Effects of Transition to Practice Programs on New Nurses' Confidence and RN Role Transition

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ABSTRACT

Background and Purpose: The healthcare system is currently facing daunting challenges; to increase the number of new nurses needed to provide care to the burgeoning population of seniors, to provide primary care for individuals covered by the Affordable Care Act of 2010 and to fill the vacancies left by retiring nurses. Transition into practice programs are needed to help new graduate nurses develop comfort and confidence in the autonomous Registered professional nurse (RN) role. New graduate nurses are at risk for significant job stress, leading to rapid job turnover, putting patient safety at risk. Recent studies examining transition to practice programs include results and implications that are limited by the sampling of only baccalaureate prepared new graduate nurses enrolled in a structured nurse residency program.

The purpose of this study was to examine the effects of transition to practice programs on new graduate nurses regardless of transition to practice program type, length of program or degree upon initial entry to practice in the state of New Jersey.

Research Question: What are the effects of transition to practice programs on new nurse comfort, confidence and RN role transition?

Design, methods and participants: The non-experimental, cross-sectional, correlational descriptive study utilized the Casey-Fink Graduate Nurse Experience Survey to examine new graduate nurses' comfort, confidence and RN role transition. The purposive convenience sample consisted of 182 RNs licensed in New Jersey, who were hired into their first nursing job between January 2012 and June 2014.

Results and implications: Data analysis revealed that there were no significant differences in new graduate comfort and confidence score regardless of length of transition to

practice program or entry degree received. Approximately one-third of respondents felt that they were not able to complete their patient care assignment on time, had difficulty prioritizing and organizing patient care needs, and felt that they may harm a patient due to their lack of knowledge and experience. The results of this study indicate that up to one-third of new graduate nurses surveyed, who after completion of a TTP program, are often expected to care for a full assignment of high acuity patients comparable to a seasoned RN, lacked the comfort and confidence to do so. The study also indicates however, that those who participated in a longer TTP program fared best, reporting heightened comfort and confidence responses on the survey instrument.

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Table of Contents

LIST of TABLES

Table

Chapter I

Introduction

Overview and Background

Healthcare is complex and ever-changing, but one constant is the importance of safe, quality nursing care and positive patient outcomes (Boustani, et al., 2010). The healthcare system is currently facing daunting challenges such as increasing registered nurse (RN) vacancies, implementation of the Affordable Care Act, leading to an additional 32 million Americans seeking healthcare. Additional challenges include an aging population, with projections of close to 20% of the population aged 65 or older by 2030, increasing numbers of Americans with one or more chronic diseases and the increase of patient acuity in hospitals, long term care settings and in the community (AOA, 2013; IOM, 2010; Kowalski, 2013; Loeppke, 2011; Theisen & Sandau, 2013). Nurses at the bedside, in the community and as primary care providers will assume an important role in facing these challenges (IOM, 2010).

To meet these challenges, an increasing number of new graduate nurses will be needed, and these new graduate nurses need to be ready to provide safe, quality, competent care (Theisen & Sandau, 2013). Traditionally, new graduate nurses were trained in orientation programs that focused on skills and organizational policies as competencies (Theisen & Sandau, 2013). Over the past decade, orientation programs have evolved and nurse residency programs have emerged to provide nurses with an "evidence-based strategy" (Bratt & Felzer, 2011, p. 560) that can enhance patient safety and quality of care. For the purpose of this study the term transition to practice programs will be used to describe nursing orientation and nurse residency programs.

New graduate nurses are novice practitioners, placed in an environment requiring competent clinical, critical thinking and decision-making skills. New graduate nurses develop these skills during transition to practice programs. In order to provide safe, quality patient care and optimize patient outcomes, transition into practice programs are needed (Boustani, Munger, Gulati, et al, 2010; Holland & Moddeman, 2012; IOM, 2011; Kowalski, 2012; Bratt & Felzer, 2011; Olson-Sitki, Wendler & Forbes, 2012; Theisen & Sandau, 2013; Williams, Goode, Krsek, Bednash & Lynn, 2007). Transition into practice programs help the new graduate nurse develop confidence and competencies including advanced problem solving, decision-making and critical thinking (Benner, 1984). The National Council of State Boards of Nursing (NCSBN) and the Institute of Medicine (IOM) have examined training and retention of new graduate nurses and the impact insufficient training may have. New graduate nurses who cannot properly transition to the RN role are at risk for increased job stress, leading to practice errors and putting patient safety at risk (IOM, 2010; Little, Ditmer & Bashaw, 2013; NCSBN, 2011; Winfield, Melo & Myrick, 2009).

