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Unexpected and Interrupted Transitions Among Newly Licensed Registered Nurses: Perspectives of Nurse Managers and Preceptors

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UNEXPECTED AND INTERRUPTED TRANSITIONS AMONG NEWLY
LICENSED REGISTERED NURSES: PERSPECTIVES OF NURSE
MANAGERS AND PRECEPTORS

by

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DEDICATION

This body of work is dedicated to Chuck, Carrie, Monty, Daniel, and Eli, my husband and children. You are my greatest earthly blessing. Thank you for your encouragement, companionship, and love during this long journey.

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ABSTRACT

Successful retention of newly licensed registered nurses (NLRNs) into practice is critical to ensure the nursing workforce required to meet current and future health care demands. NLRN turnover rates result in loss of revenue due to high orientation costs and further hinder the development of a stable workforce. For nurse educators and administrators to effectively address early attrition among NLRNs, they must have a clear understanding of the factors that contribute to NLRNs leaving employment. The aim of this qualitative descriptive research was to explore NLRN transition to professional practice from the experiences and perspectives of nurse managers and preceptors who worked with NLRNs who left employment from their unit within two years of graduation. Data collection strategies included audio-recorded, in-depth, individual semi-structured interviews with a sample of seven managers and seven preceptors who met study inclusion criteria. Data analysis involved a qualitative thematic content approach (Saldaña, 2011; Sandelowski, 2000). *Transitions Theory* provided the framework for analysis and presentation of the results (Meleis, Sawyer, Im, Messias, & Schumacher, 2000). Chapter 2 entitled *A Review of Theoretical Frameworks on the Transition to Professional Nursing Practice* is an examination and critique of four theoretical frameworks related to the student to professional nurse transition. This literature review set the stage for the dissertation research.

Chapters 3 and 4 contain the findings of the research, which are presented in the form of two manuscripts prepared for submission to peer-reviewed journals. The article

in Chapter 3, entitled *Nurse Managers' Reflections on Newly Licensed Registered Nurses' Interrupted Individual and Organization Transitions to Professional Practice*, examines the participating managers' reflections on NLRNs' interrupted individual and organizational transitions to professional practice. The analysis and interpretation of the 22 cases of NLRN attrition discussed resulted in the identification of five patterns of interrupted NLRN transitions: *resignation*, *in-house transfer*, *probationary dismissal*, *resignation after discipline*, and *termination*. Chapter 4 contains the manuscript entitled *Nurse Managers' and Preceptors' Advice to Newly Licensed Registered Nurses* in which I present and discuss the research participants' advice and recommendations for NLRNs. These included that NLRNs should *ask questions* and *show initiative* in seeking information and assistance from other RNs and unit staff. The *helpful hints* participants shared were pragmatic and aimed to assist the NLRN in the transition to practice (i.e., *be on time for work; seek out opportunities; listen, be flexible, prioritize*). Managers and preceptors also identified *pre-professional socialization*, including nursing students' experience in the formal workforce, both within and outside healthcare settings, as a facilitator of the transition to the formal workplace. Another theme focused on encouraging NLRNs to identify what they envision as their professional goals and to realize they *have choices*. These findings indicated that managers' and preceptors' are invested in facilitating smooth transitions for NLRNs.

These findings suggest opportunities for further theoretical refinement and the need for more research on the NLRN transition to professional practice. These include further examination of interruption as a pattern of response within *Transitions Theory*, in reference to individual and organizational transitions, development and testing of new models of

collaboration between nursing and business to address transition within a professional environment, and the effectiveness of mandatory preceptor orientation programs based on evidence. Nurse educators should seek out the perspectives of nurse managers and preceptors and incorporate their input into nursing curricula to better prepare students for workplace expectations and employer selection.

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CHAPTER 1

INTRODUCTION

The successful transition of newly licensed registered nurses (NLRNs) into practice and subsequent retention is critical in ensuring a nursing workforce sufficient to meet future health care demands. The United States (U.S.) Bureau of Labor Statistics (2014) projected the number of jobs for registered nurses (RNs) would increase from 2.71 million to 3.24 million between 2012 and 2022. These projections indicated the need for a 19% increase in RN employment, making the RN workforce the occupation with the greatest job growth through 2022. In October 2013, 350,000 new job ads were posted for RNs, a 15% increase over 2012 (Lombardi, 2013). These projected increases, coupled with the loss of experienced nurses due to retirement, may further exacerbate the workforce shortage, especially if past reports of NLRN turnover continue. (Beecroft, Dorey, & Wenten, 2008; Bowles & Candela 2005; Buchan & Calman, 2004; Cohen, Stuenkel, & Nguyen, 2009; Cowin & Hengstberger-Sims, 2006; Kovner, Brewer, Fairchild, Poornima, & Djukic, 2007; Nelson, Godfrey, & Purdy, 2004).

Recent findings from the RN Work Project, a 10 year national study of NLRNs, estimated that 17.5% leave their job within 12 months with the two year turnover rate estimated at 33.5% (Kovner, Brewer, Fatehi, & Jun, 2014). This 2006-2013 longitudinal study of nurses was conducted with NLRNs from three different cross-sectional surveys and was the only one of its kind in the US. On the supply side, reports from the American Association of Colleges of Nursing (AACN) indicated that as a result of insufficient

numbers of faculty, clinical sites, clinical preceptors, and teaching space, U.S. nursing schools turned away 68,938 qualified applicants from entry-level baccalaureate programs and graduate programs in 2014 (AACN, 2015). Entry level baccalaureate nursing programs reported a 2.6% increase in enrollment during 2013 (AACN, 2014). If the current trends continue, the supply of new RNs will not be sufficient to meet current vacancies within the nursing workforce much less fill the new jobs created to meet the demands of the aging U.S. population.

Over the past fifteen years, academic and health care organizations throughout the US have developed and implemented multiple strategies and interventions aimed at addressing both nursing workforce demands and NLRN attrition rates. Despite increasing enrollment, if the reported attrition rates of NLRNs within the first 12 to 24 months of practice continue, shortages will persist (AACN, 2014; Kovner et al., 2014). Examples of interventions to increase support for new graduates during the initial transition to professional practice included nurse residency programs, extended orientations, and dedicated transition units (Beecroft, Kunzman, & Krozek, 2001; Dearmun, 2000; Dyess & Sherman, 2009; Edwards, Hawker, Carrier, & Rees, 2015; Hoffart, Waddell, & Young, 2011; Kramer, Halfer, Maguire, & Schmalenberg, 2012; Olson, et al., 2001; Park & Jones, 2010; Rush, Adamack, Gordon, Lilly, Janke 2013; Schoessler & Waldo, 2006). These initiatives often included a general hospital orientation and a period of preceptorship and skill attainment with a guided progression to independence. Little is known, however, about the experiences and perceptions of nurse managers and nurse preceptors who hired and mentored NLRNs during their post-graduation period. Their perspectives as members

of an organization are vital to understanding the transition process and developing necessary interventions to ensure successful transition to professional practice.

In order for nurse educators and nurse administrators to effectively address early attrition among NLRNs, they must have a clear understanding of the factors and contexts that contribute to NLRNs leaving employment within the first two years after graduation from nursing school. This dissertation research makes a contribution to addressing this knowledge gap in nursing practice and research. In this chapter, I present a review of the current literature on the transition to professional nursing practice, delineate the aims of the study, describe the conceptual framework that guided the research, and present the research design and methodology, including an examination of my role as researcher.

Review of the Literature: Transition to Professional Practice

The concept of transition crosses multiple disciplines, including business, psychology, and nursing (Bridges, 2004; Bridges & Mitchell, 2000; Kralik, Visentin, & Van Loon, 2006; Marks, 2007; Schlossberg, 1981; Schumacher & Meleis, 1994; Selder, 1989). However, Bridges and Mitchell's (2000) definition of transition as "the state that change puts people into" (p. 247) applies across disciplines. Transition and change are two terms often seen linked together across literature. It is important to note, however, that across the theoretical literature, transition and change clearly were identified as distinctly different concepts (Bridges, 2004; Bridges & Mitchell, 2000; Kralik et al., 2006; Marks, 2007; Schlossberg, 1981). Change occurs concurrently with transition but is external and immediate, while transition suggests movement or flow from one internal state to another and is a process that occurs over time (Bridges, 2004; Bridges & Mitchell, 2000; Chick & Meleis, 1986; Meleis, Sawyer, Im, Messias, & Schumacher, 2000). Transition involves

redefining and reorienting oneself in order to integrate the changes into one's life (Bridges, 2004; Selder, 1989). In his work on transition and human development, Bridges (2004) defined the transition process as having three phases, *an ending*, *a neutral zone*, and *a beginning*. Every transition must begin with letting go of the old state (*ending*) in order to begin the new (*beginning*). He described the *neutral zone* as a seemingly unproductive time when a feeling of disconnection from the past and no relationship to the future exists. It is at this phase that those in transition will undergo a necessary time of adjustment to the new reality.

Transition is an integral concept within nursing practice. Nurses are caregivers to those who find themselves in the midst of developmental and/or health-related situations that require an adjustment to a new reality (Selder, 1989). Work on the development of transition as a central concept in nursing began with Chick and Meleis (1986) and further extended by Schumacher and Meleis (1994). Based on five separate nursing studies related to different individual and family transitions, Meleis and colleagues (2000) expanded this conceptual work into a middle-range nursing theory, *Transitions Theory*, a framework that addresses the role of nursing practice to a wide range of individual, group, and organizational transitions. First, I present a review of the literature related to the experiences of NLRNs, as individuals who leave the structure and support of the academic environment to enter the professional workforce. Secondly, I present a review of nursing and notable works from business and psychology literature on organizational transitions and how nursing has responded to NLRN entry into practice from an organizational context.

NLRNs and individual transition to practice. Transition to professional practice is a phenomenon experienced by all nursing professionals at the onset of their careers. The professional transition of NLRNs as individuals, captured the interest of nurse researchers over the last five decades. Theoretical, experiential, and empirical data supported NLRN transition to practice as an intensely difficult and confusing time. The first 18 to 24 months were characterized by changes in environments, roles, and social networks as NLRNs left school and entered the formal workforce (Benner, 1984, 2004; Duchscher, 2008, 2009; Dyess & Sherman, 2009; Hoffart et al., 2011; Kramer, 1974; Morrow, 2009; Schoessler & Waldo, 2006). For NLRNs, the transition from student to professional often involves other concurrent transitions, such as relocating and establishing new personal and professional networks. These concurrent transitions may involve They struggled to redefine and reorient themselves in order to integrate these changes into their lives (Duchscher, 2008, 2009; Dyess & Sherman, 2009; Hoffart et al., 2011; Kramer, 1974; Morrow, 2009; Schoessler & Waldo, 2006). The outcomes of difficult transitions were evidenced by the increase of NLRN attrition from their initial employment sites (Beecroft et al., 2001; Beecroft et al., 2008; Buchan & Calman, 2004; Cipriano, 2006; Cowin, 2002; Dearmun, 2000; Park & Jones, 2010; Winter-Collins & McDaniel 2000).

The first year experiences as described by these studies are informative. The personal and environmental conditions of transition, however, must also be considered a factor in NLRN transition. Knowledge, skills, and environment were identified by NLRNs as necessary to function effectively within an acute care setting (McCalla-Graham & De Gagne, 2015). Sleeplessness, emotional lability, maladjustments to shift work, and fears of failure, incompetence, and disappointment of co-workers, friends and family are just a few

of the emotional and physical conditions shared by the NLRNs (Casey, Fink, Krugman, & Propst, 2004; Clark & Springer, 2012; Duchscher, 2008, 2009; McCalla-Graham & De Gagne, 2015; Pellico, Brewer, & Kovner, 2009). Among the many intellectual and socio-developmental conditions identified were inconsistencies in practice, lack of knowledge in leadership and delegation skills, role uncertainty, loss of known supports, and intergenerational dynamics (Bratt & Felzer, 2011; Casey et al., 2004; Duchscher, 2008, 2009; Dyess & Sherman, 2009; Zinsmeister & Sherman, 2009). These findings are consistent with studies where NLRNs described the personal conditions during transition as the frantic pace of nursing care, their need for long-term support, feelings of isolation in a busy environment, and the surprising conflict between their personal beliefs on the nursing profession versus their actual experiences as a nurse professional (Clark & Springer, 2012; Dyess & Sherman, 2009; Hickson, 2013; Pellico et al., 2009; Schoessler & Waldo, 2006; & Zinsmeister & Schafer, 2009).

Environmental conditions are defined as the practice environments in which the NLRNs find themselves during the transition process (Meleis et al., 2000). Acute care venues with both for-profit and not-for-profit designations were reported as the most common place of employment for NLRNs (Bowles & Candela, 2005; Casey et al., 2004; Clark & Springer, 2012; Craig, Moscato, & Moyce, 2012; Romyn et al., 2009). NLRNs were hired into a wide variety of nursing specialty units within acute care facilities, including medical-surgical, obstetrics, critical care, emergency, and surgical services (Bratt & Felzer, 2011; Casey et al., 2004; Clark & Springer, 2012; Craig et al., 2012; Dyess & Sherman, 2009; Kovner et al., 2007; Romyn et al., 2009). Orientation programs ranged in length from no orientation to 24 weeks, with some residency programs lasting up to 12

months (Bratt & Felzer, 2011; Casey et al., 2004; Craig et al., 2012; Kovner et al., 2007; Winter-Collins & McDaniel, 2000). Few studies reported on the scheduled working shift of the NLRN participants. Two studies that included shift data reported 71% (n=60) and 61% (n=1992) were hired to either evening, night, or rotating shifts (Halfer & Graf, 2006; Kovner et al., 2007).

Recent research indicated the importance that NLRNs placed on the work environment as a major factor in their transition to practice experiences. Clark and Springer (2012) interviewed NLRNs who described their initial workplaces as having inadequate staffing and inefficient informational technology systems and that they had too little time to think critically and make appropriate decisions. Other challenges NLRNs faced include difficulty in maintaining work/life balance for NLRNs, the invasive nature of an RN job on personal time with family and friends, and lack of time for lunch or bathroom breaks while working (Pellico et al. 2009). Incivility among staff, inadequate supplies for patient care, conflicting viewpoints from colleagues on patient care and procedures, and premature assignments to charge nurse duties were also described as workplace conditions that hindered transition (Bratt & Felzer, 2011; Casey et al., 2004; Craig, et al., 2012; Duchscher, 2008, 2009; Dyess & Sherman, 2009).

The lack of consistent preceptors was another transition inhibitor identified by NLRNs (Casey et al., 2004; Dyess & Sherman, 2009; Zinsmeister & Schafer, 2009). Craig and colleagues (2012) conducted a study comparing 2008 NLRNs' with 2010 NLRNs' perspectives on transition to practice in changing economic times. In the 2008 group, NLRNs reported that having multiple preceptors during their first year was just as helpful as having a single preceptor (16.7%), while a smaller number (2.4%) of the 2010 cohort

felt that multiple preceptors were beneficial. The authors noted that single preceptors might have been the only choice for the 2010 group because more 2010 NLRNs were employed in nontraditional care sites with a limited number of RNs to precept new employees (Craig et al., 2012).

Key work environment indicators of a successful transition for NLRNs included positive feedback, job satisfaction, sense of belonging, and acceptance to the team (Bratt & Felzer, 2011; Casey et al. 2004; Craig et al., 2012; Hickson, 2013; Winter-Collins & McDaniel, 2000). Zinsmeister and Schafer (2009) conducted a phenomenological inquiry exploring the lived experiences of nine NLRNs during their first six to 12 months in the clinical practice setting. They reported that the NLRNs described supportive work environments, positive preceptor experiences, comprehensive orientation processes, and a sense of professionalism while in their first year of practice. The authors noted that the characteristics of the employer may be the reason for a positive experience. This health care facility employed a designated staff development mentor and maintained a shared governance philosophy within the organization.

NLRN entry into practice as an organizational transition. Organizational transitions also involve change, albeit on a broader scale. Examples of internal and external factors precipitating organizational transitions included acquisitions, mergers, downsizings, and restructuring (Bridges & Mitchell, 2000; Marks, 2007). Interestingly, once broad scale change was instituted, the transition process required employees to *individually* work through the processes of letting go, moving through neutrality, and accepting a new beginning (Bridges, 2004; Bridges & Mitchell, 2000; Marks, 2007). Each individual within the scope of the change had to adjust and reorient themselves to the new

environment (Bridges & Mitchell, 2000; Schlossberg, 1981). Consequently, organizational transitions took much time and planning prior to the change with responsibility for the process laid at the feet of the organization's leaders (Bridges & Mitchell, 2000; Marks, 2007).

Similarly, Schumacher and Meleis (1994) situated organizational transition within an environmental context. Organizational transition may be initiated when changes occur economically, socially, or politically. Shifts in models of care, policies, finances, technology, and leadership precipitated transition across the entire organization (Bridges, 2004; Schumacher & Meleis, 1994). Equally important was the availability of resources within the environment where transition occurred. Transition on an organizational level may be hindered or facilitated dependent upon the communication and collaboration among the departments, groups, and individuals involved in the processes (Schumacher & Meleis, 1994).

Marks (2007) described organizational transitions as difficult to manage, especially when they are continuous and ongoing. These continuous, ongoing transitions that occurred in response to an ever-changing environment were psychologically taxing and promoted resistance among employees (Marks, 2007; O'Toole, 1995). There were two distinct scenarios with regard to organizational change: an individual or group may make an intentional decision for change *or* change may be forced upon the individual or group by others (Bridges, 2004; Marks, 2007). Marks presented a framework for facilitating adaptation to organizational transition, underpinned by Lewin's work (as cited in Marks, 2007) on change. The tasks required to facilitate organizational transition included ending the old state by weakening the forces for maintaining the status quo and embracing the new

by strengthening the forces for growth (Marks, 2007). There were two levels, emotional and intellectual, when combined with the above tasks, produced four elements for facilitating transition. *Empathy* and *engagement* assisted leadership to weaken the old state while *energy* and *enforcement* strengthened the new state (Marks, 2007).

