Preceptor development must be a priority for educators in both academic and practice settings.

5. Nursing students must have the opportunity to provide care for more critically ill or complex patients during nursing school. New graduate nurses must meet employers' needs for nurses prepared to care for patients who are older and more acutely ill in a rapidly changing healthcare environment (National Advisory Council on Nurse Education and Practice, 2010). Some students were not able to care for more aggressive patients in mental health due to student safety concerns and others noted not being assigned patients who were medically unstable. New graduate nurses in the study reported caring for patients who were more medically complex than what they experienced during nursing education. Solutions might include adding worst-case scenario identification through worst-case scenario discussions (McCalla-Graham & De Gagne, 2015) and in patient-preparation sheets; encouraging preceptors to ask students to identify worse-case scenarios when caring for a patient; or including more severe cases in simulated events.

6. Preceptors and clinical faculty could provide opportunities to allow students and new graduate nurses to become more independent in providing patient care while continuing to be a resource to insure patient safety. Participants emphasized the benefits and restrictions of having preceptors and classmates present during clinical and new graduate experiences. Recalling the stress of caring for patients without anyone watching led some participants to suggest preceptors and clinical faculty urge nursing students to take a more active role in providing patient care and using the preceptors and clinical faculty as resources when needed. Adams et al. (2015) indicated new graduate nurses in an ICU experience continued to value their clinical partner's assistance but also appreciated providing care on their own with the clinical partner available if needed. Formal evaluation of students and new graduate nurses' progression in their abilities to provide safe patient care is one method for preceptors to note when it might be time to encourage more independence while still ensuring patient safety.
7. Nurses of all generations need to be supported in their educational and work place needs to encourage retention. With the presence of four generations of nurses in the work force (Clendon & Walker, 2012), it is important for educators and administrators in practice and education to work together to learn more about this generation's learning needs. Healthcare organizations are faced with increased orientation costs if Generation Y nurses continue their mobile tendencies. With retention challenges in general, it will require both partners to identify strategies that work for each generation. When

noting challenges with retaining new nurses due to their increased mobility, nurse educators could support students' transition from the student role to professional nurse by educating students about the benefits of staying in positions to gain additional education and become contributing members of the healthcare team.

Limitations of the Study

All studies have certain limitations and it is necessary to note potential limitations in this study. Limitations of this study included choosing participants who graduated from their baccalaureate programs within 12 months. While participants were able to recall experiences during their baccalaureate education with amazing clarity, over time, the participants might have forgotten some educational experiences that influenced their transition from a student role to professional nurse.

Another limitation in this study was the researcher's personal connection with the participants. The participants might have been influenced to participate in the study as the researcher was a former instructor, advisor, or faculty member in their baccalaureate program. Since the study was conducted after the participants had graduated, they did not have continued regular interactions in person. Those who chose not to participate in the study might have presented different experiences.

Additionally, using Facebook Messenger to recruit participants might have also been a limitation in this study. Potential participants might not have been using Facebook during the study time frame. They also might not use the Facebook Messenger application. Recruiting via electronic methods also posed challenges due to time differences between when requests were made and questions were asked as participants

often responded during the night because of their night shift schedules. The delay in responses might have dissatisfied potential participants.

Another potential limitation might have been including only graduates from an urban setting in one nursing school. The participants completed their education at a private, faith-based university in an urban setting in the western part of the United States. Other types of educational institutions, a more rural setting, or a different location might have provided different experiences for students and new graduate nurses. All participants were working in medical surgical areas in an urban setting, which was an additional potential limitation.

Suggestions for Future Research

This current study provided insight into the influence of educational experiences for new graduate nurses graduating from a traditional baccalaureate program, working in medical surgical units, and having practiced for less than 12 months. These participants noted education provided the foundation for their practice and all remained in their first nursing job at the time of the interviews. The study raised questions about how second-degree students completing a baccalaureate program in 12 months might view their educational experiences influencing transition to professional practice.