Recent studies that investigated traditional orientation programs, examined retention, turnover, job satisfaction and new graduate nurse experience or specialty area orientation and orientation processes such as simulation, preceptorship, mentoring or structure (Marcum & West, 2004; Newhouse, 2007; Park & Jones, 2010; Scott, Engelke, & Swanson, 2008). Studies that examined nurse residency programs also considered retention, turnover, job satisfaction and new graduate nurse experience as well as new graduate nurse comfort, confidence, attitudes, control over practice and organizational commitment (Casey, Fink, Krugman, & Propst, 2004; Holland & Moddeman, 2012;

Meyer Bratt & Felzer, 201; Olson-Sitki, Wendler, & Forbes, 2012; Williams, Goode, Krsek, Bednash, & Lynn, 2007). These studies however, were limited by the sample only being represented by baccalaureate prepared new graduate nurses enrolled in a structured nurse residency program. The purpose of this study is to examine the effects of transition to practice programs on new graduate nurses regardless of transition to practice program type, length of program or degree upon initial entry to practice.

The research question is: What are the effects of transition to practice programs on new nurse comfort, confidence and RN role transition?

Theoretical Framework

Patricia Benner's From Novice to Expert introduced nursing to the concept that nurses who are experts, developed their skills and expertise in patient care through experiences over a period of time (Nursing, 2013). Benner (1984) applied Dreyfus' Model of Skill Acquisition to nursing and described five levels of nursing experience: Novice, Advance Beginner, Competent, Proficient and Expert. The Dreyfus Model states that in skill acquisition and development, "a student passes through five levels of proficiency, novice, advanced beginner, competent, proficient and expert" (Benner, 1984, p. 13). Benner goes on to clarify that the term skill in nursing application, was not used to mean actual psychomotor skills but rather "the applied skill of nursing in actual clinical situations" (p. 14). Benner (1984) was able to examine patient care situations and uncover "distinguishable, characteristic differences" (p. 14) between the new graduate nurse and expert preceptors' description of the same clinical situation; in turn apply the Dreyfus Model to nursing, and described "performance characteristics at each level of

development and to identify, in general terms the teaching/learning needs at each level" (p. 20).

The Novice nurse as described by Benner (1984), has had no experience in the situation where they are expected to perform. An example of someone in the Novice stage would be a nursing student entering a new clinical area, who has learned terms and basic knowledge from textbooks and lectures, but would have little conceptual understanding or meaning in the clinical setting (Benner, 1984).

She identified the new graduate nurse, who is the main benefactor of Transition to Practice programs, to be at the Advanced Beginner stage. This newly licensed RN has general knowledge, has had some experience with actual patient care and can use basic nursing principles to guide his/her actions (Benner, 1984).

Benner (1984), describes the competent nurse as one who has been "on the job in the same or similar situation" (p. 25) for two to three years and is consciously aware of how her actions effect long-range goals or plans. This nurse is confident, has a sense of mastery and is able to organize and plan patient care as well as manage unexpected situations in the clinical area.

The next level nurse, Proficient, is able to "understand a situation as a whole" (Benner, 1984, p. 27) and is able to recognize when a situation is not proceeding as expected and therefore has an improved decision-making ability. The Proficient nurse is also aware of "nuances of the situation" (p. 29).

The highest level of nursing practice, Expert, is described by Benner (1984) as a nurse with an "enormous background of experience" (p. 32). This is a nurse who is highly proficient in their skills and performance and can use intuition to guide their

clinical judgement and decisions. Benner (1984) theorized further that it is this clinical or practical knowledge gained through experiences, that is most important for nurses moving toward the Expert level.

Transition to practice programs can be related to Patricia Benner's Novice to Expert stages, as they comprise two of the main points of Benner's theory; experience and time. Traditional nursing orientation programs, often 12 weeks in length, provides the new graduate nurse with orientation to hospital policies and procedures, classroom time for review of skills, unit orientation and time to transition to the RN role with preceptor supervised care of patients (Baxter, 2010). Nurse Residency programs provide the new graduate nurse with similar clinical or practical experiences and evidence-based guidance over an extended period of time, usually one year in length (Goode, Lynn, McElroy, Bednash, & Murry, 2013; Meyer Bratt & Felzer, 2011; Holland & Moddeman, 2012; Olson-Sitki, Wendler, & Forbes, 2012).

Methodology

The study design was non-experimental and cross-sectional, using descriptive quantitative data collected using a survey instrument, to examine the effects of transition to practice programs on new graduate nurses. This study instrument examines the experiences of new graduate nurses, and looks at their confidence and comfort in performing nursing skills, their registered nurse (RN) role performance, and difficulties with the transition to the RN role (Fink, Casey, Krugman, & Goode, 2008). The sample included RNs in New Jersey who were hired into their first nursing position between January 2012 and June 2014. The survey was conducted utilizing electronic survey distribution and convenience sampling was used.

DNP Essentials

In a position statement regarding Doctor of Nursing Practice (DNP) education, the American Association of Colleges of Nursing (AACN) recommended "the expansion of scientific knowledge" (AACN, 2006, p. 4) to ensure safe nursing practice, quality nursing care and positive patient outcomes.

