NEW GRADUATE NURSES' EXPERIENCES OF WHAT ACCOUNTS FOR THEIR LACK OF PROFESSIONAL CONFIDENCE DURING THEIR FIRST YEAR OF PRACTICE

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Abstract

Professional confidence is an essential trait for new graduate nurses to possess in order to provide safe and effective patient care in today's complex hospital setting. However, many new graduate nurses are entering the workforce with a lack of professional confidence and it was unclear why this is so. The purpose of this basic qualitative study was to find out and understand how new graduate nurses accounted for their lack of professional confidence during their first year of practice in the hospital setting. The primary research question asked about new graduate nurses' experiences during their first year of practice related to the development of professional confidence in the hospital setting. Two sub-questions were used to address circumstances that hindered and promoted the development of professional confidence. Data collection involved two individual, semi-structured, audio recorded interviews which were transcribed verbatim. Each transcript was analyzed through a manual content analysis approach and ultimately, seven themes emerged which answered the research questions. Findings confirmed that seven themes related to a lack of professional confidence in new graduate nurses' experiences: (a) "communication is huge," (b) "making mistakes," (c) "disconnect between school and practice," (d) " independence," (e) "relationship building," (f) "positive feedback is important," and (g) "gaining experience." These findings revealed that new graduate nurses lacked professional confidence upon entry into practice which had implications for both undergraduate nursing education programs and workplace support for new graduate nurses in the hospital setting. Undergraduate nursing education programs may have a duty to improve strategies that prepare graduates for entry into professional practice. Nurse leaders in practice, specifically, nurse managers and

preceptors must be mindful of the fact that new graduate nurses are entering the workforce with a lack of professional confidence and that it is in their power to promote the development of professional confidence during the first year of practice.

Dedication

This dissertation is dedicated to my wonderful family. To my husband, John, who has been a constant support throughout all of my undergraduate and graduate studies. To my children, Kathryn and Dominick, I hope I have been a good role model for lifelong learning. Without all of your constant love, support, and encouragement this dream would not have been possible. To my Mom and five siblings, particularly, Pete and Jules, who were always there to listen to my joys and frustrations during my doctoral journey and to my good friend Rosie, who shared this incredible journey with me at Capella.

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CHAPTER 1. INTRODUCTION

Introduction to the Problem

Professional confidence is an essential trait for new graduate nurses to develop in order to provide safe and effective patient care in today's complex hospital setting (American Association of Colleges of Nurses (AACN), 2008; Clark & Springer, 2012; Perry, 2011). Nursing education programs provide the foundation for student nurses to develop professional confidence and upon their entry into practice, new graduate nurses are expected to display professional confidence in their roles in the hospital setting (AACN, 2008; Baldwin, Bentley, Langtree, & Mills, 2014; Berkow, Virkstis, Stewart, & Conway, 2009; Dyess & Parker, 2012; Jewell, 2013; White, 2009; Wolff, Regan, Pesut, & Black, 2010). Researchers have shown that the following behaviors indicate attainment of professional confidence: (a) applying appropriate knowledge to patient situations, (b) making independent decisions, (c) recognizing changes in patient conditions and responding with appropriate actions, and (d) assertively communicating with physicians (Berkow et al., 2009; Holland, Middleton, & Uys, 2013; Jewell, 2013; Perry, 2011; Roth & Johnson, 2011; White, 2009).

Unfortunately, many new graduate nurses fail to develop professional confidence despite support measures such as longer hospital orientation periods, simulation drills, and mentoring programs that allow new graduate nurses to work alongside experienced nurses in the hospital setting, (Dowson, Russ, Sevdalis, Cooper, & DeMunter, 2013; Dyess & Parker, 2012; Henderson & Eaton, 2013; Jewell, 2013; Morrow, 2009; Romyn

et al., 2009; Salt, Cummings, & Profetto-McGrath, 2008). Furthermore, it is not clear why this phenomenon is happening (Beyea, Kobokovich von Reyn, & Slattery, 2007; Kowalski & Cross, 2010; Martin & Wilson, 2011). Lack of professional confidence can lead to self-doubt in new graduate nurses, but more importantly, to medical errors and patient death (James, 2013; Morrow, 2009; Wolff et al., 2010). There was a need for nurse leaders and educators to understand more clearly how new graduate nurses accounted for their lack of professional confidence during their first year of practice in the hospital setting.

Background, Context, and Theoretical Framework for the Problem

Historically, new graduate nurses entering the workforce have experienced a difficult time acclimating to the rigors of the hospital setting (Blanzola et al., 2004; Casey et al., 2004; Chang & Hancock, 2003; Duchscher, 2001, 2008, 2009; 2012; Kramer, 1974; Martin & Wilson, 2011; Morrow, 2008). Much research to date has focused on these difficulties and theoretical frameworks have been developed that describe the transition process for new graduate nurses during their first year of practice. Kramer (1974) was one of the initial researchers to study and describe the experiences of new graduate nurses as they leave nursing school and begin their careers as registered nurses. Duchscher (2001, 2008) extended Kramer's work (1974) and developed *transition theory*, which explained the growth and development that occurs during the nurses' first year of practice.

Background and Context

The transition into nursing practice for new graduate nurses has been widely investigated and dates back to Kramer's Theory of *Reality Shock* (1974), which describes

the difficulties and stressors experienced by new graduate nurses during their first year of professional practice. In spite of this research, few studies have examined new graduate nurses' lack of confidence, from their own personal perspectives (Casey et al., 2004; Chang, 2003; Newton & McKenna, 2007; Oermann & Moffitt-Wolf, 1997). Previous research has focused on the preparation of nurses in undergraduate programs related to the promotion of professional confidence (Blum, Borglund, Parcells, 2010; Brannan, White, & Bezanson, 2008; Brown et al., 2003; Crooks et al., 2005; Gignac-Caille & Oermann, 2001; Hanson & Stenvig, 2008; Hartigan-Rogers, Amirault, Cobbett, & Muise-Davis, 2007). Factors that promote professional confidence in undergraduate education include: the qualities of effective nursing faculty such as providing positive feedback, being approachable, and assigning challenging patient care assignments (Gignac-Caille & Oermann, 2001; Hanson & Stenvig, 2008; Ness, Duffy, McCallum, & Price, 2010), a welcoming and friendly clinical environment (Alinier, Hunt, Gordon, & Harwood, 2006; Hartigan-Rogers et al., 2007), and teaching practices such as mentoring, role modeling, and simulated patient scenarios (Bleicher, 2007; Brannan et al., 2008). However, despite attempts to promote professional confidence, studies revealed that many new graduate nurses lack professional confidence upon entry into professional practice (Brown et al., 2003; Crooks et al., 2005; Dowson et al., 2013; Duchscher, 2008; Dyess & Parker, 2012; Henderson & Eaton, 2013; Jewell, 2013; Morrow, 2009; Romyn et al., 2009; Salt et al., 2008).

In fact, Berkow et al. (2009) noted that 90% of nurse leaders in academia believe that their students are adequately prepared to provide safe and effective nursing care while their counterparts in the hospital setting hold the opposite 10% view. The

difference in opinion may stem from many nursing curricula not being aligned with the current standards of healthcare (Berkow et al., 2009; Slaikeu, 2010). Slaikeu (2010) noted, "most undergraduate programs fail to provide students with competencies that will meet the changing needs of the U.S. population" (p.48). This fact places new graduate nurses in a tenuous position when they begin practice as new registered nurses, and it has been reported that this is one of the most stressful and challenging times in a nurse's career (Blanzola et al., 2004; Casey et al., 2004; Chang & Hancock, 2003; Martin & Wilson, 2011; Morrow, 2008; Rudman, Gustavsson, & Hultell, 2014). Inadequacies of new graduate nurses include lack of nursing skills, inability to communicate effectively with physicians, and poor organization, clinical decision making, and priority setting skills (Baldwin et al., 2014; DelBueno, 2005; Dyess & Sherman, 2009; Thrysoe, Hounsgaard, Bonderup, & Wagner, 2011; Wolff et al., 2010).

As a result of these deficiencies, hospitals have invested both time and fiscal resources to assist new graduate nurses as they begin to practice as registered nurses. Supportive interventions include formal preceptor programs that allow new graduate nurses to work alongside experienced nurses, didactic education classes on topics such as end of life care, effective leadership, and pain management, and nursing skill development and practice through simulation (Dowson et al., 2013; Henderson & Eaton, 2012; Martin & Wilson, 2011; Morrow, 2009; Rush, Adamack, Gordon, Lilly, & Janke, 2013; Thrysoe et al., 2011). Yearlong residency and internship programs were created to allow new graduate nurses to experience various patient care units by rotating through areas such as the intensive care unit, pediatrics, and the emergency department under the guidance and supervision of an experienced registered nurse. These programs have been

successful at facilitating professional role transition, increasing clinical competence and confidence, and decreasing turnover rates for new graduate nurses (Beyea et al., 2004; Blanzola et al., 2004; Clark & Springer, 2012; Dyess & Parker, 2012; Kowalski & Cross, 2010; Jones, Benbow, & Gidman, 2014). The financial burden of nurse turnover well exceeds $60,000 annually for every registered nurse position that is vacated and new graduate nurses contribute to approximately 20% of these vacancies (Clark & Springer, 2012; PricewaterhouseCoopers, 2012-2013). In fact, the 2010 Institute of Medicine (IOM) Report recommended supporting new graduate nurses by increasing the numbers of nurse residency programs throughout the country (Clark & Springer, 2012; IOM, 2010).

Consequently, best practices for formal new graduate nurse transition programs have been established and implemented globally (Chandler, 2012; Jewell, 2013; Martin & Wilson, 2011; Romyn et al., 2009; Rush et al., 2013). Several studies have documented successful interventions that aid in the development of professional confidence for new graduate nurses (Beyea et al., 2007; Blanzola et al., 2004; Chandler, 2012; Deppolitti, 2008; Dowson et al., 2013; Dyess & Parker, 2012; Ulrich et al., 2010). These methods include peer support groups, healthy work environments, and support from the nurse manager and nursing staff (Berkow et al., 2009; Chandler, 2012; Dyess & Parker, 2012; Jewell, 2013; Roth & Johnson, 2011). However, despite implementation of such best practices and interventions during the first year of practice, some new graduate nurses lack professional confidence (Dowson et al., 2013; Duchscher, 2008; Dyess & Parker, 2012) and this remains to be understood.

Theoretical Framework

Kramer (1974) was one of the initial researchers to study and describe the experiences of new graduate nurses as they leave nursing school and enter the nursing workforce during their first year of practice. Kramer (1974) labeled this tumultuous time of transition reality shock because most new graduate nurses' expectations of the role and responsibilities of the registered nurse are enormously different than the reality of expected job performance. Reality shock occurs during the first 12 months of new graduate nurses' employment and includes four stages (Kramer, 1974). The *honeymoon phase* is characterized by the excitement of completing nursing school and the start of employment. During the *shock phase* new graduates question their choice of career since it does not meet their expectations. Feelings of anger, anxiety, low self-confidence, disappointment, and depression are common (Kramer, 1974). *Recovery* occurs after a few months as new graduates begin to establish a sense of equilibrium and gain an understanding of the profession of nursing. The final phase, *resolution*, occurs when new graduates make a choice to maintain their current position, seek an alternative position as a registered nurse, go back to school, or leave the profession altogether (Kramer, 1974).

Duchscher (2001, 2008) extended Kramer's work (1974) and developed *Transition Theory*. This process consists of the following phases: *doing* (first 3-4 months), *being* (next 4-5 months), and *knowing* (final 8-12 months). During the doing phase new graduate nurses realize that they are unprepared for the intensity of the role of registered nurse and experience anxiety, self-doubt, and lack of confidence in their ability to give safe, competent care. Feeling inadequate and seeking acceptance from co-workers are common experiences. Being, the next phase consists of steady advancement in their

knowledge level and skill competency (Duchscher, 2008), but self-doubt and low confidence peak between 5 and 7 months. The final phase, knowing, marks the completion of professional role transition. In this phase, new graduate nurses establish a professional identity, a stable level of confidence, and a belief in themselves as contributing members of the nursing profession (Duchscher, 2008). *Transition shock* is the term Duchscher (2009) used to define the immense contrast between new graduate nurses' expectations and the reality of the workplace.

Many researchers have studied and documented the experiences of new graduate nurses during their first year of practice (Kovner, Brewer, Greene, & Fairchild, 2009; Pelico, Djukic, Kovner, & Brewer, 2009; Twigg & McCullough, 2014; Unruh & Zhang, 2013). Although, both Kramer (1974) and Duchscher (2001, 2008) identified lack of professional confidence as a common characteristic of new graduate nurses during the first year of practice, neither theory addresses what accounts for this lack of professional confidence. By collecting the experiences of new graduate nurses, the phenomenon of professional confidence development was illuminated and better understood from a new graduate nurse's perspective.

Statement of the Problem

Researchers have shown that the following behaviors indicate attainment of professional confidence: applying appropriate knowledge to patient situations, making independent decisions, recognizing changes in patient conditions and responding with appropriate actions, and assertively communicating with physicians (Berkow et al., 2009; Holland et al., 2013; Jewell, 2013; Perry, 2011; Roth & Johnson, 2011; White, 2009). Although in the past many employers expected new graduate nurses to *hit the ground*

running, (Duchscher, 2001, 2008, 2009, 2012; Romyn et al., 2009; Wolff et al., 2010), professional confidence is not a trait that is acquired during undergraduate nursing education (Brown et al., 2003; Crooks et al., 2005; Dowson et al., 2013; Duchscher, 2008; Dyess & Parker, 2012; Henderson & Eaton, 2013; Jewell, 2013; Morrow, 2009; Romyn et al., 2009; Salt et al., 2008). Considerable research has documented the challenges faced by new graduate nurses as they struggle to become acclimated to the professional practice environment (Blanzola et al., 2004; Dyess & Parker, 2012; Dyess & Sherman, 2009; Goodwin-Esola, Deely, & Powell, 2009; Henderson & Eaton, 2013; Jewell, 2013; Keller, Meekins, & Summers, 2006; Kowalski & Cross, 2010). Development of nursing professional competence and confidence occurs gradually through patient care experiences and daily interactions with other healthcare professionals (Dyess & Sherman, 2009; Newton & McKenna, 2007; Pellico et al., 2009; Spiva, 2013; Thrysoe et al., 2011; Wangsteen et al., 2008).

Subsequently, recommendations emerged from prior research that led to increased support measures upon entry into practice to promote professional confidence (Deppolitti, 2008; Duffield, Roche, Blay, & Stasa, 2011; Dyess & Parker, 2012; Hall, 2007; Henderson & Eaton, 2013; Jewell, 2013; Morrow, 2009; Romyn et al., 2009; Rush et al., 2013; Salt et al., 2008; Schoessler & Waldo, 2006). Little research has focused on new graduate nurses who do not succeed even with these support measures and there was a need to understand how new graduate nurses accounted for their lack of professional confidence during their first year of practice in the hospital setting.

Purpose of the Study

The purpose of this basic qualitative study was to find out and understand how new graduate nurses accounted for their lack of professional confidence during their first year of practice in the hospital setting. Few patients, administrators, and healthcare workers would argue that professional confidence is an essential trait for registered nurses to possess (AACN, 2008; Berkow et al., 2009; Dyess & Parker, 2012; Perry, 2011). This study explored the development of professional confidence by collecting the stories of new graduate nurses during their first year of employment in the hospital setting in order to gain a better understanding of how new graduate nurses accounted for their lack of professional confidence during their first year of practice in the hospital setting, resulting in high turnover rates (AACN, 2012; Salt et al., 2008; Ulrich et al., 2010).

Research Questions

The purpose of this study gave rise to the following primary research question: In describing their experiences during their first year of practice related to the development of professional confidence in the hospital setting, what are new graduate nurses' experiences about what accounts for their lack of professional confidence during their first year of practice in the hospital setting? To answer the primary research question, two sub-questions were studied:

1. What types of instances or circumstances challenged the development of new graduate nurses' professional confidence?
2. What types of instances or circumstances promoted the development of new graduate nurses' professional confidence?

Rationale, Relevance, and Significance of the Study

Turnover rates for new graduate nurses have been reported as high as 30% in the first year of practice and up to 57% within the second year (Martin & Wilson, 2011; Rudman et al., 2014; Ulrich et al., 2010). Reasons behind this low retention rate have been cited as workplace horizontal violence, inadequate leadership, and extremely stressful experiences, with little or no support by management (AACN, 2010; Hayes & Sexton Scott, 2007; Johnson & Rea, 2009; McKenna, Smith, Poole, & Coverdale, 2003; Scratchola, Normandin, O'Brien, Clary, & Krukow, 2003). "The cost of first year turnover can be burdensome for employers given the major investment made in recruiting, onboarding, and training" (PricewaterhouseCoopers, 2012-2013, p. 4). Furthermore, PricewaterhouseCoopers (2012-2013) estimated the cost of turnover to be 1.5 times the base salary of a registered nurse. For this reason, administrative support practices have been enhanced to support new graduate nurses. Strategies include nurse manager involvement at the patient care level, healthier work environments that stress colleague support and kindness, continuing education opportunities, and new graduate peer support and debriefing sessions (Alspach, 2006; Anderson, 2008; Bowles & Candella, 2005; Goodwin-Esola et al., 2009, Thrysoe et al., 2011).

Expected new graduate competencies include the promotion of safe, quality care, use of advanced technology, knowledge of pathophysiology and pharmacology, sound clinical decision making, and inter-professional collaboration and communication (AACN, 2008, Berkow, et al., 2008; Romyn et al., 2009; Slaikeu, 2011). To close the dichotomy between undergraduate preparation and employer expectations, methods have been developed to ease the transition of new graduate nurses into the field. Interventions

that have proven successful in aiding new graduate nurses into practice include simulation experiences that offer complex patient scenarios along with debriefing sessions (Beyea et al., 2007; Blum et al., 2010; Dowson et al., 2013; Galloway, 2009) as well as formal mentoring programs that offer new graduate nurses a chance to work with an experienced preceptor for as long as one year (Henderson et al., 2012; Romyn et al., 2009; Rush et al., 2013; Salt et al., 2009). Nurse internships or residencies are another method of integrating new graduates into practice. These programs are one year in length and expose new graduate nurses to a variety of hospital units, shifts, and experiences (Blanzola et al., 2004; Dyess & Sherman, 2009; Kowalski & Cross, 2010). All of these methods have proven to increase job satisfaction and retention and support new graduate nurses as they transition into practice (Ulrich et al., 2010).

Researchers have also documented the challenges that new graduate nurses face during their first year of practice in the hospital setting, many of whom terminate their employment (Kovner et al., 2009; Pelico, Djukic, Kovner, & Brewer, 2009; Twigg & McCullough, 2014; Unruh & Zhang, 2013). However, these studies do not contribute an understanding of how new graduate nurses account for the lack of professional confidence in their first year in the hospital setting resulting in high turnover rates.

Professional confidence and how new graduate nurses account for their lack of professional confidence during their first year of practice in the hospital setting is a topic that has not been widely studied (Dyess & Parker, 2012; Henderson & Eaton, 2013; Jewell, 2013; Kelly & McAllister, 2013; Rush et al., 2013, Tapping, Muir, & Marks-Maran, 2013; Ulrich et al., 2010), although professional confidence is an essential trait for new graduate nurses to develop in order to provide safe and effective patient care in

today's complex hospital setting (AACN, 2008; Perry, 2011). In light of this fact, further research was needed to illuminate the development of professional confidence in new graduate nurses during their first year of practice in the hospital setting.

Not enough is known about how new graduate nurses, during their first year of practice, account for their lack of professional confidence in the hospital setting (Beyea et al., 2007; Kowalski & Cross, 2010; Martin & Wilson, 2011). Hospitals are faced with the financial burden of orienting new nurses; decreasing turnover rates of new graduate nurses for improved patient care, increasing productivity, and the costs associated with replacing nurses (Hayes et al., 2006; Kovner, Brewer, Greene, & Fairchild, 2009; Salt et al., 2008; Ulrich et al., 2010). This study contributed knowledge to gain understanding and give meaning to how new graduate nurses perceive what accounts for their lack of professional confidence in the hospital setting. This new knowledge may inform approaches to help new graduate nurses thrive and remain at their initial place of employment in the face of the current nursing shortage (AACN, 2012; Salt et al., 2008; Ulrich et al., 2010). Additionally, increased confidence in new graduate nurses may lead to safer practice, decreased medical errors, and unnecessary patient deaths (James, 2013; Morrow, 2009; Wolff et al, 2010).

Nature of the Study

A basic qualitative study was chosen to uncover and interpret the meaning that participants attributed to their experiences (Creswell, 2009, 2014; Merriam, 2009). Basic qualitative research is rich and descriptive and through a semi-structured interview technique, the study captured the voices of new graduate nurses and gave meaning to what they perceive accounted for their lack of professional confidence during their first

year of practice in the hospital setting (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Kvale & Brinkmann, 2009; Merriam, 2009; Seidman, 2013).

Since qualitative research attempts to describe the viewpoints of the participants related to a particular phenomenon, this method was selected to provide valid answers to the research question (Bogdan & Biklen, 2007, Creswell, 2009, 2014; Merriam, 2009). In this study, the experiences of new graduate nurses were explored to find out from a personal perspective what accounted for their lack of professional confidence during their first year of practice in the hospital setting.

Two semi-structured face to face individual interviews were conducted in a private, quiet setting one to two weeks apart. Utilizing the technique of interviewing enabled the research questions to be answered by gathering descriptive data in the subjects' own words in order to develop insights on how subjects interpret their experiences (Bogdan & Biklen, 2007, Creswell, 2009, 2014; Kvale & Brinkmann, 2009; Merriam, 2009; Seidman, 2013). The first, Introductory Interview, used a semi-structured approach contained within an interview protocol to answer the research questions (Bogdan & Biklen, 2007, 2011; Janesick, 2011; Kvale & Brinkmann, 2009; Merriam, 2009; Seidman, 2013). Data were audio-recorded and transcribed verbatim to respond to the research study questions (Bogdan & Biklen, 2007, Creswell, 2009, 2014; Kvale & Brinkmann, 2009; Merriam, 2009; Seidman, 2013). The second, Interpretive Interview, used the transcribed first interview to check for meaning and understanding and acted as a member check (Creswell, 2009, 2014; Merriam, 2009). Field notes were also written to describe the researcher's reflections, insights, hunches, and any non-verbal cues that the subject displayed during the interviews (Bogdan & Biklen, 2007, 2011; Merriam, 2009).

All data sources were reviewed at the end of data collection as well as during the process of data collection. Data analysis was conducted simultaneously with data collection, often referred to as constant comparative analysis (Glaser & Strauss, 1967; Merriam, 2009; Miles, Huberman, & Saldana, 2014). In this study, content analysis of interview transcripts began by identifying significant words, phrases, and patterns in the transcribed data that related to the research questions. Coded patterns were translated into categories and themes that made meaning of the research questions and provided answers to the research sub-questions and the primary study question (Glaser & Strauss, 1967; Merriam, 2009; Miles et al., 2014).

Definition of Terms

For the purposes of this study, the following terms and definitions remained consistent throughout the study:

New graduate nurses. New graduate nurses were individuals licensed to practice as registered nurses and who were working one year or less (Benner, 2001; Bowles & Candela, 2005; Halfer & Graf, 2006; Jewell, 2013; Kramer, 1974; Morrow, 2009; Pennbrant, Nilsson, Ohlen, & Rudman, 2013; Salt et al., 2008; Spiva, 2013; Thrysoe et al., 2011).

Professional confidence in nursing. Professional confidence in nursing was defined by the following behaviors: (a) knowing how to handle various patient situations, (b) making independent decisions on the job, and (c) assertively communicating with physicians (Berkow et al., 2009; Holland et al., 2013; Jewell, 2013; Perry, 2011; Roth & Johnson, 2011; White, 2009).

Transition into practice. Transition into practice referred to the time period of the first year on the job in the hospital setting for the registered nurse (Casey et al., 2004; Clark & Springer, 2012; Duchsher, 2001, 2008; Dyess & Parker, 2012; Hoffart, Waddell, & Young, 2011; Kramer, 1974; Martin & Wilson, 2011; Newton & McKenna, 2007; Parker et al., 2014; Roth & Johnson, 2011).

Assumptions, Limitations, and Delimitations

In order to enhance the trustworthiness and credibility of any research study assumptions, limitations, and delimitations must be explained by the researcher (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Merriam, 2009). This section will explain the assumptions about the procedures involved in the study, the weaknesses or limitations of the study, and the delimitations that reflect the scope of the study.