More recently, nurse leaders have begun to focus on organizational aspects of the NLRN transition to practice as they found themselves operating in an increasingly complex and ever-changing environment. Multiple support strategies, both informal and structured are found within nursing literature, such as orientation programs, new graduate residencies, and internships (Goode & Williams, 2004; Happell & Gough, 2007; Pittman, Herrera, Bass, & Thompson, 2013; Ulrich, Krozek, Early, Africa, Carman, 2010; Williams, Goode, Krsek, Bednash, & Lynn, 2007).

From their review of both pre-graduation and post-graduation programs designed to assist NLRNs' transition to practice, Hoffart and colleagues (2011) developed the *New Nurse Transition (NNT) Model*. They reported on pre-graduation programs such as senior level precepted clinical practicums, summer externships, cooperative education, and school programs that offered paid work experiences within the curriculum. Formal post-graduation transition programs included new graduate orientations, internships, and residencies. These ranged in length from 4 to 12 months and utilized experienced RNs to precept and mentor NLRNs. They identified three patterns within the literature reviewed: program effectiveness was impacted by the relationships NLRNs developed with preceptors and others during this time; retention was positively impacted when a post-graduation program was offered; and the outcomes for NLRNs evolved over time.

More recently, Edwards and colleagues (2015) systematically reviewed studies on the effectiveness of strategies and interventions designed to improve transition outcomes for NLRNs. Interestingly, most interventions resulted in successful NLRN transition outcomes. They concluded that the details of the intervention itself may not be as important as the organization's commitment and desire to assist NLRNs through the transition process (Edwards et al., 2015).

While there is research that described health care employers' responses to expedite NLRN transition to practice, there is a paucity of research examining the nature, conditions, and patterns of response within the organizations as NLRN transition to professional practice is interrupted. Descriptions of NLRN attrition from the perspectives of the nurse managers and nurse preceptors, as members of an organization, will assist in the conceptual development of the organizational transition that occurs simultaneously with the NLRN transition. In the following sections I present the research aims and conceptual framework, followed by a description of the research design and methods.

Research Aims

The broad aim of this study was to explore the transition to professional practice from the experiences and perspectives of the nurse managers and nurse preceptors who worked with NLRNs who had left employment from their unit within two years of graduation. Further understanding the transition process from these key stakeholders' perspectives may contribute to the development of critical points of intervention necessary to increase successful transitions to professional practice. The following research questions guided the inquiry:

- How do nurse managers and nurse preceptors describe their orientation and mentorship experiences with NLRNs who left employment on their unit or hospital within two years of graduation?
- What transition facilitators and inhibitors do nurse managers and preceptors identify in their experience of working with NLRNs who left employment on their unit or hospital within two years of graduation?
- What significant patterns of response do nurse managers and preceptors identify in their experiences of working with NLRNs who left employment on their unit or hospital within two years of graduation?

Conceptual Framework

I conceptualized the study and interpreted the findings using *Transitions Theory* (Meleis et al., 2000). Dr. Meleis and colleagues (2000) granted permission to reprint the theoretical model for use within this research study (see Appendix A). The four primary components of the model are the *nature of transitions*, *transition conditions*, *patterns of response*, and *nursing therapeutics*. The model includes the types, patterns, properties, conditions, process indicators, outcome indicators, and interventions that exist within the transition process (see Figure 1.1). *Transitions Theory* has been predominantly used to inform nursing practice, but the parallel to transition that occurs with hiring NLRNs into a health care organization is evident. Framing NLRN transition to professional practice as an *organizational transition* expands the application of the concept to include the nature, conditions, and patterns of response which occur within the organizational environment.

Institutional Review Board Approval and Ethical Concerns

In accordance with the government's guidelines for research involving human subjects, University of South Carolina (USC) Institutional Review Board (IRB) approval was obtained prior to commencement of data collection. Once USC IRB permission was secured, I contacted the Nursing Research and Human Resources departments of two major health systems to inquire whether the study must be approved through their individual IRB committees. Each site required different criteria for approval to collect data within the facilities (see Appendix B.)

Site A accepted the USC IRB approval letter and requested the study proposal be presented to the Nursing Research Committee (NRC) before granting permission to continue with the research. The NRC members were unanimously supportive of the research study and identified NLRN attrition as a significant workforce and financial issue for the health system. The committee requested a presentation to the nurse managers' monthly meeting as a means of increasing awareness, soliciting support, and recruiting participants. There were 30-35 people present at the meeting where the background, methodology, and recruitment strategy were shared. No questions or comments were received from the group. After the meeting adjourned, two nurse managers' business cards were received and seven left with study information forms. The director of the NRC approved the study via email and gave permission to begin data collection. Emails with study information forms were sent to all nurse managers requesting them to contact me if they agreed to participate. Three nurse managers responded within 24 hours. Nurse preceptors were recruited through networking within the nurse manager participants. Nurse managers solicited preceptors who met the criteria and arranged for support of the

preceptors' patient assignments while being interviewed. Seven total participants, three managers and four preceptors, were interviewed on three separate dates. A fourth nurse manager from this facility was interviewed earlier in the academic year as a pilot for this study.

Sites B and C were part of a large network and did not accept the USC IRB approval letter. They requested that IRB approval be submitted to their parent institution. Criteria for IRB approval were completed and approval to move forward with the study was given from the director of the Nursing Scholarship and Research Committee (NSRC). Study information was presented at a subsequent NSRC meeting. A manager from Site B contacted me, agreed to participate, and recruited a second manager for the study. The Chief Nursing Officer for Site C expressed desire for me to contact one specific nurse manager who was working on NLRN attrition within the facility. This nurse manager revealed that the data collected on this topic were a concern for the nursing leadership and readily agreed to participate in the study. Three managers and three preceptors were interviewed at two separate facilities within the network, resulting in a total of 14 participants.

In order to ensure the ethical treatment of those participating in this study, I provided a complete description of the study including risks and benefits, protected the confidentiality of the participant, remained neutral while engaged in the study, and reported the results in a truthful manner. IRB approval and informed consent from the participants were obtained prior to the collection of any data. A pseudonym was assigned to each participant in order to protect their identity and confidentiality. All identifying data collected (e.g., name, contact information) were stored securely in a locked cabinet in a

locked office; no identifying data were given to the transcriptionist or others involved in the research study. Demographic data, interview transcripts, and audiotapes were identifiable by a pseudonym and accessible only to the researcher. All digital files including taped interviews and electronic copies of transcriptions will be stored on a secured server for one year after the completion of the study. Paper files were kept in a locked cabinet within a locked university office. Files containing participant names, email addresses, and phone numbers were kept separate from other files in a locked cabinet within a locked university office. This research did not pose any identifiable health or safety hazards to participants or researcher. The participants were encouraged to decline to comment or opt out of the study at any time if they felt uncomfortable with the interview questions and/or interview process.

Research Design and Methods

A qualitative descriptive research design was selected for this study to obtain “straight and largely unadorned” (Sandelowski, 2000, p. 337) reflections of nurse managers and preceptors who had direct experience with NLRN orientation, transition, and attrition. I defined NLRN as a graduate of a nursing program, licensed, and less than 24 months from graduation. Attrition from the unit must have occurred within the first 24 months of employment. I used criterion sampling as the purposive participant selection strategy to identify specific individuals to participate in this research. The value of criterion sampling lies in its ability to take an in-depth look at experiences that meet a preselected criterion of importance (Patton, 2002).

The two participant groups for this study were nurse managers and nurse preceptors. Inclusion criteria for the nurse manager group were employment as a nurse

manager during the attrition of an NLRN from their unit, engagement in the procedures related to the NLRN's hiring and exit, time elapsed since NLRN attrition of less than five years, and English speaking. Eight nurse managers volunteered for the study but one did not keep the scheduled appointment and did not respond to follow up emails. All participating managers (n=7) held baccalaureate degrees (n=5) or higher (n=2); the majority (n=5) were female. Experience as a registered nurse ranged from five to 27 years (M=17y). Only one, however, had more than five years of experience as a manager.

Inclusion criteria for the nurse preceptor group were responsibility as the primary nurse preceptor during the orientation phase of an NLRN who left employment within their nursing unit, time elapsed since NLRN attrition of less than five years, and English speaking. Educational levels represented by the nurse preceptor group ranged from associate's to master's degrees with the majority holding bachelor's degrees (n=4). The one master's degree was not in nursing. The group was mostly female (n=5), and the majority had worked as a registered nurse for less than ten years (n=5). Four had less than five years' experience as a nurse preceptor, one had nine years' experience, and two had more than 21 years' experience serving in a preceptor role. Seven volunteered for the study and kept their appointments. The units represented across three hospitals included medical/surgical, general surgery, long term acute care, and critical care/emergency.

Data Collection. I conducted individual, audio-recorded, in-depth interviews with the 14 participants. Interviews were in-person, face-to-face, using a semi-structured interview guide consisting primarily of open-ended questions (i.e., "Tell me about a time when an NLRN left within two years of graduating from nursing school; During orientation or along the way, what indications, if any, did you note the nurse might not stay?") (see

Appendix C). Prior to initiating the interview, I provided the participant with the approved Semi-structured, open-ended questions. All participants were informed that their participation was voluntary and withdrawal from the study was permissible at any time without penalty. Confidentiality was explained to the participants as outlined on the Research Information Sheet (see Appendix D). Private offices were secured at each site for the interviews, thus allowing each participant privacy and confidentiality.

During each interview, I made notations on any comments that are incomplete, not understood, or warranted further investigation. Once the participants stopped talking, I redirected the individuals to the comments that required further explanation. Notations were made concerning the mannerisms, expressions, and body language of the participants, as well as statements judged as significant and relevant to the study's context. Length of interviews ranged between 32 and 85 minutes. Nurse manager interviews averaged 60 minutes in length while nurse preceptor interviews were, on average, much shorter at 41 minutes. The interviews concluded when the participants expressed that there was no more information to share. At this time, I collected basic demographic information (see Appendix E). The time spent with the participants closed with a reminder of how to contact me if needed and expressions of gratitude for their participation in the study. Data collection stopped when the participants' experiences of NLRN loss revealed no new information.

Data Analysis. Iterative, ongoing data analysis began with the onset of data collection. Field notes were used to capture participant behaviors, setting characteristics, and my reactions while conducting the interview. Reflecting on these notes and clarifying them when necessary occurred after each interview. To prepare for the formal data analysis,

I transcribed three interviews and a certified transcriptionist transcribed the remaining 11 audio recordings. A copy of the audio-recording was sent to a certified transcriptionist within 48 hours of the interview. Upon receipt of the transcript, I carefully read it in conjunction with the playing of the audiotape to obtain a general sense of the description and verify the accuracy of transcription. I personally validated the accuracy by reading the text while listening to the audio recording. Personal names and identifiers were removed at this time.

Initial coding of the interviews began with listening to the audio-recorded interview while simultaneously reading the transcript (Saldaña, 2013). While I carefully read and reread these data, I highlighted *in vivo* codes and recorded the “flashes of insight” that emerged in my analytic memos (DeWalt & DeWalt, as cited in Saldaña, 2013, p. 60). *Elemental coding* allowed for basic, focused codes to organize data in preparation for the identification of emerging themes and patterns (Saldaña, 2013.) For example, during the initial coding cycle of the nurse manager’s response to the interview questions, “Tell me about a time when an NLRN left within two years of graduating from nursing school” *in vivo* codes were first selected to label the performance of the NLRNs who left the institution as described by the nurse manager. The phrases, “didn’t have any urgency, any sense of urgency about some things,” and “there wasn’t a lot of accountability” were highlighted as *in vivo* codes. In response to “Tell me about the process of selecting/assigning supervision to NLRNs on your unit,” one nurse manager responded with “you need to be careful when you pick preceptors, they can’t be the floor gossip.” This *in vivo* code was later collapsed to nurse preceptor characteristics and framed under *agents of transition* within *Transitions Theory*.

The next step in the analytic process incorporated qualitative content analysis (Sandelowski, 2000) with the aim of identifying components, processes, and exemplars that illustrated the concepts and processes within *Transitions Theory* (Meleis et al., 2000). I individually coded the entire set of nurse manager and nurse preceptor interviews, then sorted and grouped the codes in order to summarize the informational content as generated by the data. In this process I identified significant statements or descriptive exemplars that illustrated concepts or processes in *Transitions Theory*. For instance, one nurse manager noted the NLRN who left as having poor time management skills, I noted this NLRN's *developmental* transition experience was characterized by *conditions* which *inhibited* the transition due to the NLRN's lack of *preparation and knowledge*. As descriptions of NLRN loss were compared between nurse managers and nurse preceptors, I identified commonalities characterized as either *inhibitors or facilitators*, which were subsequently coded as either an *individual transition* or *organizational transition* condition. Descriptions of *individual transition facilitators* related to nurse preceptors included "gut feelings" and "desire to teach." Examples of *organizational transition inhibitors* described by the nurse managers and nurse preceptors included "15-18 shifts is not enough time" for NLRN orientation, and "the organization only focuses on retention when people are leaving."

Researcher Engagement and Reflexivity

I became particularly interested in the transition of NLRNs from academia to practice after becoming a full time nurse educator in a baccalaureate nursing program located in South Carolina. Prior to this career specialty, I practiced nursing in a large urban facility as an emergency room nurse and subsequently as an administrator within one of the three busiest poison emergency call centers in the US. As an administrator, I was

directly responsible for the recruitment and retention of employees. After conducting an internal audit I became surprised to learn that the call center had reached an all-time high attrition rate of 52% over the previous year. I quickly realized how crucial recruitment and retention of nurses directly impacted the work environment, the financial stability of the facility, and most importantly, the delivery of quality care to the clients. I learned through direct experience of the costs associated with attrition and the value of retention in healthcare.

As an educator, I have a deep personal commitment and professional responsibility to prepare NLRNs as they segue from nursing education into nursing practice. I have the opportunity to assist nurse managers and nurse preceptors in the development of realistic professional expectations as NLRNs transition from the academic setting to the practice setting. Because of my established relationships with both nursing students and professional nurses within the clinical rotation milieu, I am centrally situated to collect and disseminate research on the transition of NLRNs as they enter practice following academic studies.

As a white, female, middle class nurse educator and doctoral student with thirty-five years of experience as a professional nurse, I was significantly older and held more nursing expertise than most participants in this study. My patient care experiences were modeled within the eight hour work day which allowed me and my peers more repetition and practice within a five day workweek than the 12 hour work day that was described by the participants. My role as an educator and doctoral student provided me with knowledge gleaned from research on NLRNs' experiences during transition to practice as well as the programs designed by health care organizations to orient NLRNs to practice. In this study

journaling and reflection were utilized to self-monitor for differences in generational and career experiences as an NLRN, nurse manager, and nurse educator while interviewing participants and reviewing taped interviews.

Qualitative researchers engage in reflexivity to bring awareness to and consciousness of personal beliefs, ideas, and presuppositions about the chosen topic of research (Speziale & Carpenter, 2003). It was important to explicate my personal beliefs and presuppositions to reduce personal judgment during data collection and analysis. This process of reflection promoted engagement, interaction, and rapport between myself as a researcher and my participants (Hesse-Biber & Piatelli, 2007). Throughout data collection, I recorded my feelings, assumptions, and beliefs that surfaced through journaling. This allowed me to monitor my assumptions by noting what experiences shared by the participants were confirmed through my assumptions and what information was not anticipated through my assumptions. One nurse manager appealed to my role as a nurse educator and asked “*why can’t y’all have a course on time management before they graduate?*” while describing the exit of an NLRN who had difficulty completing the day’s work in a timely manner. I acknowledged the question and quickly redirected the nurse manager back to the description. Once I arrived home and began reflecting on the interview, I allowed myself to process the question, journal my thoughts, and separate this from data analysis and interpretation. I was not anticipating that nurses in practice considered time management to be a skill that should be taught in an academic setting.

A second nurse manager described the exit of a “*timid*” NLRN who resigned after being disciplined at six months of employment for refusing to be pulled to another unit which was short staffed during night shift. Instead, the NLRN clocked out and went home,

only to return to a formal disciplinary process and the warning that another infraction would result in termination. I clearly remember the internal struggle that welled up within me as I listened to this account. As I reflected on the interview, I literally said out loud with only myself to hear, “*What was this manager thinking? Who in their right mind would support pulling a new graduate nurse from their unit to another foreign unit, much less one that is short-staffed and during a night shift?*” I then went on to compare how literature described NLRNs in their first six months with the behavior of this particular NLRN. Were fear, isolation, and lack of confidence mitigating factors for the refusal to accept the assignment? Was an oppressive work environment the catalyst that left the NLRN with no choice but to clock out and leave the workplace immediately? The internal conflict that I felt was in response to these questions that had no answers at that time. I bracketed these thoughts away from my analysis so not to influence the descriptions of the participants. Conversely, my role as a nurse administrator, allowed me insight into the role of manager and leader within the organizational environment. As I heard one manager describe the “*frustration*” at the organization’s delay in processing his request to transfer a “*competent*” NLRN into a day shift position, I understood the meaning imbedded within the word “*frustration.*”

I hold certain assumptions that I reflected upon throughout the research process based upon my relationships with student and professional nurses and my knowledge of the literature on the NLRN experiences with transition to practice. These assumptions include:

- Transitioning to professional practice may be stressful and difficult for some NLRNs and depending on the level and type of support they have within the

workplace and from other external sources, some opt to either leave their initial place of employment within 24 months of graduation or leave the profession altogether.

- The interactions between NLRNs and co-workers impact the NLRNs' decision to leave their current position. NLRNs' lack of confidence contributes to the decision to leave the current position.
- There are contributing factors that are expected or considered normal for NLRNs to leave their initial places of employment.
- Nurse managers and nurse preceptors may have differing levels of awareness of the complexities and nature of transition as experienced by the NLRN.
- The organizational environment contributes to interrupted and non-interrupted NLRN transitions to professional practice.
- The NLRN who exits a nursing position, as well as the nurse managers and preceptors who supervise NLRNs who exit their nursing unit are the best voices to describe the experience.

Summary

Current workforce data on turnover rates and attrition from practice indicate that the transition to practice does not go as planned or anticipated for some NLRNs. Little is known, however, about nurses manager and nurse preceptor experiences of turnover and attrition during the transition process. Further understanding the perspectives and experiences of nurse managers and preceptors who worked with NLRNs who did not remain on the unit during this transition period may contribute to the development of critical points of intervention and strategies to increase successful transitions to

professional practice. This dissertation addresses NLRN attrition from the perspectives of key organizational leaders directly responsible for the employment and assimilation of future nursing workforce. Their descriptions will assist nurse educators and practicing nurses in the development of evidence based strategies that will promote smooth, uninterrupted transitions to professional practice for NLRNs.