Discussion of the complexity of nursing practice and examining an important issue affecting nursing supports Essential I: Scientific Underpinnings for Practice and Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking (AACN, 2006). This practice dissertation will add to the nursing body of knowledge, seeking to affect future nursing practice, the system of nursing education and improvement of health care delivery. Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice is also supported by completing this dissertation project. In the process of completing this dissertation project the author appraised the current literature, analyzd data collected. Discussion and dissemination of the findings will add to evidence-based practice (AACN, 2006).

This practice dissertation meets the AACN DNP essentials by examining a current nursing practice concern, RN transition to practice, directly affecting nursing practice, patient care and patient outcomes.

Summary

Chapter 1 has presented the background, purpose and overview of the "Effects of Transition to Practice Programs on New Nurses' Confidence and RN Role Transition" study. The transition to pactice issue continues to be present in the literature as well as remaining an issue affecting nursing practice and potentially patient outcomes.

Chapter II

A Review of the Literature

Introduction

Chapter two consists of a review of the literature over the past four decades related to newly licensed nurses' transition to practice to the RN role. Kramer (1974) described the concept of reality shock, affecting new graduate nurses in their first work experience. Reality shock can affect a new nurse's effectiveness in the registered nurse (RN) role by hindering performance and socialization into the RN role as well as being a factor in a new nurse's decision to stay or leave the nursing profession (Kramer, 1974). In 1984, Patricia Benner observed nurses in clinical practice and applied Dreyfus' model of skill acquisition to the process of nurses moving from the new graduate level toward expert practice. Benner (1984), went on to describe this transition process as including two major components, experience and time.

From 1990 through 2010, new graduate transition continued to be a topic in the nursing literature. During this time, transition programs included the traditional general orientation format whereas formal structured transition to practice programs are called Nurse Residency Programs (NRPs). Nursing research from 2010 through 2013 revealed that there is a renewed interest in new graduate nurses and transition to practice programs. The IOM report (IOM, 2010), cited upcoming challenges to the healthcare system and recommended that NRPs be implemented country wide. In response, these recent research studies have looked at the effects of NRPs and what new graduate nurses need for successful transition to practice.

This literature review was completed using a database search. Cumulative Index to Nursing and Allied Health Literature (CINAHL), Science Direct and Google Scholar were utilized to yield results specific to science, health and nursing. The keywords used in the search were: “nurse residency programs”, “nurse internships”, “nursing orientation”, “nurse preceptorship”, “health care system”, and “RN transition programs”. To narrow the search results, articles were limited to those appearing in academic journals related to nursing from 2004 through 2014. Finally, a manual sorting was completed to limit the articles to only those relevant to the topic of transition to practice (TTP) programs. Quantitative and qualitative research articles, systematic reviews and national and professional organization recommendations were included. The literature review is organized by themes and concepts related to the effects of transition to practice programs.

Quantitative Measured Outcomes of TTP Programs

In reviewing the literature, characteristics or skills necessary for a new graduate nurse to successfully transition to the RN role were identified. These characteristics or skills included: confidence, communication, organization and prioritization, leadership, clinical knowledge and skills, preparation, collaboration and decision-making (Holland & Moddeman, 2012; Kowalski, 2012; Meyer Bratt & Felzer, 2011; Olson-Sitki, Wendler, & Forbes, 2012; Theisen & Sandau, 2013; Williams, Goode, Krsek, Bednash, & Lynn, 2007). Additional concepts related to successful new graduate RN transition were: new graduate nurse perceived job stress, support received throughout the residency program, job or professional satisfaction, retention and turnover (Holland & Moddeman, 2012;

Meyer Bratt & Felzer, 2011; Olson-Sitki, Wendler & Forbes, 2012; Theisen & Sandau, 2013; Williams, Goode, Krsek, Bednash & Lynn, 2007).

Four of the research articles reviewed had similarities in relation to purpose of the studies, looking at the outcomes of a 12 month NRP. Participants in the studies included new graduates or newly licensed nurses; however the sample size differed according to the size of the hospital and number of sites participating in the nurse residency program. Two studies were small in size, 26 and 31 participants while the other two studies were much larger with 227 and 679 participants respectively (Holland & Moddeman, 2012; Meyer Bratt, 2011; Olson-Sitki, Wendler & Forbes, 2012; Williams, Goode, Krsek, Bednash & Lynn, 2007).

The nurse residency programs (NRPs) evaluated by Holland & Moddeman (2012) and Williams, Goode, Krsek, Bednash & Lynn (2007), used a curriculum developed by the United Health System Consortium (UHC) and the American Association of Colleges of Nursing (AACN). The curriculum is evidence-based with a goal of improved patient outcomes by improving the professionalism and leadership skills of the participants (Holland & Moddeman, 2012). The Wisconsin Nurse Residency Program (WNRP), "an educational and psychosocial support system for new graduate nurses" (Meyer Bratt & Felzer, 2011, p. 560), was utilized in hospitals in the Midwest in the study by Meyer Bratt & Felzer, (2011). The final study of this group utilized a site-developed curriculum, created to supplement and add to the traditional new graduate nurse orientation program at the site. The program consisted of a general orientation, a specific unit-based orientation and additional four hour nurse resident development sessions after three months of employment (Olson-Sitki, Wendler & Forbes, 2012). A descriptive, non-

experimental, repeated measure research design utilizing survey type measurement tools was used by each author, however each of these studies were reviewed separately here due to the different measurement tools utilized.