Assumptions

A major assumption of the study was that all of the participants answered honestly and truthfully during the interview sessions. The second assumption was that the participants would be willing to share their personal experiences about professional confidence and what accounts for its lack of development. Another assumption underlying the study was that the sample included participants that lacked professional confidence during their first year of practice in the hospital setting.

Limitations

Since the researcher was the primary data collection instrument, care was taken to remain open minded throughout the study when collecting the experiences of the participants by ignoring personal pre-conceptions, opinions, and biases, and concentrating on obtaining participants' views (Creswell, 2009, 2014; Merriam, 2009).

Additionally, data were collected from a small participant pool from two hospitals in New York and the findings may not reflect new graduate nurses' experiences in other hospitals.

Delimitations

This study concentrated on new graduate nurses that failed to develop professional confidence during the first year of practice in the hospital setting. New graduate nurses with associate degrees and bachelor degrees were included in the participant pool. The study did not focus on new graduate nurses that had professional confidence, since this has been the focus of much of the literature and best practices have been developed and implemented successfully for most new graduate nurses (Dyess & Sherman, 2009; Newton & McKenna, 2007; Pellico et al., 2009; Spiva, 2013; Thrysoe et al., 2011; Wangsteen et al., 2008). This study focused on new graduate nurses in the hospital setting and did not account for new graduate nurses who begin their career in other healthcare settings such as nursing homes or physician offices.

Organization of the Remainder of the Study

Chapter 2 presents a review of the literature organized into three themes: (a) difficulties experienced by new graduate nurses as they transition into practice, (b) methods for a smoother transition into practice, and (c) workplace support for retention of new graduate nurses. Chapter 3 outlines the research methodology and design for the study. The methods of data collection and data analysis are also presented. Chapter 4 reports the findings from the data analysis of the study. Chapter 5 presents the findings of the study, provides a summary with conclusions, and offers recommendations for practice and future research based on the findings.

CHAPTER 2. LITERATURE REVIEW

Introduction to the Literature Review

The purpose of the study was to find out and understand how new graduate nurses accounted for their lack of professional confidence during their first year of practice in the hospital setting. Two theories were used to frame the study, namely: Reality Shock (Kramer, 1974) and Transition Theory (Duchscher, 2001, 2008, 2009, 2012). Both frameworks define the metamorphic process that new graduate nurses experience as they begin their professional practice. The remainder of the literature review explores three primary themes: (a) difficulties experienced by new graduate nurses as they transition into practice, (b) methods for a smoother transition into practice, and (c) workplace support for retention of new graduate nurses.

A review of research studies on professional confidence was conducted using the following databases: Academic Search Premier, CINAHL, EBSCO, Education Research Complete, Proquest, Sage, and Science Direct. Search terms included professional confidence, confidence, transition into practice, novice nurses, and new graduate nurses. To be certain that the search was as comprehensive as possible the process of bibliographic mining was used to trace seminal works backward and forward in time with the use of Google Scholar.

Theoretical Framework

A number of theoretical frameworks were examined in order to guide the study. The two chosen frameworks that provided the best fit are Reality Shock (Kramer, 1974)

and Transition Theory (Duchscher, 2001, 2008, 2009, 2012). Kramer (1974) labeled this tumultuous time of transition reality shock because most new graduate nurses' expectations of the role and responsibilities of the registered nurse are quite different than the reality. Kramer (1974) noted, "Nursing schools and nurse employing organizations represent two different subcultures of the nursing world" (p. 38). Reality shock occurs during the first 12 months of new graduate nurses' employment as registered nurses and includes four stages (Kramer, 1974).

The honeymoon phase is characterized by the excitement of completing nursing school and the start of employment. During the shock phase new graduates question their choice of career since it does not meet their expectations. Feelings of anger, anxiety, disappointment, and depression are common (Kramer, 1974). Recovery occurs after a few months as new graduates begin to establish a sense of equilibrium and gain an understanding of the profession of nursing. The final phase, resolution, occurs when new graduates make a choice to maintain their current position, seek an alternative position as a registered nurse, go back to school, or leave the profession altogether (Kramer, 1974).

Duchscher (2001, 2008, 2009, 2012) extended Kramer's work (1974) and generated a grounded theory that describes the progression of novice nurses as they begin employment as registered nurses and is called transition theory. This process consists of the following phases: (a) doing (first 3-4 months), (b) being (next 4-5 months), and (c) knowing (final 8-12 months). During the doing phase new graduate nurses realize that they are unprepared for the intensity of the role of registered nurse and experience anxiety, self-doubt, and lack of confidence in their ability to give safe, competent care. Feeling inadequate and seeking acceptance from co-workers are common experiences.

Duchscher (2012) explained that the major challenge faced by new graduate nurses during this phase is finding a balance between what should be happening and what is actually happening. For instance, new graduate nurses must do what is required to be a fully responsible and accountable nurse even if they are unsure or frightened. Many new graduates have stated that "just getting through the shift without killing someone" was a major accomplishment (Duchscher, 2012, p. 36). Tasks associated with the doing phase include adjusting to the new role and responsibilities, learning new skills, and demonstrating clinical knowledge. Transition Shock occurs during this phase and is a term used to describe the intensity of the first one to four months after the orientation period is over. New graduate nurses frequently conceal their mounting insecurity, fears of inadequacy, and anxiety, which is physically and psychologically exhausting (Duchscher, 2012).

Being, the next phase, consists of steady and rapid advancement in knowledge level and skill competency (Duchscher, 2008, 2009, 2012), but self-doubt and low confidence peak between five and seven months. Duchscher (2012) described this phase as "moving from survival mode to thriving mode" (p. 84). A major accomplishment in the being phase is the transfer of dependence on others to reliance on oneself. The milestones that occur during this timeframe include searching for a balance between professional and personal life, questioning the ability to reach a level of expertise, and resolving self-doubt by seeking validation for clinical decisions from experienced co-workers. Duchscher (2012) suggested that the process of validation is essential for the promotion of professional confidence. New graduates also examine their experiences to date and reflect on their progress of becoming a professional nurse. The final milestone,

revealing, occurs about eight months after orientation where nurses do not feel new anymore and have more "good days" than bad (Duchscher, 2012, p. 105).

Knowing occurs at the 12 month mark and signifies the completion of professional role transition. In this phase, new graduate nurses establish a professional identity, a stable level of confidence, and a belief in themselves as contributing members of the nursing profession (Duchscher, 2008). New graduate nurses move out of the learner role and may even be asked to precept new employees or student nurses. They begin to gain an understanding of what nursing is all about and how they fit into the larger discipline of nursing. Tasks include critiquing the workplace for compatibility with personal values and career aspirations, recovering the energy, motivation, and passion for life, and accepting that they have just completed an evolutionary and natural process. This phase culminates when new graduate nurses become seasoned professionals with an idea of what they want out of nursing as a career and envision pursuing a rewarding path both professionally and personally (Duchscher, 2008, 2012).

Both Kramer (1974) and Duchscher (2001, 2008, 2009, 2012) identified lack of professional confidence as a common characteristic of new graduate nurses during the first year of practice, but neither theory addressed what accounts for this lack of professional confidence. This study sought to rectify this gap in the literature. By collecting the perceptions of new graduate nurses, the study findings illuminated the transition process by providing a better understanding of the phenomenon of professional confidence development.

Review of Research Literature and Methodological Literature

The following section presents a review of the literature related to professional confidence in nursing and is organized by three distinct themes: (a) difficulties of new graduate nurses' transition into practice, (b) methods for smoother transition into practice, and (c) workplace support for new graduate nurses. Further, a review of literature related to qualitative methodology will be presented.

Review of Research Regarding Professional Confidence in Nursing

Professional confidence is an essential trait for new graduate nurses to develop in order to provide safe and effective patient care in today's complex hospital setting (AACN, 2008; Perry, 2011). Research has shown that the following behaviors indicate attainment of professional confidence: (a) applying appropriate knowledge to patient situations, (b) making independent decisions, (c) recognizing changes in patient conditions and (d) responding with appropriate actions, and assertively communicating with physicians (Berkow et al., 2009; Holland et al., 2013; Jewell, 2013; Perry, 2011; Roth & Johnson, 2011; White, 2009). Nursing education programs provide the foundation for student nurses to develop professional confidence and upon their entry into practice, new graduate nurses are expected to display professional confidence in their roles in the hospital setting (AACN, 2008; Baldwin et al., 2014; Berkow et al., 2009; Dyess & Parker, 2012; Jewell, 2013; White, 2009; Wolff et al., 2010). Lack of professional confidence can lead to self-doubt in new graduate nurses, but more importantly, to medical errors and patient death in the hospital setting (James, 2013; Morrow, 2009; Wolff et al., 2010) and this remained to be understood.

The development of professional confidence is part of the transition process from undergraduate education into actual nursing practice, and for the new graduate nurse, interventions that promote its development during the first year of practice include peer support groups, healthy work environments, and support from the nurse manager and nursing staff (Berkow et al., 2009; Chandler, 2012; Dyess & Parker, 2012; Jewell, 2013; Roth, & Johnson, 2011). Best practices for formal new graduate nurse transition programs have been established and implemented globally (Chandler, 2012; Jewell, 2013; Martin & Wilson, 2011; Romyn et al., 2009; Rush et al., 2013). However, despite implementation of such best practices and interventions during the first year of practice, some new graduate nurses lack professional confidence (Dowson et al., 2013; Duchscher, 2008; Dyess & Parker, 2012).

Difficulties of new graduate nurses' transition into practice. Decades of research have documented the difficulties that new graduate nurses experience as they begin to practice as registered nurses (Blanzola et al., 2004; Casey et al., 2004; Chang & Hancock, 2003; Duchscher, 2001, 2008, 2009; 2012; Kramer, 1974; Martin & Wilson, 2011; Morrow, 2008). Furthermore, new graduate nurses reported amplified levels of stress, uncertainty, and have even questioned their choice of career during the first year of practice (Blanzola et al., 2004; Casey et al., 2004; Chang & Hancock, 2003; Martin & Wilson, 2011; Morrow, 2008).

Early research by Oermann and Moffitt-Wolf (1997) used a descriptive, exploratory approach to examine the stresses and challenges faced by 35 new graduate nurses during their first months of practice. Using a Likert scale, subjects were asked to rate the degree to which they experienced various emotions such as confidence,

apprehension, relief, and hopefulness. Their findings included significant stress related to the new graduates' lack of experience and organizational skills, and their fear of interacting with physicians. Additionally, the participants viewed support from colleagues, particularly their preceptor, as a crucial factor in their transition to becoming competent and confident in their role as a registered nurse. In fact, the researchers concluded, "An important theme was the need for consistent preceptors during orientation who supported and guided their learning in clinical practice" (Oermann & Moffitt-Wolf, 1997, p. 25).

A similar study by Chang (2003) examined the same stressors, but compared the sources of stress that changed from initial employment to 12 months after hire. Role ambiguity was seen as the primary source of stress for new graduates in the first few months of practice since they did not know what was expected of them. This finding is directly related to the work done by Kramer (1974) and Duchscher (2001, 2008, 2009, 2012) and emphasizes the dichotomy between undergraduate nursing education and actual nursing practice. Chang (2003) also found that the source of stress changed over time, where role overload and the demands of a complex healthcare environment became unbearable for many new graduate nurses. Chang (2003) suggested that further research is needed to "investigate the socialization of nurses over several years to determine whether particular variables are associated with successful transition" (p. 161). In this attempt, Casey et al. (2004) and Bowles and Candela (2005) completed quantitative studies to further define the difficulties of new nurses during their first year of practice.

Casey et al., (2004) surveyed 270 new graduate nurses from six different hospitals in the Denver area and identified further challenges for new graduate nurses, which

included lack of confidence, inadequate clinical skills, and a dependence on others. The Casey-Fink Graduate Nurse Experience Survey tool consisted of five sections pertaining to demographic information, skill performance, comfort/confidence, job satisfaction, and difficulties in role transition which were structured on a Likert scale. It also contained four open ended questions about work environment and difficulties in role transition. The internal consistency reliability for this instrument was established with a Cronbach's alpha of .78 (Casey et al., 2004). Key findings from this study indicated that new graduate nurses do not feel skilled, competent or confident for as long as one year after being hired. Additionally, the authors noted, "Preceptors may not realize how critical is their support, as graduate nurses balance the tension between independence and dependence during the initial socialization period" (Casey et al., 2004, p. 309). These findings echo those of previous studies and emphasize the significance of workplace support to ease new graduate nurses' transition for the first year of employment.

Bowles and Candella (2005) explored how new graduate nurses perceived their first job experiences and if they resigned, why this was so. They found that positive experiences encompassed working well with colleagues, receiving support from nurse managers, and having their opinions valued on patient care decisions. Conversely, some participants reported a stressful work environment with high patient to nurse ratios, critically ill patients, and insufficient time to deliver optimal care. Of the 352 respondents in this study Bowles and Candella (2005) reported 30% of new graduate nurses left their position within the first year and 57% left with two years. Not only is this costly for hospitals, but high turnover rates can lead to higher patient to nurse ratios, increased medical errors, and low staff morale (Duffield et al., 2010; Laschinger, 2012; Salt et al.,

2008; Twigg & McCullough; 2014). Both of these studies utilized a large sample size which is advantageous in generalizing the results. However, neither study provided insight into what accounts for new graduate nurses' lack of professional confidence during their first year of practice in the hospital setting. This study filled the gap in the literature.

Qualitative approaches have also been utilized to explore the difficulties of new graduate nurses' during their first year of practice. Not surprisingly, researchers found similar stressors and challenges identified by their quantitative counterparts. Newton and McKenna (2007) followed 25 new graduates in Australia through their first year and once again the participants reported feeling unprepared for practice. This commonality indicates that new graduate nurses around the globe experience the same difficulties as they transition into practice and this is a universal problem that needs to be addressed. These researchers utilized a series of focus groups at various time intervals throughout the first year of practice and five themes emerged from their analysis of data.

"Gliding through" was how the nurses defined their undergraduate education experience meaning that they were not exposed to the realities of the workplace. "Surviving" indicated their ability to gain a sense of equilibrium by managing their time and completing tasks, although they did feel overwhelmed. The next phase, "beginning to understand" exemplified the new graduates' knowledge of finding information and being recognized as part of the healthcare team. "Sheltering under the umbrella" occurred at the six month mark and signified the new graduates' increase in confidence with the security of being able to go to their preceptor for reassurance. At the one year mark the new

graduate nurses entered the final stage of "knowing how to" where they felt competent and confident in handling a variety of patient situations.

Interestingly, these themes echo the phases and concepts seen in the theoretical frameworks of Kramer (1974) and Duchsher (2001, 2008, 2009, 2012). The time frames, behaviors, and sequence of emotions are comparable to both theories. Newton and McKenna's (2007) study, however, does not provide detailed insights into what accounts for new graduate nurses' lack of professional confidence. This study sought to rectify this gap in the literature.

A comparable Scandinavian study by Wangsteen, Johansson, and Nordstrom (2008) examined the growth and development of 12 new graduate nurses during the first year of practice. Through qualitative semi-structured interviews categories emerged from content analysis including feelings of uncertainty and chaos, the need for induction and support, and positive situations that enhanced knowledge of how to manage patient care. The findings revealed three stages that new graduate nurses move through over the course of the first year of practice (a) "being new," (b) "gaining experience," and (c) "reaching competence and confidence" at the one year mark with the help of a supportive environment and positive learning experiences. A significant recommendation from this study is, "that employers facilitate induction programmes for new nurses where feedback and support are major elements" (Wangsteen et al., p. 1884). It is known that transition into practice programs are beneficial for new graduate nurses, but it is unknown how new graduate nurses account for their lack of professional confidence during their first year of practice in the hospital setting even with supportive practices in place. This study closed that gap in the literature.

Further evidence of transition difficulties can be found in studies by Pellico et al. (2009) and Kovner et al. (2009). The studies involved 612 new graduate nurses with a cross-sectional mailed survey from 34 states in the United States and the District of Columbia with a 37% response rate. This 16 page survey contained 207 items structured on a Likert scale that examined nurses' attitudes about work, intentions about future work, work attributes, and a section for comments. Data analysis was completed by both quantitative and qualitative measures. Statistically significant variables included items such as autonomy, workplace cohesion, promotional opportunities, realistic workload, and supervisory support (Kovner et al., 2009). Common qualitative themes included (a) "colliding expectations" or the immense sense of responsibility, (b) "the need for speed," (c) "you want too much" coupled with a lack of managerial support, and (d) "how dare you" which referred to abuse by patients, physicians, and other nurses (Pellico et al., 2009, p. 195-198). "Open and respectful communication should be an expectation in the healthcare industry" (Pellico et al., 2009, p. 201). These findings reflect previous studies and may indicate why a high turnover rate is common for new graduate nurses.

A follow-up study with the same cohort of nurses was conducted two years later and revealed ongoing dissatisfaction with the work environment for the following reasons: lack of nurse manager leadership, persistent verbal abuse, high patient-to- nurse ratios, and physical demands of bedside nursing resulting in injuries (Pellico et al., 2009). It is not surprising that turnover rates for nurses in their first year of practice in the United States range from 18% to 50% (Pellico et al., 2009; PwC Saratoga Hospital Consortium, 2012/2013; Salt et al., 2008) which signifies the necessity of workplace support for new graduate nurses. "Newly licensed RN's are an important part of the nursing workforce

and needed to replace RN's who will retire in the next 10 years" (Kovner et al., 2009, p. 201). Overall, the findings from this study suggest the significance of retaining new graduate nurses by providing support and encouragement throughout the first year of practice and beyond.

This review of literature would not be replete without a discussion of Patricia Benner and her theory of a nurse's journey from "Novice to Expert." Benner (2001) has conducted decades of research on nurses and their maturation from students to the competent professionals they become. Benner's theory describes five levels of competency: (a) novice, (b) advanced beginner, (c) competent, (d) proficient, and (e) expert. A nurse will progress through these stages in different time frames based on varied experiences in clinical practice. The "advanced beginner" applies to this review of literature since new graduate nurses falls into this category. Benner (2001) asserted that workplace support in the form of mentors or preceptors is quintessential to new graduate nurses' transition. Benner stated of new graduate nurses,

> Their nursing care of patients needs to be backed up by nurses who have reached at least the competent level of skill and performance, to ensure that important patient needs do not go unattended because the advanced beginner cannot yet sort out what is most important. (Benner, 2001, p.25)

Clearly, the first year of practice continues to be problematic for new graduate nurses despite the plethora of international literature over the past four decades. In light of this fact, this study provided insights as to what accounts for lack of professional confidence for new graduate nurses. Furthermore, nurse educators in the hospital setting may use the findings to improve transition into practice programs and increase support measures aimed at the new graduate nurse, specifically to focus on the improvement of

professional confidence. Additionally, the study findings support improvements in undergraduate nursing education in the form of enhanced development of professional confidence in the undergraduate nursing student since it has been documented that new graduate nurses lack professional confidence upon graduation from nursing school (Brown et al., 2003; Crooks et al., 2005; Dowson et al., 2013; Duchscher, 2008; Dyess & Parker, 2012; Henderson & Eaton, 2013; Jewell, 2013; Morrow, 2009; Romyn et al., 2009; Salt et al., 2008).

Methods for smoother transition into practice. New graduate nurse expected competencies include the promotion of safe, quality care, use of advanced technology, knowledge of pathophysiology and pharmacology, sound clinical decision making, and inter-professional collaboration and communication (AACN, 2008, Berkow, et al., 2008; Romyn et al., 2009; Slaikeu, 2011). As noted previously, new graduate nurses continue to fall short of the expectations of nurse managers and do not possess the required competencies to deliver safe patient care in the hospital setting (Del Bueno, 2005; Dyess & Sherman, 2009; James, 2013; Morrow, 2009; Thrysoe et al., 2011; Wolff et al., 2010). To close the dichotomy between undergraduate preparation and employer expectations, methods have been developed to ease the transition of new graduate nurses into the field.

Practice readiness. Practice readiness is often thought of as being able to hit the ground running upon acceptance of a nursing position (Dlamini, Mtshali, Dlamini, Mahanya, Shabangu, & Tsabedze, 2014; Hoffart et al., 2011; Romyn et al., 2009). A study by Romyn et al. (2009) explored the meaning of what is required for new graduate nurses to be ready to practice in the hospital setting. Focus groups involving 14 new graduate nurses and 133 staff nurses, employers, and nurse educators in Alberta agreed

that having knowledge, skills, and clinical judgment were essential for adequate role performance. Furthermore, new graduate nurses who had prior experience as a nursing assistant or participated in an internship program adapted more quickly to the role of registered nurse. Recommendations from the study included the importance of formal, extensive mentoring programs for new graduates, a welcoming culture in the workplace, and a closer examination of the relevance of undergraduate nursing curricula with the current expectations of the healthcare environment. As Romyn et al., (2009) suggested further research is needed to "examine assumptions underlying notions of practice readiness and to focus on fostering new graduates' successful transition to the workplace" (p. 13).

In this attempt, Wolff et al. (2010) conducted a comparable study that explored the perspectives of nurses in three sectors (a) education, (b) practice, and (c) hospital administration. Participants were recruited from various geographical areas in the province of British Columbia. Inclusion criteria were nurses who were involved with new graduate orientations, transition programs, policy makers, and new graduate nurses. One hundred and fifty nurses participated in 15 focus groups and four common themes emerged: (a) new graduate nurses need a generalist theoretical foundation, (b) efficient skills to provide safe patient care, (c) critical thinking skills, and (d) the ability to adapt to the evolving healthcare environment. "Participants in all sectors agreed that critical thinking-the ability to make careful and exact judgments about a clients's condition is a key component of readiness" (Wolff et al., 2009, p. 9). The authors concluded that achieving a "readiness to practice" is based on a balance of doing, knowing, and thinking which are similar constructs seen in Duchscher's transition theory (2001, 2008, 2009,

2012). In this study, "doing" referred to the application of practical knowledge such as clinical skills, "knowing" and "thinking were related to theoretical knowledge and the ability conceptualize what was learned in the classroom. Both of these studies used a considerable sample size ($N = 157$, $N = 150$, respectively) with focus groups as an efficient method to understand and give meaning to new graduates' transition into practice for two expansive regions of Canada: Alberta and British Columbia.

Transition programs. To date orientation programs have been extended in length and complexity to accommodate new graduate nurses' needs for a smoother and seamless transition into professional practice. For instance, the use of simulation exposes new graduate nurses to complex patient situations and critical events such as a cardiac arrest in the safety of a controlled environment along with debriefing sessions that afford time for self-reflection of each new graduate's performance (Beyea et al., 2007; Blum et al., 2010; Brannan et al., 2008; Dowson, 2013; Galloway, 2009). Formal mentoring programs assign a designated preceptor to work with a new graduate nurse on various shifts for up to one year (Henderson et al., 2012; Romyn et al., 2009; Rush et al., 2013; Salt et al., 2009). Nurse internships or residencies are another method of integrating new graduates into practice. These programs are one year in length and expose new graduate nurses to a variety of hospital units, shifts, and experiences (Blanzola et al., 2004; Dyess & Sherman, 2009; Kowalski & Cross, 2010). All of these methods increase job satisfaction and retention and support new graduate nurses' entry into practice (Ulrich et al., 2010).

In this attempt, Spiva et al. (2013) used a convenience sample of 21 newly licensed registered nurses through interviews to examine their perceptions of the year-long orientation experience and how is affected their transition into practice. While most

experiences were positive, others were less than perfect. In fact, one new graduate nurse reported, "I was scared of telling my preceptor anything. She wanted me to answer with 'Yes, Ma'am' and would say my questions were stupid" (Spiva et al., 2013, p. 26). As result of the study four themes emerged, (a) both positive and negative preceptor experiences, (b) professional growth and confidence that improved with everyday experiences of patient care and communication with others, (c) the importance of nurturing relationships, and (d) the need for formal mentor training programs that include specific guidelines for giving feedback (Spiva et al., 2013). The implications from this study verified the need for formal preceptor programs with expected guidelines and formal training for preceptors. While the study discussed professional confidence it did not provide any insight into what accounts for the lack of professional confidence development for new graduate nurses. This study filled the gap in the literature.