Presentation of Dissertation

In the following chapters, I present one methodological article which has been submitted for publication upon review and two data-based articles formatted for submission to appropriately selected peer-reviewed nursing journals. Chapter Two is an article entitled *Theoretical Frameworks and Transition: Newly Licensed Registered Nurses Entry to Professional Practice*. This manuscript discusses four theories on NLRN transition to practice including *Transitions Theory* which was selected to conceptualize this study and interpret the findings (Meleis et al., 2000). *Transitions Theory* is appropriate to use as a framework for investigating the interrupted transitions of NLRNs as they transition into healthcare organizations. This manuscript has been submitted to the *Journal for Nurses in Professional Development* which provides information on planning, implementing, and evaluating professional development for NLRNs and experienced nurses.

Chapter Three is an article entitled *Nurse Managers' Reflections on Newly Licensed Registered Nurses' Interrupted Individual and Organizational Transitions to Professional Practice* that will be submitted to *The Journal of Nursing Management*, an international, peer-reviewed journal that advances nursing leadership and management in health care through a scholarly forum. In this manuscript, I present and analyze five patterns of interrupted transitions described by nurse managers who experienced NLRN attrition from

their units. This journal is appropriate to inform nursing leadership on nurse managers' perceptions of interrupted transitions from an individual and organizational level.

The manuscript in Chapter Four is entitled *Show Us You Want to Learn: Nurse Managers' and Nurse Preceptors' Advice to Newly Licensed Registered Nurses as They Enter Professional Practice*. In this manuscript, I report nurse managers' and nurse preceptors' expectations and advice to NLRNs on how best to prepare for the transition into the nursing workforce. *The Journal of Nursing Education* was selected for submission because nurse educators are responsible for preparing nursing students to enter professional practice and transition to practice has been a recent research topic within this peer-reviewed, scholarly journal.

The final chapter, Chapter 5, includes a 1) synthesis of the conclusions of the research, 2) discussion of implications for nursing research, education, and practice, and 3) presentation of future research platforms.

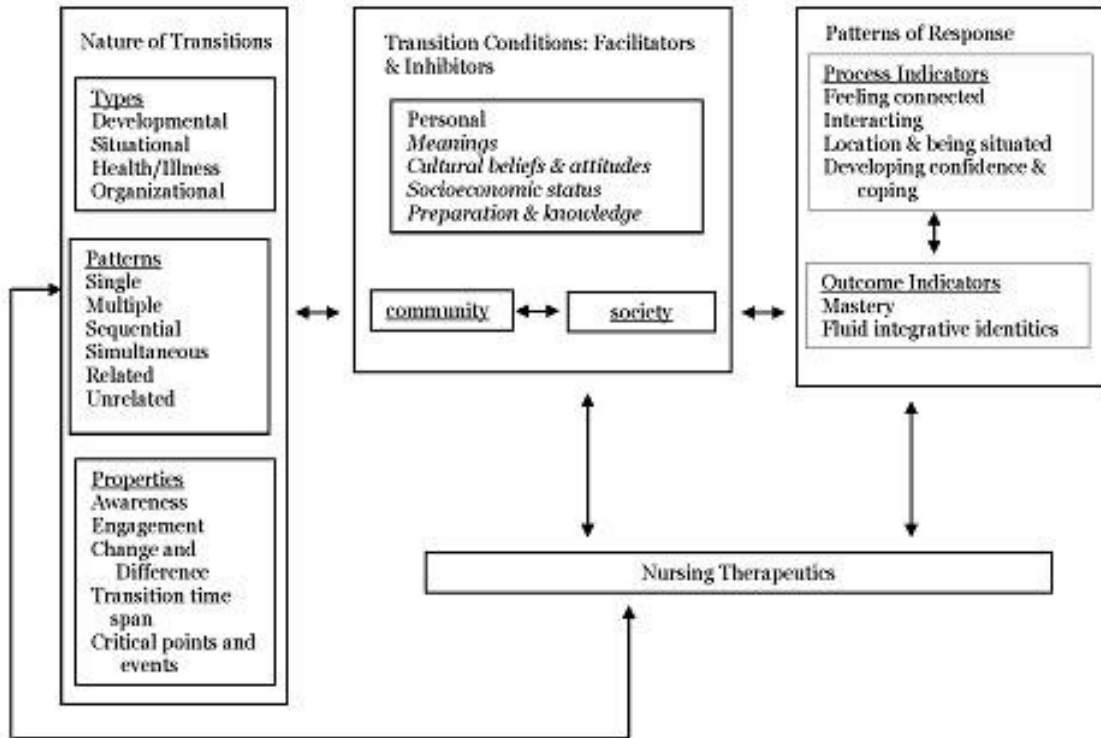


Figure 1.1 Transitions Theory

Source: Meleis, Sawyer, Im, Messias, & Schumacher, 2000 (reproduced with authors' permission)

CHAPTER 2

NEWLY LICENSED REGISTERED NURSES' TRANSITION TO PROFESSIONAL PRACTICE: A CONCEPTUAL REVIEW¹

¹Webster, S. S. and Messias, D. K. H. Submitted to *Journal for Nurses in Professional Development*. (November 3, 2015)

ABSTRACT

This review examines five theoretical works addressing newly licensed registered nurses transitioning into professional practice: *Reality Shock*, *Transition Shock*, *Stages of Transition*, *New Nurse Transition*, and *Transitions Theory*. These frameworks are appropriate for staff development educators serving as key contributors to the successful transition of new nurses into professional practice. *Transitions Theory* is particularly relevant in informing nursing practice on the complex personal and organizational transition of NLRNs to professional practice.

Introduction

The transition to professional practice is a phenomenon experienced by all nursing professionals at the onset of their careers. The first 18 to 24 months are a critical time of transition for newly licensed registered nurses (Clark & Springer, 2012; Duchscher, 2008, 2009; Dyess & Sherman, 2009; Hoffart, Waddell, & Young, 2011; Kramer, 1974; Morrow, 2009; Schoessler & Waldo, 2006; Spector et al., 2015). Within the nursing literature, a variety of theoretical frameworks have addressed the newly licensed registered nurse (NLRN) transition as a whole, or specific aspects of that transition. These include *Reality Shock* (Kramer, 1974), *Transition Shock* (Duchscher, 2008), *Stages of Transition* (Duchscher, 2008), *New Nurse Transition Model* (Hoffart et al., 2011), and *Transitions Theory* (Meleis, Sawyer, Im, Messias, & Schumacher, 2000).

Conceptually, theories that address change, adaptation, and development often refer to *transitions*; however, it must be noted that transition and change are two distinctly

different concepts (Bridges, 2004; Bridges & Mitchell, 2000). In relation to the phenomenon of entry into professional practice, change may include the physical movement from one city to another, acceptance of a new position with a new employer, and/or the establishment of new relationships, whereas transition is the broader movement or flow from one state to another and is a process that occurs over time (Bridges, 2004; Chick & Meleis, 1986; Meleis et al., 2000). Transitions involve redefining and reorienting oneself in order to integrate the changes into one's life (Bridges, 2004; Selder, 1989). Despite the ongoing theoretical focus on this important psychological and social process among newly licensed nurses, in recent years few researchers have investigated how the academic community and the practice community might collaboratively address NLRN transition into practice. The aim of this review is to examine and critique five theoretical frameworks related to the transition from student to professional nurse, to obtain a better understanding of the transition process, synthesize the evidence presented, and develop future research underpinned by theory.

Reality Shock

In her seminal research on the NLRN transition to professional nursing practice, Kramer (1974) used the term *reality shock* to describe the experience. Kramer described this transition as the painful conflict between two distinct realities - the academic setting and the work setting. Upon entering nursing practice, NLRNs discovered a large gap between the values learned in school and the situations in which they found themselves in the work environment. Kramer's *reality shock* framework described four phases occurring across NLRNs' first two years in practice: honeymoon, shock, recovery, and resolution. This transition required much energy and capacity of the NLRN to sort through the

misconceptions, realities, and unknowns that emerged during this time. Successful navigation of the transition resulted in the restoration of balance from the highs and lows they endured during this time of conflict. NLRNs who were unable to resolve their anger, fatigue, and depression experienced during the shock phase were at risk for leaving the profession altogether (Kramer & Schmalenberg, 1978).

Transition Shock and Stages of Transition

Building on Kramer's research, Duchscher (2004, 2008, 2009) conducted grounded theory research that revealed discrepancies existed between what NLRNs understood about nursing from their education and what they actually experienced as a new professional in the workplace. From this research, Duchscher developed two grounded theories, the *Transition Shock Model* (2009) and the *Stages of Transition Model* (2008). *Transition Shock* was the original theory which emerged from the studies and extensive literature reviews. The research provided a theoretical framework for nurse educators, nurse managers, and nurse professionals to make the necessary adjustments needed to facilitate the *immediate* transition of NLRNs from academia to practice (Duchscher, 2009). This model reflects the loss, doubt, confusion, and disorientation the NLRNs described between the responsibilities, knowledge, relationships, and roles of the academic environment versus the roles of the professional practice environment.

Rather than describing NLRN transition as linear or progressive, *Stages of Transition* theory characterized this transition as “evolutionary and ultimately transformative for all participants” (Duchscher, 2008, p. 444). Duchscher identified three stages in the first 12 months of practice: *doing*, *being*, and *knowing*. *Doing*, the initial three months of transition for the NLRN, was marked by tremendous fluctuations in emotions, a

steep functional learning curve, and an unexpected lack of confidence. These novice nurses were idealistic and enthusiastic about completing school and entering the workplace. This excitement soon gave way to feelings of stress, frustration, isolation, and powerlessness. NLRNs reported going to great lengths to conceal their emotions and feelings of inadequacy. Self-deprecation was consistent through this stage, even though many of the tasks and responsibilities were beyond their functional and intellectual capability.

The middle stage, *being*, was marked by rapid increased in intellectual and skill competencies. The frustrations from the initial stage still existed along with ambivalence, anger, and confusion. This caused the NLRN to withdraw from the work environment and seek comfort and support from personal relationships. Successful navigation through this stage required the NLRN to reacquaint with goals and aspirations, confidently complete a growing number of skills, and exert less energy within the workplace. A “rejuvenated spirit” (Duchscher, 2008, p.447) inspired the pursuit of new knowledge, skills, and career goals.

Knowing, the last stage of Duchscher’s (2008) model, occurred during the final three to four months of the NLRN’s first twelve months post-graduation. This stage marked a continued recovery begun during the conclusion of the middle stage. The NLRNs’ frustration shifted focus from self to institutions, i.e., nursing profession, political environment, and healthcare system. Self-confidence increased, because of the opportunity to compare oneself with the newest NLRNs entering the workplace. Simply being able to answer a question as opposed to asking one, promoted recovery from the previous feelings of doubt, frustration, and lack of confidence (Duchscher, 2008).

New Nurse Transition Model

A more recent framework is *New Nurse Transition (NNT) Model*, developed by Hoffart, Wadell, and Young (2011). These authors conducted a review of pre-graduation and post-graduation programs designed to assist NLRNs as they transition from the academic setting to the practice setting. They included pre-graduation programs such as senior level precepted clinical practicums, summer externships, cooperative education, and school programs that offered paid work experiences within the curriculum as well as formal post-graduation transition programs including new graduate orientations, internships, and residencies. These ranged in length from 4 to 12 months and employed experienced RNs to precept and mentor the NLRN. The synthesis of the findings revealed three patterns: 1) program effectiveness was impacted by the relationships NLRNs developed with preceptors and others during this time; 2) retention was positively impacted when a post-graduation program was offered; and 3) the outcomes for NLRNs evolved over time. The resulting theoretical model depicted “the complexity of transition into practice and the relationship between nursing schools and employers in minimizing reality shock” (p. 338).

The *NNT Model* illustrated the evolution of transition beginning within the school of nursing and progressing forward into the work setting. The relationships within the NLRN transition process both pre- and post-graduation were easy to visualize and comprehend (Hoffart et al., 2011). Benner’s (1984) *Model of Skill Acquisition* supported the senior nursing student as a novice advancing to competent at the conclusion of the two year model and was included in the graphic depiction. Kramer’s (1974) *Reality Shock* phases are incorporated as well with the honeymoon phase beginning at entry into practice and progressing through shock, recovery, and resolution. Hoffart and colleagues

conceptualized the *NNT Model* as a longitudinal and multi-site experience, beginning within the school of nursing and progressing forward into the workplace. This model provided a framework that created a broader context of transition for the NLRN and might serve to generate new design and research on NLRN transition into practice.

Transitions Theory

From a nursing perspective, transitions are unique, complex, and multidimensional phenomena that include multiple opportunities for nursing therapeutics (Meleis, Sawyer, Im, Messias, & Schumacher, 2000). Beginning with the identification and exploration of transitions as a nursing concept (Chick and Meleis, 1986) and further extended by Schumacher and Meleis (1994), several other nurse scholars have collaborated on the development of *transition* as a central concept in nursing. Meleis and colleagues extended and refined existing work on transition using the collective results of five studies based on a transition framework. Their work resulted in *Transitions Theory*, a middle-range theory which provided a framework to examine the process of transition through a variety of life situations. There are four components to the theoretical model: the *nature of transitions*, the *transition conditions*, the *patterns of response*, and *nursing therapeutics*. The model includes the types, patterns, properties, conditions, process indicators, outcome indicators, and nursing therapeutics that exist for clients going through transition while being cared for by a nurse (see Figure 2.1).

Although *Transitions Theory* (Meleis et al., 2000) has been predominantly applied to transition process within the domain of *nursing care*, it is clearly applicable to the NLRN transition to practice and was the framework selected for this research aimed at furthering knowledge specific to the NLRN transition from academia to practice. In the following

sections I describe the four components of the theoretical model and provide examples related to the transition of the NLRN to practice.

Nature of transitions. The nature of transitions is divided into three sub-categories: types, patterns, and properties (Meleis et al., 2000). Types of transitions include developmental, situational, health related, and organizational. Graduating from a nursing program and entering the workforce is both a developmental and situational transition that involves role change, knowledge acquisition, and socialization to the profession. The patterns of transition encompass the transitions that may be related or unrelated but occur concurrently with the NLRN transition from academia to practice. These transitions may include relocation, assumption of financial responsibility, change in marital status, and/or the loss of valued relationships. Properties of transition include awareness, engagement, change and difference, time span, critical points and events. Awareness and engagement are essential properties for the NLRN while transitioning to practice as an RN. These properties may vary between individual NLRNs. Some nursing students may actively embrace the completion of the nursing curriculum and look eagerly toward the onset of their new career while others may feel that they are not ready to enter the workplace (Meleis, et al).

Engagement is the level of involvement and preparation in the transition process (Meleis et al., 2000). Graduation from the academic curriculum is a public event that signifies transition from student to professional has begun, however, some students may actively engage in the transition prior to graduation while engagement may not begin until after graduation for others. Events that indicate an active level of engagement may include

pursuit and acceptance of a job, economic adjustments, and preparations for relocation weeks prior to graduation.

Change is an integral component of all transitions but not all changes involve transitions (Bridges, 2004; Meleis et al., 2000). The nature of change experienced by the NLRN may be physical such as the relocation from one place to another. Emotionally, the NLRN may experience the loss of relationships and support systems developed while in nursing school. Cognitively, the NLRN must become adept in the protocols and skills that are required to practice in the new employment setting. While these changes may occur independently or in a sequence or cluster, transition is a process that occurs over time and extends beyond changes in status, location, or condition. Transitions are completed when a new and different reality or identity becomes stabilized as the new normal. The time required for an NLRN to transition from academia to professional practice may vary between individuals (Duchscher, 2008; Hoffart et al, 2011; Kramer, 1974).

Transition conditions: Facilitators and inhibitors. Personal, community, and societal conditions either promote or inhibit healthy transitions. Personal beliefs and attitudes concerning professional nursing affect the transition process. Anticipatory preparation facilitates transition and is demonstrated by visitation to potential employers, reading literature on professional nursing practice, and seeking financial and career advice from nurses and other professionals. Role models and engagement with RNs prior to graduation will impact the transition process and facilitation or inhibition is dependent on what information is assimilated by the NLRN. Socioeconomic status of NLRNs may vary greatly. Some NLRNs may have acquired great debt through student loans and may have worked minimal hours while in nursing school. The lack of financial resources and support

upon graduation may be seen as a facilitator to move forward into a nursing career for the financial benefits, however, the stress associated with relocation and other changes may override the possibility of a healthy transition for some. Community and societal resources are well placed to facilitate transition. The practice community can facilitate healthy transition by establishing a venue for NLRNs to access resources, role models, answers to questions, and support. Simply offering these services is not enough to facilitate transition, the NLRN must be granted protected time in order to guarantee their access to the information (Duchscher, 2008, 2009; Hoffart et al, 2011; Meleis et al., 2000).

Patterns of response. The patterns of response include both process indicators and outcome indicators that allow for movement through a healthy transition and a successful outcome (Meleis et al., 2000). The process indicators include feeling connected, interacting, location and being situated, and finally, developing confidence and coping. Feeling connected and interacting during the transition to professional practice includes the establishment of new relationships as primary sources of information on workplace culture and local resources. Engaging and interacting with new co-workers provides the NLRN with the meanings associated with nursing care and nursing as a profession within the new work environment.

Locating and being situated are other important process indicators of transition (Meleis et al., 2000). Making comparisons between pre-graduation and post-graduation experiences, responsibilities, expectations, and life styles makes sense of where the NLRN is situated within the transition process. Support from peers, new co-workers, and family allow new meaning to emerge as transition proceeds. The development of confidence and

coping facilitates successful transition to practice. Without these, transition will slow or stall and the outcome may result in attrition from employment and/or the profession.

Transitions outcome indicators. Meleis and colleagues (2000) identified two outcome indicators in their *Transitions Theory* model. Healthy transition is a process characterized by mastery and the development of a fluid integrative identity as outcomes. For a transition to be considered healthy or successful, the NLRN must demonstrate mastery of the knowledge, skills, and attitudes needed to function as a professional RN. These actions may include the management of a reasonable patient workload, the completion of tasks in a timely manner, and the ability to effectively communicate with other healthcare professionals. Because the nature of transitions may be multiple and sequential, the NLRN must also demonstrate success in other areas such as financial, relational, and economic. Mastery is expected to develop later in transition after the NLRN has had time to integrate the new knowledge learned in practice with what was learned in nursing school.