Holland & Moddeman (2012), evaluated a yearlong NRP at a healthcare organization in the Midwest and looked at how the NRP affected the confidence of new RNs. Newly hired RNs participated in the NRP program as a condition of employment and RNs with six months or less experience already employed at the organization were invited to join as well. Half of the population studied (n=26) were aged 20-25 at the date of hire, with seven participants aged 26-32 and three each respectively in the 33-39 and 40-45 categories; the mean age was 28. Fourteen participants had an Associate's degree in nursing and the remainder (12) were Bachelor of Science in Nursing graduates. Participants were hired into hospital units spread throughout all specialties. Confidence of the newly licensed nurses was measured by the Casey-Fink Graduate Nurse Experience Survey, with additional subscales that look at support, organizing and prioritizing, communication and leadership and professional satisfaction (Holland & Moddeman, 2012). The survey was administered at the beginning of the program and repeated at six and 12 months, with a 92.3% response rate. Results of the survey revealed that nurses who participated in the NRP felt more confident after completion of the program with a mean score of 73.167 at the beginning of the program and a mean score of 75.333 upon program completion. Two subscales of the survey, organizing and prioritizing and communication and leadership, showed statistically significant results ($p<.001$). The subscales measuring support and professional satisfaction both showed a slight reduction from the beginning of the program to the 12 month survey. The authors felt that these

results could have been affected by "the difference between anticipation of the RN role and the reality of clinical practice" (Holland & Moddeman, 2012, p. 333), the implementation of a new electronic medical records system in one of the hospital and construction with resulting restructuring of units in another hospital (Holland & Moddeman, 2012).

Another study that utilized the Casey Fink Graduate Nurse Experience survey was one by Olson-Sitki, Wendler, & Forbes (2012). The authors examined the effect of a NRP on new nurse job satisfaction, overall experience of the new graduate and retention rates of new graduate nurses in a hospital in the Midwest. The participants in this survey (n= 31) consisted of new graduate nurses between the ages of 18-35 years of age, 58% Bachelor of Science in Nursing and 42% Associate degree in nursing graduates and all were recruited into the study upon hire into their first nursing position (Olson-Sitki, Wendler, & Forbes, 2012). The survey was administered twice, at six and 12 months and only those who completed the survey at both times were included in the study. Results revealed significant differences in nine of the 24 quantitative item statements on the Casey-Fink tool with scores being higher for the second administration at 12 months. The *t* test indicated the comfort/confidence measure difference ($p < .001$) reflected an increase in the new nurse's confidence in their skills and abilities after completing the NRP. The anlaysis of the subscales of safety, stress and communication/leadership revealed no significant differences at the 12 month measure (Olson-Sitki, Wendler, & Forbes, 2012). This study also included a qualitative three question survey tool developed by the investigators to further measure outcomes. Examination of the data revealed a majortiy of positive comments about the NRP with a high level of satisfaction reported with "all

aspects of the program" (Olson-Sitki, Wendler, & Forbes, 2012, p. 159). The metatheme that emerged was "I am not the only one" (p. 159) indicated that the new nurses valued the meetings as a group during the time of the NRP, where they could get together to discuss struggles, talk about common experiences and support one another in the overall experience of transition into the RN role (Olson-Sitki, Wendler, & Forbes, 2012).

The next study, by Bratt & Felzer (2011) is one of two in this literature review that includes a larger sample size and measurements from multiple cohorts of a NRP. The purpose of this study was to examine the perceptions of newly licensed nurses regarding their professional practice competency with a focus on decision-making ability, quality of nursing performance and work environment factors (Meyer Bratt & Felzer, 2011). The sample of 468 newly licensed RNs participated in the Wisconsin Nurse Residency Program at any time between 2005 to 2008. Perceptions of the new graduate's professional practice competency were measured with the Clinical Decision Making in Nursing Scale and the Modified 6-D Scale of Nurisng Performance, while perceptions of the work environment were measured with three instruments: The Nurse Job Satisfaction Scale, The Job Stress Scale and the Organizational Commitment Questionanaire; all of these instruments measure on a Likert scale format (Meyer Bratt & Felzer, 2011). The initial sample (n = 468) of participants had a mean age of 30 years, just over half (55.4%) graduated with an Associate's degree in nursing with 44.6% having a Bachelor of Science Degree in nursing. Results revealed a significant increase in clinical decision-making scores between the six month and 12 month data collection ($p = .001$) but not between the baseline and 12 month data. The authors attributed this finding to the new graduate being aware of their knowledge gaps at the beginning of their career and

therefore confident in their decision-making, needing to validate their thinking at that point. Quality of nursing performance measures revealed a significant upward trend ($p = <.001$) from baseline through 12 month measurement (Meyer Bratt & Felzer, 2011). Measurement of job satisfaction and showed a similar trend to the clinical decision-making scores as noted above, a significant increase from the six month to 12 month collection, but not from baseline to six month timeframe. The organizational commitment survey showed the highest score at baseline, dropping significantly ($p = .001$) at the six month collection time then increasing slightly at the 12 month mark. Job stress initially has a slight increase from baseline to six month collection but then had a significant decrease ($p = <.001$) at the 12 month measurement.