Another study by Thrysoe et al. (2011) utilized a phenomenological approach to explore the expectations of new graduate nurses and the reality of the nursing workplace. Fieldwork with observations and individual interviews of nine participants produced mixed results. Some new graduate nurses felt well prepared to practice as registered nurses and found the demands of work less than what they expected while others described a contrast of what they expected and what they actually experienced (Thrysoe et al., 2011). Interestingly, all participants stated that their undergraduate education was not realistic enough for the demands of the job. This dichotomy of expectations and workplace reality is described in Kramer's theory of Reality Shock (1974) and Duchscher's Transition Shock (2009, 2012). The study by Thrysoe et al. (2011) lends credence to incorporating these concepts into undergraduate nursing education curricula.

Undergraduate nursing education. Undergraduate nursing education and its role in the development of professional confidence has been studied extensively. Previous research has focused on the preparation of nurses in undergraduate programs and their role in the promotion of professional confidence for new graduate nurses. Factors that promote professional confidence in undergraduate education include (a) the qualities of effective nursing faculty, (b) the clinical environment, and (c) teaching practices such as mentoring, role modeling, and simulated patient scenarios (Alinier et al., 2006; Baldwin et al., 2014; Bleicher, 2007; Brannan et al., 2008; Gignac-Caille & Oermann, 2001; Hanson & Stenvig, 2008; Hartigan-Rogers et al., 2007; Ness et al., 2010).

An example of such a study can be found in Haffer and Raingruber's (1998) phenomenological approach that explored student confidence development in the clinical setting. They found that student confidence evolves from relationships with faculty and positive clinical learning environments. Additional studies by Leners, Sitzman, and Hessler (2006) and Hartigan-Rogers et al. (2007) support and extend this finding. These studies explored newly graduated nurses' perceptions of their clinical placements and how they impacted their performance as a nurse. Positive clinical experiences were described in environments that valued and supported students while negative experiences involved staff that were stressed or intimidating and not accepting of learners. Ultimately, both studies acknowledged that clinical experiences are significant to the development of a nurse and that positive clinical experiences are essential and include realistic workload assignments, exposure to a variety of nursing roles, and providing direct patient care (Hartigan-Rogers et al., 2007; Leners et al., 2006).

Additional factors reported in the literature that increase student confidence in the clinical setting comprise adequate knowledge, previous work experience, and positive relationships with peers (Chesser-Smyth & Long, 2013; Gabriel, Renaud & Tippin, 2006; Wichman, Brinol, Petty, Rucker, Tormala, & Weary, 2010). Students that were adequately prepared with an understanding and ability to apply knowledge gained in the classroom showed a higher level of confidence than those lacking knowledge. The literature also suggested that students with previous health-related experience demonstrated higher levels of confidence (Chesser-Smyth & Long, 2013; Gabriel et al., 2006; Romyn et al., 2009; Wichman et al., 2009). These studies do not provide details insights into what accounts for new graduate nurses' lack of professional confidence. This study sought to rectify this gap in the literature.

Simulation is another method that has been examined for its effect on the promotion of competence and professional confidence in undergraduate nursing education and in hospital nursing orientation programs. Simulation provides a controlled, non-threatening environment that represents a real-life hospital setting where students have the opportunity to practice problem solving, clinical judgment, and technical nursing skills (Jeffries & Clochesy, 2012; Ogilvie, Cragg, & Foulds, 2011). Simulation has been studied in undergraduate nursing education with mixed results. Many studies have suggested that simulation has a positive effect on confidence development in the student nurse (Alinier et al., 2006; Jeffries & Clochesy, 2012; Ogilvie et al., 2011) while others argue that simulation does not have a direct effect on the development of confidence (Brannan et al., 2012). Simulation is also utilized as part of the orientation process in the hospital setting to expose new graduate nurses to a variety of patient

scenarios that they did not experience in their undergraduate education programs (Beyea et al., 2007; Blum et al., 2010; Dowson et al., 2013; Galloway, 2009). It is not known how simulation affects professional confidence in new graduate nurses and this study sought to close this gap in the literature.

Knowing what accounts for new graduate nurses' lack of professional confidence may contribute practical knowledge to improve undergraduate nursing education curricula (Dyess & Parker, 2012; Martin & Wilson, 2011; Spiva et al., 2013; Twigg & McCullough, 2014). Furthermore, the findings may offer alternative methods to ease new graduate nurses' transition into practice by decreasing the stress and uncertainty often described by the new graduate nurse (Blanzola et al., 2004; Casey et al., 2004; Chang & Hancock, 2003; Martin & Wilson, 2011; Morrow, 2008).

Workplace support for new graduate nurses. New graduate nurses are the foundation for the future of nursing practice. Hence, it is imperative to protect new graduate nurses from the harsh conditions that may exist in many healthcare institutions. Increased turnover rates have been reported as high as 57% within the second year of practice for new graduate nurses (Martin & Wilson, 2011; Rudman et al., 2014; Ulrich et al., 2010). Explanations behind this low retention rate have been cited as workplace horizontal violence, inadequate leadership, and extremely stressful experiences, with little or no support by management (AACN, 2010; Hayes & Sexton Scott, 2007; McKenna, et al., 2003; Scratchola et al., 2003). Hospital administrators have taken note by pledging to support new graduate nurses with the following strategies: (a) nurse manager involvement at the patient care level, (b) healthier work environments that stress colleague support and kindness, (c) continuing education opportunities, and (d) new

graduate peer support and debriefing sessions (Alspach, 2006; Anderson, 2008; Bowles & Candella, 2005; Goodwin-Esola et al., 2009, Thrysoe et al., 2011).

Internationally, authors from Canada, the United States, and Australia have identified common best practices for supporting new graduate nurses as they enter professional practice. For instance, Rush et al. (2013) identified various types of new graduate nurse transition programs including preceptorships, residencies, internships, and mentoring all of which increased retention, competence, and confidence of the participants. Key elements of these programs include formal support of new graduate nurses for at least six to nine months, a healthy work environment, connections with other new graduate nurse peers, and training for mentors or preceptors (Henderson & Eaton, 2013; Jewell, 2013; Rush et al., 2013; Salt et al., 2008; Twigg & McCullogh, 2014; Ulrich et al., 2010). Furthermore, various studies have been done that documented the significance of the work environment in relation to retention of new graduates.

For example, a quantitative study by Unruh and Zhang (2013) examined the dependent variables of professional commitment and intent to leave nursing with the independent variables of organizational and work environment characteristics and perceptions of job difficulty, demands, and autonomy. Four hundred and fourteen newly licensed registered nurses in the state of Florida completed a survey that was based on the work of Kovner et al. (2009). The findings of the study indicated a small percentage of nurses intended to leave the profession (6.7%) while the majority were happy with their choice of career even though the work was difficult (Unruh & Zhang, 2013). Organizational and work factors that new graduates found difficult included extremely demanding workload, too many organizational rules, lack of supervisor support, and

inadequate support from other nurses. This study provided further evidence that new graduate nurses need comprehensive workplace support. In fact, the authors recommended, "Hospitals need to strengthen newly licensed RN orientation and provide day shift opportunities for them" (Unruh & Zhang, 2013, p. 1687). However, the generalizability of these findings is limited because the sample was selected from one state in the United States and further research should be completed.

In this attempt, a mixed method cross sectional design study by Parker, Giles, Lantry, and McMillan (2014) identified factors that had an impact on new graduate nurses' transition into the workforce in Australia. Data were collected through an online survey and focus group sessions with 282 new graduate nurses. Respondents were asked if they understood what their role and responsibilities entailed as a registered nurse. Interestingly, "26% of respondents indicated that they did not have, or were not sure whether they had the necessary information to carry out their job… Stress levels associated with role expectations were rated high to extreme by 45% of respondents…" (Parker et al., p. 152). Overall, workplace support in the form of a six month minimum orientation period, designated mentors or preceptors, and support from other nurses and new graduates were identified as most significant. Common themes that emerged from the focus groups included negotiating the workplace culture, learning how to deal with horizontal violence, and the need to feel accepted and receive feedback from others (Parker et al., 2014). Findings about intention to stay in nursing or remain at the current place of employment are comparable to previous research (Martin & Wilson, 2011; Rudman et al., 2014; Ulrich et al., 2010). Ten percent of respondents indicated they

intended to pursue a career outside of nursing and 32% were undecided as to how long they would remain at their current job (Parker et al., 2014).

Other studies both qualitative and quantitative have explored new graduate nurses' job satisfaction and commitment to the profession with regard to their first year of practice experiences. The findings are analogous to the studies described previously. Supportive preceptors and nursing staff, feeling valued by the healthcare team, and an organizational commitment to new graduate nurses increased retention and job satisfaction, eased the transition into practice, and augmented a commitment to the profession of nursing (Clark & Springer, 2012; Kowalski & Cross, 2010; Martin & Wilson, 2011).

Additional studies have focused on the role that the nurse manager plays in retention of new graduate nurses. Often times, nurse managers complete the hiring process and act as ambassadors by introducing new graduate nurses to the unit culture, policies and procedures, and nurse colleagues (Anthony et al., 2005; Duffield et al., 2010; Laschinger, 2012). Furthermore, an effective nurse leader creates a culture of caring and respect on the unit that is disseminated to the staff and even on to the patients. Dyess and Parker (2012) described a strategy called the Novice Nurse Leadership Institute where 109 new graduate nurses were enrolled in this program to support them during their first year of practice. Nurse managers followed the progress of each new graduate carefully, through a structured curriculum that included items such as technical and leadership skill development, interpersonal communication, and professionalism. The results suggested that new graduate nurses thrived during their first year (Dyess & Parker, 2012). This study is supported by additional research, which emphasizes the pivotal role that nurse

managers have in recruitment, retention, and commitment of new graduate nurses (Anthony et al., 2005; Hall, 2007; Henderson & Eaton, 2013; Jewell, 2013; Rush et al., 2013; Twigg & McCullough, 2014).

While there is evidence to suggest that new graduates nurses' professional confidence is augmented by various supportive measures implemented by hospitals, there is a paucity of research on new graduate nurses' perceptions of their lack of professional confidence and how new graduate nurses account for their lack of professional confidence during their first year of practice in the hospital setting (Dyess & Parker, 2012; Henderson & Eaton, 2013; Jewell, 2013; Kelly & McAllister, 2013; Rush et al., 2013, Tapping et al., 2013; Ulrich et al., 2010). This study focused on new graduate nurses for whom support measures have not worked well, and gave meaning to what they perceived accounted for their lack of professional confidence during their first year of practice in the hospital setting. Since hospitals are faced with the financial burden of orienting new nurses; decreasing turnover rates of new graduate nurses may improve patient care, increase productivity, and decrease the costs associated with replacing nurses (Hayes et al., 2006; Kovner et al., 2009; Salt et al., 2008; Ulrich et al., 2010). Furthermore, the findings may lead to improvements in transition into practice programs, help new graduate nurses thrive during their first year of practice, and remain at their initial place of employment in the face of the current nursing shortage (AACN, 2012; Salt et al., 2008; Ulrich et al., 2010).

Review of Methodological Literature

Research begins with inquiry. Its goal is to gain new insight or information that is generalizable and able to contribute to the scientific body of knowledge. Quantitative

research uses deductive reasoning and statistical analyses as means to explain or predict relationships between variables. On the contrary, qualitative research is concerned with developing an understanding of a phenomenon or an experience through the use of words and inductive reasoning. A variety of research designs have been utilized to explore new graduate nurses and the many aspects of the transition into professional practice. Examples include quantitative studies by Casey et al., (2004), Pelico et al., (2009), Unruh and Zhang (2013); qualitative studies by Duchsher (2001, 2008, 2009), Morrow (2009), Spiva (2013); and a mixed method design by Parker et al., (2014).

Qualitative research is based on interpretivism where multiple realities may exist depending on an individual's perspective (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Merriam, 2009). This research model is utilized to develop an understanding of a phenomenon or to explore how individuals feel about certain experiences or events. Key attributes of this methodology include a naturalistic setting, a flexible research plan that evolves over the course of the study, and interpretive inquiry through open ended questions and observation where the researcher is the primary measurement tool (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Merriam, 2009). Broad open-ended research questions are used to explore, understand, and interpret a particular phenomenon (Creswell, 2009, 2014; Merriam, 2009).

Furthermore, various types of research designs exist within the qualitative paradigm such as ethnography or the study of people or cultures and phenomenology which describes the meaning of a lived experience for individuals (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Welford, Murphy, & Casey, 2012). A case study design offers an in-depth investigation of a single event or experience, while narrative

inquiry describes a person's life history (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Welford, et al., 2012). In contrast, grounded theory, is used when the researcher hopes to develop a theory based on the views of the participants (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Welford, et al., 2012). The researcher must choose the design that best matches their intent for the study.

A basic qualitative design (Creswell, 2009, 2014; Merriam, 2009) was considered the most appropriate to understand and give meaning to the specific phenomenon being studied: how new graduate nurses account for their lack of professional confidence during their first year of practice in the hospital setting as opposed to a phenomenological design which is broad in nature (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Welford, et al., 2012). While many types of qualitative studies have been conducted to gain an overall understanding of the process of transition into practice for new graduate nurses (Deppolitti, 2008; Duchscher, 2008; Spiva et al., 2013; Thrysoe et al., 2011; Wolff et al., 2010; Wanengsteen et al., 2008), few studies have focused on the specific aspect of professional confidence and how new graduate nurses account for their lack of professional confidence during their first year of practice in the hospital setting.

Since the purpose of the research was to understand and give meaning to how new graduate nurses account for their lack of professional confidence during their first year of practice in the hospital setting, personal contact through individual face to face interviews with few participants was considered the best method of giving voice to the participants' experiences. Through basic qualitative design, inductive reasoning, and rich thick descriptions the researcher attempted to answer the research question that asks participants to describe their experiences during their first year of practice related to the

development of professional confidence in the hospital setting and what accounts for their lack of professional confidence.

Healthcare organizations, nurse managers, other nurses, and even patients are expecting new gradate nurses to hit the ground running with the support of longer orientation periods, formal mentoring practices, and the facilitation of healthy work environments (Dowson et al., 2013; Henderson & Eaton, 2012; Martin & Wilson, 2011; Morrow, 2009; Rush et al., 2013; Thrysoe, Hounsgaard, Bonderup, & Wagner, 2011). Additionally, nurse managers, preceptors, nursing colleagues, and peer graduate nurses have been identified as essential to the success of new graduate nurses in the hospital setting (Berkow et al., 2009; Chandler, 2012; Dyess & Parker, 2012; Jewell, 2013; Parker et al., 2014; Roth & Johnson, 2011). Although previous research attested to the difficulties that new graduate nurses experience in their first year of practice in the hospital setting, it fails to contribute an understanding of how new graduate nurses account for their lack of professional confidence during their first year of practice in the hospital setting, resulting in high turnover rates (AACN, 2012; Salt et al., 2008; Ulrich et al., 2010). In this attempt, this study filled the gap in knowledge pertaining to how new graduate nurses account for their lack of professional confidence during their first year of practice in the hospital setting.

The majority of quantitative studies presented in this review utilized large sample sizes to increase the generalizability of the results and stated the statistical tests such as Cronbach's alpha to increase the reliability of the instruments. For example, Bowles and Candella (2005) has a sample of 352 new graduate nurses complete a survey entitled, "Nurses' Perception of First Job Experience" with a Cronbach's alpha of .89.

Comparable studies by Casey et al. (2004), surveyed 270 new graduate nurses with their instrument that had a Cronbach result of .78, while Unruh and Zhang (2013) used prior tested survey instruments with stated reliabilities of .8 or greater on 414 subjects. The weaknesses of these studies were a poor response rate of returned surveys ranging from 12 to 18% and the generalizability to the country or area of the country that the sample was taken from. A criticism of three studies from the United States were those of Halfer and Graff (2006), Kowalski and Cross (2009), and Oermann and Moffitt-Wolf (1997) that utilized small sample sizes which is uncharacteristic for quantitative research (Creswell, 2009, 2014; Lodico et al., 2010); $N = 35$, $N = 84$ and $N = 55$, respectively. Additionally, Kowalski and Cross (2009) relied on expert clinicians to validate their survey instruments instead of the more desirable method: statistical analyses.

Conversely, each of the qualitative studies presented in this review were methodologically sound in that the researchers taped the interviews or focus groups which were then transcribed verbatim and checked for accuracy with the participants. Furthermore, they utilized a constant comparative analysis technique for data analysis, an audit trail, member checks, and peer debriefing for discussion of findings, all of which are best practices in qualitative research (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Merriam, 2009; Miles et al., 2014). Each of the studies consisted of small sample sizes ranging from 12 to 37 participants, which is consistent with qualitative design (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Merriam, 2009). Two studies by Romyn et al. (2009) and Wolff et al. (2010) used a considerable sample size ($N = 157$, $N = 150$, respectively) with focus groups which was an efficient method to understand and

give meaning to new graduates' transition into practice for two expansive regions of Canada: Alberta and British Columbia.

Chapter 2 Summary

For decades new graduate nurses' transition into practice has been studied and consistent trials and tribulations have been documented (Blanzola et al., 2004; Casey et al., 2004; Chang & Hancock, 2003; Duchscher, 2001, 2008, 2009; 2012; Henderson & Eaton, 2013; Jewell, 2013; Kramer, 1974; Martin & Wilson, 2011; Morrow, 2009). As a result, increased awareness was drawn to the struggles faced by new graduate nurses as they enter the healthcare field (Blanzola et al., 2004; Casey et al., 2004; Chang & Hancock, 2003; Duchscher, 2001, 2008, 2009; 2012; Kramer, 1974; Martin & Wilson, 2011; Morrow, 2008) and orientation practices were improved to support the well-being of these new nurses (Berkow et al., 2009; Chandler, 2012; Dyess & Parker, 2012; Jewell, 2013; Roth & Johnson, 2011). The themes uncovered in the literature: (a) difficulties experienced by new graduate nurses as they transition into practice, (b) methods for a smoother transition into practice, and (c) workplace support for retention of new graduate nurses provided a context for the study of professional confidence.

Reality Shock (Kramer, 1974) was the initial theory to describe the transformational process of nursing graduates as they leaving the security of an undergraduate education environment to entering the professional nursing workforce. Duchscher expanded Kramer's notion with Transition Theory (2001, 2008, 2009, 2012) and Transition Shock (2009), which described the challenges of the first year in practice. Yet, even today many new graduates still struggle with the demands of a fast paced, highly technological healthcare environment (Blanzola et al., 2004; Casey et al., 2004;

Chang & Hancock, 2003; Del Bueno, 2005; Dyess & Sherman, 2009; James, 2013; Morrow, 2009; Martin & Wilson, 2011; Morrow, 2008; Thrysoe et al., 2011; Wolff et al., 2010). This qualitative study extended the theories of Kramer (1974) and Duchscher (2008, 2009, 2012) by concentrating on a single aspect: what new graduate nurses perceive accounted for the lack of professional confidence during their first year of practice in the hospital setting. By collecting the perceptions of new graduate nurses, the study illuminated the transition process described by these nursing theorists by providing a better understanding of the phenomenon of professional confidence development.

Through basic qualitative inquiry, this study sought to gain understanding and give meaning to this phenomenon (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Merriam, 2009). By utilizing face to face interviews, this researcher gathered rich, descriptive data to better understand what accounts for the lack of professional confidence in the first year of practice in the hospital setting. It was expected that findings would contribute practical knowledge to improve undergraduate nursing programs that prepare nurses for practice in the hospital setting. Furthermore, nurse educators in the hospital setting may use the findings to improve transition into practice programs, specifically to focus on improvement of professional confidence in new graduate nurses. The findings may also prove useful to hospital administrators in decreasing turnover rates in light of the current nursing shortage (AACN, 2012; Salt et al., 2008; Ulrich et al., 2010).

CHAPTER 3. METHODOLOGY

Introduction to Chapter 3

The purpose of this chapter is to discuss the basic qualitative methodology used to answer the research questions. Similar qualitative studies have been conducted to gain an overall understanding of how confidence develops during undergraduate education and the process of transition into practice for new graduate nurses (Brown et al., 2003; Crooks et al., 2005; Dowson et al., 2013; Duchscher, 2008; Dyess & Parker, 2012; Martin & Wilson, 2011; Spiva et al., 2013; Thrysoe et al., 2011; Wolff et al., 2010), implying that a qualitative approach was suitable for this type of inquiry. This qualitative, descriptive method was chosen to gain a clear understanding of how new graduate nurses themselves interpret their first year of practice in the hospital setting as it relates to their lack of professional confidence (Bogdan & Biklen, 2007, 2011; Merriam, 2009). Chapter 3 discusses the research questions, design of the study, population and sampling, data collection, data analysis, ethical considerations, and the qualitative rigor of the study.

Purpose of the Study

The purpose of this basic qualitative study was to find out and understand how new graduate nurses account for their lack of professional confidence during their first year of practice in the hospital setting. Few patients, administrators, and healthcare workers would argue that professional confidence is an essential trait for registered nurses to possess (AACN, 2008; Berkow et al., 2009; Dyess & Parker, 2012; Perry,

2011). This study explored the development of professional confidence by collecting the stories of new graduate nurses during their first year of employment in the hospital setting in order to gain a better understanding of how new graduate nurses account for their lack of professional confidence during their first year of practice in the hospital setting, resulting in high turnover rates (AACN, 2012; Salt et al., 2008; Ulrich et al., 2010).

Research Questions

The purpose of this qualitative study was to find out and understand how new graduate nurses account for their lack of professional confidence during their first year of practice in the hospital setting. From this purpose one primary research question and two sub-questions were identified.

Primary research question. In describing their experiences during their first year of practice related to the development of professional confidence in the hospital setting, what are new graduate nurses' experiences about what accounts for their lack of professional confidence during their first year of practice in the hospital setting?

Sub-question 1. What types of instances or circumstances challenged the development of new graduate nurses' professional confidence?

Sub-question 2. What types of instances or circumstances promoted the development of new graduate nurses' professional confidence?

Research Design

Qualitative research is based on interpretivism where multiple realities may exist depending on an individual's perspective (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Farrelly, 2013; Merriam, 2009). This research model is utilized to develop an

understanding of a phenomenon or to explore how individuals feel about certain experiences or events. Key attributes of this methodology include a naturalistic setting, a flexible research plan that evolves over the course of the study, and interpretive inquiry through open ended questions and observation where the researcher is the primary measurement tool (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Merriam, 2009). Broad open-ended research questions are used to explore, understand, and interpret a particular phenomenon (Creswell, 2009, 2014; Merriam, 2009). A basic qualitative design and model were considered the most appropriate to understand and give meaning to the phenomenon being studied: how new graduate nurses account for their lack of professional confidence during their first year of practice in the hospital setting.

Figure 1 depicts the research design and methods that were employed to answer the research questions. Two sub-questions were utilized to explore both positive and negative experiences of professional confidence development for new graduate nurses, thereby augmenting the trustworthiness of the data. Three data sources were used in the data collection process: (a) the Introductory Interview, (b) the Interpretive Interview, and (c) researcher field notes. The goal of these interviews was to collect rich descriptions as a means of gaining an understanding of the phenomenon being studied. Data analysis was completed through manual content analysis with a constant comparative technique. These approaches enabled the central research question to be answered.

Upon completion of the Informed Consent Process, two dates and times were confirmed for the data collection procedure. Data collection involved two face to face individual interviews from 30 to 60 minutes in length, one to two weeks apart utilizing a semi-structured, interview protocol for the first interview and an interpretive approach for

the second interview to check for meaning and understanding of participants' statements which served as a member check (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Merriam, 2009). The final source of data were the researcher's field notes which consisted of reflections, insights, hunches, and any non-verbal cues that the subject displayed during the interviews (Bogdan & Biklen, 2007, 2011; Merriam, 2009).