A new identity begins to emerge as the NLRN moves through transition. This identity remains fluid and dynamic as the NLRN gains knowledge, confidence, and coping skills during transition (Meleis et al., 2000). The resulting NLRN identity is one that incorporates the knowledge, skills, and attitudes of both pre-graduation and post-graduation experiences.

Nursing therapeutics. Nursing therapeutics consist of nursing interventions developed and administered by professional RNs to address individual, family, community, or organizations transitions (Meleis et al., 2000). Because of the temporal nature of transition to practice, it is important to develop interventions that span the entire

transition process from pre-graduation through post-graduation. These interventions may include education on transition to practice by the academic community, programs to assist NLRNs with the transition process by the practice community, and additional clinical experiences beyond the formal nursing education curriculum. Pre-licensure transition programs, NLRN residencies, and dedicated transition and education nursing units are specific examples that may facilitate a smooth transition for the NLRN but will require collaboration between nursing education and nursing practice to be most effective (Meleis et al., 2000).

Conclusions

In summary, there is a long-standing body of theoretical work on the NLRN transition from school to professional practice. Kramer's (1974) original description of NLRNs experiences of *Reality Shock* and Duchscher's descriptions of *Transition Shock* (2009) and *Stages of Transition* (2008) provide frameworks on NLRN transition to practice as described by NLRNs. *New Nurse Transition Model* (Hoffart et al., 2011) temporally frames NLRN transition as beginning pre-graduation through post-graduation with assistance by multiple strategies and programs developed by professional nurses. Lastly, *Transitions Theory*, (Meleis et al., 2000) a middle range theory, provides a framework to examine the process of transition through multiple life situations and I conceptualized NLRN transition to professional practice within its components. These theories are appropriate for use by researchers as they seek to further describe the complex personal and organizational transition of NLRNs to professional practice.

Building on this longstanding theoretical work in the discipline, there is clearly a need for more research and the development of evidence-based interventions to facilitate

the transition of NLRNs to practice. Nurse leaders should assess organizational policies to identify any practices that contribute to unsuccessful transitions to practice such as staffing patterns or unrealistic expectations that place increased responsibility on NLRNs when there is less support and expertise available to them. Managers, preceptors and clinical nurse educators should work together to establish best practices in preceptor selection, preparation, and workload. Evidence-based orientation to the role of preceptor must be developed and include content on NLRN transition, learning styles, and effective communication. Areas for future research include process and outcome evaluations of various NLRN orientation models and collaborative research on the effectiveness of nursing education strategies in preparing NLRNs for the challenges of practice. Opportunities for collaboration between nursing practice and nursing education might also include retrospective studies on the outcomes of former students' transitions along with the identification of the facilitators or inhibitors of the transition process. Lastly, joint, interdisciplinary simulation events, positions for students on nursing councils, and increased student immersion into practice settings are other possibilities to facilitate NLRN transition into practice.

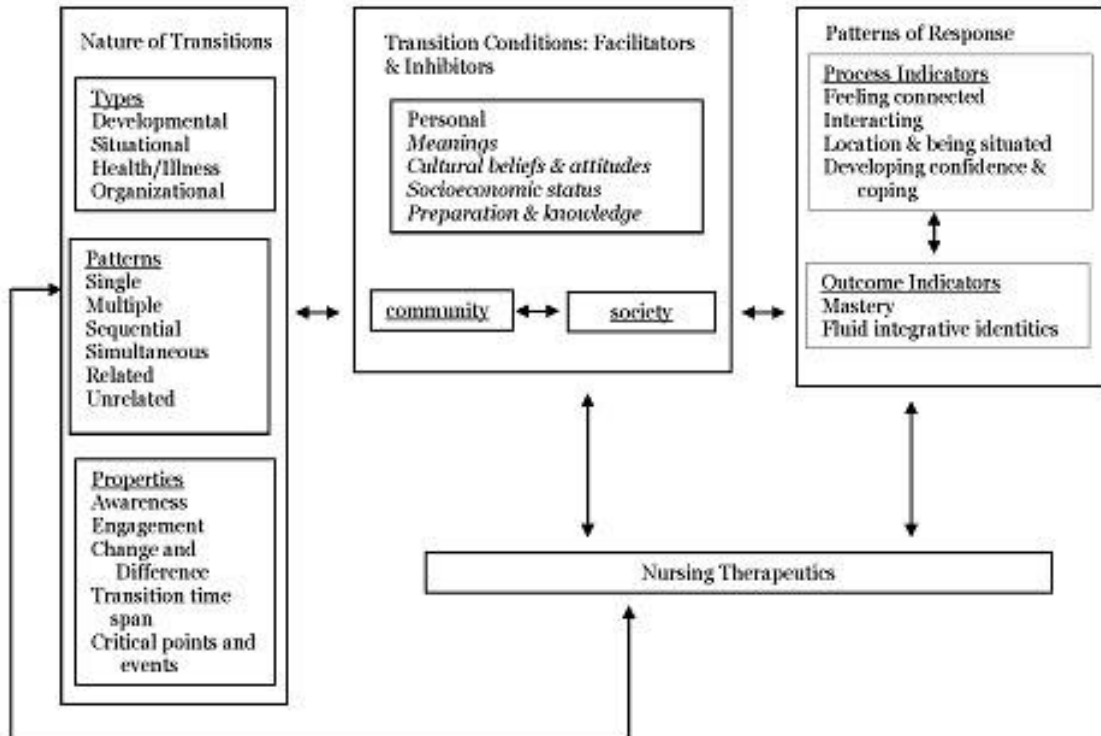


Figure 2.1 Transitions Theory

Source: Meleis, Sawyer, Im, Messias, & Schumacher, 2000 (reproduced with authors' permission)

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CHAPTER 3

NURSE MANAGERS' REFLECTIONS ON NEWLY LICENSED
REGISTERED NURSES' INTERRUPTED INDIVIDUAL AND
ORGANIZATIONAL TRANSITIONS TO PROFESSIONAL PRACTICE¹

¹Webster, S. S. and Messias, D. K. H. To be submitted to *Journal of Nursing Management*.

ABSTRACT

Current employment data indicate that a significant number of Newly Licensed Registered Nurses (NLRNs) experience interruptions in their initial transition to professional nursing. Little is known about nurse managers' experiences of NLRN turnover and attrition during this transition process. The aim of this qualitative descriptive research was to explore nurse managers' experiences with interrupted transitions to professional practice within the first 24 months of NLRN employment. Data collection strategies included audio-recorded, in-depth, individual semi-structured interviews. Data analysis was conducted using a qualitative thematic approach with focused coding and thematic analysis through a constant comparative method. *Transitions Theory* provided a framework for interpretation and presentation of results. Seven managers described 22 cases of NLRN attrition from their nursing units. Five patterns of interrupted NLRN transitions were identified: *resignation* (n=6), *in-house transfer* (n=4), *probationary dismissal* (n=5), *resignation after disciplinary action* (n=4), and *termination* (n=3). Tension exists between educators and the National Certification Licensing Exam giving the *green light* for NLRNs to enter the profession and the practice community finding they are unable to successfully transition because of violations in organizational policies and culture. Understanding the transition process from managers' perspectives may contribute to the development of interventions necessary to increase successful professional transitions.

Introduction

The successful transition of newly licensed registered nurses (NLRNs) into practice is critical in meeting current and future nursing workforce demands. High turnover rates of NLRNs, coupled with the ongoing nursing faculty shortage, further exacerbate the current workforce shortage driven by increased demand and the aging of the nurse workforce (AACN, 2014; Bureau of Labor Statistics, 2014; Kovner et al., 2007). Findings from past research conducted in the United States (US) and Canada indicated between 33% and 61% of NLRNs either leave their place of employment or plan to leave the profession altogether within the first year (Beecroft, Dorey, & Wenten, 2008; Cipriano, 2006; MacKusick & Minick, 2010; Park & Jones, 2010; Romyn, et al., 2009). More recently, Kovner, Brewer, Fatehi, and Jun (2014) estimated that 17.5% leave their job within 12 months with the two year turnover rate estimated at 33.5%. These data suggested that a significant number of NLRNs may experience interruptions in their initial transition to professional nursing.

In the broader literature, as well as within the discipline of nursing, there is a longstanding tradition of theory development and research related to the phenomenon of transition. Across multiple disciplines, the definition of transition is similar. One basic definition is that transition is “the state that change puts people into” (Bridges & Mitchell, 2000, p. 247). Change will certainly occur concurrently with transition but change is external and immediate. Transition, however, suggests movement or flow from one internal state to another and is a process that occurs over time (Bridges, 2004; Bridges & Mitchell,; Chick & Meleis, 1986; Meleis, Sawyer, Im, Messias, & Schumacher, 2000; Selder, 1989).

Over the past five decades, nurse researchers have examined the professional transition of individual NLRNs. Theoretical, experiential, and empirical data indicated the

transition to professional practice was an intensely difficult and confusing time as NLRNs struggle to redefine and reorient themselves to the immediate external changes that occurred post-graduation (Duchscher & Myrick, 2008; Duchscher, 2009; Dyess & Sherman, 2009; Hoffart, Waddell, & Young, 2011; Kramer, 1974; Morrow, 2009). One indicator of interrupted transitions was the presence of NLRN attrition from initial employment sites (Beecroft et al., 2008; Buchan & Calman, 2004; Cipriano, 2006; Cowin, 2002; Park & Jones, 2010).

Health care institutions have developed and implemented a variety of interventions that addressed the increasing workforce demands of incorporating NLRNs into professional practice (Beecroft et al., 2008; Dyess & Sherman, 2009; Rush, Adamack, Gordon, Lilly, & Janke, 2013). These included a general orientation to hospitals or other healthcare settings and a period of supervised mentorship with the goal of progressing to independent practice. Little is known, however, about nurse managers' experiences of NLRN turnover and attrition during this transition process. Further understanding the transition process from these key stakeholders' perspectives may contribute to the development of critical points of intervention necessary to increase successful transitions to professional practice.

These findings are presented as a part of a larger descriptive qualitative study that explored nurse managers' and preceptors' experiences and perspectives on NLRNs who left employment of their unit or hospital within two years of graduation. In this chapter I report on managers' experiences as the organizational leaders of the units where interrupted NLRN transitions to professional practice occurred. I begin with an overview of the

conceptual framework, then describe research design, present the results, and discuss implications for nursing education, practice and management on this timely topic.

Conceptual Framework and Research Design

I conceptualized the study and interpreted the findings using *Transitions Theory* (Meleis et al., 2000). There are four primary components of this theoretical framework: *nature of transitions, transition conditions, patterns of response, and nursing therapeutics*. The theory describes the types, patterns, properties, conditions, process indicators, outcome indicators, and interventions that exist within the transition process (see Figure 3.1). *Transitions Theory* has been predominantly applied to patients, families, and communities, but is also applicable to individual and organizational transitions that occur when a NLRN enters practice within a health care organization. Framing NLRN transition to professional practice as an *organizational transition* expands the application of the concept to include the nature, conditions, and patterns of response which occur within the organizational environment.

With the aim of examining the perceptions and experiences of managers regarding interrupted NLRN transitions, I chose a qualitative descriptive research design (Sandelowski, 2000). I defined NLRN as a graduate of a nursing program, licensed, and less than 24 months from graduation. Attrition from the unit must have occurred within the first 24 months of employment. The following research questions guided the inquiry: How do managers describe their orientation and mentorship experiences with NLRNs who left employment on their unit or hospital within two years of graduation? What transition facilitators and inhibitors do managers identify in their experience of working with NLRNs who left employment on their unit or hospital within the first two years of professional

practice? What significant patterns of response to the transition to professional practice do managers identify in their experience of working with NLRNs who left employment on their unit or hospital within two years of graduation? University and hospital systems' Institutional Review Board approvals were obtained prior to initiating data collection.

Participant Characteristics

Study inclusion criteria were nurse managers employed during the attrition of an NLRN from their unit within the past five years who had been engaged in hiring and exiting processes. On-site, in-person recruitment occurred during monthly nurse manager meetings and nurse research council meetings at three local hospitals. Eight nurse managers volunteered for the study but one did not keep the scheduled appointment and did not respond to follow up emails. Of the seven participants, all (n=7) held baccalaureate degrees (n=5) or higher (n=2) and the majority (n=5) were female. Experience as a registered nurse ranged from five to 27 years (M=17y). However, only one nurse reported having more than five years' experience as a manager. They worked in medical/surgical, general surgery, long term acute care, and critical care/emergency in three different hospitals.

Data Collection and Analysis

To ensure participant privacy and confidentiality, interviews were conducted in private offices at the managers' site of employment and were scheduled at the participants' convenience. Pseudonyms, selected by the participants, were assigned to protect their anonymity and allowed for a neater presentation of results. The primary researcher conducted all the face-to-face, audio-recorded interviews, using a semi-structured interview guide consisting primarily of open-ended questions (i.e., "Tell me about a time when an NLRN left within two years of graduating from nursing school; During orientation

or along the way, what indications, if any, did you note the nurse might not stay?”). The average interview time was 60 minutes. The primary researcher or a certified transcriptionist transcribed the audio recordings verbatim for data analysis. Following transcription, the primary researcher reviewed all transcripts by reading the text while listening to the recording.

Iterative, ongoing data analysis began with the onset of data collection. Both researchers read and reread the transcripts, first employing open coding and subsequently revisiting the data to further identify and illustrate key elements, both within individual interviews and across the multiple interviews. This process involved continually comparing, contrasting, and interpreting the data in light of the concepts and processes identified in *Transitions Theory* (Meleis et al., 2000).

Findings

The seven managers identified and described 22 distinct cases of NLRN attrition from their nursing units (see Table 3.1). Within their narratives, I identified five patterns of interrupted NLRN transitions: *resignation*, *in-house transfer*, *probationary dismissal*, *resignation after disciplinary action*, and *termination*. I present the analysis of each of these response patterns in the following sections. All names are pseudonyms to protect the confidentiality of participants.

Resignation. Participants described six cases of NLRN’s resignation which they considered to have been “*normal*” or “*expected*.” For example, Angela reported that an NLRN who was originally from another state chose to leave after 10 months in order to seek employment closer to home. There were three cases in which the NLRNs resigned after 10, 11, and 18 months due to spousal employment transfers. Another NLRN left at

seven months to accept a position on day shift in another facility after discussing disrupted sleep patterns and fatigue with the manager. Bennett considered the NLRN to be a “*competent*” employee and was in the process of trying to accommodate the NLRN’s request to move to day shift on the unit. He voiced his frustration at the loss, noting that she was a “*very great nurse*” and he had been attempting to reassign her to day shift when she resigned.

In-house transfer. There were four reported cases of NLRN attrition due to *in-house transfers*, which participants defined as the exit of an NLRN to another unit within the same health care system. These four cases were reported by only two managers. They reported that the reasons the NLRNs provided were that they wanted to “*further their careers*” and to obtain the experience needed to get into graduate school. Marie had lost three NLRNs at the 12 month mark of employment. She described this as “*not surprising*” because of the foundation received while working on a busy medical/surgical unit. In fact, she shared there was one unit who recruited her staff when there was a vacancy. Her final comments reflected both pride and sadness when she said, “*Okay, it hurt, I hate having to rehire, I hate it, but there’s a part of me that says, ‘yeah, we did right, we trained them right.’ I honored what I told them- I will help you grow your career.*”

Probationary dismissal. The five cases of *probationary dismissal* occurred early on in the NLRN transition to practice, with the average time employed being four months. Each of these NLRNs had been released from employment during the orientation period, per organizational policy. Managers shared that time management, attendance, accountability, and tardiness were the primary factors that led to their decisions to dismiss these NLRNs. Susie released one NLRN from employment at the end of the hospital’s 4-

month probationary period. She reported that the NLRN had both attendance and “customer service” issues and “every time something happened, it was never her fault...which then speaks to her ability to take accountability for her own actions.” Marie described the dismissed NLRN as someone who was “well-spoken” and had “traveled the world,” but also noted that she had not worked as a registered nurse in a traditional hospital setting within the first six months of graduation from a nursing program. She recalled that she had initially been reluctant to hire her, but ultimately had decided to “give her a chance” and had hired her into a work as needed, non-benefit position. For the orientation, she paired the NLRN with an experienced nurse who was a high performer, but had no prior experience in precepting new employees. She noted that the NLRN’s tendency to be “very cautious” had resulted in delays in medication administration, charting, and her inability to keep the pace of a busy unit. As a result, she “could never take lunch, never sit down” and furthermore had “struggled with the computer.” Marie and the preceptor held multiple meetings to provide feedback to the NLRN, but ultimately dismissed the employee at 4 months. Marie described the impact of the dismissal as being “devastating” to both NLRN and first time preceptor, who felt responsible for the hiring failure and told her that “she would never precept again.” In hindsight, she had learned that pairing the NLRN with this first time preceptor had not been a good match.

Resignation after discipline. Participants recollected four cases of NLRNs who resigned from their positions after disciplinary action. Bennett shared that an NLRN was counseled and disciplined early in employment for using a derogatory, slang term as reported by staff but denied by the NLRN. He described the NLRN as “competent” with good documentation skills but an “abrupt and abrasive personality.” There were noted

attendance issues as well and at 15 months the NLRN resigned without any prior notification.

Another resignation after disciplinary action occurred after the NLRN had been employed for six months on night shift. She had previously worked as a medical transcriptionist, and when interviewing the NLRN, Elizabeth considered this *“little bit of exposure to medical type things”* as a positive indicator. However, on the unit the NLRN proved to be *“timid,” “lacking confidence,”* and having no *“sense of urgency.”* Relieving shift nurses reported *“fairly significant things that she didn’t seem to be...not as comfortable carrying a patient load as everybody else that came in at the same time.”* To facilitate transition, Elizabeth extended the NLRN’s orientation and returned her to day shift. Subsequently, she had to counsel and issue written discipline notices related to accountability, time management, and documentation. At six months, she disciplined the NLRN for refusing to be pulled to another unit while working on night shift. Rather than accepting the assignment, the nurse had clocked out and left the hospital. Upon her return to work, Elizabeth informed her that the next violation of organizational policy would result in termination, but the NLRN resigned within a week.