A study by Williams, Goode, Krsek, Bednash, & Lynn (2007) examined outcomes of two cohorts of residents from across the country at hospital sites that use the University Health Consortium (UHC)/ American Association of Colleges of Nursing (AACN) developed nurse residency curriculum. The focus of the study was to determine the changes in perception reported by participants related to stress, skill development, control over practice and job satisfaction, as well as assessment of the residency experience by participants. The sample ($n = 679$) consisted of nurse residents who completed the program between 2003 and 2005 at any of 12 hopital sites that participated at that time (Williams, Goode, Krsek, Bednash, & Lynn, 2007), seperated into two cohorts. The mean age of participants was approximately 25 years of age, 90% of participants had some type of healthcare experience ranging from a senior capstone course to an LPN license; no demographics were reported regarding level of education in this study. Three survey tools were used to determine participants experiences and

perceptions; the Casey-Fink Graduate Nurse Experience Survey, the Gerber's Control Over Nursing Practice Survey and the McCloskey-Mueller Satisfaction Scale. Analysis of subscales of the Casey-Fink Graduate Nurse Experience Survey revealed a significant increase ($P \leq .05$) in scores from program entry to exit in the ability to organize and prioritize and communication and leadership areas for both cohorts and in the support area for the Beta cohort but only increased slightly over time for the Alpha cohort. There was a significant reduction in stress scores ($P \leq .05$) between entry and exit measures for both groups as well. In regard to perception of control over practice, scores demonstrated what the authors described as a V-shaped pattern, higher levels at entry and exit with a lower mean at the six month measure time. One subscale, skillful team member, revealed the highest subscale scores for the entire survey tool (5.98-6.17 on a 7-point scale) which translated into participants having maintained "a very high perception of their ability" (Williams, Goode, Krsek, Bednash, & Lynn, 2007, p. 361). The authors interpreted the data on the CONPS to reveal a pattern of "perceived growth in clinical leader abilities during the residency program" (p. 361).

Summary

Chapter 2 examined the nursing literature related to transition to practice programs that prepare new graduate nurses for the RN role. In the past nursing orientation programs have been the standard while more recently NRPs have gained the attraction of new graduate nurses and hospital leadership. The IOM has recommended that all new graduate nurses attend a NRP (IOM, 2010).

Chapter III

Methodology

Introduction

Chapter 3 describes the methodology for completion of this project including: study design, sample, instrument, procedure, data collection, Human subject protection and proposed analysis. The research question is: What are the effects of transition to practice programs on new nurse confidence and RN role transition? The study examined the experiences of new graduate nurses, and their confidence and comfort in performing nursing skills, their registered nurse (RN) role performance, and difficulties with the transition to the RN role (Fink, Casey, Krugman, & Goode, 2008). The survey was conducted utilizing electronic survey distribution and convenience sampling was used.

Design

The study design was non-experimental using descriptive quantitative data, collected utilizing a survey instrument to examine the effects of transition to practice programs on new graduate nurses.

Sample

The population of interest for this study is the new graduate nurse transitioning to the RN practice role. The sample included RNs in New Jersey who were hired into their first RN position between January 2012 and June 2014. The sample was recruited through an email invitation to participate in this study. Convenience sampling was used.

Instrument

Data was collected using the Casey-Fink Graduate Nurse Experience Survey (Fink, Casey, Krugman, & Goode, 2008), a tool which measures a new graduate nurses'

experience during the transition to the RN role using a mix of multiple response and Likert type questions. Additional items in the survey tool examine life stressors and transition difficulties as well as collect demographic data. The subscales identified by Casey & Fink (2014) and measured within the tool are labeled: Support, Patient Safety, Stress, Communication/Leadership and Professional Satisfaction. Reliability for the tool is reported with a Cronbach coefficient ranging from .71 to .90 (Casey & Fink, 2014).