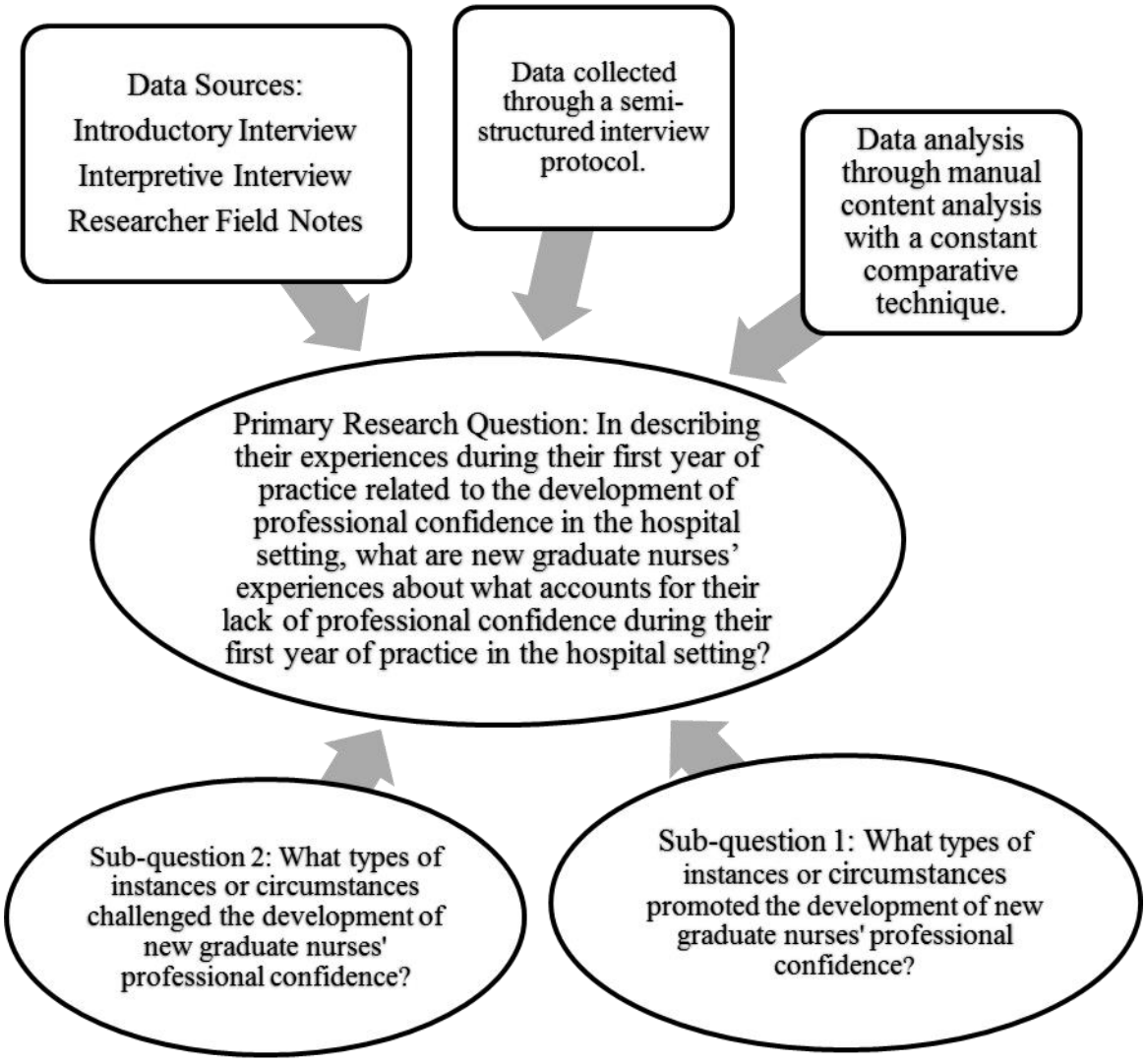

Figure 1-*Basic Qualitative Research Design*

Subsequently, data were analyzed using manual content analysis with a constant comparative technique (Lincoln & Guba, 1985; Merriam, 2009; Miles et al., 2014). As noted by Merriam (2009) this method, “involves comparing one segment of data with another to determine similarities and differences" (p. 30). From here, similar data were grouped together to form categories. Patterns and connections within and between categories were examined along with field notes and analytic memos. Consistencies in data were noted which led to generalizations about new graduates nurses’ experiences about what accounts for their lack of professional confidence during their first year of practice in the hospital setting.

Target Population, Sampling Method and Related Procedures

This section details the target population of the study and the methods and rationale employed in sample selection and size. Furthermore, a description of the setting for interviews and recruitment protocols will be offered as well as a thorough description of data collection and data analysis procedures. Lastly, the limitations, expected findings, and ethical issues involved in this study will be presented.

Target Population

The target population was new graduate nurses working in a hospital setting for one year or less in the New York area. This population could also be expanded to include new graduate nurses working in a hospital setting for one year or less throughout the United States.

Sampling Method

A purposive, convenience sample of 12 new graduate nurses working in the hospital setting for one year or less was collected from the larger population of New York

hospitals. Purposive sampling was chosen since the selection of individuals as study participants is based upon their knowledge of a particular phenomenon for the purpose of sharing their knowledge (Creswell, 2009, 2014; Merriam, 2009). Convenience sampling, a type of purposive sampling allowed the researcher easy access to the participants for the study (Creswell, 2009, 2014; Merriam, 2009). The volunteer participants were recruited from two New York hospitals within a 60 mile radius of the researcher. The criteria for inclusion in the sample were registered nurses who had completed undergraduate coursework in the United States, had obtained a license to practice nursing, and who were working in a hospital setting for one year or less.

Sample Size

Merriam (2009) purported that sample size is dependent on how many participants it takes to answer the research questions until the point of data saturation. In this study, data saturation was achieved with the sample size of 12 participants. Since qualitative researchers are looking for thick, rich data high in quality rather than quantity of data a small sample size of 12 participants was utilized (Bogdan & Biklen, 2007, 2011; Kvale & Brinkmann, 2009; Merriam, 2009; Seidman, 2013).

Setting of Interviews

Study interviews occurred at two hospital sites and the interviews took place at each hospital for the convenience of the participants. At one hospital the interviews were conducted in a small conference room painted light green with bright overhead lights and a green and blue carpet. Other items in the room included a podium, a television mounted on the wall, and a mural of an oak tree painted on the opposite wall with pictures of nurses from the past, present, and future. The researcher and participants sat in close

proximity around a long rectangular table which was, orange-tan in color and was surrounded by eight orange chairs. For most of the interviews the sun was shining brightly through two large windows covered by white slatted shades. The door was kept closed to promote a private atmosphere.

At the second hospital the interviews took place in an enclosed private office without windows with bright overhead lights and the sound of white noise in background. There was a heavy wooden door that was closed at all times and the 'ding' of an elevator could be heard in the distance. The office contained a long computer desk arranged at a right angle to the green wall (same green as the previous interview site) with two computers, file folders, paper, and a printer. There was a round clock on the wall and two large desk chairs for the researcher and participants to sit in. The chairs were positioned so that the researcher and participants faced each other.

Recruitment

Site permission and IRB approval were obtained from the two hospitals prior to receiving approval for commencement of the study from Capella University's Institutional Review Board (IRB). Once this process was complete, recruitment flyers were posted on the nursing units of the two hospitals asking for interested volunteers to phone the researcher. Eight individuals responded from one hospital and four from the second hospital.

The Informed Consent Process was followed explicitly where the rights to privacy, anonymity, and confidentiality were protected. In order to ensure that participants had adequate information to make informed decisions about the study, meetings were set up with the volunteer participants so that the researcher could provide

clear and accurate information about the study, its purpose, and interviewing procedures. Copies of the informed consent documents were given to each volunteer participant for review. Furthermore, an opportunity was given to each participant to ask questions about the informed consent documents privately with the researcher. All questions were answered and participants were reminded that their participation was of a voluntary nature, they had the right to withdraw from the study at any time without penalty, and they had the right to decline to answer any of the interview questions asked. The participants were given a period of 48 hours to review the informed consent documents. If participants had further questions during this time period they were instructed to phone the researcher. This length of time allowed each participant time to read and understand the Informed Consent Process. After this time period, dates and times were selected for the interviews. At the first interview the informed consent documents were signed by both the researcher and participant and a copy of the signed informed consent documents was given to each participant. All participants met the criteria for inclusion in the study: registered nurses who had completed undergraduate coursework in the United States, had obtained a license to practice nursing, and who were working in a hospital setting for one year or less.

Data Collection

Data collection involved two face to face individual interviews from 30 to 60 minutes in length, one week apart utilizing a semi-structured, interview protocol (Appendix B) for the first interview and an interpretive approach for the second interview to check for meaning and understanding of participants' statements (Bogdan & Biklen, 2007, 2011; Janesick, 2011; Kvale & Brinkmann, 2009; Merriam, 2009; Seidman, 2013).

Throughout the data collection process participants' rights to privacy, anonymity, and confidentiality were protected. Random codes were used as identifiers instead of names and data were stored in a secure filing cabinet to which only the researcher had a key.

Three sources of data were collected including the Introductory Interview, the Interpretive Interview, and researcher field notes. The Introductory Interview utilized a semi-structured approach contained in the interview protocol (Appendix B) and was audio-recorded with the participants' permission and transcribed verbatim.

The second, Interpretive Interview, used the transcribed first interview to check for meaning and understanding of participants' statements, which served as a member check (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Merriam, 2009). This procedure ensured the accuracy of the data collected and allowed for clarification of additional questions that the researcher had during the transcription process. The third data source consisted of field notes that recorded the researcher's reflections, insights, hunches, and any non-verbal cues that the participants displayed during the interviews (Bogdan & Biklen, 2007, 2011; Merriam, 2009).

Field Testing

Prior to commencement of the interviews a field test was conducted by sending the interview protocol (Appendix B) to a panel of three individuals with expertise in both qualitative research and nursing to ensure the appropriateness of the interview questions (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Merriam, 2009). Each field tester reviewed the protocol and offered feedback, which was reflected in the final interview protocol (Appendix B). No interview protocol was needed for the second, Interpretive Interview, as this interview was based on the transcribed first interview to check for

participant meaning and researcher understanding, and acted as a member check to ensure the accuracy of data.

Interviews

Interview data for this study were derived from two sets of interviews. The first were individual, face to face interviews which were conducted using a semi-structured interview method to address the primary and secondary research questions. The second interviews used an interpretive approach to check for meaning and understanding of participants' statements and served as a member check (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Merriam, 2009). The rationale for utilizing the technique of interviewing was to gather descriptive data in the subjects' own words in order to develop insights on how subjects interpret their experiences (Bogdan & Biklen, 2007, Creswell, 2009, 2014; Kvale & Brinkman, 2009; Merriam, 2009; Seidman, 2013). A semi-structured approach allowed the researcher to change the order of questions or reword them to obtain the richest data based on participant responses (Bogdan & Biklen, 2007, 2011; Janesick, 2011; Kvale & Brinkman, 2009). The interview protocol (Appendix B) was structured around three types of questions: main questions that began a discussion, follow-up questions that sought detailed information on themes and experiences, and probes that asked for examples or clarification (Rubin & Rubin, 2012).

In-depth, open-ended, questions in this interview protocol (Appendix B) were used to uncover thick, rich descriptions that illuminated the experiences of new graduate nurses during their first year of practice about what accounts for their lack of professional confidence in the hospital setting. Open-ended questions established the area to be explored while allowing the participants to take any direction with it (Kvale & Brinkman,

2009; Seidman, 2013). Best interviewing practices were employed to obtain the richest data possible including the use of probing questions that allowed participants to explain their thoughts in more detail or to elaborate on statements made, asking for clarification, and requesting concrete details and stories to facilitate reconstruction of an experience (Bogdan & Biklen, 2007, Creswell, 2009, 2014; Kvale & Brinkman, 2009; Merriam, 2009; Seidman, 2013). The goal of these interviews was to obtain answers to the research questions as thoroughly and in as much depth as possible through the use of direct quotations (Rubin & Rubin, 2012).

Data Analysis Procedures

Data analysis was conducted simultaneously with data collection, at the end of data collection, and during transcription of all interviews often referred to as constant comparative analysis (Glaser & Strauss, 1967). This best practice prompted the researcher to consider existing data while devising strategies to improve upcoming data collection techniques that may elicit further descriptive data (Glaser & Strauss, 1967; Merriam, 2009; Miles et al., 2014). Figure 2 depicts the data analysis procedures performed in this study. Merriam (2009) purported that, "All qualitative data analysis is primarily inductive and comparative" (p. 175). In other words, the meanings, understandings, and insights derived from data analysis signify the findings of the study.

Manual content analysis of all data followed the nine steps recommended by Miles et al., 2014 (Figure 2). The first step involved assigning codes or themes to data sources. "In qualitative data analysis, a code is a researcher-generated construct that symbolizes and thus attributes interpreted meaning to each individual datum for later purposes of

pattern detection, categorization, theory building, and other analytic processes" (Miles et al., 2014, p. 72).

In this study, data analysis continued by identifying significant words or phrases in the transcribed data that related to the research questions and subsequently comparing them to other significant words or phrases in the same data source and with the next data source (Merriam, 2009). Data sources included (a) the Introductory Interview, (b) the Interpretive Interview, and (c) researcher field notes. Miles et al. (2014) differentiated first and second cycle coding of data as, "First cycle coding is a way to initially summarize segments of data. Pattern coding, as a second cycle method, is a way of grouping those summarizes into a smaller number of categories, themes, or constructs" (p. 86). This first phase of coding produced verbatim words or phrases that captured the experiences of new graduate nurses related to lack of professional confidence and answered the research questions. Patterns and connections within and between categories were examined along with field notes and analytic memos. From here similar data were grouped together to form categories and examples of participant comments were assigned to each category. Second cycle coding grouped many categories into smaller categories called patterns or themes. Consistencies in data were noted and generalizations were made about new graduates nurses' experiences about what accounts for their lack of professional confidence during their first year of practice in the hospital setting. Finally, a comparison of findings was made to the scientific body of knowledge in nursing education.

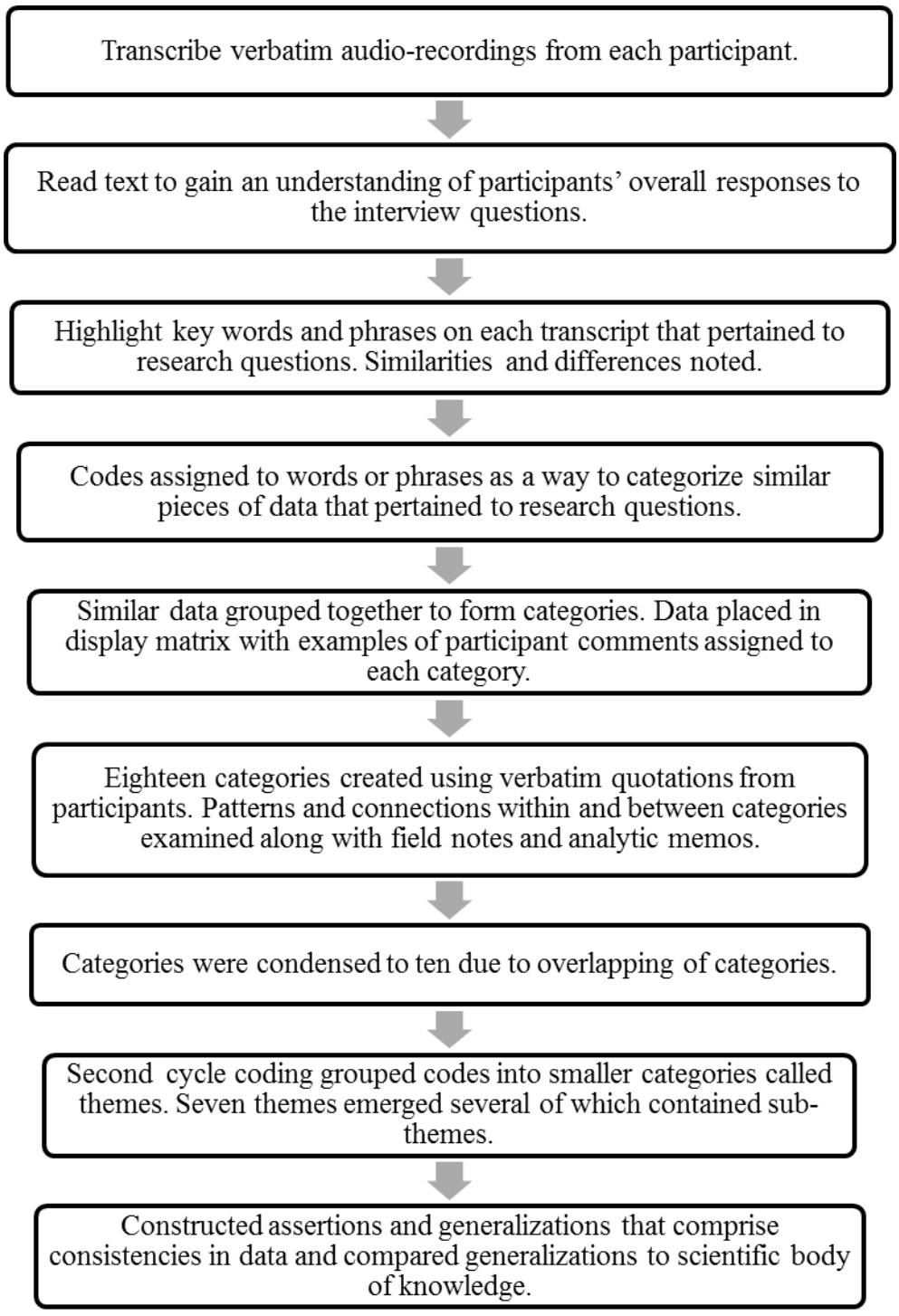

Figure 2-*Qualitative Data Analysis Procedures*

Note. Adapted from "Qualitative data analysis: A methods sourcebook," by M.B.Miles, A. M. Huberman, & J. Saldana, 2014. Copyright 2014 by Sage publications, Inc.

Limitations of the Research Design

In qualitative research, the researcher acts as the primary data collection instrument (Creswell, 2009, 2014; Merriam, 2009). Consequently, care was taken to remain open minded throughout the study when collecting the experiences of the participants by ignoring personal pre-conceptions, opinions, and biases, and by concentrating on obtaining participants' views about lack of professional confidence. Additionally, data were collected from a small participant pool from two hospitals in New York and the findings may not reflect new graduate nurses' experiences in other hospitals. This study focused on new graduate nurses in the hospital setting and did not account for new graduate nurses who begin their career in other healthcare settings such as nursing homes or physician offices.

Credibility

Qualitative rigor is essential to establish trust and confidence in the findings of a research study. Lincoln and Guba (1985) were pioneers in defining rigor or trustworthiness in qualitative methodology, which consists of credibility, transferability, and dependability (Houghton et al., 2013; Merriam, 2009; Thomas & Magilvy, 2011). The researcher followed best practices to augment each measure of qualitative rigor.

In this study, best practices to enhance credibility included triangulation of data, member checks, sufficient time given to data collection, critical self-reflection, peer review, and an audit trail (Creswell, 2009, 2014; Houghton et al., 2013; Merriam, 2009; Thomas & Magilvy, 2011). The study employed triangulation by using three sources of data: the Introductory Interview, the Interpretive Interview, and written field notes that consisted of noteworthy events in the field, the researcher's thoughts, insights, and any

non-verbal cues that the participants displayed during the interviews (Bogdan & Biklen, 2007, 2011; Cox & Hassard, 2005, Lincoln & Guba, 1985; Merriam, 2009; Tessier, 2012). The second interview was conducted after a time period of one week, which allowed participants to further reflect on their experiences during the first year of practice adding to the richness of data. Deep understanding of what was said was achieved through a member check at the second interview to ensure the accuracy of data collected (Carlson, 2010; Creswell, 2009, 2014; Houghton et al., 2013; Koelsch, 2013; Merriam, 2009; Thomas & Magilvy, 2011). During the second interview the researcher had an opportunity to determine if the participants' statements were accurately reported and allowed for clarification of additional questions that the researcher had during the transcription process.

Data collection elicited descriptive data in order to develop insights on how new graduate nurses describe their experiences regarding their lack of professional confidence during their first year of practice in the hospital setting. Prior to commencement of the interviews a field test was conducted by sending the interview protocol (Appendix B) to a panel of three individuals with expertise in both research and nursing to ensure the appropriateness of the interview questions to answer the research questions (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Merriam, 2009). Other practices that enhanced the credibility of the study included the utilization of a peer reviewer to comment on the plausibility of the findings and the use of an audit trail which provided a detailed account of the methods, procedures, and decisions made throughout the study (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Merriam, 2009).

Best practices for data analysis included concurrent analysis with data collection through a constant comparative analysis technique (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Glasser & Strauss, 1967, 1999; Hewitt-Taylor, 2001; Merriam, 2009, Miles et al., 2014). The audio-recordings were transcribed verbatim immediately after each interview. The text was reviewed for specific words or phrases that represented new graduate nurses' experiences and segments of data were coded to identify these experiences as they related to lack of professional confidence.

Transferability

Transferability suggests that the research findings could be obtained with another group or in a similar context (Houghton et al., 2013; Thomas & Magilvy, 2011). To achieve transferability the researcher reported detailed information about the participants, research site, comments made by participants, and observations made during the course of the study (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Merriam, 2009). Two methods to augment the transferability of a study are deliberate selection of participants that will provide answers to the research question and the use of thick, rich descriptions to express the findings of the study (Creswell, 2009, 2014; Merriam, 2009).

This qualitative research study used a small, non-random, purposive sample to understand and give meaning to how new graduate nurses accounted for their lack of professional confidence during their first year of practice in the hospital setting. This purposive sample of new graduate nurses included both genders of various ages as participants who were working in the hospital setting for one year or less. The make-up of this sample provided meaningful data about how new graduate nurses accounted for a

lack of professional confidence during their first year of practice in the hospital setting which can ultimately be applied to the field of nursing education.

The report of the findings included thick, rich descriptions by using direct quotations from participants' as they described their experiences during their first year of practice. In this way, the evidence of the findings was presented so that only the reader can determine the extent to which his or her situation fits within the context of the study (Houghton et al., 2013; Merriam, 2009; Thomas & Magilvy, 2011).

Dependability

Dependability, often compared to reliability in quantitative research, signifies the consistency of the information being obtained (Creswell, 2009, 2014; Houghton et al., 2013; Lodico, et al., 2010; Thomas & Magilvy, 2011). Dependability was demonstrated by an audit trail that consisted of the purpose of the study, the rationale for selection of participants, a step by step description with clear, detailed explanations of how data were collected and analyzed, and a discussion of the interpretation and presentation of the research findings (Creswell, 2009, 2014; Houghton et al., 2013; Lodico, et al., 2010; Thomas & Magilvy, 2011). Dependability was also shown through the use of audio-recordings, verbatim transcription, a discussion of how the interviews were structured, and how the relationships between the researcher and participants were cultivated (Kvale & Brinkman, 2009; Lodico et al., 2010; Seidman, 2013).

Expected Findings

The researcher anticipated that the findings of this study would provide a deep understanding about what accounts for new graduate nurses' lack of professional confidence in the hospital setting based on their experiences during their first year of

practice. By exploring both positive and negative experiences with professional confidence development it was anticipated that a lack of professional confidence could be accounted for in a trustworthy manner. Previous nursing theories that describe the transition into practice for new graduate nurses supported this study, namely, Reality Shock (Kramer, 1974) and Transition Theory (Duchscher, 2001, 2008). This study sought to contribute knowledge about what accounts for the lack of professional confidence that is absent in these theories.

Nurse educators in the hospital setting will be able to use the findings to enhance transition into practice for new graduate nurses in the form of: orientation programs, residencies, and mentoring relationships. On the academic side, the findings will ignite a spirited discourse among nurse educators about how to better prepare nursing students for entry into practice.

Ethical Issues

Ethical issues may arise in any research study. Thus, it is essential for the researcher to define the ethical attributes of the study. The following sections identify any conflicts of interest, biases, and the researcher's position on the topic of lack of professional confidence, as well as any ethical issues in this study.

Researcher's Position Statement

The qualitative researcher becomes part of the research, specifically, as the primary data collection instrument (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Merriam, 2009). As a result, it was essential for the thoughts and feelings of the researcher to be discussed. Furthermore, the researcher has the obligation to protect the

participants where the rights to privacy, anonymity, and confidentiality are protected (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Merriam, 2009).

Conflict of interest assessment. There was no conflict of interest in this study. The researcher had no previous personal relationship with any of the participants and no financial reward was offered for participation. A twenty dollar give card to Barnes and Noble Bookstore was presented as a token of appreciation for the participants' time and since it is a nominal amount of money it was not considered coercive.

Researcher's position. This section identifies the researcher's position on the topic of lack of professional confidence. Since the researcher is the primary instrument in qualitative methodology for data collection and analysis, self-reflection was undertaken regarding assumptions, biases, values, and personal background that may have affected the research study (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Merriam, 2009). The researcher remained open minded throughout the study when collecting the experiences of the participants by ignoring personal pre-conceptions, opinions, and biases, and concentrating on obtaining participants' views (Creswell, 2009, 2014; Merriam, 2009). This allowed the researcher to put aside personal biases and be able to actively listen to what the participants shared during the interview process. A trusting relationship was developed over the course of the two interview sessions, thereby promoting a free flow of dialogue between the researcher and participants.