Additionally, since participants in this study successfully completed nursing school and were still employed in their first nursing position, interviewing students who left a nursing program or new graduate nurses who left their first nursing position might provide important information regarding transitional experiences that led to their attrition. There are benefits of interviewing both populations as the transition experiences vary during nursing school and in new graduate nursing.

In this study, participants identified the challenges they experienced with talking to physicians as new graduate nurses. They noted simulated experiences did not match their real-life experiences. The anxiety they described warrants investigation on the effectiveness of methods for encouraging communication between physicians and nursing students in the clinical environment. Research comparing the effectiveness of different methods utilized during nursing education might provide solutions for decreasing the communication challenges identified by study participants.

This study's results identified an education method that increased participants' understanding of clinical nursing practice. One participant mentioned the use of *story* when describing listening to her classmates sharing their clinical practice experiences during a senior practicum class. The participant noted how the information provided her with insight about caring for a patient on a unit where she did not have experience. It also reminded her about care needs for adults, which she valued since she was completing her senior practicum clinical with a different population. The depth of information this participant gained as well as her enthusiasm when recalling the "glory stories" (Participant 7) provided insight into how these stories influenced her learning. Little research exists about using story by students to share their clinical experiences for the purpose of providing a learning experience for students. It might be useful to gather findings related to the benefit of learning for students using story.

Another possibility for a future research study involves exploring the influence of day and night shifts on transition to professional practice. Some participants identified a benefit of completing night shifts during nursing school. Others noted how unprepared they felt for the challenges associated with working night shifts. Specifically asking

about experience in completing or working night shifts prior to practice and how they influenced shift choice or adjustment to night shift might provide additional information about the transition to practice experience.

Unique Contributions of This Study

This research study provided information about how experiences during baccalaureate nursing education influenced transition from a student role to professional nurse as well as thoughts regarding retention. This study was unique as it captured participants' experiences across an entire educational period instead of examining only classroom or clinical education as other studies have addressed. This broad approach allowed participants to consider all experiences as potentially influential. Participants recalled educational experiences from beginning of nursing school through their new graduate nurse experiences. When describing their transition experiences, the participants identified how essential their nursing education experiences were in laying the foundation for building their professional practice. This study provided insight into how beneficial education experiences were to the transition to practice experience.

This study also added additional insight into the transition to practice experience because of the data collection methods. This study was unique in its use of interviews with open-ended questions and reflections to elicit participants' responses. New graduates had the opportunity to fully describe their experiences in the qualitative, phenomenological face-to-face interviews. Former qualitative and mixed methods studies related to clinical learning (Edward et al., 2004), externships (Salt et al., 2008), and senior practicum experiences (Casey et al., 2011) and beneficial to preparedness for practice or transition to practice and retention included open-ended surveys to elicit

participant responses. The reflections allowed participants to write freely about their experiences. They were honest in describing their challenges as well as successes. The participants' word choices were more purposeful in their reflections. Allowing participants to share their experiences and explore their results through questioning allowed for a more in-depth understanding of their experiences.

Another contribution of this study was in describing the location for the participant interviews. Participants in this study were all members of Generation Y. Research literature did not always indicate the setting where interviews with Generation Y participants were conducted (Altinbasak-Farina & Guleryuz-Turkel, 2015; Mar et al., 2014). When indicated, the literature noted using offices for focus interviews (Clendan & Walker, 2012). Using a familiar and non-threatening setting that appealed to the participants during data collection might be a unique aspect of this study.

This study also identified issues surrounding working night shifts as a new graduate nurse. Every participant worked nights at the time of data collection and everyone shared information about their experiences in their written reflections or during their interviews. This study's results provided insight into challenges of completing tasks with little sleep as well as feelings about isolation due to missing social events or having former classmates scheduled on opposite nights. Results indicated completing night shifts during school was helpful; those who did not have that opportunity suggested including night rotations during capstone experiences as well as discussing the unique challenges associated with night shifts during nursing education. Most new graduate nurses worked night shift for at least part of their orientation. During nursing education, it might be helpful to provide insight into the challenges presented with this schedule and

some coping strategies. Too many new graduates identified feeling alone in their feelings of isolation while working a night shift schedule.