This tool has been used to examine the effects of Nurse Residency Programs on an RN's confidence and comfort with the RN role transition (Fink, Casey, Krugman, & Goode, 2008; Holland & Moddeman, 2012; Olson-Sitki, Wendler, & Forbes, 2012; Williams, Goode, Krsek, Bednash, & Lynn, 2007). For this study the tool was used to examine the effects of transition to practice programs such as Nurse Residency Programs and traditional nursing orientation programs. Differences in the use of the Casey-Fink Graduate Nurse Survey (Fink, Casey, Krugman, & Goode, 2008) in this study were cross-sectional collection and proposed sample. In all of the studies described in the literature review, participants who were surveyed were residents in a structured Nurse Residency Program (NRP) and the tool was administered at multiple times during the program (Fink, Casey, Krugman, & Goode, 2008; Holland & Moddeman, 2012; Olson-Sitki, Wendler, & Forbes, 2012; Williams, Goode, Krsek, Bednash, & Lynn, 2007). For the current study, the tool was administered to a sampling of RNs regardless of participation in an NRP and at a one-time administration point after participation in a transition to practice program.

Different sample, collection time and research question necessitated an adjustment to the questions on the survey tool. Permission by the tool's author, Kathy

Casey was given to make minor adjustments to the survey's questions; asking the participants to reflect back to their transition to practice program whether it be traditional orientation or NRP when answering the questions, due to the time that may have passed since their transition to RN practice. The initial survey permission letter and email approving survey adjustment are included in Appendix (A). Demographic questions were also added to determine if the survey respondent participated in a traditional orientation program or a NRP. A copy of the Casey-Fink Graduate Nurse Survey with adjustments is included in Appendix (B).

Variables

The dependent variable is the RN's comfort and confidence with the RN role and any difficulties with role transition. The independent variable is the length of transition to practice program. The dependent variable was measured by the Casey-Fink Graduate Nurse Survey (Fink, Casey, Krugman, & Goode, 2008) as noted above.

Procedure/ Data Collection

RNs licensed in the state of New Jersey were recruited through email invitation to respond to an electronic survey via link through Survey Monkey, an electronic survey service (Survey Monkey, 2014). All RN respondents who were hired into their first nursing position between January 2012 and June 2014, agreed to participate and return a completed survey will be considered for inclusion in the study.

Human Subject Protection

After receiving institutional review board (IRB) approval from William Paterson University, an email invitation was sent to RNs newly licensed in New Jersey from June 1, 2011 and January 31, 2014. The email list was procured through the New Jersey State

Board of Nursing. RNs contacted were asked to respond to the survey and to assure anonymity, no identifying data was collected from the respondents (Wood & Ross-Kerr, 2011). Storage of email addresses was disabled through the Survey Monkey site (Survey Monkey privacy policy, 2014). New Jersey licensed RNs were asked to consent to participate in the study. An introduction, describing the purpose of the study was included in the email, informing the participants that they were completing a voluntary survey and at any time they may leave any answer blank or stop the survey. Participants were also informed that the results would not be reported in such a way that would reveal individual participant identity (Wood & Ross-Kerr, 2011).

The first question of the survey asked the respondent to acknowledge that they understood the explanation of the survey and that they were consenting to participate. There were no known risks of completing this survey. There was no benefit for participation in this study and no reimbursement was provided. There were no financial costs to the participant as a result of taking part in this study. A copy of the IRB approval is included in Appendix (C).

Summary

Chapter III presented the methodology that was used for this non-experimental descriptive study. The study examined the experiences of new graduate nurses, their confidence and comfort in performing nursing skills, their registered nurse (RN) role performance, and difficulties with the transition to the RN role (Fink, Casey, Krugman, & Goode, 2008).

Chapter IV

Results

Introduction

Chapter four will present the analysis of the data collected during the "Examining the Effects of Transition to Practice Programs" in New Jersey. The study examined the experiences of new graduate nurses, and their confidence and comfort in performing nursing skills, in their registered nurse (RN) role performance, and in their difficulties with the transition to the RN role using the Casey-Fink Graduate Nurse Experience tool (Fink, Casey, Krugman, & Goode, 2008). The research question is: What are the effects of transition to practice programs on new nurse comfort, confidence and RN role transition? The variables of interest were: length of transition to practice programs, new graduate nurse comfort and confidence levels and any difficulty with RN role transition.

Sample

The convenience sample consisted of RNs in New Jersey who were hired into their first nursing job between January 2012 and June 2014. A list of active RNs was purchased identifying 54,579 currently licensed RNs in New Jersey. There were 7,456 RNs who were newly licensed between June 1, 2011 and January 31, 2014 and 6,176 of those licensed between those dates had an email address on file with the New Jersey Board of Nursing. These dates were chosen to allow for a period of time between licensing and first hire. Thirty-one RNs on the list were eliminated from the invitation list because all of their email addresses were listed as the exact same email, from a healthcare company in Missouri. The final number of email invitations sent out over a period of one week, were 6,145. A reminder email, again with link to the survey was sent out to the

same list two weeks after the initial email. Both initial and reminder emails had some that were returned to the researcher email as undeliverable, 327 and 373 respectively, decreasing the number of email invitations delivered to potential participants to 5,772.