Termination. There were three cases of NLRN *termination* by the hospital that occurred after the NLRN completed the orientation period but within the first 24 months of employment. Nurse managers defined termination as the dismissal of an employee for violation of organizational policies and procedures. The NLRNs had been employed between eight and 15 months and all were working night shift. Bennett recollected that *“from the beginning there were red flags... perhaps we didn’t see it in the beginning.”* He had extended orientation and devoted time to work with the NLRN personally. Although

there were outward signs the NLRN was struggling with medication administration and skill performance, Bennett noted there was not *“a lot of sincerity...about doing this mistake.”* Once the NLRN was terminated, he discovered that the NLRN and another married staff member were in a relationship. In hindsight, he described the NLRN as playing *“the victim role very well”* and that some unit staff members *were more enabling him.* He described the experience as *“very difficult just because I felt that I put a lot into it...there was a lot of effort put in and try to save something and have it work out when it doesn’t.”*

In another situation, William progressively disciplined an NLRN for *“performance issues with documentation, med administration, behavior on the unit.”* The NLRN was referred to an employee assistance program for prescribed narcotic use and terminated at 15 months. Ann described the termination of a second degree NLRN employed for eight months as being strictly related to skill competency and poor documentation. She expressed *“what is really frustrating about people like that I screened them, I thought they would do fine. Your staff thought they’re a good fit and they can’t perform.”* Interestingly, once terminated, the NLRN contacted Ann and the chief nursing officer to offer his expertise in business as a reason to rehire him to an assistant nurse manager position.

NLRN Attrition as a Disrupted Organizational Transition

These managers’ descriptions and interpretations of the cases of NLRNs who had left their units within the first 2 years clearly highlighted the complex nature of these concurrent personal and organizational transitions. Developmentally and situationally, while NLRNs were transitioning from student to professional, managers were engaged in facilitating the individual transition in multiple ways – from assessment and selection of

applicants to provision of guidance and support, mediation, and discipline. Concurrent organizational transitions involved orientation and assimilation of NLRNs within the hospital systems. These multiple transitions were simultaneous, sequential, and both related and unrelated to each other which is consistent with *Transitions Theory* (Meleis et al., 2000).

As these findings indicate, the resignation, dismissal, or internal transfer of a NLRN resulted in an *interrupted* transition at the individual, nursing unit, and organizational level. There were *personal, community, and organizational conditions* that contributed to these interrupted transitions. In some instances, managers described lack of knowledge, skill deficits, and poor time management as NLRN *personal conditions* that inhibited a successful transition. For example, Marie reported an NLRN seem to focus more on the “*need for a full time position with benefits*” over developing the skills and competencies needed to secure a full time position within the unit. Susie recognized her own lack of preparation for the leadership role when she faced a NLRN having difficulty during orientation. Although she was “*doing everything I could to make it work*” she saw the situation “*was unraveling right in front of you...I was like, ‘Oh my gosh, what do I do with this?’*”

In some cases, individual characteristics of the NLRNs were identified as a major contributor to early attrition. Three managers described timidity, apathy, and aggressiveness in three of the cases of attrition. Elizabeth discussed receiving feedback on NLRN performance from the relieving shift staff which had not been discussed with the NLRN. This feedback included lists of tasks that weren’t completed and discrepancies in charting. She also received information from an “*anonymous*” source within the unit who

wanted to communicate information she “*needed to know*” concerning the performance of an NLRN on night shift. Conversely, Marie shared that the entire unit staff knew that one NLRN was struggling and they were “*watching to see what I would do.*” Susie received complaints concerning an NLRN who was reportedly not responding to “*call lights*” in a timely manner and leaving “*dirty briefs in the trash can...and the room smells and the visitors come in and we’re very embarrassed.*”

Unit environments and cultures were *community conditions* which, in some cases, inhibited a NLRN’s transition. The managers recognized the challenges of filling vacant nurse positions and the increasing urgency when positions had been vacant for extended periods of time. Orientation of NLRNs resulted in higher workloads for the unit nurses, who were already short-staffed because of the position vacancy. Susie described the selection process for nurse preceptors on the unit as “*a convoluted process.*” She noted that ideally, the preceptor should be a nurse with “*at least two years’ experience that has shown clinical excellence on the floor.*” In reality, managers described an environment of attrition which resulted in the lack of availability of more experienced nurses to precept NLRNs. As a result, nurses with less than two years’ experience shouldered the responsibility of orienting, teaching, and assimilating new graduates into units that were already short staffed.

Managers identified several *organizational conditions* that impacted the transition process. Several participants reported that their organizations had increased the orientation period from six weeks to 8-12 weeks or 24-36 shifts in response to NLRN attrition and organizations granted the autonomy to extend orientation when managers determined the NLRN was “*struggling*” or “*needed more time.*” The primary reason most NLRNs were

hired to night shift was that the local organizational culture rewarded longevity and seniority with a position on the day shift, and therefore, new hires were expected to start on night shift. Bennett noted that these organizational policies and precedents had limited his ability to quickly intervene when a NLRN was clearly struggling with adapting to night shift and opted to resign rather than continue working. Elizabeth shared that all managers within the health system were required to follow up with all new employees at both 30 and 90 days. She personally amended this to a 30 day follow up with “*all*” the employees on her unit. She stated that this has increased effective communication and problems are being addressed much earlier than if she strictly followed the organization’s policy.

Discussion and Implications

Although limited to experiences reported by a small convenience sample of managers in a specific geographic region, these findings clearly support previous research on the difficult transition to professional practice for the individual NLRN (Duchscher & Myrick, 2008; Duchscher, 2009; Dyess & Sherman, 2009; Hoffart, Waddell, & Young, 2011; Kramer, 1974; Morrow, 2009). They indicate that the NLRN transition to practice does not occur in isolation. This phenomenon is broader and far more complex than being approached as only an *individual transition* which reflects a disregard for its true depth. Nurse administrators, nurse managers, nurse preceptors, in addition to the resources and policies in place at practice settings, contributed to the complex and multidimensional processes and outcomes of the NLRN transition to practice. A salient finding was that the conditions within the units and organizations, as identified by the managers contributed to the interrupted transitions. These conditions, *personal*, *community*, and *organizational* influenced the exit of NLRNs from their initial employment sites. Relocation, shift

preference, commute, attendance and tardiness issues were among the *personal conditions* that contributed to interrupted transitions. Examples of *community conditions* that contributed to interrupted transitions were poor communication between managers, preceptors, and NLRNs, expectations that NLRNs were practice ready following orientation, and preceptor availability. *Organizationally*, staffing policies that ignored acuity of patients and/or level of nursing experience, inconsistencies in the hiring and assimilation of NLRNs, and lack of administrative level leadership on NLRN transition inhibited the transition process. The five *patterns of response* that resulted in attrition: *resignation, in-house transfer, probationary dismissal, resignation after discipline, and termination* indicated that not only was the NLRN experiencing an interrupted transition, but collectively, the organization and its members were as well.

Other disciplines identified transition as the responsibility of the organization's leaders to discover a direct link between ineffective assimilation of new employees and staff turnover (Marks, 2007; McNeill, 2012). Clearly, health care organizational culture places the responsibility of NLRN transition squarely on the shoulders of the managers. In addition to their other responsibilities, they must screen, select, and oversee their unit workforce. Organizational transitions are also described as difficult to manage especially if they are continuous and ongoing (Marks, 2007; McNeill, 2012). Hiring NLRNs is a continuous and ongoing process for healthcare organizations and needs to involve the support and preparation of managers *and* preceptors for their leadership roles in the process. Furthermore, when NLRN attrition occurs within the nursing unit, the *organizational transition* process must be reactivated, whether the exit was planned

(*relocation or in-house transfer*) or unplanned (*probationary dismissal, resignation after discipline, or termination*).

Further use of *Transitions Theory* (Meleis et al., 2000) as a theoretical framework applicable to NLRN transition to practice is recommended based on the findings of this research. The *nature, conditions, and patterns of response* of the concomitant organizational transition merit further explication and attention.

Conclusion

Prior investigations of the transition of NLRNs to professional practice have focused primarily on the perspectives of the NLRNs. Work stress, personal and patient safety, work environment, and family issues figure are among previously reported reasons for early attrition among NLRNs within the last decade (Bowles & Candela, 2005; Duchscher, 2008; McCalla-Graham & De Gagne, 2015; Morrow, 2009; Pellico, Brewer, & Kovner, 2009; Teoh, Pua, & Chan, 2012). This focused, descriptive study highlighted managers' perceptions and experiences of NLRN attrition and indicated that probationary dismissal, resignation after disciplinary action, and termination contributed to NLRN attrition in 12 out of 22 cases (55%).

These cases of NLRNs leaving their initial employment within the first 24 months resulted in interrupted personal and organizational transitions. Tension exists between nursing schools and the National Certification Licensing Exam giving the *green light* to an NLRN to enter professional practice and the practice community finding that NLRNs are unable to move through transition to practice because of violations in organizational policies, procedures, and culture. Additional research is needed to resolve the tensions that

exist between these key stakeholders of NLRN transition and determine points of intervention to reduce interrupted transitions.

Table 3.1.Nurse manager descriptions of NLRN exits

N=22, m=months		Resignation	In-house Transfer	Probationary Dismissal	Resigned after discipline	Termination
Number of NLRNs		6 (27%)	4 (18%)	5 (23%)	4 (18%)	3 (14%)
Reasons given for exit		Relocation/ Shift/ Employer	Specialty/ Shift	Attendance/ Accountability/ Tardiness/ Time management	Behavior/ Med errors/ Time management	Med errors/ Poor documentation/ Behavior
Time worked	Range	7-23m	12m each	4m each	6-15m	8-15m
	Average	13m	12m	4m	10m	12m
Degree	BSN	3	4	2	1	2
	ADN	3	0	3	3	1

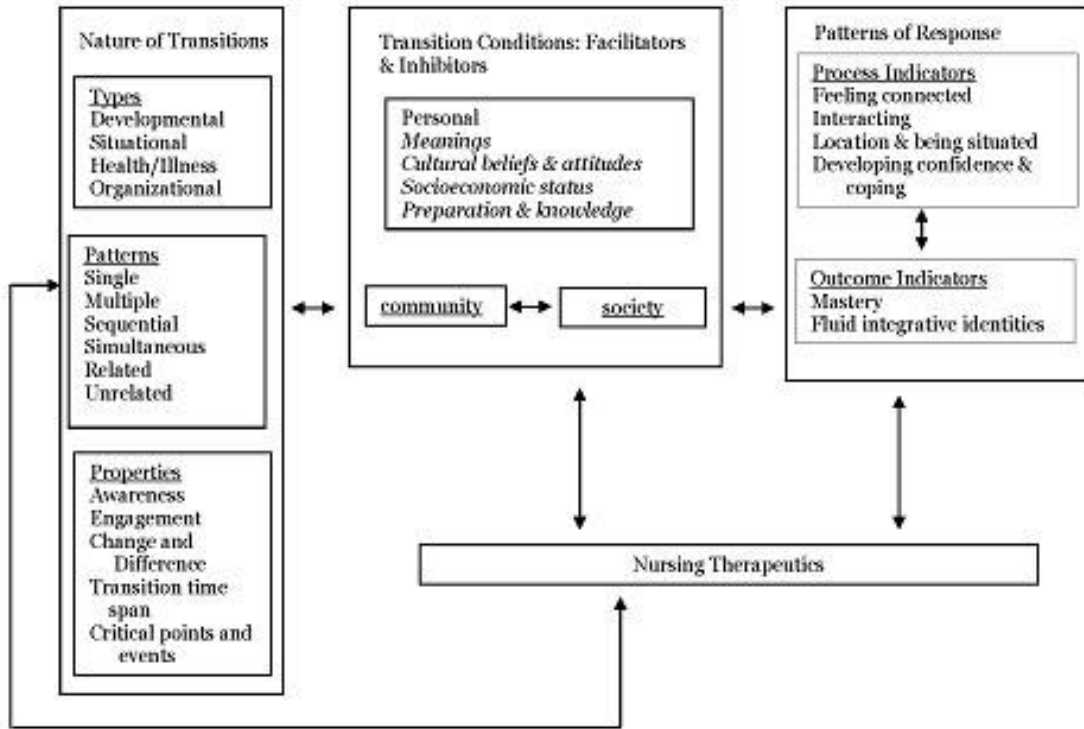


Figure 3.1 Transitions Theory

Source: Meleis, Sawyer, Im, Messias, & Schumacher, 2000 (reproduced with authors' permission)

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CHAPTER 4
NURSE MANAGERS' AND PRECEPTORS' ADVICE TO NEWLY
LICENSED REGISTERED NURSES: “*SHOW US YOU WANT TO
LEARN*”¹

¹Webster, S.S. and Hewlett, P.O. To be submitted to *The Journal of Nursing Education*.

ABSTRACT

Nurse educators, managers, and preceptors play key roles in preparing newly licensed registered nurses (NLRNs) for professional practice. The purpose of this qualitative descriptive study was to explore the experiences and perspectives of managers and preceptors who worked with NLRNs who left employment within two years of graduation. Data were collected through individual interviews consisting primarily of open-ended questions; data were analyzed using qualitative thematic content approach. I report on managers' (n=7) and preceptors' (n=7) *advice and recommendations* to NLRNs preparing to transition from the academia to professional practice. I identified five themes interpreted through *Transitions Theory* as *nursing therapeutics/interventions* in response to managers' and preceptors' experiences with interrupted NLRN transitions. Themes include *ask, show initiative, helpful hints, pre-professional socialization, and having choices*. These findings will assist nurse educators in the preparation of nursing students for practice in advance of entering the work place.

Introduction

Nurse educators, managers, and preceptors have key roles in the preparation and assimilation of newly licensed registered nurses (NLRNs) into professional practice. Studies spanning five decades have focused on NLRNs as individuals, highlighting transition to practice (Benner, 1984, 2004; Clark & Springer, 2012; Duchscher, 2008, 2009; Kramer, 1974; Schoessler & Waldo, 2006), description of first year experiences (McCalla-

Graham & De Gagne, 2015; Morrow, 2009; Pellico, Brewer, & Kovner, 2009), and preparation for entry to practice (Dyess & Sherman, 2009; Hoffart, Waddell, & Young, 2011). Recent findings from the RN Work Project, a 10 year national study of NLRNs, estimated that 17.5% leave their job within 12 months with the two year turnover rate estimated at 33.5% (Kovner, Brewer, Fatehi, & Jun, 2014). This 2006-2013 longitudinal study of nurses was conducted with NLRNs from three different cross-sectional surveys and was recognized as being the only one of its kind in the US. Factors contributing to interrupted transitions included injury, fatigue, and emotional distress (Cowin & Hengstberger-Sims, 2006; Kovner, Brewer, Fairchild, Poornima, & Djukic, 2007; Kovner et al., 2014; MacKusick & Minick, 2010), nursing staff's unrealistic expectations of NLRNs (Romyn et al., 2009) and work environment (Bowles & Candela 2005; Cohen, Stuenkel, & Nguyen, 2009). Little is known, however, of the experiences of nurse managers and nurse preceptors who hired and mentored NLRNs who subsequently exited their employment within 24 months of hire. In this chapter, I report on nurse managers' and nurse preceptors' advice and recommendations to NLRNs as they transition from the academic setting to the professional milieu. Nurse educators, as the gate keepers to nursing knowledge and skill development for students, are professionally accountable for assuring that NLRNs are prepared to enter the nursing workforce. Understanding the advice and recommendations from the voices of the nurses who are directly responsible for NLRN entry to practice will assist educators as they develop curriculum and learning experiences for future nursing professionals.

Background

Academic and practice institutions throughout the US have developed a variety of strategies and interventions in response to workforce demands, the transition to professional practice, and NLRN retention. Nursing academic institutions increased enrollment, however, this response will be ineffective if the reported attrition rate of NLRNs within the first 12 to 24 months of practice continues (AACN, 2014; Kovner et al., 2014). Examples of interventions to increase support for new graduates during the initial transition to professional practice include nurse residency programs, extended orientations, and dedicated transition units (Beecroft, Kunzman, & Krozek, 2001; Dearmun, 2000; Dyess & Sherman, 2009; Edwards, Hawker, Carrier, & Rees, 2015; Hoffart, Waddell, & Young, 2011; Kramer, Halfer, Maguire, & Schmalenberg, 2012; Olson, et al., 2001; Park & Jones, 2010; Rush, Adamack, Gordon, Lilly, Janke 2013; Schoessler & Waldo, 2006). These initiatives often include a general hospital orientation and a period of preceptorship and skill attainment with a guided progression to independence.

Hoffart, Wadell, and Young (2011) reviewed both pre-graduation and post-graduation programs designed to assist NLRNs as they transition to practice and subsequently developed the *New Nurse Transition (NNT) Model*. They identified three patterns within the literature reviewed: program effectiveness was impacted by the relationships NLRNs developed with preceptors and others during this time, retention was positively impacted when a post-graduation program was offered, and the outcomes for NLRNs evolved over time. Conceptually, transition to professional practice is identified as beginning pre-graduation and extending through the first two years of practice within this model (Hoffart et al., 2011). This is consistent with other works which describe transition

as movement or flow from one internal state to another and is a process that occurs over time (Bridges, 2004; Bridges & Mitchell, 2000; Chick & Meleis, 1986; Meleis, Sawyer, Im, Messias, & Schumacher, 2000). In the following sections, I present the conceptual framework, research design, and results with discussion and implications for nursing education and practice on this timely topic.

Conceptual Framework and Research Design

A qualitative descriptive research design was selected for this study to obtain descriptions of NLRN orientation, transition, and attrition from nurse managers and nurse preceptors (Sandelowski, 2000). The NLRN was defined as a licensed graduate of a nursing program with less than 24 months since graduation. Attrition from the unit must have occurred within the first 24 months of employment.

Transitions Theory was selected to conceptualize and interpret the findings of this study (Meleis et al., 2000). There are four components to the *Transitions* model: *nature of transitions*, *transition conditions*, *patterns of response*, and *nursing therapeutics* (see Figure 4.1). Framing nurse manager and nurse preceptor responses to “What advice do you have for NLRNs as they prepare to transition into the nursing workforce?” within *patterns of response* and *nursing therapeutics* will provide nurse educators and nurse leaders insight into the transition process that awaits NLRNs post-graduation.