Conclusion

The purpose of this phenomenological study was to describe baccalaureate educational experiences that supported and inhibited transition to professional practice and retention of new graduate nurses. Nurses today must care for acutely ill patients in an ever-changing complex practice environment. The literature identified the influence of specific clinical and classroom activities and experiences as well as new graduate residency programs on new graduate nurses' transition to professional practice. Additionally, environmental culture, support systems, and available experiences were identified as important in supporting readiness for practice and transition to practice. With an ongoing nursing shortage, it is important to gain additional insight into transition to professional practice experiences to help retain new nurses. It is also critical to gain insight into retention issues identified during nursing school and the new graduate nurse period.

In this study, eight participants described experiences that influenced their transition from a student role to professional nurse and retention. The findings produced five themes: (a) figuring it out, (b) the learning process, (c) influential people, (d) where you practice matters, and (e) questioning preparation. Reflections and face-to-face interviews provided rich descriptions of their transition experiences. Most transitional research involved open-ended survey questions. Using field notes, reflections, and interviews provided multiple methods of gathering data and probing for deeper meaning.

The study's findings confirmed that new graduate orientation and residency programs are not uniform in their structure. The transition process involves a unique journey traveling from the student role to professional nurse. This study provided descriptions of educational experiences that spanned from the time participants identified nursing as a major to when they cared for their acutely ill patients just months after completing hospital orientation. These findings further supported the importance of nursing education's role in preparing nurses to care for acutely sick patients. The transition from student role to professional nurse and retention requires both academic and practice partners working together to continue evaluating and improving nursing education experiences. New graduate nurses rely on their classroom and clinical nursing education experiences to provide the foundation for their professional nursing practice. Students take a "leap of faith" when starting a nursing program and entering practice. They rely on nursing education to provide the necessary foundational knowledge and experiences to support their transition from a student role to professional nurse and to support their retention in their first nursing roles as well as the nursing profession.

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APPENDIX A
RECRUITMENT MATERIALS

Facebook messenger or email to potential participants

Hi (name),

As part of my doctoral studies at the University of Northern Colorado (UNC), I am currently completing my dissertation project.

I am exploring new graduate nurses' experiences during nursing education that supported or inhibited their transition to professional practice and retention.

I would like to interview registered nurses who graduated from the Traditional Program at Regis University in the last 24 months and have worked as a registered nurse for at least 3 and no more than 12 months. Graduates must be employed in an inpatient medical surgical setting (including telemetry, oncology, orthopedics, rehabilitation, etc.) by an organization that does not offer an accredited nurse residency program.

If you meet these criteria, I hope that you are willing to participate in an audio recorded one-on-one interview with me that will last approximately 30 to 60 minutes. I will transcribe the interview for analysis. Your identity and comments will remain confidential, as I will only share results with quotes without your name. I will share my findings with you to check that they match your experiences. Prior to the interview, I would like participants to write a short reflection about their experiences of moving from a student role to professional nurse to provide additional insight into the participants' experiences.

If you are interested in participating in the study, have any questions, or know someone who may be qualified, please contact me by Face book messenger, email, or phone.

Sincerely,
Lisa

Lisa Zenoni, MS, RN, CRRN

APPENDIX B

PERMISSION TO USE TRANSITIONS
THEORY FIGURE

Good afternoon Lisa.

Dr. Meleis gives you permission to use her figure. She also asked me to send you some recent publications:

- Im, EO. (2013). Chapter 20, Afaf Ibrahim Meleis: Transition Theory. 416-433. in Alligood, M. R. Nursing theorists and their work. Elsevier Health Sciences.
- Im, EO. (2014). Situation-Specific Theories From the Middle-Range Transitions Theory. Advances in Nursing Science, 37(1), 19-31.
- Meleis, A.I. (2015). Transitions Theory. In Smith, M. C., & Parker, M. E. Nursing theories and nursing practice. FA Davis. Practice (4th edition). 361-380. FA Davis Co.
- Meleis, A. I. (2016). The undeaning transition: Toward becoming a former dean. Nursing outlook, 64(2), 186-196.