A researcher's integrity is essential to the success of any study since he or she is the primary data collection instrument. Integrity was maintained by following the legal and ethical principles of research design found in the Capella University IRB Handbook as well as maintaining transparency of all methods and procedures throughout the study

(Kvale & Brinkmann, 2009; Rubin & Rubin, 2012; Seidman, 2013). The Informed Consent Process was followed explicitly where the rights to privacy, anonymity, and confidentiality were protected. The consent form addressed the role and responsibilities of the participants as well as the researcher and included the researcher's phone contact for any questions that arose during the course of the study. Additionally, participants knew that their participation was voluntary and that they had the right to withdraw from the study at any time without penalty.

Furthermore, only the minimum identifiable information was collected from participants. Random coding was used instead of names and removal of identifiers was done as soon as possible. Identifiers were stored in a physically separate and secure location from the data files and the key to the code. Physical and electronic access to identifiers was limited to the researcher. Audio-recordings were erased immediately after transcription and the transcription of interviews and researcher field notes were stored on a password protected personal computer. This data were housed on a server that is managed by experienced system administrators. The data were kept in a private locked office in a secure filing cabinet to which only the researcher had a key. Pseudonyms were randomly chosen by the researcher in the presentation of findings in the case of direct quotations from the participants. No actual names of the participants were used. Further, no identifying information of the participants or places of employment were utilized in the write-up of the dissertation.

Chapter 3 Summary

Chapter 3 presented the methodology behind this basic qualitative study that explored what are new graduate nurses' experiences about what accounted for their lack

of professional confidence during their first year of practice in the hospital setting. A basic qualitative research design was deemed the most appropriate method to conduct the study since its primary goal is to uncover and interpret how participants make meaning of their experiences and their world (Creswell, 2009, 2014; Merriam, 2009).

Previous research studies have been conducted to gain an overall understanding of how confidence develops during undergraduate education and the process of transition into practice for new graduate nurses (Brown et al., 2003; Crooks et al., 2005; Dowson et al., 2013; Duchscher, 2008; Dyess & Parker, 2012; Martin & Wilson, 2011; Spiva et al., 2013; Thrysoe et al., 2011; Wolff et al., 2010). Furthermore, nursing theories have described the transition into practice for new graduate nurses which provided support for this study, namely, Reality Shock (Kramer, 1974) and Transition Theory (Duchscher, 2001, 2008). However, there remained a gap in the literature related to what accounts for the lack of professional confidence during the first year of practice in the hospital setting for new graduate nurses. In light of this, the study sought to contribute knowledge about what accounts for the lack of professional confidence that is absent in prior studies and theories. To close this gap, a purposive sample of 12 new graduate nurses was utilized to capture the voices about what accounts for their lack of professional confidence.

Data collection was achieved through two individual, face to face interviews utilizing a semi-structured interview method to address the primary and secondary research questions. Data analysis was conducted simultaneously with data collection, often referred to as constant comparative analysis (Glaser & Strauss, 1967; Merriam, 2009; Miles et al., 2014). In this chapter, methods of collecting and analyzing data were presented and the chapter concluded with a discussion of the qualitative rigor of the study

and a description of best practices that were used to enhance credibility, transferability, and dependability. Finally, ethical implications were addressed.

CHAPTER 4. DATA ANALYSIS AND FINDINGS

Introduction to Chapter 4

The purpose of this chapter is to provide a non-evaluative reporting of the data from this study. Therefore, the chapter begins with a description of the sample, an overview of the research design, and the data analysis techniques employed in the study. Subsequent sections in Chapter 4 provide an account of the research findings based on emerging themes and sub-themes that answered each research question. Sufficient quotations from a variety of participants were included to enable the reader to understand the basis for interpretation, which can be found in Chapter 5 of the report (Merriam, 2009, Miles et al., 2014). For this qualitative study, the best method to present the analysis of data was a narrative format, which included verbatim passages and direct quotations from participants to elucidate each theme (Creswell, 2009, 2014; Merriam, 2009; Miles et al., 2014).

The purpose of this basic qualitative study was to find out and understand how new graduate nurses accounted for their lack of professional confidence during their first year of practice in the hospital setting. From this purpose one primary research question and two sub-questions were identified. The primary question asked about new graduate nurses' experiences during their first year of practice related to the development of professional confidence in the hospital setting. The first sub-question addressed whether there were certain instances or circumstances that challenged the development of new graduate nurses' professional confidence. The second sub-question addressed whether

there were particular instances or circumstances that promoted the development of new graduate nurses' professional confidence.

To obtain answers to the study research questions, data were collected through individual face to face interviews with a semi-structured interview protocol during the Introductory Interview. A follow-up, Interpretive Interview, was utilized to ensure the accuracy of the participants' statements. Subsequently, data analysis was conducted using manual content analysis where multiple data sources were reviewed, consolidated, and reduced to answer the research questions (Merriam, 2009, Miles et al., 2014). Inductive and deductive reasoning were utilized to make sense and gain an understanding of the data (Merriam, 2009).

Description of the Study Participants

The study sample consisted of 12 participants. After obtaining site permissions and IRB approval for conduct of this study a purposive, convenience sample of 12 new graduate nurses working in the hospital setting for one year or less was collected from two hospital sites in the larger population of New York hospitals. Purposive sampling was chosen since the selection of individuals as study participants is based upon their knowledge of a particular phenomenon for the purpose of sharing their knowledge (Creswell, 2009, 2014; Merriam, 2009). In order to ensure that participants had adequate information to make informed decisions about the study, meetings were set up with the volunteer participants so that the researcher could provide clear and accurate information about the study, its purpose, and interviewing procedures. All questions were answered and participants were aware that their participation was voluntary in nature, they had the right to withdraw from the study at any time without penalty, and they had the right to

decline to answer any of the interview questions asked. As a result of the recruitment process, the sample included eight individuals from one hospital and four from a second hospital. All participants met the following criteria for inclusion in the study: (a) registered nurses who had completed undergraduate coursework in the United States, (b) had obtained a license to practice nursing, and (c) were working in a hospital setting for one year or less. Table 1 depicts the demographic profile of study participants.

Table 1
Demographic Profile of Study Participants (N = 12)

Characteristic	Dimension	Frequency
Gender	Male	5
	Female	7
Ethnicity	White	11
	Latina	1
Age Group	20-30 years	5
	30-40 years	2
	40-50 years	4
	50-60 years	1
Undergraduate Degree	ADN	7
	BSN	5
New Graduate Nurse Employment	1-3 months	1
	4-6 months	6
	7-9 months	2
	10-12 months	3
TOTAL		12

In order to protect the rights of study participants, identifiers were removed from study materials immediately after interviews were completed, and pseudonyms have been used

in this report, particularly in the presentation of the study findings. No actual names were used.

Research Design and Introduction to the Analysis

A basic qualitative design was used in this study to develop a deep understanding of what were new graduate nurses' experiences about what accounted for their lack of professional confidence during their first year of practice in the hospital setting. This type of research design is utilized to develop an understanding of a phenomenon or to explore how individuals feel about certain experiences or events (Creswell, 2009, 2014; Merriam, 2009). Key attributes of this methodology include a naturalistic setting, a flexible research plan that evolves over the course of the study, and interpretive inquiry through open ended questions and observation where the researcher is the primary measurement tool (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Merriam, 2009).

Data collection involved two interviews that were audio-recorded: the Introductory Interview which utilized a semi-structured approach to pose to participants the questions contained in the interview protocol (Appendix B) and a second, Interpretive Interview, which used the transcribed first interview as a member check to verify the interviewer's meaning and understanding of the participants' responses to the interview questions posed (Creswell, 2009, 2014; Merriam, 2009). Table 2 provides examples of the interview questions and participant responses that addressed research sub-question one: what types of instances or circumstances challenged the development of new graduate nurses' professional confidence.

Table 2
Excerpts of Participant Responses to sub-RQ1

Interview Questions	Participant Response
So, looking back at your first year of practice; can you describe in as much detail as possible a situation in which you felt a lack of professional confidence?	"Oh, I have a big one! I was on orientation and when I came into work I was very overwhelmed. I made a med error that night." ("Julie")
Probe: So, how did that affect your confidence?	"It negatively affected my confidence. I came back to work and I was really nervous and afraid that I was going to make another med error and lose my position." (Julie)
Interpretive Interview: Aside from the a medication error is there anything else that has challenged your professional confidence?	"Yes, I have another situation. I had patient whose leg was kind of off color and I was on orientation and my preceptor said we have to do something about this. We contacted the PA who was speaking down to me on the phone and I'm still developing my communication with them. He really didn't do anything about it and it developed into a huge problem." (Julie)
Probe: So if you had to handle that today, how would it be different?	"I would go beyond him and call the doctor." (Julie)

Table 2

Excerpts of Participant Responses to sub-RQ1 (continued)

Interview Questions	Participant Response
So, tell me a story about your early experiences in the first couple of months on the job, maybe something challenging.	"I had a patient who fell and we were short that night. I felt like I was the only person drowning that night. She ended up having subdural. I wound up having to be called down to people's offices like all through a span of about a month. And all this stuff was hard because I was like, am I gonna' get sued, am I gonna' lose my license? Did she die?" ("Angela")
Probe: If you had to handle the same situations now, what would you do differently?	"I definitely would have asked for help and instead of going in and trying to take on the whole thing by myself. Not that I feel dumb asking for help, but I feel like if you ask for help people are going to think that you don't know what you're doing." (Angela)
Interpretive Interview: Did you think of any other circumstances or examples of situations that challenged your your professional confidence?	"There was one incident where I had left an IV piggy back clamped. I had gotten written up for it because it was a delay in care. My nurse manager brought me into the office and was kind of yelling at me. It really brought down my confidence." (Angela)

Conversely, Table 3 provides examples of interview questions and participant responses that addressed research sub-question 2: what types of instances or circumstances promoted the development of new graduate nurses' professional confidence.

Table 3
Excerpts of Participant Responses to sub-RQ2

Interview Questions	Participant Response
Can you think of an example of an instance that promoted your growth in professional confidence?	"When I do things without messing up, at all, all day…"("Jessica")
Probe: Can you give me an example of a particular situation?	"When I was with my preceptor she would always try to speed me up, and then I started to get quicker and quicker and then all of a sudden she was just giving me patients, four, five, six, seven. She said 'wow, you don't need me anymore'. And that made me feel confident." (Jessica)
Interpretive Interview follow-up: Did you think of any other circumstances that promoted your professional confidence?	"Yes, I got floated for the first time today and I went over [to the other nursing unit] and I said 'I can do this'. I think with time and the experience and things I've seen and done I felt better [with confidence]." (Jessica)
Looking back at your first year of practice; can you describe in as much detail as possible a situation in which you felt professionally confident?	"It's funny because the more trust a patient places in you, the more confident I feel." ("Luke")
Probe: Can you give me a specific example?	"There was one woman she said 'you can do this' you know, and I remember I had no problem, got the flashback and she said it was the best [IV] she's had since she's been here." (Luke)

Table 3
Excerpts of Participant Responses to sub-RQ2 (continued)

Interview Questions	Participant Response
Interpretive Interview: Are there any other circumstances that stand out where you felt professionally confident?	"I think my preceptor allowed me an opportunity to be very independent and I did gain confidence in getting things done." (Luke)
Probe: It sounds like he had a positive from affect your confidence?	"Yeah. My preceptor knew right the start that I wanted to be as independent as I could and he gave me a long leash or long lead to do that, but he was always responsive to me if I needed help. If I wasn't sure about a medication he would come and help me or talk me through it." (Luke)

After each Introductory Interview, the researcher transcribed the interview audiotapes verbatim, including any field notes on non-verbal cues that the participants displayed during the interviews. These interview transcripts also included bracketed notes on the researcher's reflections and field notes that described the interview setting. During the transcription process, in order to facilitate deeper understanding, the researcher was able to write analytic memos in the margins of each transcript that consisted of follow-up questions for the participants at the Interpretive Interview (Table 2 and Table 3). Miles et al. (2014) supported the use of analytic memos in that, "They don't just support data; they tie together different pieces of data into a recognizable cluster, often to show that those data are circumstances of a general concept" (p. 96). The second, Interpretive Interview, functioned as a member check and allowed for clarification of understandings and particular questions that arose as the researcher transcribed each participant's

Introductory Interview. Using the Introductory Interview transcript, this second Interpretive Interview enabled individual participants to share their deep reflections on their first year of practice and to highlight stories of professional confidence and its development. This Interpretive Interview presented an opportunity for participants to elaborate on experiences previously discussed in the Introductory Interview (Table 1 and Table 2). The second interview was also transcribed on completion.

Manual content analysis with a two-cycle coding process was utilized to analyze the data (Miles et al., 2014). Figure 2 which is located in Chapter 3 of the report illustrates the qualitative data analysis procedures. Following transcription of both interviews, an initial reading of the text was completed to gain an understanding of participants' overall responses to the interview questions. Key words and phrases were highlighted on each transcript that pertained to the research questions and similarities and differences were noted. This constant comparative analysis technique is a best practice in qualitative research (Lincoln & Guba, 1985; Merriam, 2009; Miles et al., 2014). This first phase of coding produced verbatim words or phrases that captured the experiences of new graduate nurses related to lack of professional confidence in response to the research questions. For example, the following excerpt of transcript was italicized to reflect an experience that challenged professional confidence.

Transcript: "Knowing how to perform the job correctly I think would really help with confidence. *Trying to make as little mistakes as possible because the more you make the less your confidence is.* I feel that the more comfortable you are the higher your confidence will be." ("Jeff")

Next, codes were assigned to the words or phrases as a way to categorize similar pieces of data that pertained to the research question (Miles et al., 2014). For example, the code of "making mistakes" was assigned to this highlighted piece of transcript.

From here, similar data were grouped together to form categories and examples of participant comments were assigned to each category. Data were placed in a matrix display as a way to visualize data for further reflection, verification, and decision making (Miles et al., 2014). Table 4 depicts a sample of data that reflects the decision to transform the code of "making mistakes" into a category since more than one respondent shared similar experiences about making mistakes.

Table 4

Sample Matrix Display

Theme	Transcript Excerpts
Making Mistakes	"Trying to make as little mistakes as possible, because the more you make, the less your confidence is." (Jeff) "I made a medication error that night. It felt like my heart was sinking! It negatively affected my confidence." (Julie) "Every day I walk in and say a little prayer before I go in, that…I just hope I do all the right things. It's a lot; you don't want to hurt anybody." ("Vincent")

Initially, 18 categories were created by using verbatim quotations from participants that were further sorted in to "challenges" that affected professional confidence and experiences that "promoted" the development of professional confidence.

Data that did not fit into either area were labeled outliers. Miles et al. (2014) described outliers as exceptions in the data that can "strengthen findings and protect the researcher from self-selecting biases" (p. 303). An example of an outlier in this study was "age definitely plays a factor in confidence" which was verbalized by only one participant. Thus, it was not included as a theme due to a paucity of supporting data.

Examples of categories that challenged the growth of professional confidence encompassed "preceptors were hard on them," stress of something new," and "asking too many questions". Examples of categories that promoted professional confidence included "making decisions is a big part of confidence," "knowing how to perform the job correctly," and "being independent definitely promotes confidence." Patterns and connections within and between categories were examined along with field notes and analytic memos. These 18 categories were then consolidated to 10 due to an overlap of some of the categories. Miles et al. (2014) refer to this process as "data condensation," and is used as means to reduce the bulkiness of data (p. 73). Chunks of data were grouped together that were similar in meaning. For example, the category of "asking so many questions brought my confidence down" was grouped with the category of "stress of something new hurts my confidence," since respondents were essentially talking about how they lacked professional confidence when handling new situations.

In second cycle coding, similar categories were grouped into themes. As noted by Miles et al., 2014, "pattern coding, as a second cycle method, is a way of grouping those summarizes into a smaller number of categories, themes, or constructs" (p. 86). As a result, seven main themes emerged, several of which contained sub-themes. For example, "independence" is one theme that emerged and addressed research sub-question 2.

Within this theme were the following sub-themes "making independent decisions," "knowing how to perform the job correctly," "being able to help someone else," "trying to do things more independently," and "I feel myself growing." On the contrary, the theme of "gaining experience" did not have any sub-themes associated with it. This was a solitary theme since respondents shared a multitude of various situations that contributed to their growth of professional confidence over time. Ultimately, three main themes emerged that answered research sub-question one (Table 6) and four main themes that answered research sub-question two (Table 7). Once this process was completed, a peer reviewer was asked to read the analysis of data to check the plausibility of the findings. The peer reviewer confirmed the credibility of the findings based on the data analysis procedures.

The final step in data analysis was to summarize and display the findings in response to each study research question and sub-question. In this study, consistencies and patterns in the data were noted and summaries were made of new graduates nurses' experiences about what accounted for their lack of professional confidence during their first year of practice in the hospital setting. The use of the constant comparative method of manual content analysis was consistent with a basic qualitative design and proved to be an effective means for capturing and understanding new graduate nurses' experiences about what accounted for their lack of professional confidence during their first year of practice in the hospital setting.

Summary of Findings

The purpose of this qualitative study was to find out and understand how new graduate nurses accounted for their lack of professional confidence during their first year

of practice in the hospital setting. From this purpose one primary research question and two sub-questions were identified. The primary question asked about new graduate nurses' experiences during their first year of practice related to the lack of professional confidence in the hospital setting. The first sub-question addressed whether there were certain instances or circumstances that challenged the development of new graduate nurses' professional confidence. The second sub-question addressed whether there were particular instances or circumstances that promoted the development of new graduate nurses' professional confidence. The findings are summarized below and in response to each sub-question.

New graduate nurses were asked to describe in rich detail their everyday experiences working in a hospital setting during their first year of practice related to the development of professional confidence. Seven main themes emerged from the data analysis process and most contained sub-themes as depicted in Table 6 and Table 7. These themes encompassed: (a) "communication is huge," (b) "making mistakes," (c) "disconnect between school and practice," (d) "independence," (e) "relationship building," (f) "positive feedback is important," and (g) "gaining experience."

Research Sub-question 1

What types of instances or circumstances challenged the development of new graduate nurses' professional confidence? Three major themes emerged that answered this research question and included: (a) communication is huge, (b) making mistakes, and (c) disconnect between school and practice. Table 5 illustrates the themes with examples of how sub-themes were formulated to answer the research question based on verbatim quotations from participants.

Table 5

Circumstances That Challenged the Development of Professional Confidence

Theme	Sub-theme	Transcript Excerpts
Communication is Huge	Communicating with physicians	"You feel less confident when you can't communicate with physicians."
	Communicating with patients	"If a patient starts questioning me then I get a little nervous."
	Preceptors Were Hard on Them	"Bad preceptor, bad time."
Making Mistakes	I messed up on something	"It's a lot; you don't want to hurt anybody."
	First time stressful situations	"Being thrown into a situation that's difficult to manage hurts confidence."
Disconnect Between School and Practice		"Classroom work prepares you to an extent, but I still don't think it prepares you well at all."

Communication is huge. All participants agreed that they lacked professional confidence during their first year of practice in the hospital setting. Furthermore, they shared similar experiences related to circumstances that challenged the development of new graduate nurses' professional confidence. New graduates nurses recounted many difficult experiences which involved communicating with other members of the healthcare team, particularly, physicians, patients, and preceptors.

Communicating with physicians. Communication with physicians seemed to be particularly challenging for many of them. "Cathy", 10 months on the job, shared this story:

> It makes you feel less confident when you can't communicate with the physicians. There are certain doctors that you're really afraid to call and you have to know what you're talking about before you call them. I remember recently, I called the doctor and the patient's heart rate was good, but the patient's blood pressure was down and I felt uncomfortable. So, I called the doctor. He got *mad* [emphasis added] at me! This is the kind of person he is.

Vincent, a new graduate with six months experience on a medical/surgical floor shared an instance where he advocated for his patient, even though the physician was not receptive to his call.

> Doctors are tough! I had a dialysis patient with a critical value. It was an expected critical value, but the protocol is to call the doctor and take the time down to make sure it's addressed. And this doctor flipped out on me! This was one time where I felt I was right so I defended myself. But I don't think I could have done that a couple of months ago.

This comment was followed up on the Interpretive Interview by asking what changed over the few months and he replied,

> [that] confrontation with physicians when you know you're right and standing your ground is a clinical judgment call. I think through time the process of knowing what needs to be communicated… whether he wants to hear it or not, it needs to be communicated.

Luke, three months on the job, agreed that part of professional confidence is being sure of yourself. He said, "having the ability to go up against what other people are saying, if the doctor says one thing you have to be able to stand on your own two feet and say, 'I think that's wrong." Julie, a nine month new hire, was asked how confident she is in communicating with physicians. She replied, "A lot of nurses can anticipate what the doctors will be asking in certain situations, but for me it's kind of like I'm calling blindly.

So, that's a negative impact on my confidence." In the follow-up interview Julie was asked how she planned to increase her confidence in this area and she said, "With experience I'll be able to anticipate like the other nurse do. I think it all comes down to experience, really."

Other new graduates who were working in the operating room discussed their comparable experiences communicating with physicians. "Joe", with six months experience, shared his reticence with speaking to a physician during surgery. "When you're in surgery and your trying to talk to a big doctor who's important or something you're not confident at all because you know that this person's been doing it for so long."

Communicating with patients. Respondents indicated that communicating with patients proved equally challenging. Vincent was very animated when he spoke about communication and its significance to professional confidence. "Communication is *huge* [emphasis added] whether you're talking to a patient or a doctor." Similarly, "Brandon", a six month new hire, recalled his struggles in nursing school when communicating with patients and the measures he took to deal with these struggles.

> That's why I took the job as a nurse's aide...to learn how to talk to them. I remember in nursing school being petrified walking into a patient's room just to ask them to do their vitals. Now, I can meet a patient for the first time and in five minutes I can feel them out. Confidence is a big part of being a nurse. If you're not confident they [patients] can smell you're weakness and they will take advantage of it if they can.

When asked to explain this more fully, Brandon went on to state that the constant exposure to all types of patients with various personalities helped his communication skills and made him feel more confident when speaking to patients. Respondents indicated that the inability to communicate with patients can lead to a lack of professional

confidence. Brandon was successful in this area, but some new graduates were not as capable. On the contrary, "Michelle" stated,

> The first six months was more negative [talking to patients] because I was on the night shift and people [patients] get a little more grouchy, yelling at you, spitting at you, but on the day shift people are completely different, a little bit happier. Now on the day shift I have a little more confidence because now I'm able to actually talk to them and not be scared that I would say the wrong thing or not know the answer.

Similarly, communicating with patients was a challenge to Jessica's professional confidence. She recalled, "You have to know how to talk to them [patients]. Rude patients are challenging. It makes me feel like I'm not doing my job right." Luke shared his thoughts on the issue, "The more trust a patient places in you the more confident I feel. If a patient starts questioning me then I get a little nervous." When asked to explain further, he replied:

> A lot of it [confidence] has to do with them [patients]. I remember there was one woman and she said 'you can do this' [starting an IV]. I had no problem. I got the flashback and she said it was the best she's had since she's been here (smiles).

"Laura" recalled a parallel experience when her patient needed to be transferred to the Intensive Care Unit and she had to speak to the family. "The family came to the patient's bedside just before we were transferring and my ability to communicate with them about what was going on and what was to come. I was happy about that part." (smiles) During the Interpretive Interview Laura recommended that being able to communicate with the patient and family be included in the definition of professional confidence.

Preceptors were hard on them. The final challenge that new graduates universally shared was communication with preceptors. Preceptors act as a mentor and guide for new graduate nurses and play a significant role during the orientation process

for new hires (Henderson et al., 2012; Romyn et al., 2009; Rush et al., 2013; Salt et al., 2009). Accordingly, the preceptor's role in the development of professional confidence was the third sub-theme that emerged from the theme dealing with communication. When asked how important preceptors are to gaining professional confidence "Lisa" simply replied, "bad preceptor, bad time!" During the follow-up interview Lisa was asked to elaborate on what this phrase meant. She shared that [her preceptor was], "not helpful in professional confidence, that's for sure (laughs). I wouldn't feel that I had the ability to do anything." Jeff shared his ideas about preceptors:

> If they're not such a good preceptor or if they're not warming up to you and they don't teach you in the best way they could, that can affect your confidence in a negative way. They can make or break your confidence.

A few new graduates had comparable stories about how their preceptor negatively affected their professional confidence. This is Angela's story:

> I did not have a good experience with preceptors at all! Just the fact of being yelled at instead of, 'no, this is the right way'. I didn't have that experience of being taught how to do a lot of stuff. It was more of just being thrown in it and if something difficult came up they took over and did it.