These research questions guided the inquiry: How do nurse managers and preceptors describe their orientation and mentorship experiences with NLRNs who left employment on their unit or hospital within two years of graduation? What transition facilitators and inhibitors do nurse managers and preceptors identify in their experiences of working with NLRNs who left employment on their unit or hospital within the first two

years of professional practice? What significant patterns of do nurse managers and preceptors identify in their experiences of working with NLRNs who left employment on their unit or hospital within two years of graduation? Institutional Review Board approval was granted by the university as well as each hospital system where participants were employed.

Participant Characteristics

Criterion sampling was selected as the purposive participant selection strategy. The two participant groups for this study included nurse managers (n=7) and nurse preceptors (n=7) recruited from three regional hospitals. For nurse managers, the inclusion criteria were employment as a manager during the attrition of an NLRN from a unit; responsibility as the nurse leader during the hiring and exiting of NLRNs on their unit, time elapsed since NLRN attrition of less than five years, and English speaking. Recruitment occurred during monthly manager meetings and nursing research council meetings. Five of the seven managers were female and all held baccalaureate degrees (n=5) or higher (n=2). Experience as a RN ranged from 5 to 27 years (M=17y) but only one participant reported more than five years' experience as a manager.

Inclusion criteria for nurse preceptors were responsibility as the primary nurse preceptor during the orientation phase of an NLRN who left employment within the nursing unit, time elapsed since NLRN attrition of less than five years, and English speaking. Highest educational attainment among nurse preceptors included associate degree (n=2), bachelor's degree (n=5) and a non-nursing master's degree (n=1). The majority were female (n=5) and reported employment as a registered nurse for less than ten years (n=5). Five were preceptors for five years or less, one for eight years, and two were in the role for

22 and 28 years. The units represented across three hospitals included medical/surgical, general surgery, long term acute care, and critical care/emergency.

Data Collection and Analysis

Individual, audio-recorded, in-depth interviews were conducted with 14 participants. Interviews were in-person, face-to-face, using a semi-structured interview guide consisting primarily of open-ended questions (i.e., “Tell me about a time when an NLRN left within two years of graduating from nursing school,” “What advice do you have for NLRNs as they prepare to transition into the nursing workforce?”). These took place in private offices at the participants’ sites of employment at their convenience and averaged 50 minutes in length. A pseudonym was assigned to each participant in order to protect their identity and confidentiality. The primary researcher or a certified transcriptionist transcribed the audio recordings verbatim. Accuracy of each transcription was validated by reading the text while listening to the recording. Notations were made concerning the mannerisms, expressions, and body language of the participants, as well as statements judged as significant and relevant to the study’s context. The interviews concluded when the participants expressed that there was no more information to share.

Data analysis began with the onset of data collection. Open coding of the interviews began with line by line examination of the data for salient concepts, processes, and descriptors (Saldaña, 2013). Initial coding included phrases and terms used by the participants in response to the interview questions. For example, during this coding cycle, participants’ responses to the question “What advice do you have for NLRNs as they prepare to transition into the nursing workforce?” were selected as *in vivo* codes describing behaviors that managers and preceptors expect of NLRNs in order to successfully transition

into practice without interruption. Examples of *in vivo* codes included the phrases, “*You feel yourself getting frustrated, tell us,*” and “*...if I’m not around, I’m the preceptor, then you can definitely ask any of the younger nurses and get an opinion.*” Using qualitative content analysis, I read and reread the transcripts, then revisited the data together to further identify and illustrate key elements, both within individual interviews and across the multiple interviews. During this process, I continually compared, contrasted, and interpreted the data in light of the concepts and processes identified in *Transitions Theory* (Meleis et al., 2000).

Findings

Each of the seven managers and seven preceptors responded when asked to share advice and recommendations to NLRNs as they enter professional practice. Within their narratives, I identified five themes interpreted through *Transitions Theory* as *nursing therapeutics/interventions* in response to managers’ and preceptors’ experiences with interrupted NLRN transitions. These themes include *ask, show initiative, helpful hints, pre-professional socialization, and having choices.*

In eight of the 14 interviews, the participants talked about the importance of the NLRN *asking* questions. Preceptors shared NLRNs should *ask questions* when they felt uncertain about any of the specifics of patient care. This expectation was centered in the belief that asking questions will clarify any unknowns or hesitations on the part of the NLRN and thus, facilitate a successful transition outcome. Hailey, a preceptor on a medical surgical unit, responded quickly with “*Talk to your preceptor. Ask questions....we want to get the questions. I actually get concerned when people don’t ask me questions.*” Scott implied that NLRNs may hesitate to ask questions for fear of appearing as though they

don't know all the answers. He stated, "...*just ask for help because unfortunately...you want to seem independent making great decisions and all that, but really you ask a lot of questions, don't be afraid to ask questions.*" Preceptors also specified *ask for help* as being key to completing multiple tasks in a timely manner. Margaret described this best when she recounted "*And then also don't forget that you can also ask someone else, ask for help, don't be afraid to ask for it. Don't feel like you're drowning -- don't let yourself drown.*"

Another expectation among this sample of nurse managers and preceptors was that new graduates "*need to*" and "*will ask questions.*" There clearly was a collective, underlying assumption that new graduates are *not* expected to know everything and have *not* had exposure to a wide variety of cases and situations. Therefore, managers and preceptors recognized they needed to be asking questions and *expected* them to do so.

Nurse manager Angela shared her advice for NLRNs, with the caveat of her expectation of growing knowledge and expertise: "*Ask questions, there is no stupid question, I don't care if you've asked it five times before, ask a question. Now eventually I'm going to expect you to catch on, but ask a question.*" Marie, also a manger, was very animated as she included both *asking questions* and *asking for help* in her response:

...the only dumb question is the question you won't ask, you never work alone, you need to seek out help, promise me you will seek out help....I tell them, 'No one nurse on this floor is ever alone, even my strongest nurse needs help.'"

While Marie was clearly in favor of NLRNs asking questions, she shared that one NLRN was dismissed for not completing the tasks required of her in a timely fashion after an extended orientation. Soon after hire, Marie noted, "*she just constantly asked questions, she questioned everything, it was almost as if it was a diversion to not do the work.*" This

suggests that while asking questions is expected and valued, there is a limit to how many should be asked.

Nurse managers and preceptors recognized their roles and responsibilities in guiding NLRNs, but also expected new hires to demonstrate interest, be eager learners, *show initiative*, and assume the responsibility for their own professional development.

Preceptor Lily was very emphatic in her tone as she described her expectations of the NLRN:

Take the initiative! Show us you want to learn. Show us you want to be here. So if you want to be a part of the team, get in there hands on and if you don't know, come ask. Don't be ever afraid to ask something to show us that you're a part of us. Take the initiative!

Hailey, another preceptor, defined initiative as “*look for opportunities... jump on it, do it.*”

Manager Ann stated:

Show up for work. And I mean don't just come to work, show up for work... I think that new graduates need to take some initiative to say, 'Hey if you got anything going on, if you're putting a chest tube in there, I really, really want to see that, I haven't seen that happen before'... When you come to work you came by to learn. You came here to seize the moment or opportunities and sometimes they don't do that as often as they should.

I identified the third theme within the advice and recommendations shared by the managers and preceptors as being *helpful hints*. These responses were generally succinct and to the point, reminiscent of bulleted, check-off lists frequently used in nursing practice.

In general, the hints included “*listen*” to preceptor, be “*flexible,*” “*prioritize,*” “*perform chart check,*” be “*honest,*” and be “*on time to work.*” Paul, a preceptor, shared:

Yeah, listen. And if things are repeated to you ... things that you already know, the preceptor is not telling you that because they think you're not smart, it's just that they want to make sure that you've been told.

He went on to explain his accountability to the nurse manager with regards to the training and preparation of the NLRN on the unit as the reason for occasional repetition during orientation.

...my thinking is: if my manager says, 'Well do you talk to them about this?' I wanted to be able to say, 'Yes, I do,' and they already were aware of this and they already knew this, and so I just refresh the whole subject.

Melissa equated “*coming in early*” to work with:

building the foundation for the day.... I'd really like to stress is just learn how to do a good chart check. Learn that because if you go in with a foundation of a good chart check to bedside report, you can say, 'Hey, you're not shooting the eight ball all day long.' You know from the get-go and if you can learn to officially manage your time.

Bennett encouraged NLRNs to stay in contact with “*people you go to school with.*” He continued, “*It's always nice to have somebody to kind of experience the newness with...just to have somebody to kind of bounce things off of.*”

The theme *pre-professional socialization* emerged entirely from the nurse managers’ responses while soliciting their advice to NLRNs. Interestingly, this advice refers back to a time prior to graduation and quite possibly, prior to making the decision

to attend nursing school. Marie stated “*working during school is a big thing for me*” while Angela shared “*I like to see that they had some PCA experience, that they’ve been in hospital before.*” William admitted that first impressions most often came from reading a résumé and not with the initial interview. His advice was to “*have a professional e-mail address...And make sure you do spell check on your résumé*” to ensure the application will continue to be considered for the open position. Finally, Susie summed up the meaning behind pre-professional socialization with this quote:

The first thing I would say is when they first want to go to nursing school, get a job in the nursing field or volunteer, do what you have to do to get some hands on experience. Talk to the nurses you encounter.

The last theme, *having choices*, is situated within the transition process prior to accepting an employment offer. Bennett, the least senior of the managers, has been a nurse for five years and a manager for nearly half that time. His detailed response placed the NLRN’s decision of where to work and in what nursing specialty as key to a smooth transition into practice:

Just being upfront, let them know what you want. Ask about the work environment. Ask...is it a very senior staff? Is it a very young staff? What is going on? Because this is very successful and I've ... interviewed them for and we both initially agreed this wasn't the best fit for them because this isn't what they want to do. But if there's some opportunity to kind of sit and wait for the right opportunity I think that makes a difference because as a new grad, for me, I accepted an ICU position because that was what I wanted to do and that set me up to become one...see where I am now...I was a staff nurse for three and a half years before I came into a nurse

manager position, which is much ahead of the curve. So finding the right position in the right environment makes a huge difference and there's satisfaction with what you do.

Susie also advised that NLRNs should be aware of the environment and how the facility and/or nursing unit treats potential new employees:

...when you're interviewing, go out and tour the unit ...see how you are greeted when you come in the hospital, what happens when you come in.... I went to another organization to interview and I was left cooling my heels in the lobby for an hour. So might as well not do the interview because I knew, not going to take the job if you weren't mindful of my time, stuff like that. And do people say hi to you, do people seem welcoming, those kinds of things.

Having a choice on whether or not to choose nursing as a profession was also implied when Susie shared:

Figure out if you can handle being somewhere it smells because we do have noxious smells. ... can you look at somebody who might be your grandfather's naked rear end, that's a scary thing for some of these people; anything that you can do to have that experience.

Discussion

This qualitative descriptive study was designed to solicit advice and recommendations of managers and preceptors who have worked with NLRNs who left their units within 24 months post-graduation. The importance of facilitating professional transition to practice is not just about workforce shortage or costs related to orientation and retention, it is about professional accountability and ensuring a “happy and well-adjusted”

nursing workforce. A common response from these participants was “ask.” They expected NLRNs will need to ask questions because of the underlying assumption that NLRNs do not know everything and have not had exposure to a wide variety of cases and situations. These managers and preceptors clearly took the stance in that NLRNs who ask questions were not ignorant or ill prepared for practice. They also recognized that NLRNs might fear appearing incapable of performing as a nurse but that asking questions was necessary for more independence in their practice. There was clear advice to take advantage of not only their preceptors’ experience and knowledge but to also seek out other sources of information and opinions from the entire team. Asking questions was recognized as a positive attribute in an environment where shared nursing knowledge and assistance facilitated transition; however, asking too many questions that delayed care was considered a valid reason for dismissal from a unit.

Taking the initiative for one’s own learning experience was woven throughout the participants’ descriptions. Their assumptions reflected that NLRNs were afraid to speak up and request to watch or assist with a procedure on someone who was not their patient or was not their assigned preceptor. Managers and preceptors expected them to share in the responsibility for professional growth and development. Partnering in this way, positively impacted the transition process by promoting the outcomes of connectivity, interaction, and confidence development. Likewise, other *helpful hints* such as listening, being flexible, arriving early to work, and being honest were recommendations from the participants on how to learn and adjust to the new environment.

Four managers shared that any experience related to nursing or health care prior to entering practice was helpful in preparing the NLRN for the workplace and in fact, was an

item that was looked for when reviewing résumés. This implied a belief that working while in school or volunteering in a hospital would provide exposure to the realities to the profession which might alleviate some of the fear and shock that NLRNs experienced upon entry to practice. Interestingly, one manager specified that work experience didn't have to be within *health care*, which implied that *any* work experience would assist an NLRN with skills needed to function within a working environment.

Finally, who to hire as an employee was the choice of the organization but whether or not to accept the offer remained the choice of the NLRN. Two managers recommended assessing the fitness of an employer or a nursing specialty with the NLRNs' desires, goals, and expectations they have for being a professional nurse. It was easy to assume that assessing fit prior to employment may have reduced some of the obstacles NLRNs faced as they begin a new job. Feeling connected and interacting with other staff may be facilitated when these relationships begin on a foundation of shared passion and interests.

Implications for Nursing Education

Transitions Theory (Meleis et al., 2000) and *Transition Shock* (Duchscher, 2009) provide excellent models of the process that NLRNs experience at the onset of their careers. Nurse educators may facilitate transition and reduce attrition by sharing these findings with their nursing students. The five themes identified in the data - *ask, show initiative, helpful hints, pre-professional socialization, and having choices*, provide an initial framework for preparing students for workplace expectations and employer selection. Collaboration on curriculum development and redesign between nursing education and practice may result in the discovery of better methods of preparation for the practice environment.

Because of their proximity with nursing students, nurse educators are well placed to examine students' perceptions and expectations of impending life events, such as graduation, relocation, and employment. These student perspectives will assist in evidence based development of methods to smooth the transition process as they leave school and enter practice, as well as expand theory on NLRN transition. The findings of this research indicated that nurse managers clearly valued pre-professional socialization, including the applicant having an employment history and having contact with the nursing profession either as an employee or volunteer. Joint, interdisciplinary simulation events, positions for students on nursing councils, and increased student immersion into the practice setting are some areas that nursing education might champion for increased student development. Partnering with pre-professional organizations such as Student Nurse Associations and career centers to encourage future nurses to pursue work and volunteer opportunities in health care will promote pre-professional socialization within groups that already exist.

Conclusion

Nurse managers' and preceptors' experiences with NLRN transfers, resignations, and dismissals provided them with the knowledge and desire to ameliorate the complicated and multidimensional *nature of transition* into practice. These nurses are the best resource for the knowledge, skills, and expectations needed to navigate within their nursing units. Through their descriptions, these findings suggest that managers and preceptors are invested in facilitating a smooth transition for NLRNs. Their recommendations paint a picture of an NLRN who is assertive, engaged, and comfortably familiar within the health care environment prior to employment. This is valuable insight for nurse educators who

are well placed to provide early instruction to nursing students on the expectations of managers and preceptors pre-graduation.

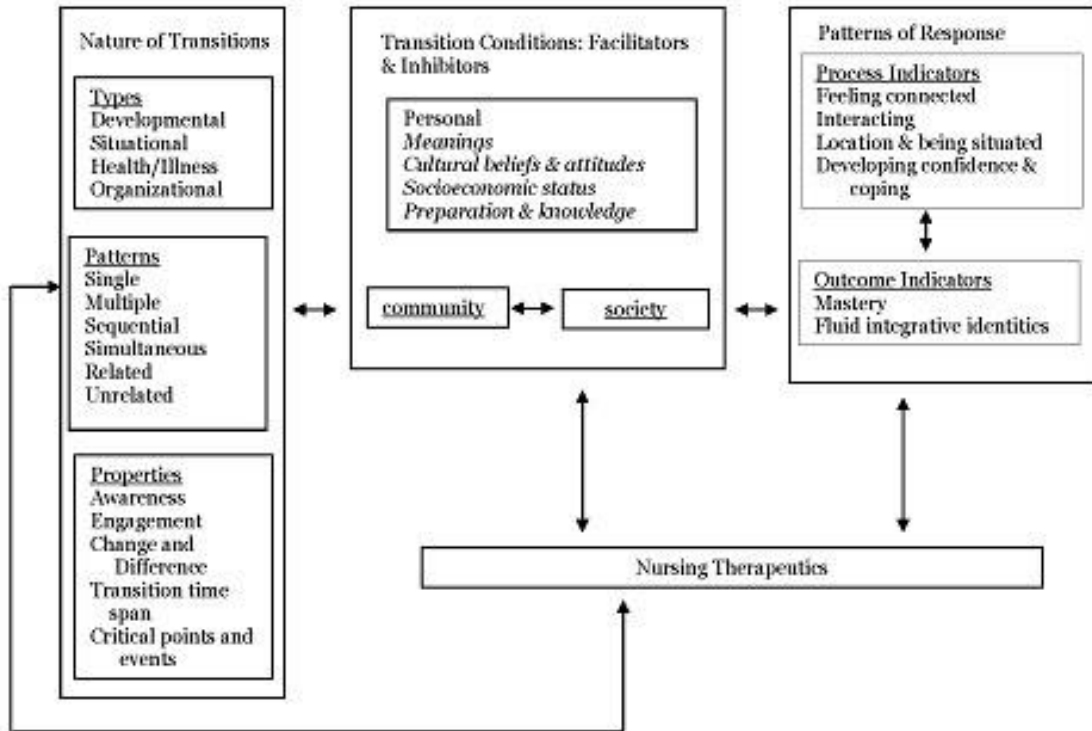


Figure 4.1 transitions Theory

Source: Meleis, Sawyer, Im, Messias, & Schumacher, 2000 (reproduced with authors' permission)

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CHAPTER 5

CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

The broad aim of this qualitative descriptive study was to examine the experiences and perspectives of nurse managers and nurse preceptors who had hired, oriented, and worked with NLRNs who subsequently left the hospital employment within 24 months. The findings highlighted the complex nature of these multiple, simultaneous, co-occurring personal and organizational transitions. In this chapter, I discuss the trustworthiness, strengths, and limitations of the study as well as its implications for nursing research, practice, and education. Specifically, I examine how these findings on NLRN interrupted transition to practice contribute to nursing theory, practice, and education.