A total of 424 invitation recipients, 7% responded to the SurveyMonkey link. Three hundred and ninety-four nurses (93%) consented to participate in the survey. The qualifying question, "were you hired into your first nursing job between January 2012 and June 2014" was answered by potential participants. Two hundred thirty-four (59%) of those who consented to participate were eligible to continue onto the survey. Twelve respondents who consented to participate, did not answer the qualifying question and were not included in the data analysis. An additional 40 respondents agreed to participate, but did not answer any of the survey questions and therefore were not included in the data analysis. The final number of qualifying participants who completed the online survey was 182/424 (43%). Not every survey participant answered all survey questions, which means the sample number for each survey question may differ from the total survey sample number.

The final sample (n=182) was a representation of RNs licensed in New Jersey who were hired into their first nursing job between January 2012 and June 2014.

Demographics

The demographic characteristics of interest, which were collected as part of the survey, included age, gender, ethnicity, current employment status, area of specialty, degree received, time of hire after graduation, health care experience prior to nursing school, functioning as a charge nurse, functioning as a preceptor, scheduled work pattern,

type of transition to practice program, length of transition to practice program and the number of primary preceptors during transition their transition to practice program.

Females represented the majority of survey respondents (88.6%) and the mean age of respondents was 33 years. The respondents were grouped by the researcher to demonstrate the pattern of ages of newly licensed nurses. The majority of respondents (44%) received an Associate's Degree (AD) in Nursing. Several participants responded with additional academic degrees earned, decreasing the number analyzed. The most common transition to practice program that respondents participated in was identified as Nursing Orientation Program (86.3%) and a majority of transition to practice programs (46.7%) were less than or equal to eight weeks in length (Table 1).

Table 1.

Demographics	**Frequency**	**Percentage**
Gender (n=167)		
Male	19	11.4
Female	148	88.6
Age (n=163)		
20-25	51	31
26-30	37	22.6
31-35	25	15.6
36-40	11	6.7
41-45	9	5.5
46-50	18	11
51-55	9	5.5
56-60	4	2.4
Ethnicity (n=173)		
Caucasian (White)	124	71.7
Black	13	7.5
Hispanic	12	6.9
Asian	22	12.7
I do not wish to include this information	2	1.2

Demographics	Frequency	Percentage
Degree Received (n=154)		
Diploma	15	9.7
AD	68	44.1
Bachelor of Science in Nursing (BSN)	46	30
2nd Degree BSN	25	16.2
Length of Transition to Practice Program (n=165)		
≤ 8 weeks	77	46
9-12 weeks	62	38
13-16 weeks	13	8
17-23 weeks	8	5
≥24 weeks	5	3
Type of Transition to Practice Program (n=159)		
Nursing Orientation	137	86
Nurse Residency Program	22	14

Data Analysis

Skills and Procedure Performance

Participants were asked to choose the top three skills and procedures that they were uncomfortable performing after completing their transition to practice program. Skills and procedures were chosen from a list included in the original Casey-Fink Graduate Nurse Experience survey. The skills and procedures chosen most often by respondents were Code/Emergency Response, Blood Draw/Venipuncture and Intravenous (IV) Starts. Complete data for skills and procedures is presented in Appendix (D).

Comfort and Confidence

Section II of the survey asked the participant to think back to the time after their transition to practice program and rate their agreement level with 23 statements related to comfort and confidence in the RN role. Comfort and confidence ratings were added to reveal the total score and an average comfort/confidence score for each respondent. Frequencies were calculated to determine the number of overall respondents in agreement or disagreement with each statement. The responses will be reported in terms of factors or subscales identified by the authors of the Casey-Fink Graduate Nurse Experience Survey (Casey & Fink, 2014). These subscales can be compared to characteristics and skills necessary for a new graduate nurse to sucessfully transition to the RN role: Support, Patient Safety, Communication and Leadership, and Professional Satisfaction (Holland & Moddeman, 2012; Kowalski, 2012; Meyer Bratt & Felzer, 2011; Olson-Sitki, Wendler, & Forbes, 2012; Theisen & Sandau, 2013; Williams, Goode, Krsek, Bednash, & Lynn, 2007).

Comfort and Confidence Correlation

The mean comfort/confidence score (n=180) was 69.28 with scores ranging from 44 - 90; a higher score reflecting increased comfort and confidence in RN role performance (Casey, Fink, Krugman, & Propst, 2004). A chi-square test of independence was calculated examining the length of time in transition to practice program and comfort and confidence score for each respondent. No significant relationship was found (X^2 (152) = 142.003, p = .708), meaning there was no significant difference in comfort and confidence scores were found regardless of length of transition to practice program.

Due to patterns that were present when analyzing the data, the researcher regrouped the respondents into two groups, (≤ 8 weeks – 12 weeks) n=139 and (13 weeks – ≥ 24 weeks) n=26 respectively. A chi-square test of independence was repeated using these groups, also revealing no significant relationship (X^2 (38) = 39.020, p =.424). Comfort and confidence scores were also compared to participants (n = 154) in degree received groups. No significant relationship was found (X^2 (114) = 126.239, p = .204).