Many new graduates agreed that positive comments from their preceptor were beneficial while they were on orientation, but negative comments also had an effect on their professional confidence. For instance, Julie said, "I had a comment once from the day preceptor that I wasn't as spry as usual and that bothered me and affected my confidence." Vincent, recently off orientation, had an easier time, but shared that some of his colleagues had experiences similar to Angela. "I was lucky, but I heard from other new grads that preceptors were hard on them. If that happened to me it would have *crushed* [emphasis added] my confidence."

Making mistakes. Other challenges that had a negative effect on professional confidence for most participants were making mistakes and encountering a stressful situation for the first time. These experiences ranged from patients falling down, making medication errors, and the stress of floating to an unfamiliar unit.

I messed up on something. Michelle recalled a traumatic experience from her first two months on the job that challenged her confidence.

> I had a patient with cellulitis, he had some wounds on his legs, and he was homeless and looking for a reason to stay longer. He asked me for a razor so he could clean up and shave; so I gave it to him. He decided to use the razor to scrape his feet open. He started bleeding all over the place and my first instinct was to clean up the blood. My preceptor got a little annoyed and said 'no, no, you can't do this, go call the doctor'! I felt really stupid because it was something that should have been a simple judgment call.

On the Interpretive Interview this comment was followed up by asking, what changed over the few months? Michelle replied, "I think there was a lot of innocence and naïve thinking in that situation. I'll never do that again and gaining experience has helped me with this." Vincent recalled his first six months of practice and described situations where certain patients under his care fell down during his shift. He continues to be worried about making a mistake.

> Every day I walk in and say a little prayer before I go in, that…I just hope I do all the right things. It's a lot; you don't want to hurt anybody. If I messed up on something like those patients that fell it affects my confidence. I kept thinking could I have done something more?

Angela recalled a similar experience with a patient who fell and ended up in the intensive care unit. She shared the consequences of this tragic experience:

> I had a patient that fell. She ended up having a subdural. She ended up being rapided [calling for the rapid response team] and going to ICU. Because she was my patient and she fell on my shift I had to go through a long process of being

> called down to people's offices. That really brought my confidence down and then after that I decided I didn't like the night shift. I lost like 20 pounds.

Julie, on the job for nine months, described a feeling of being overwhelmed during her orientation experience and ultimately, making a medication error.

> I was on orientation and when I came to work I was very overwhelmed. There were some things that the day shift nurse had passed onto me that I had to resolve and that made it even worse. My preceptor had to go off the unit with one of my patients because they had a monitor on. She had me stay on the unit and finish my medications and I made a medication error that night. It felt like my heart was sinking! It negatively affected my confidence. I was not confident at all. I was double checking everything.

Angela shared a related experience with making a medication error and how it affected her level of confidence.

> I got written up for a delay in care because the antibiotic that I hung never went in. My nurse manager really brought down my confidence. She brought me into the office and was kind of yelling at me. I have to take more time with my meds, but get them out quicker. She basically told me that I don't know what I'm doing.

Jeff, a six month new graduate, stated that his confidence fluctuates depending on how the day unfolds.

> Trying to make as little mistakes as possible, because the more you make, the less your confidence is. In the beginning you'd have some days where everything goes okay and some days where you're making mistakes ‘cause you're so new to the job and that definitely hurts confidence. If I make a mistake here and there it hurts the confidence and vice versa if I do something well that helps the confidence. So, my confidence has been going up and down lately. It depends on the day.

All new graduates concurred that making any type of mistake was a “blow to their professional confidence” and learning how to get past this experience took time and encouragement from colleagues.

First time stressful situations. Another challenge to the growth of professional confidence was encountering a stressful situation for the first time. Jessica, six months on

the job, described being stressed to the point of chest pain and questioning her choice of career.

> A month ago we had really critical patients, patients that we don't usually get on the unit and a lot of patients, up to 10 some days. I was so stressed I had chest pain! I don't know if I can handle this? I don't know if I can do this? Unless I get more critical patients I'm not going to be confident.

When asked to explain further Jessica replied, “Only experience will make you better. Help others, be a team worker, that’s going to help.” Another stressful situation for Jessica was being temporarily assigned to work on another nursing unit. “I may have to float to 3 east, the med/surg floor and I’m *really* [emphasis added] stressed about that. They’re kind of mean there, I heard. Some are nice and some are nasty so I hope I’m not going to leave there crying.” Similarly, Brandon with six months on the job recalled the first time he had to suction a patient.

> She was one of the physician’s mother and I knew the family member that sat in with her was reporting back. And everyone in the family, all the children are doctors. So, I was very, very nervous. I didn’t feel confident going in there.

When asked to explain further Brandon replied, “when you have that family member there it can kind of test your confidence.” Joe, working in the operating room for six months as a new graduate shared his experiences and lack of confidence due to such a wide variety of surgical cases. “There is so much equipment that you kind of get overwhelmed and that really hurts the confidence. So, I feel like being thrown into a situation that's difficult to manage hurts confidence.” Respondents indicated that one method to overcome being placed in new situations is to ask questions, but Angela experienced a drop in confidence by doing so.

> People thinking that you don't know what you're talking about ‘cause you're asking so many questions brought my confidence down. I feel like if you ask for

> help people are going to think that you don't know what you're doing and you get that 'eyebrow up look'.

She goes on to share a particularly difficult night shift where all that could go wrong did, and this stressful experience severely decreased her confidence.

> The stress of something new causes you not to have confidence, because I was already so stressed. So, I was doing an admission and my patient had just pulled out his IV. I had a patient who was actively dying in the other room, and then I had two other complete patients in the other hallway, so I was *completely* [emphasis added] stressed. And then I hear someone say, 'your patient fell'. I felt like I was the only person drowning that night and I was already past the point of anybody helping me with my confidence because I was already so stressed.

Another new graduate nurse, Michelle, recalled the first time she had to administer a blood transfusion. "I was really scared because it's such a critical type of thing and the fear that the person may be having a reaction." Cathy, on the job for eight months, recalled a time when she had to call on the help of her preceptor with a new situation.

> I was on orientation and she [preceptor] said 'okay you can have one patient today'. And this patient had a wound vac [vacuum] and I had never really had one and I didn't know quite what to do. And she was a little stressed, but she came and did it. I just felt *bad* [emphasis added] that I couldn't figure it out and do it. I felt a little low in my confidence.

Clearly, experiencing situations for the first time was quite stressful for many participants. These new graduate nurses indicated that time and repetition would augment their professional confidence. Laura suggested, "It's cumulative. Just the experience… each time you come onto shift it's a new adventure."

Disconnect between school and practice. The final theme that emerged from research sub-question one was that there was a disconnect between what is taught in nursing school and what new graduate nurses have experienced in the hospital setting. Twenty-five percent of participants discussed how vastly different the real world is

compared to the shelter of nursing school. For example, Vincent talked quite animatedly about documentation:

> Documenting, ugh, that is just an overwhelming thing! In nursing school you go over documentation, but it's not the real thing. The finality and legality is scary! Documentation is where I need to build confidence. It's the legality of it, the final piece. It's the only thing from my day working with a patient that the next person can be able to determine how my day was with the patient.

Jeff, working in the operating room, shared his lack of professional confidence:

> As far as the OR is concerned I still don't feel very confident. In school they don't prepare you for the operating room. When you go into the OR you're really starting from ground zero so you have to learn a lot of things.

When asked to elaborate on his comment he added, "Classroom work prepares you to an extent, but I still don't think it prepares you well *at all* [emphasis added]. Hands on activities really build confidence because you see it and you do it and it's better than just reading about it." Similarly, Angela talked about confidence in general. "They really don't prepare you enough in school, they talk about how you need to have confidence, but it's not realistic until you experience that feeling of not having any."

These examples validate that lack of professional confidence is a common occurrence for new graduate nurses during their first year of practice in the hospital setting whether they work on a general medical/surgical floor or on a specialty unit such as in the operating room. All participants shared analogous experiences related to circumstances that challenged the development of new graduate nurses' professional confidence, thereby answering research sub-question one.

Research Sub-question 2

Although new graduate nurses described circumstances that challenged the development of their professional confidence it was equally important to find out and

understand what experiences promoted the growth of their professional confidence. Lack of professional confidence was a common trait for new graduate nurses and all had similar experiences about what challenged its growth. In the same manner, all had circumstances that promoted professional confidence. Four major themes emerged that answered this research question and included (a) "independence," (b) "relationship building," (c) "positive feedback is important," and (d) "gaining experience." Table 6 illustrates the themes and sub-themes that emerged from data analysis in response to the second research question.

Table 6
Circumstances that Promoted the Development of Professional Confidence

Theme	Sub-theme	Transcript Excerpts
Independence	Making Independent Decisions	"You have to have the confidence that you're going to make the right decisions."
	Knowing How to Perform the Job Correctly	"I knew the answer and I could give it to them."
	Being Able to Help a Colleague	"Just being able to go out and help someone… made me feel confident."
	Trying to do Things More Independently	"That was the biggest thing, feeling like I'm doing it on my own."
	I Feel Myself Growing	"It's only been three months, but I'm pretty confident in the basic stuff."
Relationship Building	With Co-workers	"I'm more comfortable with the coworkers; that's a big part."

Table 6
Circumstances that Promoted the Development of Professional Confidence (continued)

Theme	Sub-theme	Transcript Excerpts
	With Physicians	"I continually build relationships with the doctors on nights…it helps if they know me."
	With Preceptors	"I was getting a confident feeling already because I felt it was a good match."
	With Other New Graduates	"She was going through the same things as me and had the same feelings as me."
Positive Feedback is Important	From Preceptor	"She told me at the end of the day that it was a really good catch."
	From Patients	"I had a patient say, 'you're such a great nurse that it makes a world of difference'."
Gaining Experience		"I need to go though it in order to build it."

Independence. All respondents indicated that being able to practice nursing independently was a major factor in the promotion of their professional confidence. Five sub-themes emerged from the theme of independence and included: making independent decisions, knowing how to perform the job correctly, being able to help a colleague, trying to do things more independently, and I feel myself growing.

Making independent decisions. Vincent, a six month new graduate shared, "making independent decisions for myself is probably the hardest thing for me in building professional confidence." He goes on to give this example:

> Today I took a critical value on a patient and I've never dealt with a blood sugar being critically high. I felt like I needed to check with someone before I did it [call the doctor] to make sure I was doing the right things.

All new graduates agreed that making independent decisions is a big part of professional confidence. Being able to make independent decisions comes with time and even at the six month mark, many still second guessed themselves or needed the reassurance from other nurses. Lisa, also a six month new hire, has a comparable story from the operating room:

> Since I don't have the experience I find myself second guessing decisions and I always feel I need to ask someone else. For example, in the OR, if they are doing a procedure on the right side, some of the instruments and tools have to go on the left side and I know this has to happen, but part of me is always like 'just double check'.

Brandon recalls a situation where he made an independent decision and it turned out not only in his favor, but that of his patient and his colleagues.

> I had one patient who was a young guy with a stroke. He refused all treatment, so coming to the end of the shift he expressed to me that he was suicidal. Our psychologist wasn't here. Someone from another hospital came, but he didn't like her and wouldn't talk to her. He said, 'I'll talk to you'. So, I stayed about an hour after my shift. By the time I left he took his insulin. It definitely made me feel more confident and I think it made my colleagues. They gained confidence in me which made me feel a little more confident in myself.

Cathy, 10 months on the job, shared her optimism, "there are going to be things that you don't know, but you have to have the confidence that you're going to make the right decisions, that you're going to do it right the first time." Each example illustrates the

growth in professional confidence that occurs when the new nurse expresses an ability to make independent decisions.

Knowing how to perform the job correctly. New graduates unanimously shared a story about being able to apply their knowledge in a patient situation and this ultimately, promoted their professional confidence. Simply put, Vincent said, "being able to use your knowledge to do the things that you need to do." Julie offered a great example of how her professional confidence was augmented by applying her knowledge.

> I had a patient with MR [mental retardation] that can't really verbalize when things are going on. She had her IV running and I just went in there to check up and noticed that her IV didn't look right. I assessed it and realized that this IV is no good anymore. I was just so proud of myself for picking up on it (smiles). And I was like, 'hey, it's a good thing I'm on shift tonight'!

Jeff had similar thoughts on the topic:

> Knowing how to perform the job correctly would really help with confidence. If a patient asks a question like 'what does this pill do?' and I answer it correctly I feel very confident. I knew the answer and I could give it to them.

During the Interpretive Interview Jeff further reflected on his growth in professional confidence, "when my preceptor came in and said 'call a rapid' my confidence was increased, because if I was alone that is what I would have done." Laura who has been working for 11 months had a similar experience with a rapid response. Due to the critical nature of these events they seem to be an unforgettable, confidence booster for many new graduate nurses. Laura stated:

> Surprisingly, the first night I was by myself I had a rapid response. I will never forget that! I guess it was a confidence booster, but it was too early for me to feel it. I saw this patient declining and their blood pressure dropping. They had a previous infection and I thought they were going into septic shock and it turned out they were and they did! I think that any rapid response or code is a turning point in a nurse's career. It was a very powerful experience.

Being able to help a colleague. Two new graduates seemed proud about sharing a story where they were able to help another nurse instead of the opposite, having to rely on others. Joe said, "just being able to go out and help someone else instead of them helping you definitely made me feel more confident. It's a nice change being the one that's helping." (smiles) Laura made a similar comment:

> I have one nurse who's been doing this for about 20 years and she wanted to clarify the preparation that was needed for a patient who was going down for an imaging procedure. Going over that with her and me clarifying it and knowing that information definitely made me feel confident.

Cathy, a 10 month new graduate, told a story of taking charge because she was older than the other new graduate nurse, which reinforces the theme of independence and being able to share knowledge to help others.

> I was working with another new graduate and one of us had to be in charge so I said, 'I'm just going to take this on' (because I'm older-whispers). I had the confidence to take charge. I felt good because she was coming to me for things.

Trying to do things more independently. Acting independently without the aid of a preceptor was an experience that seemed to dramatically increase professional confidence for new graduate nurses. Joe wholeheartedly stated that doing things on his own was a big factor in professional confidence development. He said:

> I think the biggest thing that helped me build confidence was trying to do things more independently. 'I'm gonna' do this, just let me do it.' That was the biggest thing, feeling like I'm doing it on my own. I think that takes confidence to the next level.

Luke recalled the role that his preceptor played in the development of professional confidence.

> I think my preceptor allowed me the opportunity to be very independent. Because of the independence that he gave me or afforded me I did gain confidence in

> getting things done. The only way to develop confidence is to do the job. And not be afraid to step up and do it.

Similarly, Cathy reflected on her ability to perform one aspect of her job. “I just noticed the other day I hung an IV and didn't even think about it. It's little things like that that make you feel more confident because you just know it. You own it and it's a nice feeling.” Jessica reflected on her increase in independence during her orientation period.

> When I was with my preceptor she would try to speed me up because we had to stay on schedule. Then I started to get quicker and quicker and then all of a sudden she was giving me 4, 5, 6 patients. She said ‘wow, you don’t need me anymore’ and that made me feel confident.

Jeff continues to work on his independence after six months on the job with this statement:

> I think I will feel fully confident when I'm able to push the preceptor aside and say, 'I can do this'. It takes a while for you to feel confident about doing anything on your own. It takes months and even years.

This statement may indicate that each new graduate nurse matures at a different rate in becoming independent on the job. This notion is contrary to previous theories that depict the completion of transition into practice by one year on the job (Duchscher, 2001, 2008, 2009, 2012, Kramer, 1974).

I feel myself growing. Time appeared to be an additional factor that promoted the development of professional confidence. Upon reflection all participants agreed that their professional confidence had increased since their first day on the job. After six months Lisa stated, “Waking up every day, coming in and knowing my role and just being confident. Every day I feel myself growing!” Michelle stated, “I’m just coming up on six months and I’m much better. I’ve been exposed to a lot and I’ve experienced a lot. I remember when on the first day I was shaking! I didn’t have much confidence back

then." Comparatively, Luke recalled, "Back then, my confidence was zero. I didn't know what I was doing! It's only been three months, but I'm pretty confident in the basic stuff." When asked to explain further he replied, "I know how to hang an IV and setting up IV's I'm gaining more confidence and even putting the IV in." Brandon shared his thoughts about the past six months. "I was nervous and apprehensive because I didn't have any routines set up yet. Now I'm a lot more confident. I'm still not great at it, but I'm coming along." Jeff talked about his experience with building professional confidence.

> I just think it takes a while, months, maybe even years, and I'm the perfect example of that. I need to take my own advice (chuckles) and say 'it's not going to happen overnight'. It just takes a long time and eventually it will get there.

Laura, on the job for 11 months had similar thoughts:

> I have experienced many different types of patient care situations and being more fluent in reaching out to whoever I need to and collaborating and just that repetitiveness. There is a certain level of confidence that you build up over time.

During the Interpretive Interview Laura shared noble advice about the development of professional confidence. "Let time be your best friend. Know that over time you will get it." After reaching the 12 month mark Angela recommended, "You just have to know that once you get over that hump of the first year it definitely gets better because it does for everyone, otherwise nobody would be a nurse." Julie shared similar advice to new graduates nurses starting out, "Take it day by day. It will all come as experience. What they're feeling now is not necessarily what they'll be feeling down the road."

Relationship building. Relationship building appeared to be a major ingredient in the development of professional confidence. Respondents indicated that they had to build relationships with various individuals on the job such as coworkers, physicians,

preceptors, and other new graduate nurses. They indicated that each played a unique role in the development of their professional confidence. One new graduate described each person as a piece of the puzzle related to developing professional confidence. Although most agreed that it is getting easier with time many new graduates still second guess themselves when making decisions on their own. However, most agreed that building relationships with those around them aided their ability to be professionally confident.

With coworkers. Angela shared her experiences on working with her colleagues. "It's definitely more of a close nit group on the day shift. If I have a lot of admissions and discharges we help each other." During the follow-up interview Angela added, "when other nurses believe in a new graduate's ability it helps with confidence." Lisa compared her first days on the job to now, six months later, and shared, "I've become more comfortable in the environment that I'm working in. I'm more comfortable with the coworkers; that's a big part. There is so many different personalities. They've been working here for years and you're the newcomer." Michelle agreed that support from other nurses was essential for professional confidence to grow. "The support I have on nights with the other nurses is one of the key factors because if they weren't there I would be really scared." Another piece of the relationship puzzle that supported new graduates in the development of professional confidence was the nurse manager. Support from this individual was critical in Cathy's situation.

> I feel confident because of my supervisor. I think she's wonderful and I think if I had one that was unapproachable I think that shakes your confidence. Every day you approach the hospital, you know you're backed by someone who is going to be there for you and help you. It boosts my confidence and I feel really good about that.

With physicians. Two new graduates spoke of their experiences with physicians and how important it is to earn that respect from them as part of professional confidence. Vincent stated, "building relationships [with physicians] helps with confidence and you have to earn that. Now, they respect what I am saying to them." Comparably, Jeff, who is working in the operating room says, "I feel a little more confident about speaking to a surgeon now. It was definitely nerve wracking at first, but now my confidence has increased a lot. A couple of them know me by name." (smiles) Laura shared her strategy about building confidence on the job, "I continually build relationships with the doctors on nights because they're not always present and it helps if they know me."

With preceptors. As stated previously, preceptors played a significant role for the successful transition into practice for new graduate nurses and a poor match of these individuals can lead to a decrease in professional confidence. Laura, an 11 month new graduate, shared a story about meeting her preceptor. "The first day I remember meeting my preceptor and after about 20 minutes of speaking with him I was getting a confident feeling already because I felt it was a good match." Julie repeated these sentiments when describing her preceptor.

> I think my confidence built a lot more on the night shift because it was the end of my orientation and a lot had to do with my preceptor at night. She would go above and beyond. If she had a patient that she thought I could benefit from she would pull me aside and say, 'this is a great learning experience' and things like that.

Lisa recalled her experience with her preceptor on the medical/surgical floor. "She was definitely able to give a 'hands off' approach so I could get my 'hands on' and it was a good relationship." Brandon offered sound advice about preceptors. He said, "Be honest

with your preceptor. Just tell them, listen I'm nervous, can you please be with me."

Michelle compares her early days with her preceptor to now, six months later.

> I had a preceptor that had a hard time letting go of control of the situation. Instead of saying 'you should do this' she would just take over for me and I wasn't learning. When I went to nights my preceptor was more of a "let me fly". She would just say 'go ahead and do this and if you have questions came and ask me'.

Upon reflection during the follow-up interview Michelle added, "I felt really bad for my preceptor because I wanted to stop and ask her something, but I didn't because she was too overwhelmed to stop and take the time out to show me, teach me." During a follow-up interview with Luke he added his thoughts about the importance of preceptors in building professional confidence. "Preceptors have a major impact on your confidence. If you have someone who doesn't let you jump in then you're never going to jump in. The only way to develop confidence is to do the job." These examples attest to the importance of a formal training program for preceptors and finding a good match for each new graduate nurse (Henderson et al., 2012; Romyn et al., 2009; Rush et al., 2012; Salt et al., 2009).

With other new graduates. The first year of practice is fraught with challenges and emotions (Blanzola et al., 2004; Casey et al., 2004; Chang & Hancock, 2003; Martin & Wilson, 2011; Morrow, 2008). Support from other new graduate nurses seems to be another key factor in the promotion of professional confidence. Julie shared:

> I had another individual going through orientation with me. Our friendship outside of work and even working together on the unit really built my confidence up a lot. She was going through the same things as me and had the same feelings as me. And just knowing that someone else is experiencing that too, you know you're not alone and it's not abnormal.

Similarly, Angela recalled, her struggles with the first year and the camaraderie she developed with other new graduate nurses that helped her development of professional confidence.

> There are other new graduate nurses and sometimes we vent to each other. And that's something that brings up your confidence, is having someone to talk to. We started at the same time and we vent about how horrible our first year was. We'll vent about stuff and what they did to work through it.

Positive feedback is important. While communication and building relationships had negative and positive effects on professional confidence, positive feedback was considered its own theme since the majority of participants recalled many circumstances where positive feedback from their preceptors and from their patients made all the difference in enhancing their levels of professional confidence. Previously, Jeff discussed the impact that preceptors can have on professional confidence, "they can make or break your confidence." Positive feedback was cited as essential for building professional confidence. Without such feedback professional confidence proved to be challenging for these new graduate nurses. The participants in this study described two situations where positive feedback made an impact on their professional confidence development, namely from their preceptors and from their patients.

From preceptors. Cathy recalled her experiences with the preceptors, "They would all boost my confidence. They took the time, they were happy to be preceptors and I think that can really make a difference in your confidence." In the same way, Laura shared a story about her preceptor and his comments to her while she was caring for a deteriorating patient.

> I took care of a patient who was diagnosed with acute renal failure and I did not realize at the time how rapidly they could decline. I was a little frustrated that I

> didn't see the signs and when I reflected I thought I should have been able to read the signs. But after talking it over with my preceptor he gave me that boost of confidence. He assured me that I did the best I could at that point in my training.

If not for the positive reinforcement of the preceptor, Laura's professional confidence may have been challenged. This is an example of how so many new graduate nurses beat themselves up, believing that they need to hit the ground running, but in reality, they continue to learn during their first year of practice. Vincent shared a story about receiving a patient into his care after a surgical procedure. The patient needed an intravenous antibiotic, but there was a question on the timing of the medication or when it was due to be given. In this instance, his preceptor was critical in the development of his professional confidence.

> The preceptor was very good about giving me positive feedback just on even minor things that I did. I just checked to make sure of the time and it was wrong [intravenous antibiotic]. I was able to identify something and double check it. She told me at the end of the day that it was a really good catch. Another good thing my preceptor said about me was that I always question things.

From patients. Positive comments from patients can also have an effect on professional confidence. Julie recalled one such encounter. "I had a patient say, 'you're so nice and so gentle, and you're such a great nurse that it makes a world of difference'. That's really a rewarding thing to hear and it definitely boosted my confidence." Similarly, Vincent said, "A patient said to me 'you know you really give the best injections'. Things like that help boost confidence." Cathy responded in the same manner when asked how patients affect her professional confidence. "When they say at the end of the stay 'thank you, thank you, you've been a terrific nurse'. It makes you feel good and it's a nice feeling." (smiles)

The last theme that answered research sub-question two was "gaining experience" and seemed to have a major impact on the promotion of professional confidence for all respondents. Upon deep self-reflection they were able to recall their first days on the job and unanimously agreed that they began their nursing careers with a lack of professional confidence. When asked to compare those early days to the present each participant shared a story of success that led to a growth in professional confidence.