Please feel free to let me know if you need anything else.

Kim

Kimberly A. Freeman
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MELEIS, AFaf Ibrahim <meleis@nursing.upenn.edu>

Thu 8/25, 9:29 AM

Zenoni, Lisa;

Freeman, Kimberly A. freeman2@nursing.upenn.edu

Dear ms zenoni

Greetings and I am delighted you are planning to use transition theory in your research. I have asked my executive coordinator to send you my latest chapter on the theory with updated tables and figures. I give you permission to use any of them. Provided you do the right citation and acknowledgement. I would like to get an abstract of your dissertation and to also get a copy of any publication.

My best wishes to you in your scholarly journey. Afaf

Thu 8/25, 9:02 AM

meleis@nursing.upenn.edu

Dr. Meleis,

Good morning. I am a doctoral student at the University of Northern Colorado and I am currently writing my dissertation proposal. I am planning to conduct a phenomenological study to learn about new nurses' baccalaureate educational experiences that supported or inhibited their transition to professional practice and retention. I believe that the Transitions Theory is an ideal theory to use as a framework for my study.

Would you grant permission for me to use the figure of Transitions Theory in my dissertation?

Thank you for your consideration.

Sincerely,

Lisa

Lisa S. Zenoni MS, RN, CRRN

APPENDIX C
DEMOGRAPHIC FORM

Participant Identification Letter: _____ (to be completed by the researcher)

Age: _____

Gender: _____

Ethnicity: _____

Education level upon beginning nursing school (2 years of college, prior degree, etc.):

Are there any cultural, religious, gender, or other issues you would like me to consider during this interview?

Other than being a nursing student and now a registered nurse, do you have any additional experience in healthcare? (working as a medical assistant, CNA, volunteering on a patient care unit, caring for an ill loved one, etc.)

Yes _____ No _____

If “yes,” please describe this experience.

When did you start your first RN position?

Please describe your first RN position:

- Organization
- Unit
- Paid/Volunteer
- Type and length of orientation
- Number of hours worked/week
- Length of employment

If you left your first RN position, how many RN positions have you had?

APPENDIX D
INTERVIEW GUIDE

Broad questions are listed early followed by more specific questions to be used to probe for additional information.

I want you to think back to the very beginning of nursing school. Would you please tell me about your experience of moving from a student role to professional nurse?

Central Question: What meaning do new registered nurses ascribe to their experiences during nursing education?

Probing questions:

1. I would like to know what you think of transition to professional practice. What does transition to professional practice mean to you?
2. Think back to each of your semesters of nursing school. Would you tell me a story or describe an event or situation that helped you know about nursing?
3. What did you experience about transition to practice during nursing school?
4. Tell me about people during your nursing education who impacted/influenced your experience of transition to practice.
5. What contexts or situations influenced or affected your experience of transition to practice during nursing school?
6. How would you describe the ideal transition to practice experience during nursing school?
7. How would you describe your experiences during nursing school in relation to your staying in your current RN position?

Probes: Can you give me an example?

How did that happen?

When did that happen?

Would you elaborate on that?

That's helpful. Can you share more details?

What does that mean?

Walk me through that experience.

Tell me why you (frowned, smiled, laughed, paused) when you described/shared that information? Please tell me more about that.