Trustworthiness

Guba's (1981) work on the trustworthiness of qualitative research studies detailed four constructs that should be considered by qualitative researchers in their efforts to ensure trustworthiness throughout the research process. These constructs, *credibility*, *transferability*, *dependability*, and *confirmability* were validated through certain activities which occurred during this study. Credibility was established beginning with the study design, participant selection, and interview technique, all of which are well established methods in qualitative research (Shenton, 2004). Participants were selected using purposive sampling which resulted in the representation of both nurse managers and

preceptors employed within a variety of nursing units within three health care facilities. All participants met the inclusion criteria and were the best voices to describe their experiences with NLRN loss from their nursing units. As a nurse educator and former administrator, my familiarity with each research site, key personnel, and procedures for hiring, orienting, and dismissing new employees increased my credibility as the primary researcher. Nursing research councils readily provided access to potential participants because of my eight year history of mentoring senior level nursing students within their clinical units. Conversely, knowing my role as an educator did elicit responses related to the education and preparation of NLRNs as students during the interviews.

Reflexivity began with claiming my assumptions prior to data collection and continued as I engaged with the data. I journaled my thoughts, assumptions and beliefs that surfaced after interviews so that confirmability of the process was strengthened. Transcriptions, interview guides, demographic forms, coding files, and field notes have been stored within a locked cabinet to protect the anonymity of the participants but also to establish confirmability through auditability (Guba, 1981). After coding segments of the data, I stepped away for two to three weeks before returning to analysis. This exercise either confirmed or broadened the initial analysis and enhanced the dependability of the study (Krefting, 1991). Dependability was also strengthened through the detailed field notes and methodological study notes which will allow for future replication of the study. Finally, the use of peer review, or peer examination, occurred from the study's inception until present (Krefting, 1991). All transcriptions, coding, and thematic analyses were shared with the dissertation chair who had extensive experience with qualitative design. Transcription review and coding occurred separately, then collectively. We discussed and

compared findings as frequent as every two to three weeks. It was during these debriefing sessions that the concept of interrupted transitions was identified. As a doctoral student, these discussions proved to be invaluable towards my development as a qualitative researcher.

Strengths and Limitations

There are several strengths of this study that I would like to acknowledge. Very little information was found in the literature about the experiences and perceptions of nurse managers and nurse preceptors who hired and mentored NLRNs during their post-graduation period. This study provides a foundation for further research and informs nursing on the transition process so that relevant, evidence based interventions are developed to ensure smooth transitions to professional practice. Participants were recruited from three regional acute care facilities and were employed within a variety of acute care specialties including medical, surgical, critical care, and long term acute care. The use of *Transitions Theory*, a middle range nursing theory, strengthened the presentation of the findings and assisted to further develop NLRN entry and subsequent exit into practice as an interrupted organizational transition.

There are limitations to this study that I would also like to acknowledge. Participants had some difficulty in recalling demographic details surrounding their cases of NLRN attrition. These details were most often related to the degree held by the NLRN who exited employment and the exact length of their employment although all were certain the cases met the inclusion criteria. All interviews were held in a private setting, however, staff nurses entered and left one location multiple times during the interview. This seemingly lack of privacy may have altered the participant's responses, although there was

no observed behavior that indicated this occurred. As mentioned previously, my role as an educator impacted participants to frame some responses towards the part education plays in the preparation of NLRNs prior to entering practice, ie., a nurse preceptor requesting a “time management class in their senior year.” Finally, I declare my position as a doctoral student with limited experience as a researcher and this possibly limited the scope and detail of the findings.

Implications for Nursing Research

Within the nursing literature, there are multiple theoretical frameworks that describe and examine the NLRN transition to practice. Kramer’s classic (1974) *Reality Shock* and Duchscher’s *Transition Shock* (2009) and *Stages of Transition* (2008) are theoretical frameworks developed from NLRN’s in-depth descriptions of their experiences leaving the educational setting and entering the practice setting. Both Kramer and Duchscher described the transition from nursing student to professional nurse as a difficult, confusing, and exhausting time involving the collision between these two contrasting identities. NLRNs entering practice may harbor idealistic expectations of professional practice. Faced with the realities of the workplace, feelings of stress, oppression, and frustration may begin to replace idealism and optimism. These classic, practice-based nursing theories clearly identify potential hurdles and difficulties experienced by NLRNs because their voices provided the descriptions (Duchscher, 2008, 2009; Kramer, 1974). Based on these existing theoretical frameworks, it was evident that there are multiple points where transition may be interrupted and the desired outcome of a successful individual transition to practice is threatened. As the findings of this research indicated, the NLRN transition to practice does not occur in isolation. Other key stakeholders, including nurse

mangers, nurse preceptors, in addition to the resources and policies in place at practice settings, contributed to the complex and multidimensional processes and outcomes of the NLRN transition to practice. A theoretical strength of this research was the application of *Transitions Theory* (Meleis, et al., 2000), and resultant situating of the NLRN transition to practice as both an individual and an organizational transition.

The findings from this research, which explored the NLRN transition to practice through the voices of managers and preceptors who experienced NLRN attrition within their nursing units, provided further support for the essential elements of *Transitions Theory: The nature, conditions, patterns of response, and nursing therapeutics* (Meleis, et al., 2000). A salient finding was that the conditions within the units and organizations, as identified by the managers and preceptors, contributed to the interrupted transitions. These conditions, *personal, community, and organizational* influenced the exit of NLRNs from their initial employment sites. Relocation, shift preference, commute, attendance and tardiness issues and preceptor fatigue were among the *personal conditions* that contributed to interrupted transitions. Examples of *community conditions* that contributed to interrupted transitions were poor communication between managers, preceptors, and NLRN, expectations that NLRN was practice ready following orientation, tensions between day and night shifts, and preceptor availability. *Organizationally*, staffing policies that ignored acuity of patients and/or level of nursing experience, inconsistencies in the hiring and assimilation of NLRNs, and lack of administrative level leadership on NLRN transition inhibited the transition process. Five *patterns of response* that resulted in attrition were found: *resignation, in-house transfer, probationary dismissal, resignation after discipline, and termination*. These patterns indicated that not only was the NLRN

experiencing an interrupted transition, but collectively, the organization and its members were as well.

Findings from this research may provide the basis for further application of *Transitions Theory* (Meleis et al., 2000) as a theoretical framework applicable to the NLRN transition to practice. Organizational transitions are described as difficult to manage especially if they are continuous and ongoing (Marks, 2007). Hiring NLRNs is a continuous and ongoing process for healthcare organizations and needs to involve the preparation of managers and preceptors for their leadership roles in the process. Approaching NLRN entry to practice as only an *individual transition* reflects a disregard for the broader complexity of the phenomenon. The *nature, conditions, and patterns of response* of the concomitant organizational transition merit further explication and attention. Furthermore, when NLRN attrition occurs within the nursing unit, the *organizational transition* process must be reactivated, whether the exit was planned (*relocation or in-house transfer*) or unplanned (*probationary dismissal, resignation after discipline, or termination*).

Implications for Nursing Practice

Traditionally, nursing practice has borne the responsibility for NLRN transition to practice. There are a plethora of studies that report on the many strategies and programs instituted to support and facilitate NLRN transition to practice (Edwards et al., 2015; Happell & Gough, 2007; Hoffart et al., 2011; Kramer et al., 2012; Park & Jones, 2010; Pittman et al., 2013; Ulrich et al., 2010; Williams et al., 2007). While these programs seemingly provide all that an NLRN needs for a successful transition, studies indicate that NLRN attrition continues to occur (Brewer, Kovner, Greene, Tukov-Shuser, & Djukic,

2012; Buchan & Calman, 2004; Kovner et al., 2007). The implications for nursing practice resulting from this research include the need for implementation of research-based interventions to facilitate transition and inhibit interruption while transitioning to practice.

These findings of this research suggest the need for organizational nursing leadership to approach the NLRN transition to practice as key to the mission and vision of their respective organizations. Examples would include organizational values that reflect all new employees, not just NLRNs, are valuable assets and that existing employees have ownership in ensuring their transition results in connectedness, interaction, and mastery. Nurse administrators must recognize the impact that NLRN transitions have on the managers and preceptors responsible for hiring, orienting, and counseling. There is a need for development and testing of programs designed to enhance nurse leaders' knowledge and understanding of the implications of hiring and orienting processes for NLRNs success. Areas that merit further examination and research at the organizational level include assessment of the organizational costs and benefits of moving NLRNs quickly through an orientation phase in response to workforce demand, as compared to a more structured, stepwise acculturation process. Such approaches would entail major organizational culture changes, however, potential benefits of higher retention rates, increased workforce satisfaction, and better patient outcomes may prove to be worth the cost and investment.

Organizational leaders are in the position to stabilize the orientation and assimilation of NLRNs into the organization. Based on the graduation patterns of most nursing education programs, seasons of hiring might be established within the calendar year to coincide with late spring, late summer, and mid-winter graduations. Unit-based interventions might include a tailored *welcome package* with an introduction to the unit of

hire, common medications and procedures, customer satisfaction tips, and unit culture norms. Providing such materials as early as before the initial interview, but certainly prior to their employment start dates, are examples of transition facilitators that should be tested. There is a need to develop and test other unit-based and organizational strategies to assess the effectiveness of providing NLRNs with essential information, without contributing to information overload.

A relevant question for nurse executives and unit leaders is “What conditions are present that facilitate or inhibit successful NLRN transitions at our organization?” The findings of this exploratory, descriptive study conducted in one geographic region indicated that discipline was present in 12 out of 22 cases of NLRN attrition. NLRN employment termination as a result a discipline is a consequence of a clear violation of organizational policies and procedures. Nurse leaders, including managers and preceptors, need to assess organizational policies and practices and identify any practices that could potentially contribute to unsuccessful transitions to practice among NLRNs. For example, what are potential unintended consequences of having predominately NLRNs on a night shift staff? What are the potential staffing and patient outcome implications of pulling an NLRN to cover staffing for another unit prior to working for 12 months as a registered nurse? Nurse leaders need to carefully consider the culture that supports staffing patterns and unrealistic expectations that place increased responsibility on NLRNs when there is less support and expertise available to them.

Managers should also reflect on the *nature, conditions, and patterns of response* of NLRN transition within their individual units, much like the upper level organizational leadership. These findings indicated that expected goals of NLRN transition to practice

included improvement of clinical skills and their critical thinking. The successful transition depended on individual and collective knowledge and resources. The nurse managers who shared their experiences and perspectives through participation in this study recommended that nursing students establish a work history, preferably in a health care environment, prior to graduating from a nursing program. While this may be sound advice, these opportunities may be limited in availability.

Nurse managers most often bear the direct responsibility for hiring, preceptor selection, and mediation on a unit level. They must work to ensure that these responsibilities are underpinned with evidence-based recommendations discovered through research. Managers and preceptors should work together to discover best practices in preceptor selection and development based on evidence, as preceptors are key participants in the orientation and transition process. Mandatory, evidence based orientation to the role of preceptor must be developed and include content on personality profiles, learning styles, and effective communication in order to understand how individuals learn and interact. This knowledge will assist the managers and preceptors in developing evidence based strategies for the orientation of NLRNs within their units and provide a better method for pairing NLRNs with a preceptor.

This research on nurse managers' experiences with interrupted transitions shed light on the complex, time-consuming process of NLRN transition. These professionals spend significant time and energy assessing and selecting new hires, mediating conflict, and engaging in the disciplinary process. Managers must share this expertise with organizational leadership as they review the transition process. This will ensure that as

managers seek to provide evidence based interventions to allow for smooth transitions, organizational policies and regulations do not hinder the process.

Implications for Nursing Education

An important implication of this study for nursing educators is the need to prepare students for the NLRN transition during their educational experiences. *Transitions Theory* (Meleis et al., 2000) and *Transition Shock* (Duchscher, 2009) provide excellent models of the process that NLRNs experience at the onset of their careers. The findings of this research indicated that nurse managers clearly valued pre-professional socialization, including the applicant having an employment history and having contact with the nursing profession either as an employee or volunteer. Partnering with pre-professional organizations such as Student Nurse Associations to encourage future nurses to pursue work and volunteer opportunities in health care will promote pre-professional socialization within student groups that already exist.

While graduation from nursing school and passing the licensure exam constitutes the right to enter practice, these do not ensure a successful transition to professional practice. This study and other research indicate interrupted NLRNs transitions occur in relation to personal or family reasons but also because of violations in organizational policies, procedures, and culture. Nursing education leadership should establish relationships with clinical sites that employ their graduates so that they can evaluate the outcomes of their own students' transitions into practice. With these outcomes providing a retrospective look at their graduates' patterns of response to transition, evidence based strategies can be developed to strengthen or redesign the role education plays in preparing students for the transition to practice. Collaboration on curriculum development and

redesign between nursing education and practice may result in the discovery of better methods of preparation for the practice environment. Joint, interdisciplinary simulation events, positions for students on nursing councils, and increased student immersion into the practice setting are some areas that nursing education should champion for increased student development.

Nurse educators may also facilitate transition and reduce attrition by sharing manager and preceptor responses to questions soliciting their advice to NLRNs as they enter practice. The five themes identified in these interviews - *ask, show initiative, helpful hints, pre-professional socialization, and having choices*, provide an initial framework for preparing students for workplace expectations and employer selection. Finally, these findings indicate that nurse managers and preceptors have little preparation or consistency in instruction for their roles as mentors and preceptors for NLRNs. Nurse educators are well placed to provide insight and experience to the development of these roles with regards to teaching, assimilating, and preparing NLRNs for entering the workplace.

Suggestions for Future Research

This qualitative descriptive study, based on *Transitions Theory* (Meleis et al., 2000), explored the experiences and perspectives of nurse managers and nurse preceptors on interrupted transitions to practice among NLRNs. The findings presented in this dissertation research illustrated the *nature, conditions, and patterns of response* of interrupted transitions, as interpreted and experienced by nurse managers and nurse preceptors who had accompanied NLRNs who left a practice setting within the first two years of practice. Further research is warranted to more fully understand the experiences of NLRNs, the nurses who educate, train, and orient them, and the administrators who hire

them. Specifically, studies designed to identify whether preceptor education and years' experience correlates with NLRN attrition, and to determine best practices for preceptor preparation and supervision. Future studies might also include nursing students' perceptions and expectations of the professional transition, intent to stay, and attrition. An examination of NLRN experiences with interrupted transitions will provide a more complete description of the complex, multidimensional phenomenon of transition to practice. Collaborative, multidisciplinary research is needed to identify best practices for the preparation, onboarding and assimilation of NLRNs into the organizational environment. Finally, replication of this study by Doctors of Nursing Practice and/or clinical nurse researchers is highly encouraged to investigate whether these findings are consistent across more diverse settings.

Conclusion

This exploration of NLRN transition to professional practice through the experiences of nurse managers and preceptors who worked with NLRNs who left employment from their unit within two years of graduation revealed that resignation, internal transfer, dismissal, or termination of a NLRN resulted in an *interrupted* transition at the individual, nursing unit, and organizational level. Conditions which inhibited the transition were classified as *personal*, *community*, and *organizational*. Managers and preceptors described lack of knowledge, skill deficits, poor time management, and relocation as *personal conditions* that inhibited transition. Unit culture and environment were classified as being the *community conditions* which inhibited NLRN transition. The managers recognized the challenges of filling vacant nurse positions, lack of support on night and weekend shifts, the gain an employee-lose an employee cycle, and the emergent

nature of filling positions that had been vacant for extended periods of time. This environment of attrition resulted in higher workloads for the unit nurses, who were already short-staffed because of the position vacancy. The paucity of experienced nurses on some units contributed to a lack of available experienced RNs to precept NLRNs. In this small, exploratory study, it was commonly reported that nurses with less than two years' experience were responsible for orienting, teaching, and assimilating NLRNs into units that were already short staffed. This research identifies specific *organizational conditions* inhibiting the transition process included staffing policies that ignored acuity of patients and/or level of nursing experience, particularly on night shift, inconsistencies in the hiring and assimilation of NLRNs, and lack of evidence-based manager and preceptor training on best practices of hiring and orienting NLRNs.

These experiences and perceptions of nurse managers and nurse preceptors who hired and mentored NLRNs during their post-graduation period addressed the knowledge gap much needed to fully understand the contexts and meanings of NLRN transition and attrition within a complex and ever-changing environment. Their perspectives as members of an organization, are vital to understanding the transition process and developing necessary interventions to ensure a smooth and uninterrupted transition to professional practice. Nurse educators as the gatekeepers to nursing knowledge and skill attainment now have deeper insight into the transition that begins with their students and continues after graduation. This research significantly expands the concept of NLRN transition from prior understanding and collectively, nursing education and practice are better equipped to prepare nursing's future workforce.

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APPENDIX A – PERMISSION TO REPRINT

Sheri Webster

From: Linda M. Sawyer <lindamsawyer@gmail.com>
Sent: Friday, August 28, 2015 7:03 PM
To: Sheri Webster
Subject: Re: Permission to reproduce original Transitions Theory figure

Dear Sheri, you have my permission. Best wishes on your research, Linda Sawyer

Sent from my iPhone

On Aug 28, 2015, at 14:47, Sheri Webster <SWEBSTE@clemsun.edu> wrote:

Dr. Meleis, Dr. Sawyer, Dr. Im, Dr. Messias, and Dr. Schumacher,

I am a doctoral student at the University of South Carolina completing my dissertation research on nurse managers' experiences with interrupted transitions to professional practice within the first 24 months of newly licensed registered nurse employment. I am using Transitions Theory to conceptualize and interpret the findings under the guidance and mentorship of Dr. Messias who is my dissertation committee chair. I am seeking your permission to reproduce Figure 2.1.1 on page 56 in Transitions Theory, Afaf Ibrahim Meleis, editor. Thank you so much for your consideration and time!