Gaining experience over time. New graduate nurses ranging from three to twelve months on the job unanimously agreed that gaining experience was instrumental in their development of professional confidence. This was a solitary theme since respondents shared a multitude of various situations that contributed to their augmentation of professional confidence over time. Experiences under this theme included getting floated to another nursing unit, hanging intravenous piggyback medications, and working on cases in the operating room. Vincent shared his accomplishments:

> I'm building confidence with more experience. I need to go though it in order to build it. It's all experience for me. If you don't have the experience you can't have the confidence. I got floated for the first time today, so obviously I'm very anxious. After I digested for a second I said 'there's nothing I haven't done over there that I haven't done here'. So I went over and handled it very easily.

Luke spoke of his successes with medication:

> It's funny because one other nurse and I were talking about their preceptorship when they were brand new and they were thinking about just even hanging an IV piggyback was so daunting. And I felt the exact same way. Because you have all these wires, the machine, the patient, but now I could do it with my eyes closed.

Julie agreed that exposure to different patients and situations build professional confidence. "Getting the different patients with different diagnoses builds my confidence

for the next patient that I am going to get in that certain situation. When I have that situation again it boosts my confidence." Jeff, working in the operating room, discusses his triumph with repetition of one surgical case.

> There was one case, an umbilical hernia where I had done three of them that day. The two previous ones I had help from my preceptor and the third one I did on my own and afterwards I felt happy and very confident that I was able to get it done.

Gaining experience occurs over time and appears to enhance professional confidence. All new graduates agreed that the more situations they were exposed to, the more experience they gained and this was an important feature in developing professional confidence.

New graduate nurses described in rich detail their everyday experiences working in a hospital setting during their first year of practice related to the development of professional confidence, thereby, answering the primary research question and sub-questions. A total of seven themes emerged from the data analysis process that addressed the primary research question (Table 7). These themes encompassed: (a) "communication is huge," (b) "making mistakes," (c) "disconnect between school and practice," (d) "independence," (e) "relationship building," (f) "positive feedback is important," and (g) "gaining experience."

Table 7
Summary of Themes and Sub-themes That Answered the Primary Research Question

Research Sub-questions	Themes/Sub-themes
One	Communication is Huge
	Communicating with physicians
	Communicating with patients
	Preceptors were hard on them
	Making Mistakes
	I messed up on something
	First time stressful situations
	Disconnect Between School and Practice
Two	Independence
	Making independent decisions
	Knowing how to perform the job correctly
	Being able to help a colleague
	Trying to do things more independently
	I feel myself growing
	Relationship Building
	With Co-workers
	With Physicians
	With Preceptors
	With other new graduates
	Positive Feedback is Important
	From Preceptors
	From patients
	Gaining Experience

Chapter 4 Summary

A basic qualitative design was used to gain a rich, deep understanding of what are new graduate nurses' experiences about what accounted for their lack of professional confidence during their first year of practice in the hospital setting. The purpose of this

qualitative study was to find out and understand how new graduate nurses accounted for their lack of professional confidence during their first year of practice in the hospital setting. From this purpose one primary research question and two sub-questions were identified. The primary question asked about new graduate nurses' experiences during their first year of practice related to the development of professional confidence in the hospital setting. This study findings validated the assumption that new graduate nurses working for one year or less in the hospital setting, did indeed, lack professional confidence. The findings that answered the primary research question addressed circumstances that hindered and promoted the development of professional confidence. Research sub-question one was answered by three themes that were related to circumstances that challenged the lack of professional confidence for new graduate nurses including communication issues, making mistakes, and experiencing disconnectedness between nursing school and actual nursing practice.

In contrast, new graduate nurses also described circumstances and experiences that promoted their professional confidence. Research sub-question two was answered by four themes that centered around independence, relationship building, receiving positive feedback about their performance, and gaining experience. In combination, the two sub-questions provided answers to the primary research question and provided an understanding of what are new graduate nurses' experiences about what accounts for their lack of professional confidence during their first year of practice in the hospital setting.

The next chapter, Chapter 5, will discuss the findings, including the connection of the findings in relation to the literature, limitations of the study, implications for nursing

education, and recommendations for future research. The chapter will include a conclusion, which will provide closure to the entire report.

CHAPTER 5. CONCLUSIONS AND DISCUSSION

Introduction to Chapter 5

Professional confidence is an essential trait for new graduate nurses to develop in order to provide safe and effective patient care in today's complex hospital setting (AACN, 2008; Perry, 2011). Unfortunately, the majority of new graduate nurses entering the nursing workforce lack this critical attribute (Clark & Springer, 2012; Dowson et al., 2013; Duchscher, 2001, 2008, 2009, 2012; Henderson & Eaton, 2013; Jewell, 2013). Researchers have shown that the following behaviors indicate attainment of professional confidence: (a) applying appropriate knowledge to patient situations, (b) making independent decisions, (c) recognizing changes in patient conditions and responding with appropriate actions, and (d) assertively communicating with physicians (Berkow et al., 2009; Holland et al., 2013; Jewell, 2013; Perry, 2011; Roth & Johnson, 2011; White, 2009).

The purpose of this basic qualitative study was to explore and understand how new graduate nurses accounted for their lack of professional confidence during their first year of practice in the hospital setting. This study explored the development of professional confidence by collecting the stories of new graduate nurses during their first year of employment in the hospital setting. A basic qualitative research design was deemed the most appropriate method to conduct the study since its primary goal is to uncover and interpret how participants make meaning of their experiences and their world (Creswell, 2009, 2014; Merriam, 2009). A semi-structured interview approach was

utilized to gain a better understanding of how new graduate nurses accounted for their lack of professional confidence during their first year of practice in the hospital setting.

Chapter 5 serves to summarize and discuss the findings related to lack of professional confidence as well as provide closure to the report. The chapter begins with an objective summary of the findings followed by a comprehensive discussion and interpretation of the findings. The themes identified from the analysis of data are discussed in relation to the literature and to the theoretical frameworks that supported the study, namely, Reality Shock (Kramer, 1974) and Transition Theory (Duchscher, 2001, 2008, 2009, 2012). Limitations to the study are presented, as well as the implications for nursing education and practice, followed by recommendations for future research.

Summary of the Findings

The purpose of this basic qualitative study was to explore and understand how new graduate nurses accounted for their lack of professional confidence during their first year of practice in the hospital setting. From this purpose one primary research question and two sub-questions were identified. The primary question asked about new graduate nurses' experiences during their first year of practice related to the development of professional confidence in the hospital setting. The research sub-questions addressed circumstances that hindered and promoted the development of professional confidence in new graduate nurses' first year of practice.

The study findings validated the assumption that new graduate nurses working for one year or less in the hospital setting, do indeed, lack professional confidence. The findings also suggested that professional confidence developed over time for each participant and was related to their positive and negative experiences during the first year

of practice. This notion may imply that professional confidence exists on a continuum and develops uniquely for each new graduate nurse (Dowson et al., 2013; Duchscher, 2001, 2008, 2009; Dyess & Parker, 2012; Henderson & Eaton, 2013; Jewell, 2013; Kramer, 1974).

Research Sub-question 1

The first sub-question addressed whether there were certain instances or circumstances that challenged the development of new graduate nurses' professional confidence. Three themes emerged that answered research sub-question one: (a) communication is huge, (b) making mistakes, and (c) disconnect between school and practice. Communication was an issue that challenged the majority of respondents. Problematic experiences included speaking with physicians, patients, and preceptors. Furthermore, all respondents recounted experiences of making mistakes on the job and encountering stressful situations which had a negative effect on their lack of professional confidence. The final theme was supported by twenty-five percent of respondents who said that actual nursing practice in the hospital setting was vastly different than what they experienced in nursing school. All participants stated that these circumstances amplified their lack of professional confidence during their first year of practice.

Research Sub-question 2

In contrast, the second sub-question addressed whether there were particular instances or circumstances that promoted the development of new graduate nurses' professional confidence. Four themes emerged from research sub-question two: (a) independence, (b) relationship building, (c) positive feedback is important, and (d) gaining experience. All respondents indicated that being able to practice nursing

independently was a major factor in the promotion of their professional confidence. However, being dependent on co-workers had an impact on their lack of professional confidence. Within the theme of independence, five sub-themes emerged and included making independent decisions, knowing how to perform the job correctly, being able to help a colleague, trying to do things more independently, and "I feel myself growing". Additionally, relationship building appeared to assist new graduate nurses in the development of professional confidence. Respondents indicated that they had to build relationships with various individuals on the job such as nurse coworkers, physicians, preceptors, and other new graduate nurses to enhance levels of professional confidence. Participants explained that their lack of professional confidence on the job was related to not being acquainted with their colleagues. Part of the relationship building process included establishing trust, which led to earned respect from these individuals. For example, participants indicated that it took time and perseverance to get to know various physicians and co-workers, but once the relationship was built, their insights and opinions were valued. Positive feedback from preceptors and patients was another experience that contributed to professional confidence.

The final circumstance that all new graduate nurses described was related to the various experiences to which they were exposed. A lack of professional confidence existed until they experienced situations repeatedly, such as performing CPR on a patient with a cardiac arrest or simply inserting an intravenous line into a patient's vein. In this study, new graduate nurses ranged from three to twelve months on the job and they unanimously agreed that gaining experience was instrumental in their development of professional confidence. Experiences under this theme included getting floated to another

nursing unit, being involved in a rapid response, administering intravenous piggyback medications, and working on cases in the operating room. Participants recalled their first days on the job and agreed that they began their nursing careers with a lack of professional confidence. When asked to compare those early days to the present time each new graduate nurse shared a story of success that led to a growth in professional confidence.

In combination, the two sub-questions provided answers to the primary research question and provided an understanding of new graduate nurses' experiences about what accounted for their lack of professional confidence during their first year of practice in the hospital setting. The findings in this study suggest that all new graduate nurses begin their careers with a lack of professional confidence. Furthermore, new graduate nurses must experience both positive and negative circumstances in order to move forward on the professional confidence continuum and a set timeline may not exist as each new graduate nurse developed at his or her own pace. The next section will provide insight into the meaning of these findings in light of the practice problem and related scholarly literature.

Discussion of the Findings

This study explored new graduate nurses' experiences about what accounted for their lack of professional confidence during their first year of practice in the hospital setting. Consequently, the following seven themes emerged: (a) communication is huge, (b) making mistakes, and (c) disconnect between school and practice (d) independence, (e) relationship building, (f) positive feedback is important, and (g) gaining experience. The findings of this study contributed to the scientific body on knowledge in the

following ways. They extended the previous definition of professional confidence which includes behaviors such as applying knowledge to clinical situations, making independent decisions and communicating with physicians (Berkow et al., 2009; Holland et al., 2013; Jewell, 2013; Perry, 2011; Roth & Johnson, 2011; White, 2009). The findings also implied that professional confidence is not an all or nothing phenomenon; rather it exists on a continuum. Previous studies have suggested that most new graduate nurses become fully confident after one year of employment (Berkow et al., 2009; Duchscher, 2001, 2008, 2009, 2012; Holland et al., 2013; Kramer, 1974; 2013; Perry, 2011; Rudman et al., 2014; White, 2009). Furthermore, the findings suggested that new graduate nurses need to experience both negative and positive circumstances to move forward on the professional confidence continuum and that there is no set time frame for this to occur, as previously thought (Duchscher, 2001, 2008, 2009, 2012; Holland et al., 2013; Kramer, 1974; 2013; Perry, 2011; Rudman et al., 2014).

Definition of Professional Confidence

Professional confidence has been defined by these attributes: (a) applying appropriate knowledge to patient situations, (b) making independent decisions, (c) recognizing changes in patient conditions and responding with appropriate actions, and (d) assertively communicating with physicians (Berkow et al., 2009; Holland et al., 2013; Jewell, 2013; Perry, 2011; Roth & Johnson, 2011; White, 2009). Two themes that emerged from the study are directly related to this definition: "independence" and "communication is huge." Independence was a noteworthy theme that emerged from data analysis. The theme of independence was further divided into the following sub-themes: making independent decisions, knowing how to perform the job correctly, being able to

help a colleague, trying to do things more independently, and "I feel myself growing." All participants agreed that being able to practice nursing independently was a major factor in the promotion of their professional confidence which is reflected in the above definition. This study extended the idea of independence through the sub-themes of "being able to help a colleague" and "I feel myself growing." Helping a colleague was an experience that validated the feeling of professional confidence for participants. The second theme related to the definition of professional confidence was "communication is huge." Participants not only had difficulty communicating with physicians, but also had trouble communicating with patients and preceptors and this seemed to be a hindrance to the development of professional confidence. The value of exploring lack of professional confidence was to assess the comprehensiveness of previous definitions of confidence (Berkow et al., 2009; Holland et al., 2013; Jewell, 2013; Perry, 2011; Roth & Johnson, 2011; White, 2009). Based on the findings in this study the definition could be expanded to include these additional attributes. By gaining a better understanding of lack of professional confidence nurse leaders can better assist new graduate nurses as they enter the nursing workforce (AACN, 2008, Berkow, et al., 2008; Romyn et al., 2009; Rudman et al., 2014; Slaikeu, 2011).

Professional Confidence Continuum

The findings suggested that there are variable degrees of professional confidence and that it is not an 'all or nothing' phenomenon as previously thought (Berkow et al., 2009; Duchscher, 2001, 2008, 2009, 2012; Holland et al., 2013; Kramer, 1974; 2013; Perry, 2011; Rudman et al., 2014; White, 2009). Participants ranged from three to twelve months on the job and length of employment was insignificant. A lack of professional

confidence was consistent throughout each month of employment and the extent of its magnitude depended on circumstances that they were exposed to. Participants unanimously agreed that they began their nursing careers with a definite lack of professional confidence. They also stated that they travelled in a linear direction from a lack of professional confidence to varied degrees of professional confidence. One hundred percent of new graduate nurses agreed that making mistakes and poor communication experiences with colleagues further decreased their lack of professional confidence. Additionally, confidence fluctuated for some new graduate nurses depending on what situations they were experiencing. For example, a six month employee revealed that he was more confident presently than at the onset of his career, but that he still needed to grow in the area of professional confidence. Another new graduate nurse, who was working for nine months, indicated that her lack of professional confidence was affected by daily interactions with colleagues and patients and was dependent on the type of feedback (constructive or destructive) she received from them. This idea is contrary to previous studies that have implied that professional confidence does not occur until the twelfth month of employment (Dyess & Parker, 2012; Henderson & Eaton, 2013; Jewell, 2013; Kelly & McAllister, 2013; Rush et al., 2013, Tapping et al., 2013; Ulrich et al., 2010).

Negative and Positive Experiences

The findings from this study suggested that professional confidence developed over time and may be related to new graduate nurses' negative and positive experiences during the first year of practice. While the first year of practice has been characterized as one of the most challenging time periods in a nurse's career, (Blanzola et al., 2004; Casey

et al., 2004; Duchscher, 2001, 2008, 2009; 2012; Jones et al., 2014; Kovner et al., 2009; Kramer, 1974; Martin & Wilson, 2011; Newton & McKenna, 2008; Wangsteen et al., 2008) it may be a necessary time of hardship for the development of professional confidence to take place. In this study, the development of professional confidence occurred individually for new graduate nurses and was dependent on the type and frequency of experiences that they had. All new graduate nurses concurred that making any type of mistake severely affected their lack of professional confidence. Upon further reflection, they agreed that experiencing a lack of professional confidence was necessary to build professional confidence. One new graduate nurse stated,

> They really don't prepare you enough in school for… they talk about it in school, how you need to have confidence, but it's not realistic until you experience that feeling of not having any or having it you have no idea. So you just have to just go in and learn it.

Common occurrences included patients falling down, medication errors, and the stress of floating to an unfamiliar unit. Poor communication experiences with physicians, patients, and preceptors were other factors that decreased the lack of professional confidence, but ultimately, propelled new graduate nurses forward on the professional confidence continuum. These are examples of how so many new graduate nurses beat themselves up, believing that they need to hit the ground running (Duchscher, 2001, 2008, 2009, 2012; Romyn et al., 2009; Wolff et al., 2010), but in reality, they continue to grow and learn during their first year of practice.

Conversely, positive experiences that aided new graduates' ability to be professionally confident included building relationships with nurse coworkers, physicians, preceptors, and other new graduate nurses, which is consistent in the

literature (Alspach, 2006; Anderson, 2008; Bowles & Candella, 2005; Goodwin-Esola et al., 2009, Thrysoe et al., 2011). Furthermore, participants indicated that positive feedback from their preceptors and patients enhanced their levels of professional confidence (Clark & Springer, 2012; Kowalski & Cross, 2010; Martin & Wilson, 2011; Parker et al., 2014). Together, both types of experiences, negative and positive, were necessary to move along the professional confidence continuum.

Discussion of the Findings in Relation to the Literature

Researchers must link new findings to the literature to gain an accurate perspective. The findings of this study contributed new knowledge to the scientific body of literature by extending the previous definition of professional confidence which included behaviors such as applying knowledge to clinical situations, making independent decisions and communicating with physicians (Berkow et al., 2009; Holland et al., 2013; Jewell, 2013; Perry, 2011; Roth & Johnson, 2011; White, 2009). The findings also implied that professional confidence is not an all or nothing phenomenon (Perry, 2011; Rudman et al., 2014; White, 2009) rather it exists on a continuum. Furthermore, the findings suggested that new graduate nurses need to experience both negative and positive circumstances to move forward on the professional confidence continuum and that there is no set time frame for this to occur, as previously thought (Duchscher, 2001, 2008, 2009, 2012; Holland et al., 2013; Kramer, 1974; 2013; Perry, 2011; Rudman et al., 2014). The following section connects the findings to the conceptual frameworks that supported the study and to the research to date on lack of professional confidence (Dowson et al., 2013; Dyess & Parker, 2012; Henderson &

Eaton, 2013; Jewell, 2013; Morrow, 2009; Romyn et al., 2009; Rudman et al., 2014; Salt et al., 2008).

Relationship between the Findings and the Theoretical Framework

Two conceptual frameworks provided support for study namely, Reality Shock (Kramer, 1974) and Transition Theory (Duchscher, 2001, 2008, 2009, 2012). Both frameworks defined the metamorphic process that new graduate nurses experience as they begin their professional practice. This study extended the work of Kramer and Duchscher in that it concentrated specifically on the lack of professional confidence, an attribute that most new graduate nurses possess, and explored experiences that contributed to its decline and to its growth during the first year of practice in the hospital setting (Dowson et al., 2013; Duchscher, 2001, 2008, 2009, 2012; Dyess & Parker, 2012; Henderson & Eaton, 2013; Jewell, 2013; Morrow, 2009; Romyn et al., 2009; Salt et al., 2008). The seminal work by Kramer (1974) labeled the first year of practice as a tumultuous time of transition, called reality shock, since most new graduate nurses' expectations of the role and responsibilities of the registered nurse are vastly different than the reality. Common challenges included feeling excited yet nervous to start a career, a stressful, complex work environment leading to depression, self-doubt, and uncertainty, not being able to provide the same type of care given as a student, and time management difficulties. Findings in this study echoed the challenges described by Kramer (1974) and included feelings of unpreparedness for the responsibility of the job and extremely high levels of stress. Participants described simultaneous feelings of nervousness and excitement about the first days on the job. Kramer (1974) also purported that at the completion of the first year, new graduate nurses typically decided to accept

the current job, change jobs, go back to school, or leave nursing altogether. In this study, one participant recalled thoughts of changing careers and becoming a police officer instead.

Duchscher (2001, 2008, 2009, 2012) extended Kramer's work (1974) and generated a grounded theory of transition of new nurses called transition theory. This process consists of three phases and begins with similar challenges described by Kramer (1974) in the phase labeled doing. New graduate nurses must adjust to the new role and responsibilities, learn new skills, and demonstrate clinical knowledge. However, many new graduates frequently conceal their mounting insecurity, fears of inadequacy, and anxiety which is physically and psychologically exhausting (Duchscher, 2001, 2008, 2009, 2012). The findings in this study were parallel to the theoretical frameworks that supported the study (Duchscher, 2001, 2008, 2009, 2012; Kramer, 1974) and achieved consistent findings. For example, participants recalled feelings of dread and apprehension before coming to work throughout the first year of practice.

Being, the next phase, is characterized by independence which was a major theme uncovered in this study. Participants stated that being dependent on coworkers had a major impact on their lack of professional confidence. Many new graduate nurses described instances where they were unsure about how to proceed under certain circumstances and had to seek advice from colleagues. For example, many new graduate nurses stated that they were unsure about when to call the rapid response team to aid a critically ill patient. Not being able to initiate this action independently further decreased their lack of professional confidence. Knowing, the final phase of Duchscher's theory (2001, 2008, 2009, 2012), occurs at the 12 month mark and signifies the completion of

professional role transition. The participants in this study varied in length of employment ranging from three to twelve months. A distinct progression in growth of professional confidence was seen across this timeframe, but did vary by the circumstances experienced by each participant. Additionally, participants indicated that they might not be professionally confident even at the twelve month mark (Dyess & Parker, 2012; Henderson & Eaton, 2013; Jewell, 2013; Kelly & McAllister, 2013; Rush et al., 2013, Tapping et al., 2013; Ulrich et al., 2010).

Relationship between the Findings and the Literature Reviewed

In order to understand the scope of the problem related to lack of professional confidence and experiences that challenged and promoted its growth for new graduate nurses during their first year of practice in the hospital setting, it is imperative to examine the findings in relation to the literature on the topic. The findings in this study both aligned with and supported the current literature related to new graduates nurses' transition into professional practice (Blanzola et al., 2004; Casey et al., 2004; Chang & Hancock, 2003; Duchscher, 2001, 2008, 2009; 2012; Kramer, 1974; Martin & Wilson, 2011; Morrow, 2008). Additionally, the findings extended prior research about what accounts for lack of professional confidence (Berkow et al., 2009; Holland et al., 2013; Jewell, 2013; Perry, 2011; Roth & Johnson, 2011; White, 2009). This section is organized in the same manner as the review of literature in Chapter 2 and is presented around three themes: (a) difficulties experienced by new graduate nurses as they transition into practice, (b) methods for a smoother transition into practice, and (c) workplace support for retention of new graduate nurses.

Difficulties of new graduate nurses' transition into practice. The findings in this study are parallel to previous research about the challenges faced by new graduate nurses during their first year of practice. Common stressors included lack of experience, poor organizational skills, and problems interacting with physicians (Casey et al., 2004; Chang, 2003; Newton & McKenna, 2007; Oermann & Moffitt-Wolf, 1997). Participants in this study described similar experiences during their first year of practice which ultimately, led to a lack of professional confidence. For example, participants recalled struggles with time management, communicating with physicians, and frustration with lack of experience. These findings match previous research to date on this topic (Dlamini et al., 2014; Dowson et al., 2013; Duchscher, 2008; Dyess & Parker, 2012; Parker et al., 2014; Pfaff, Baxter, Jack, & Ploeg, 2014; Phillips et al., 2014).

Support from preceptors has been documented in the literature as a crucial component for a new graduate's success (Henderson et al., 2012; Jones et al., 2014; Romyn et al., 2009; Rush et al., 2013; Salt et al., 2009; Spiva et al., 2013). Casey et al. (2004), designated preceptor support as a critical element for new graduate nurse success during the first year of practice. This study extended this finding in that new graduate nurses' lack of professional confidence was challenged and diminished by poor preceptors, negative feedback from preceptors, or having a preceptor that was too controlling. These examples attest to the importance of a formal training program for preceptors and finding a good match for each new graduate nurse (Henderson et al., 2012; Romyn et al., 2009; Rush et al., 2012; Salt et al., 2009). Extended time and effort should be devoted to the enhancement of professional confidence in new graduates by their preceptors, since it is known that new graduate nurses lack professional confidence

(Casey et al., 2004; Chang, 2003; Newton & McKenna, 2007; Oermann & Moffitt-Wolf, 1997).

Wangsteen et al. (2008) described the first year of practice for new graduate nurses as having three stages: being new, gaining experience, and reaching competence and confidence at the one year mark. The participants in this study shared equivalent experiences; however, some participants felt that even at the one-year mark they would lack professional confidence. These findings may suggest that 12 months may be an arbitrary point in time and that each new graduate nurse matures at his or her own pace.