APPENDIX E
CONSENT FORM FOR HUMAN PARTICIPANTS
IN RESEARCH



CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH
UNIVERSITY OF NORTHERN COLORADO

Project Title: Transition to Practice and Retention: Lived Experience of Bachelor of Science in Nursing Education
 Researcher: Lisa S. Zenoni, MS, RN, CRRN, School of Nursing
 E-mail: zeno5249@bears.unco.edu
 Research advisor: Faye Hummel, PhD, RN, CTN-A
 Phone: 970-351-1697 E-mail: Faye.Hummel@unco.edu

Purpose and Description: You are invited to participate in a research study. The primary purpose of this study is to explore how you think your experience during nursing school supported or inhibited your transition to professional practice and retention. I am hoping to describe how baccalaureate educational experiences support and inhibit transition to professional practice and retention of new graduate nurses to see what is working in the current curriculum and if there are areas that need to be addressed.

If you agree to participate, I would like to review a short reflection that you wrote prior to our meeting to share your experience of moving from a student role to a professional nurse role. You will also be asked to participate in an interview that will last between 30 to 60 minutes. I will record the audio for the interview for transcription and analysis. I will first collect some basic demographic information such as your age, gender, ethnicity, education level at the start of nursing school, and healthcare experience outside of the baccalaureate student or RN role as well as additional information about your first RN position. In the interview, you will be asked open-ended questions such as "Would you please tell me about your experience of moving from a student role to professional nurse?"

We may also explore situations that you believe helped you move to the professional nurse role and those that may have made it harder. I do not anticipate that any of the questions asked during the interview are sensitive in nature. I will also ask if you are willing to let me to contact you after the initial interview in order to clarify my interpretations or ask additional questions.

What will happen to the data? I will take every precaution to keep all of your data confidential. I will assign a number and pseudonym to your data so that only I, as the researcher, will know your identity. Your name, school where you attended, place of employment, and area where you live will not be disclosed in written reports of this study. All of the written data collected in this study will be stored in a locked file cabinet and the electronic data will be kept on a password-protected computer that only the researcher has access to. Once the data is transcribed and verified for accuracy, the recording file will be erased. The researcher will delete digital recordings and transcripts after five years or once the findings are published.

What are the risks and benefits to participating in the study? All studies carry some minimal risk and discomfort to the participants. The researcher believes the potential risks for this study are no greater than those you could normally encounter during regular classroom participation. There is potential discomfort in sitting during the interview session. I have a water bottle or other preferred beverage available for you to drink and will provide breaks whenever you would like. The questions posed in the interview may cause some participants to encounter some emotion or stress if they had negative experiences during nursing school. You do not stand to benefit directly from your participation in this study.

Upon completion of the interview, I will give you a thank you card, \$20 gift card, and coffee mug as a token of my thanks for participating in my project and as recognition of your time. Upon your request, I am happy to share the results of this study after the completion of this research project.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your section or treatment as a research participant, please contact Sherry May, IRB Administrator, in the Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910.

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Participant's Signature

Date

Researcher's Signature

Date

APPENDIX F
INSTITUTIONAL REVIEW BOARD APPROVAL



Institutional Review Board

DATE: November 16, 2016

TO: Lisa Zenoni, MS

FROM: University of Northern Colorado (UNCO) IRB

PROJECT TITLE: [976006-2] Transition to Practice and Retention: Lived Experience of Bachelor of Science in Nursing Education

SUBMISSION TYPE: Amendment/Modification

ACTION: APPROVAL/VERIFICATION OF EXEMPT STATUS

DECISION DATE: November 15, 2016

EXPIRATION DATE: November 15, 2020

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB approves this project and verifies its status as EXEMPT according to federal IRB regulations.

Lisa -

Thank you for your patience with the UNC IRB process. All of the requested modification and additions have been addressed through the revised narrative and other materials. Please be sure to use the modified consent form, recruitment document and all other materials and protocols amended through this review process in your participant recruitment and data collection.

Best wishes with your research.

Sincerely,

Dr. Megan Stellino, UNC IRB Co-Chair

We will retain a copy of this correspondence within our records for a duration of 4 years.

If you have any questions, please contact Sherry May at 970-351-1910 or Sherry.May@unco.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNCO) IRB's records.