Best regards,

Sheri Webster

Sheri Webster, MSN, RN, CSPI
Instructor
Clemson University School of Nursing
864.656.3271 office
678.480.3636 cell
Jonas Nurse Leader Scholar
AV Cockcroft Leadership Fellow

Sheri Webster

From: MESSIAS, DEANNE <DKMESSIA@mailbox.sc.edu>
Sent: Saturday, August 29, 2015 6:49 PM
To: Sheri Webster
Subject: RE: Permission to reproduce original Transitions Theory figure

I am pleased to grant my permission for the use of the Transitions model in your dissertation and publications.

DeAnne K. Hilfinger Messias, PhD, RN, FAAN
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From: Sheri Webster [SWEBSTE@clemsn.edu]
Sent: Friday, August 28, 2015 5:47 PM
To: meleis@nursing.upenn.edu; lindamsawyer@gmail.com; eunim@nursing.upenn.edu; kschumacher@unmc.edu; MESSIAS, DEANNE
Subject: Permission to reproduce original Transitions Theory figure

Dr. Meleis, Dr. Sawyer, Dr. Im, Dr. Messias, and Dr. Schumacher,

I am a doctoral student at the University of South Carolina completing my dissertation research on nurse managers' experiences with interrupted transitions to professional practice within the first 24 months of newly licensed registered nurse employment. I am using Transitions Theory to conceptualize and interpret the findings under the guidance and mentorship of Dr. Messias who is my dissertation committee chair. I am seeking your permission to reproduce Figure 2.1.1 on page 56 in Transitions Theory, Afaf Ibrahim Meleis, editor. Thank you so much for your consideration and time!

Best regards,

Sheri Webster

Sheri Webster, MSN, RN, CSPI
Instructor
Clemson University School of Nursing
864.656.3271 office
678.480.3636 cell
Jonas Nurse Leader Scholar
AV Cockcroft Leadership Fellow

Sheri Webster

From: Im, Eun-Ok <eunim@nursing.upenn.edu>
Sent: Saturday, August 29, 2015 6:12 PM
To: Schumacher, Karen L
Cc: Meleis, Afaf; Sheri Webster; lindamsawyer@gmail.com; MESSIAS, DEANNE
Subject: Re: Permission to reproduce original Transitions Theory figure

You have mine as well. Please give my best regards to Dr. Messias.
Best luck!

Eun-Ok Im, PhD, MPH, RN, CNS, FAAN
Professor &
Marjorie O. Rendell Endowed Professor in Healthy Nursing Transitions

School of Nursing
University of Pennsylvania
418 Curie Boulevard
Philadelphia, PA 19104-4217
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On Aug 29, 2015, at 5:18 PM, Schumacher, Karen L <kschumacher@unmc.edu> wrote:

You have my permission also, and I echo Dr. Meleis' best wishes and her greetings to Dr. Messias!

Kind regards,
Karen Schumacher

Karen L. Schumacher, RN, PhD

Professor
College of Nursing

<image003.jpg>

University of Nebraska Medical Center
College of Nursing | Omaha, NE 68198
402.559.2092 | fax 402.559.6379
kschumacher@unmc.edu

From: Meleis, Afaf [<mailto:meleis@nursing.upenn.edu>]
Sent: Saturday, August 29, 2015 12:36 PM
To: 'Sheri Webster'; lindamsawyer@gmail.com; Im, Eun-Ok; Schumacher, Karen L; MESSIAS, DEANNE
Subject: RE: Permission to reproduce original Transitions Theory figure

1

You have my permission, best wishes to you as you complete your dissertation, and my greetings to your dissertations chair dr. Messias. you are lucky to have her as your chair as she is the most incredible mentor. afaf

From: Sheri Webster [<mailto:SWEBSTE@clermson.edu>]
Sent: Friday, August 28, 2015 5:48 PM
To: Meleis, Afaf; lindamsawyer@gmail.com; Im, Eun-Ok; kschumacher@unmc.edu; MESSIAS, DEANNE
Subject: Permission to reproduce original Transitions Theory figure

Dr. Meleis, Dr. Sawyer, Dr. Im, Dr. Messias, and Dr. Schumacher,

I am a doctoral student at the University of South Carolina completing my dissertation research on nurse managers' experiences with interrupted transitions to professional practice within the first 24 months of newly licensed registered nurse employment. I am using Transitions Theory to conceptualize and interpret the findings under the guidance and mentorship of Dr. Messias who is my dissertation committee chair. I am seeking your permission to reproduce Figure 2.1.1 on page 56 in Transitions Theory, Afaf Ibrahim Meleis, editor. Thank you so much for your consideration and time!

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APPENDIX B- INSTITUTIONAL REVIEW BOARD APPROVALS



OFFICE OF RESEARCH COMPLIANCE

May 20, 2014
Sheri Webster
College of Nursing
Columbia, SC 29208

Re: **Pro00034296**

Study Title: *Newly Licensed Registered Nurse (NLRN) Transition to Practice: Nurse Manager and Nurse Preceptor Perspectives*

FYI: University of South Carolina Assurance number: FWA 00000404 / IRB Registration number: 00000240

Dear Ms. Webster:

In accordance with 45 CFR 46.101(b)(2), the referenced study received an exemption from Human Research Subject Regulations on **5/16/2014**. No further action or Institutional Review Board (IRB) oversight is required, as long as the project remains the same. However, you must inform this office of any changes in procedures involving human subjects. Changes to the current research protocol could result in a reclassification of the study and further review by the IRB. Because this project was determined to be exempt from further IRB oversight, consent document(s), if applicable, are not stamped with an expiration date.

Research related records should be retained for a minimum of three years after termination of the study.

The Office of Research Compliance is an administrative office that supports the USC Institutional Review Board. If you have questions, please contact Arlene McWhorter at arlenem@sc.edu or (803) 777-7095.

Sincerely,

Lisa M. Johnson
IRB Manager



GREENVILLE HEALTH SYSTEM

February 4, 2015

Sheri Webster, RN, MSN, CSPI

111 Folger Street

Clemson, SC 29631

RE: IRB File #Pro00041764

***Study Title:* Newly Licensed Registered Nurses (NLRN) Transition to Practice: Nurse Manager and Nurse Preceptor Perspectives**

***Items Submitted for IRB Review:* Proposal; Interview Guides, Demographics Forms and Study Information Forms (Nurse Manager and Preceptor Versions); Recruitment Flyer; Recruitment Letter**

Dear Ms. Webster:

On February 2, 2015, the Chairperson of Institutional Review Board/Committee-A (IRB) of the Greenville Health System reviewed above-mentioned items. The referenced research study was approved under Exemption Category 2 in accordance with 45 CFR 46.101(b).

No further IRB oversight is required; however, you are responsible for the following:

1. To report all modifications and unanticipated problems involving risks to subjects or others in accordance with IRB Standard Operating Procedures.
2. To submit a continuing review application within 30 days of completion or termination of all research activity to provide a final report and request that the IRB close your study.

Thank you for your assistance in this matter. Should you have any questions, please do not hesitate to call the IRB office at (864) 455-4984.

Sincerely,

Christopher C. Wright, MD, Chairperson

Institutional Review Board/Committee-A

Employee Services Center

701 Grove Road

Greenville, SC 29605

APPENDIX C-INTERVIEW GUIDES

Interview Guide: Nurse Manager

Study of the Experiences of Nurse Managers and Preceptors Who Work With Newly Licensed Registered Nurses (NLRNs) Who Leave Employment within Two Years of Graduation

I am interested in your experiences as a nurse manager with new nurse graduates who enter nursing then exit their position within two years of graduating from nursing school. I appreciate your time and willingness to assist me and I hope to learn much from your experience.

To begin, tell me about the process you undergo to recruit nurses to available positions on your unit.

How do you come to the decision to hire an NLRN?

Are there qualifications that influence your decision to hire? Not to hire?

Once an NLRN is hired into your unit, tell me about the orientation process.

What does the orientation consist of?

Who provides direct supervision for the NLRNs? How are they selected?

What is the process for becoming a preceptor?

Tell me about the process of selecting/assigning supervision to NLRNs on your unit.

How long is the orientation?

Are NLRNs oriented alone or in a group?

How is your unit orientation different from the facility orientation?

Tell me about a time when an NLRN exited their position within two years of graduating from nursing school.

Were you able to identify a specific event or situation that appeared to contribute to the NLRN's decision to leave?

During the orientation or along the way, what indications, if any, did you note that the nurse might not stay?

Was there information from other nurses and/or the assigned preceptor that may have forecasted the NLRN's intent to leave?

Did the NLRN provide you with official notification of intent to leave the position?

If so, what was the reason given for departure and the time length given until departure?

Did the NLRN inform you of the intent to leave the nursing profession?

What was your personal reaction to this NLRN's decision?

How did other staff (nursing and other) react?

Are there other cases we could talk about?

How has the (Hospital or Agency) Nursing Administration addressed the issue of NLRN attrition?

Reflecting back, how was your transition from student to professional nurse similar to the transition experience of NLRNs within the last five years?

How was it different?

What advice do you have for other nurse managers as leaders of nursing units that employ NLRNs?

NLRNs as they prepare to transition into the nursing workforce?

Preceptors as they mentor NLRNs?

Is there anything else you would like to share with me?

Thank you again for your time and willingness to participate in this study. If you have any questions, feel free to contact me at the number and/or email on the study information form.

Interview Guide: Preceptor

Study of the Experiences of Nurse Managers and Preceptors Who Work With Newly Licensed Registered Nurses (NLRNs) Who Leave Employment within Two Years of Graduation

I am interested in your experiences as a preceptor of new nurse graduates who enter nursing then exit their position within two years of graduating from nursing school. I appreciate your time and willingness to assist me and I hope to learn much from your experience.

To begin, tell me about how you became a preceptor.

What is the process for becoming a preceptor?

How are the expectations of being a preceptor similar to what you expected?

How are they different?

How many weeks out of the last 24 months have you precepted NLRNs?

Are preceptors actively involved in the hiring of NLRNs to your unit?

Once an NLRN is hired into your unit, tell me about the orientation process.

Tell me about the process of selecting/assigning supervision to NLRNs on your unit.

Who designs the orientation program for NLRNs on your unit?

What activities occur on a typical day?

How long are you expected to precept the NLRN?

Tell me about a time when an NLRN left their position within two years of graduating from nursing school.

Were you able to identify a specific event or situation that appeared to contribute to the NLRN's decision to leave?

During the orientation or along the way, what indications, if any, did you note that the nurse might not stay?

Was there information from other nurses and/or staff that may have forecasted the NLRN's intent to leave?

Did the NLRN share the intent to leave the position?

If so, what was the reason given for departure and the time length given until departure?

Did the NLRN inform you of the intent to leave the nursing profession?

What was your personal reaction to this NLRN's decision?

Are there other cases we could talk about?

How has the (Hospital or Agency) Nursing Administration addressed the issue of NLRN attrition?

Reflecting back, how was your transition from student to professional nurse similar to the transition experience of NLRNs within the last five years?

How was it different?

What advice do you have for other preceptors that mentor NLRNs?

NLRNs as they prepare to transition into the nursing workforce?

Nurse managers as they hire NLRNs?

Is there anything else you would like to share with me?

Thank you again for your time and willingness to participate in this study. If you have any questions, feel free to contact me at the number and/or email on the study information form.

APPENDIX D-RESEARCH INFORMATION SHEETS

Study Information Form Nurse Managers

Study of the Experiences of Nurse Managers and Preceptors Who Work With Newly Licensed Registered Nurses (NLRNs) Who Leave Employment within Two Years of Graduation

Study Information

I am a doctoral student in the College of Nursing at the University of South Carolina. I am conducting a study on newly licensed registered nurses (NLRNs) who exited employment within two years of completing a BSN, ADN, or ASD nursing program. You are being asked to participate because an NLRN left employment from your unit within two years of completing a nursing degree while you were the nurse manager. Your participation in this program is voluntary, and you may withdraw at any time, without penalty. The information obtained up to that point would then be destroyed. You may refuse to answer any question in the study.

Your Contribution

The purpose of this study is to explore NLRN transition to professional practice from an examination of the experiences and perceptions of the nurse managers and nurse preceptors who worked with NLRNs who left employment within two years of graduation. If you decide to participate, you will be asked to meet with me for an audio-taped interview about your experience as a nurse manager of a unit where an NLRN exited practice within two years of completing a nursing degree. The interview will take approximately 45-60 minutes.

Confidentiality

The audiotapes and interview are confidential. I will not include your name or personal information that you give to me in any reports of the research. A number instead of your name will be assigned to your interview files for identification purposes. If you are interested in the findings of the study, I will retain your contact information in a separate locked file cabinet until I have a summary of the findings to send you. Any publications from this study will be presented in a manner to protect the identity of participants. All study information will be kept in a locked filing cabinet in my locked office.

Potential Risks and Benefits

There are minimal risks to your participation in this study. It is possible that talking about your experiences could make you uncomfortable. You are not required to disclose any information you do not want to and as noted previously, you are not required to answer any questions that may make you uncomfortable. Although you will derive no direct benefit from participating in this study, you may benefit from the satisfaction of

furthering the understanding of this problem. The research team hopes that this information will advance the current knowledge on retention and attrition of nursing's workforce.

This form is yours to keep for your records. If you have any questions about the study, you may contact me or my dissertation chair:

Sheri S. Webster, Researcher
678.480.3636 Cell
864.656.3271 Office
swebste@clemson.edu

Dr. DeAnne K. Hilfinger Messias, Dissertation Chair
College of Nursing
University of South Carolina
Columbia, SC 29208
803.777.8423
dkmessia@mailbox.sc.edu

If you have questions about your rights as a research participant, you may contact:

Office of Research Compliance
University of South Carolina
Columbia, SC 29208
803-777-7095

Thank you so much for your time!

Study Information Form Preceptors

Study of the Experiences of Nurse Managers and Preceptors Who Work With Newly Licensed Registered Nurses (NLRNs) Who Leave Employment within Two Years of Graduation

Study Information

I am a doctoral student in the College of Nursing at the University of South Carolina. I am conducting a study on newly licensed registered nurses (NLRNs) who exited employment within two years of completing a BSN, ADN, or ASD nursing program. You are being asked to participate because an NLRN left employment from your unit within two years of completing a nursing degree while you were mentoring the NLRN. Your participation in this program is voluntary, and you may withdraw at any time, without penalty. The information obtained up to that point would then be destroyed. You may refuse to answer any question in the study.

Your Contribution

The purpose of this study is to explore NLRN transition to professional practice from an examination of the experiences and perceptions of the nurse managers and nurse preceptors who worked with NLRNs who left employment within two years of graduation. If you decide to participate, you will be asked to meet with me for an audio-taped interview about your experience as a preceptor of an NLRN who left employment within two years of completing a nursing degree. The interview will take approximately 45-60 minutes.

Confidentiality

The audiotapes and interview are confidential. I will not include your name or personal information that you give to me in any reports of the research. A number instead of your name will be assigned to your interview files for identification purposes. If you are interested in the findings of the study, I will retain your contact information in a separate locked file cabinet until I have a summary of the findings to send you. Any publications from this study will be presented in a manner to protect the identity of participants. All study information will be kept in a locked filing cabinet in my locked office.

Potential Risks and Benefits

There are minimal risks to your participation in this study. It is possible that talking about your experiences could make you uncomfortable. You are not required to disclose any information you do not want to and as noted previously, you are not required to answer any questions that may make you uncomfortable. Although you will derive no direct benefit from participating in this study, you may benefit from the satisfaction of furthering the understanding of this problem. The research team hopes that this information will advance the current knowledge on retention and attrition of nursing's workforce.

This form is yours to keep for your records. If you have any questions about the study, you may contact me or my dissertation chair:

Sheri S. Webster, Researcher
678.480.3636 Cell
864.656.3271 Office
swebste@clemsn.edu

Dr. DeAnne K. Hilfinger Messias, Dissertation Chair
College of Nursing
University of South Carolina
Columbia, SC 29208
803.777.8423
dkmessia@mailbox.sc.edu

If you have questions about your rights as a research participant, you may contact:

Office of Research Compliance
University of South Carolina
Columbia, SC 29208
803-777-7095

Thank you so much for your time!

APPENDIX E-DEMOGRAPHIC FORMS

Manager Demographic Form

Thank you for sharing your experiences with me today. I would like to gather some brief information about you before we close our time together.

Date: _____

Participant code: _____

Role at the time of NLRN attrition: Nurse Manager

Nurse Preceptor

Age: 20-33 34-48 49 and older

Gender: Male Female

Nursing education (*circle all that apply*):

Diploma Associate Baccalaureate Masters DNP PhD Other _____

How many years have you worked as a nurse? 1-5 6-10 11-15 16-20 21 or more

How long have you been a manager/preceptor (years/months)? _____

What category or specialty describes the nursing unit where the NLRN worked?

_____ Community health

_____ OB/Women's Health

_____ Critical Care

_____ OR

_____ ER

_____ Orthopedics

_____ Home Health

_____ Pediatrics

_____ Hospice

_____ Primary Care

_____ Long Term Care

_____ Private Practice Specialty

_____ Long Term Acute Care

_____ Public Health

_____ Medical/Surgical

_____ Rehabilitation

_____ Med/Surg Specialty

_____ Other _____

Comments:

I would like to thank you again for your time and willingness to participate in my research. Feel free to contact me at the number found on the information sheet if you have something further to share over the next 2 weeks.

Preceptor Demographic Form

Thank you for sharing your experiences with me today. I would like to gather some brief information about you before we close our time together.

Date: _____

Participant code: _____

Role at the time of NLRN attrition: Nurse Manager Nurse Preceptor

Age: 20-33 34-48 49 and older

Gender: Male Female

Nursing education (*circle all that apply*):

Diploma Associate Baccalaureate Masters DNP PhD Other_____

How many years have you worked as a nurse? 1-5 6-10 11-15 16-20 21 or more

How long have you been a preceptor (years/months)? _____

What category or specialty describes the nursing unit where the attrition occurred?

_____ Community health

_____ OB/Women's Health

_____ Critical Care

_____ OR

_____ ER

_____ Orthopedics

_____ Home Health

_____ Pediatrics

_____ Hospice

_____ Primary Care

_____ Long Term Care

_____ Private Practice Specialty

_____ Long Term Acute Care

_____ Public Health

_____ Medical/Surgical

_____ Rehabilitation

_____ Med/Surg Specialty

_____ Other _____

Comments:

I would like to thank you again for your time and willingness to participate in my research. Feel free to contact me at the number found on the information sheet if you have something further to share over the next 2 weeks.