A comparable study by Spiva et al. (2013) revealed four themes including (a) both positive and negative preceptor experiences, (b) professional growth and confidence that improved with everyday experiences of patient care and communication with others, (c) the importance of nurturing relationships, and (d) the need for formal mentor training programs that include specific guidelines for giving feedback (Spiva et al., 2013). This study uncovered several themes that are consistent with these findings. Related themes include: communication is huge, positive feedback is important, relationship building, and gaining experience. New graduate nurses in this study inferred that communicating with physicians, patients, and preceptors was a challenge that negatively affected their lack of professional confidence (Martin & Wilson, 2011; Rudman et al., 2014; Ulrich et al., 2010). Conversely, positive feedback from preceptors and patients, relationship building, and gaining experience were considered factors that promoted professional confidence, which is consistent in the literature (Anderson, 2008; Bowles & Candella, 2005; Goodwin-Esola et al., 2009; Jones et al., 2014; Spiva et al., 2013; Thrysoe et al., 2011).

Methods for smoother transition into practice. New graduate nurses are the cornerstone for the future of nursing practice so it is imperative to support and nurture them from the onset of their employment. The literature reported that the first year of practice is particularly challenging for all new graduate nurses (Casey et al., 2004; Chang, 2003; Newton & McKenna, 2007; Oermann & Moffitt-Wolf, 1997). The findings in this study exemplified the fragility of new graduate nurses based on their first-hand accounts of experiences during the first year of practice. Many participants told stories of anguish as they made mistakes in patient care and received verbal abuse from patients, physicians, and preceptors which ultimately, led them to question their choice of career. Moreover, critical events such as committing a medication error or being involved in a code blue experience had a profound impact on professional confidence during the first year of practice. New graduate nurses reported that these circumstances either promoted or hindered their professional confidence, depending on who was involved and what kind of feedback (punitive or positive) they received from colleagues, which is consistent with previous research (Martin & Wilson, 2011; Parker et al., 2014; Rudman et al., 2014; Ulrich et al., 2010; Unruh & Zhang, 2013).

Formal mentoring and longer orientation programs have proven successful for integrating new graduate nurses into the hospital setting (Henderson et al., 2012; Romyn et al., 2009; Rush et al., 2013; Salt et al., 2009). The findings in this study supported this premise. In fact, orientation is a critical time period for new graduate nurses to learn and adjust to the role and responsibilities of the registered nurse (Beyea et al., 2007; Blum et al., 2010; Brannan et al., 2008; Dowson, 2013; Galloway, 2009; Rush et al., 2013; Salt et al., 2009). In this study, participants described the orientation period as a last chance to

feel comfortable on the job. Additionally, this study provided further evidence that new graduate nurses need comprehensive workplace support regardless of what shift they are working on. Working the night shift was a circumstance that proved challenging for many new graduates since there were fewer support people present such as: nurse mangers and nursing educators. This finding is comparable to the study by Unruh and Zhang (2013), which recommended placing new graduates on the day shift for an extended period of time. In addition, peer support has been recognized as an essential element for new graduates nurses as they transition into practice (Henderson & Eaton, 2013; Jewell, 2013; Rush et al., 2013; Salt et al., 2008; Twigg & McCullogh, 2014; Ulrich et al., 2010). This study showed comparable findings in that twenty five percent of participants discussed the importance of building relationships with other new graduate nurses in order to share common experiences.

Workplace support for new graduate nurses. Rush et al. (2013) identified various types of new graduate nurse transition programs including preceptorships, residencies, internships, and mentoring all of which increased retention, competence, and confidence of the participants. Key elements of these programs include formal support of new graduate nurses for at least six to nine months, a healthy work environment, connections with other new graduate nurse peers, and training for mentors or preceptors (Henderson & Eaton, 2013; Jewell, 2013; Jones et al., 2014; Rush et al., 2013; Salt et al., 2008; Twigg & McCullogh, 2014; Ulrich et al., 2010). Undoubtedly, the findings in this study echo the need for workplace support programs for new graduate nurses. One hundred percent of participants admitted that they began employment with a lack of professional confidence.

Parker et al. (2014) identified factors that had an impact on new graduate nurses' transition into the workforce in Australia including negotiating the workplace culture, learning how to deal with horizontal violence, and the need to feel accepted and receive feedback from others. While horizontal violence was not mentioned by any of the participants in this study, they did infer that relationship building with other members of the healthcare team and positive feedback from preceptors and patients did increase their level of professional confidence. Another recent study by Phillips et al. (2014) explored the factors that eased the transition into practice from new graduate nurses' perspectives in Australia. They found that new graduate nurses needed their colleagues to acknowledge their lack of clinical expertise and experience in the form of a decreased number of patients with less acuity. Additionally, new graduates expressed the need for ongoing support beyond the orientation program to assist with their successful transition into practice. The findings in this study were comparable. Even at the 12 month mark new graduates reported the need for support from colleagues (Alspach, 2006; Anderson, 2008; Goodwin-Esola et al., 2009, Pfaff et al., 2014; Phillips et al., 2014; Thrysoe et al., 2011).

The findings of this study extended previous research on the topic of lack of professional confidence in new graduate nurses and supported the premise that new graduate nurses are entering the nursing workforce with a lack of professional confidence. Strategies to create a foundational level of profession confidence should begin in nursing school and should be cultivated the clinical setting where students interact with patients, families, and other healthcare professionals (Baldwin et al., 2014; Jeffries & Clochesy, 2012; Ogilvie et al., 2011). Additionally, workplace support in the

form of extended orientation programs, qualified preceptors, and periodic self-reflection about professional confidence growth are paramount to the successful integration of new graduate nurses (Goodwin-Esola et al., 2009, Parker et al., 2014; Pfaff et al., 2014; Phillips et al., 2014; Thrysoe et al., 2011).

Limitations

Since qualitative researchers are looking for thick, rich data high in quality rather than quantity of data a small sample size of 12 participants was utilized (Bogdan & Biklen, 2007, 2011; Kvale & Brinkmann, 2009; Merriam, 2009; Seidman, 2013). Data was collected from a small participant pool from two hospitals in the New York area making the study geographically limited. Generalizability of the findings is also limited due to the small, purposeful selection of participants (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Merriam, 2009). Hence, the findings may not be reflective of new graduate nurses' experiences in other hospitals in the county, state, or nation. A convenience sample was utilized for this study and cannot be said to be representative of the target population (Bogdan & Biklen, 2007, 2011; Creswell, 2009, 2014; Merriam, 2009). Additionally, the study focused on new graduate nurses in the hospital setting and did not account for new graduate nurses who begin their career in other healthcare settings such as nursing homes or physician offices. Furthermore, across the nation undergraduate nursing education experiences vary by institution and orientation procedures vary among hospitals. As such, the implication of the findings for nursing practice may not be applicable to all institutions.

In qualitative research, the researcher acts as the primary data collection instrument (Creswell, 2009, 2014; Merriam, 2009; Miles et al., 2014). Every attempt was

made to remain open minded throughout the study when collecting the experiences of the participants by ignoring personal pre-conceptions, opinions, and biases, and by concentrating on obtaining participants' views about lack of professional confidence. Additionally, field notes were written after each interview in order to reflect on thoughts and feelings regarding the interviewing process.

Implication of the Findings for Practice

Findings gathered from this study revealed that new graduate nurses lacked professional confidence upon entry into practice. Common experiences that challenged their lack of professional confidence included communicating with physicians, patients, and preceptors; making mistakes such as medication errors or patient falls; stressful situations like a rapid response; and a disconnection between nursing school and real life practice (Blanzola et al., 2004; Casey et al., 2004; Chang & Hancock, 2003; Duchscher, 2001, 2008, 2009; 2012; Kramer, 1974; Martin & Wilson, 2011; Morrow, 2008). On the contrary, experiences that promoted the development of professional confidence included: being independent, building relationships with other members of the healthcare team, receiving positive feedback from preceptors and patients, and gaining experience (Alspach, 2006; Anderson, 2008; Bowles & Candella, 2005; Goodwin-Esola et al., 2009, Thrysoe et al., 2011). Accordingly, these findings suggested possible implications for both undergraduate nursing education and nursing practice in the hospital setting.

Undergraduate Nursing Education

Undergraduate nursing education programs have a duty to improve strategies that prepare graduates for entry into professional practice (Duffield et al., 2010; Laschinger, 2012; Salt et al., 2008; Twigg & McCullough; 2014). For instance, clinical teaching

should include ample opportunities for students to interact and communicate with other members of the healthcare team such as reporting abnormal laboratory values to a physician or verbalizing end of shift report to the primary nurse at the end of the clinical day. Often times, the clinical instructor acts as liaison between the student and physicians, patients, or other nurses, thereby impeding the development of communication skills (Alinier et al., 2006; Bleicher, 2007; Brannan et al., 2008; Gignac-Caille & Oermann, 2001; Hanson & Stenvig, 2008; Hartigan-Rogers et al., 2007; Ness et al., 2010).

Simulation, a popular teaching strategy, provides a controlled, non-threatening environment that represents a real-life hospital setting where students have the opportunity to practice problem solving, clinical judgment, and technical nursing skills (Jeffries & Clochesy, 2012; Ogilvie et al., 2011). This environment would be an effective venue for students to not only make mistakes, but to learn from them as well. For example, increased use of simulation scenarios could prove useful for students to work through the events leading up to medication errors and the consequences that follow. Simulation could also be used to role play a rapid response situation, a patient fall, and a medication error which were common experiences that affected the lack of professional confidence for participants in this study.

Furthermore, the study findings suggested that undergraduate nursing education programs and their practice counterparts should devise a means to enhance the clinical experience to promote a more realistic learning environment (Chesser-Smyth & Long, 2013; Gabriel et al., 2006; Romyn et al., 2009; Wichman et al., 2009). Part of the disconnect between nursing school and nursing practice is that in most undergraduate

nursing programs, faculty are typically assigned eight to ten students per clinical group (Baldwin et al., 2014; Gignac-Caille & Oermann, 2001; Hanson & Stenvig, 2008; Hartigan-Rogers et al., 2007) where each student is assigned to care for one patient each. Ultimately, this leaves the nursing clinical instructor responsible for a total of eight to ten patients. Assigning more than one patient to each student as in real life practice where nurses care for multiple patients would be an unsafe practice and could lead to patient harm (James, 2013; Morrow, 2009; Wolff et al., 2010). Nursing programs should consider a decrease in clinical size from eight or ten to four or five. This change would allow the clinical instructor to assign students to provide nursing care to more than one patient per day and may increase the reality of nursing practice by forcing them to prioritize care among multiple patients (Beyea et al., 2007; Blum et al., 2010; Dowson, 2013; Galloway, 2009).

Nursing Practice in the Hospital Setting

Nurse leaders in practice, specifically, nurse managers and preceptors, must be mindful of the fact that new graduate nurses are entering the workforce with a lack of professional confidence (Henderson & Eaton, 2013; Jewell, 2013; Jones et al., 2014; Parker et al., 2014; Phillips et al.,2014; Rush et al., 2013; Twigg & McCullogh, 2014; Ulrich et al., 2010). Since it is in their power to promote professional confidence development over the first year of practice they should be cognizant of the following circumstances that promoted professional confidence in this study: being independent, building relationships with other members of the healthcare team, receiving positive feedback from preceptors and patients, and gaining experience.

The orientation period for new graduate nurses is a crucial time for learning and adjusting to the role of the registered nurse (Henderson & Eaton, 2013; Jewell, 2013; Phillips et al., 2014; Rush et al., 2013; Salt et al., 2008; Twigg & McCullogh, 2014; Ulrich et al., 2010). The findings in this study revealed the challenges that new graduate nurses faced during the first year of practice. Perhaps, a workshop could be included during hospital orientation that describes the challenges and emotions that may occur during the first year of practice. Orientation programs should also stress the importance of the preceptor role and ensure a suitable preceptor/new graduate match (Henderson & Eaton, 2013; Jewell, 2013; Rush et al., 2013; Salt et al., 2008; Twigg & McCullogh, 2014; Ulrich et al., 2010). Additionally, since communication is such an immense part of the role of a registered nurse more time should be spent developing this critical skill in undergraduate education as well as devoting time to this area in new graduate nurse orientation programs and transition into practice models (Jewell, 2013; Rush et al., 2013; Salt et al., 2008).

In this study, acting independently without the aid of a preceptor was an experience that dramatically increased professional confidence for new graduate nurses. New graduate nurses must develop a sense of independence even if they are not successful the first time and should be aware that over time independence will ensue. It is known that preceptors play a significant role by working closely with new graduate nurses and must be cognizant of each mentee's readiness to practice independently (Henderson et al., 2012; Jones et al., 2014; Parker et al., 2014). Formal training for preceptors is crucial and should include strategies to promote independence among new graduates nurses (Henderson et al., 2012; Romyn et al., 2009; Rush et al., 2012; Salt et

al., 2009). Many new graduates stated that positive reinforcement from their preceptor was beneficial in building professional confidence while they were on orientation. Thus, preceptors should know how to be consistent and thoughtful with constructive criticism and praise of new graduate nurse performance. Techniques on how to best deliver this type of feedback should be included in the formal preceptor training programs (Henderson et al., 2012; Romyn et al., 2009; Rush et al., 2013; Salt et al., 2009).

New graduate nurses experienced increased professional confidence by building relationships with coworkers, physicians, preceptors, and other new graduate nurses. These findings are parallel to previous studies which suggested that new graduate nurses need to feel valued by the healthcare team and the organization and need support from individuals on the job (Clark & Springer, 2012; Kowalski & Cross, 2010; Martin & Wilson, 2011). New graduates should be given opportunities to cultivate relationships with others. Further support can be found in a study that purported that new graduate nurses lack confidence in interprofessional collaboration (Pfaff et al., 2014). The findings suggested that supportive relationships and opportunities to collaborate with other members of the healthcare team promote confidence in new graduate nurses (Pfaff et al., 2014). An additional supportive measure could be aimed at weekly or monthly new graduate nurse discussion groups that offer an opportunity for new graduate nurses to share their challenges and successes with each other over the first year of practice. A period of self-reflection is recommended to allow new graduate nurses to recognize that their professional confidence has increased over time and by gaining experience (Parker et al., 2014; Thrysoe et al., 2011).

Recommendations for Further Research

Due to the fact that preceptors work so intensely with new graduate nurses, it is recommended that future research focus on the impact that preceptors have on the development of professional confidence for new graduate nurses (Martin & Wilson, 2011; Parker et al., 2014; Rudman et al., 2014; Ulrich et al., 2010). Research could collect stories from preceptors about how they account for the new graduate nurses' lack of professional confidence during the first year of practice in the hospital setting. This could be accomplished by surveying preceptors about their experiences related to strategies that are successful and not successful in building professional confidence.

Another recommendation is to increase research efforts concerning structured self-reflection or new graduate nurse peer debriefing sessions increase professional confidence in new graduate nurses during the first year of practice (Jones et al., 2014; Thrysoe et al., 2011. Furthermore, previous research has focused on workplace support and transition programs that assist new graduate nurses during their first year of practice (Henderson et al., 2012; Romyn et al., 2009; Rush et al., 2013; Salt et al., 2009), but few have indicated the magnitude of positive reinforcement and its effects on the promotion of professional confidence.

Research should also be considered that focuses on undergraduate nursing programs and how or if they can increase the level of professional confidence in graduating nurses (Alinier et al., 2006; Baldwin et al., 2014; Bleicher, 2007; Brannan et al., 2008; Ness et al., 2010). For instance, a study could compare clinical group size, small groups with four to five students to large groups with eight to ten students, to see if

this variable has an effect on professional confidence levels in undergraduate nursing students.

Finally, this study explored new graduate nurses who were working in the hospital setting (Jones et al., 2014; Parker et al., 2014; Pfaff et al., 2014). Future research could examine other healthcare settings to see if new graduate nurses in those settings have similar experiences about what accounts for their lack of professional confidence. Additionally, since data was collected from a small participant pool from two hospitals in the New York area, this study could be repeated in other parts of the country and a comparison of findings could be made.

Conclusion

The purpose of this basic qualitative study was to find out and understand how new graduate nurses accounted for their lack of professional confidence during their first year of practice in the hospital setting. From this purpose one primary research question and two sub-questions were identified. The primary question asked about new graduate nurses' experiences during their first year of practice related to the development of professional confidence in the hospital setting. The research sub-questions addressed circumstances that hindered and promoted the development of professional confidence in new graduate nurses' first year of practice. A basic qualitative research design was well suited in order to answer the research questions, since its primary goal is to uncover and interpret how participants make meaning of their experiences and their world (Creswell, 2009, 2014; Merriam, 2009).

Three themes emerged that answered research sub-question one: (a) communication is huge, (b) making mistakes, and (c) disconnect between school and

practice. These themes were related to circumstances that challenged the lack of professional confidence for new graduate nurses. In contrast, the second sub-question addressed whether there were particular instances or circumstances that promoted the development of new graduate nurses' professional confidence. Four themes emerged from research sub-question two: (a) independence, (b) relationship building, (c) positive feedback is important, and (d) gaining experience.

As a result, the study findings validated the assumption that new graduate nurses working for one year or less in the hospital setting, do indeed, lack professional confidence. One hundred percent of respondents indicated that they entered the nursing workforce without this essential characteristic (AACN, 2008; Clark & Springer, 2012; Perry, 2011). The findings of this study contributed new knowledge to the scientific body of literature by: extending the previous definition of professional confidence which includes behaviors such as applying knowledge to clinical situations, making independent decisions and communicating with physicians (Berkow et al., 2009; Holland et al., 2013; Jewell, 2013; Perry, 2011; Roth & Johnson, 2011; White, 2009). The findings also implied that professional confidence is not an all or nothing phenomenon (Perry, 2011; Rudman et al., 2014; White, 2009) rather it existed on a continuum. Furthermore, the findings suggested that new graduate nurses need to experience both negative and positive circumstances to move forward on the professional confidence continuum and that there is no set time frame for this to occur, as previously thought (Duchscher, 2001, 2008, 2009, 2012; Holland et al., 2013; Kramer, 1974; 2013; Perry, 2011; Rudman et al., 2014).

Two conceptual frameworks provided support for study namely, Reality Shock (Kramer, 1974) and Transition Theory (Duchscher, 2001, 2008, 2009, 2012). Both frameworks defined the metamorphic process that new graduate nurses experience as they begin their professional practice. This study extended the work of Kramer and Duchscher in that it concentrated specifically on the lack of professional confidence, an attribute that most new graduate nurses possess, and explored experiences that contributed to its decline and to its growth during the first year of practice in the hospital setting. Findings in this study echoed the challenges described by Kramer (1974) and included feelings of unpreparedness for the responsibility of the job and extremely high levels of stress. The findings also confirmed the sequential progression of stages that Duchscher described in Transition Theory (2001, 2008, 2009, 2012) as new graduate nurses adjusted to the role and responsibilities of working as a registered nurse in the hospital setting. The participants in this study varied in length of employment ranging from three to twelve months and a distinct progression in growth of professional confidence was seen across this timeframe, but did vary by the circumstances experienced by each participant.

Furthermore, the findings in this study both aligned and supported the current literature related to new graduates nurses' transition into professional practice and the challenges they encounter (Blanzola et al., 2004; Casey et al., 2004; Chang & Hancock, 2003; Duchscher, 2001, 2008, 2009; 2012; Kramer, 1974; Jones et al., 2014; Martin & Wilson, 2011; Parker et al., 2014; Rudman et al., 2014). Common stressors included lack of experience, poor organizational skills, and problems interacting with physicians (Casey et al., 2004; Chang, 2003; Newton & McKenna, 2007; Pfaff et al., 2014).

Participants in this study described similar experiences during their first year of practice which ultimately led to a decrease in lack of professional confidence.

As a result of this study, possible implications for both undergraduate nursing education and nursing practice in the hospital setting were described. For instance, strategies to create a foundational level of profession confidence should begin in nursing school and should be cultivated the clinical setting where students interact with patients, families, and other healthcare professionals (Baldwin et al., 2014; Bleicher, 2007; Brannan et al., 2008; Ness et al., 2010). Additionally, workplace support in the form of extended orientation programs, qualified preceptors, and periodic self-reflection about professional growth are recommended for the successful integration of new graduate nurses (Henderson et al., 2012; Romyn et al., 2009; Rush et al., 2013; Salt et al., 2009).

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APPENDIX A. STATEMENT OF ORIGINAL WORK

Academic Honesty Policy

Capella University's Academic Honesty Policy (3.01.01) holds learners accountable for the integrity of work they submit, which includes but is not limited to discussion postings, assignments, comprehensive exams, and the dissertation or capstone project.

Established in the Policy are the expectations for original work, rationale for the policy, definition of terms that pertain to academic honesty and original work, and disciplinary consequences of academic dishonesty. Also stated in the Policy is the expectation that learners will follow APA rules for citing another person's ideas or works.

The following standards for original work and definition of *plagiarism* are discussed in the Policy:

> Learners are expected to be the sole authors of their work and to acknowledge the authorship of others' work through proper citation and reference. Use of another person's ideas, including another learner's, without proper reference or citation constitutes plagiarism and academic dishonesty and is prohibited conduct. (p. 1)
>
> Plagiarism is one example of academic dishonesty. Plagiarism is presenting someone else's ideas or work as your own. Plagiarism also includes copying verbatim or rephrasing ideas without properly acknowledging the source by author, date, and publication medium. (p. 2)

Capella University's Research Misconduct Policy (3.03.06) holds learners accountable for research integrity. What constitutes research misconduct is discussed in the Policy:

> Research misconduct includes but is not limited to falsification, fabrication, plagiarism, misappropriation, or other practices that seriously deviate from those that are commonly accepted within the academic community for proposing, conducting, or reviewing research, or in reporting research results. (p. 1)

Learners failing to abide by these policies are subject to consequences, including but not limited to dismissal or revocation of the degree.

Statement of Original Work and Signature

I have read, understood, and abided by Capella University's Academic Honesty Policy (3.01.01) and Research Misconduct Policy (3.03.06), including the Policy Statements, Rationale, and Definitions.

I attest that this dissertation or capstone project is my own work. Where I have used the ideas or words of others, I have paraphrased, summarized, or used direct quotes following the guidelines set forth in the APA *Publication Manual*.

Learner name and date	*Jennifer A. Ortiz*/Jennifer A. Ortiz 11-20-2014
Mentor name and school	Dr. Patricia Marin School of Education

APPENDIX B. INTERVIEW PROTOCOL

Data Collection Instrument
Interview Protocol- Introductory Interview

Section A
Demographic Data
Gender:_____
Ethnicity:_____
Age:_____
Undergraduate nursing program: ___ADN ___BSN
College or University:_____
Length of time employed as a registered nurse at this hospital:_____
Previous occupation:_____

Section B
Date of Interview:
Time of Interview:
Location of Interview:
Participant:

1. Professional confidence in nursing has been defined as knowing how to handle various patient situations; making independent decisions on the job; and assertively communicating with other healthcare professionals. How do you feel about this definition? Would you like to change the definition? Probes: How? What traits do you feel demonstrate professional confidence for a registered nurse?

2. Think back to your first day of employment: describe how you were feeling about beginning your career. Compare that first day on the job to right now. Probes: How have you changed? What else has changed? How confident did you feel about your job then? Now? Why?

3. Tell me a story about your early experiences in the first 2 months on the job. What challenging situations did you experience? Probes: How did you do? If you had to handle the same situations now, how would you do? What would you do differently? Why? Did confidence play a role? How? Tell me more about that. (Probe for each part of the definition).

4. Looking back at your first year of practice; can you describe in as much detail as possible a situation in which you felt professionally confident? Probes: What

made you feel that way, who was involved, and what contributed to this experience? What is it about this particular experience that makes it stand out to you?

5. Looking back at your first year of practice; can you describe in as much detail as possible a situation in which you felt a lack of professional confidence? Probes: What made you feel that way, who was involved, and what contributed to this experience? What is it about this particular experience that makes it stand out to you?

6. Can you give me examples of particular circumstances or events that promoted your growth in professional confidence? Probes: What did this mean to you at the time? What does it mean to you now?

7. Can you give me examples of particular circumstances or events that challenged your growth in professional confidence? Probes: What did this mean to you at the time? What does it mean to you now?

8. Tell me how you went about developing your professional confidence in your job. Probes: What strategies did you use? Which were helpful? Which were not helpful?

9. How important is it for a nurse to have confidence on the job? What situations on the job do you still wish you felt more confident about? Probes: Why? When will this likely change?

10. What advice would you give to a new graduate nurse about developing professional confidence? Is there anything else you wish to tell me about your experience of building professional confidence and how new nurses develop confidence?