Comfort and Confidence Frequencies by Subscale

Support

A majority of respondents agreed with all of the statements in the Support subscale with the highest rating of agreement for the following statements: "There are positive role models for me to observe on my unit" (87%), "I feel at ease asking for help from other RNs on the unit" (87%), "I feel supported by the nurses on my unit" (82%), "I feel my preceptor provides encouragement and feedback about my work" (80%).

Communication and Leadership/Professional Satisfaction

Examining responses to the statements in the Communication and Leadership and Professional Satisfaction subscales also revealed that a majority of respondents were in agreement with high ratings for the following Communication and Leadership statements: "I feel comfortable communicating with patients and their families" (94%), "I feel comfortable delegating tasks to the Nursing Assistant" (75%), and "I feel prepared to complete my job responsibilities" (70%). Professional Satisfaction statement responses were: "I am supported by my family/friends" (97%), "I feel my work is exciting and challenging" (81%), and "I am satisfied with my chosen nursing specialty" (67%).

Patient Safety

The Patient Safety subscale revealed that a majority of respondents (56%) felt overwhelmed with their patient care responsibilities and workload. The remainder of the Patient Safety subscale statement responses were as follows: 40% of respondents were not able to complete their patient care assignment on time, 30% were having difficulty prioritizing patient care needs, 29% felt that they may harm a patient due to their lack of knowledge and experience, and 25% were having difficulty organizing patient care needs.

Due to the results when analyzing the Patient Safety subscale data, further examination of this subscale was completed. Looking at the length of transition to practice program groups and the Patient Safety subscale statements, notable differences in each group's frequency of agreement or disagreement with statements were found. Of the respondents in the shorter Transition to Practice Program (TTP) group (8 - 12 weeks), 31% agreed with the statement "I am having difficulty prioritizing patient care needs", as compared to 12% of the longer TTP group (13 - ≥ 24 weeks). When asked to rate their agreement with the statement "I feel overwhelmed by my patient care responsibilities and workload", 61% of the 8 - 12 week TTP group agreed, compared to 27% of the 13 - ≥24 week group. For the statement "I am able to complete my patient care assignment on time", 88% of the 13 - ≥24 week TTP group agreed, compared to 55% of the 8 - 12 week TTP group. These results indicate that on statements related to patient safety, the 8 - 12 week TTP group continued to have difficulty with RN role performance related to patient safety after completion of their TTP, and the longer TTP group (13 - ≥ 24 weeks) reported more comfort and confidence in this area.

Comfort and Confidence Statement Correlation

A Spearman's *rho* correlation was conducted to determine the relationship between the comfort and confidence statements. Significant strong positive relationships were found between comfort/confidence questions and are reported in Table 2.

Table 2.

Comfort/Confidence Statements	**Correlation**
I feel staff is available to me during new situations and procedures and; There are positive role models for me to observe on my unit	Correlation Coefficient .557 Sig. .000 (n = 178)
I feel supported by the nurses on my unit and; There are positive role models for me to observe on my unit	Correlation Coefficient .664 Sig. .000 (n = 174)
I feel staff is available to me during new situations and procedures and; I feel supported by the nurses on my unit	Correlation Coefficient .631 Sig. .000 (n = 174)
I feel the expectations of me in this job are realistic and; I feel prepared to complete my job responsibilities	Correlation Coefficient .588 Sig. .000 (n = 176)
I feel my work is exciting and challenging and; I am satisfied with my chosen nursing specialty	Correlation Coefficient .737 Sig. .000 (n = 178)
My preceptor is helping me to develop confidence in my practice and;	Correlation Coefficient .749 Sig. .000 (n = 180)

Comfort/Confidence Statements	Correlation
I feel my preceptor provides encouragement and feedback about my work	

Transition to RN Practice

Section IV of the Casey-Fink Graduate Nurse Experience Survey asks respondents about their experience with the transition to RN practice, specifically difficulties with the transition from the "student" role to the "RN" role, support and integration into the unit, most satisfying aspects of work environment and least satisfying aspects of work environment. Frequencies chosen by more than 50% of participants are reported in Table 3.

Table 3.

Transition Questions	Frequency	Percentage
Difficulties with Transition		
Communicating with MD/Patient, Workload	109	59.9
Fears (patient safety)	99	54.4
Most satisfying aspects of work environment		
Patients and families (e.g. making a difference, positive feedback, patient satisfaction, patient interaction).	116	63.7
Peer support (e.g. belonging, team approach, helpful and friendly staff)	95	52.2
Least satisfying aspects of work environment		
Nursing work environment (e.g. unrealistic ratios, tough schedule, futility of care)	109	59.9

Summary

Chapter four presented the results of the "Examining the Effects of Transition to Practice Programs" study. The final sample (n=182) consisted of RNs in New Jersey, hired into their first nursing job between January 2012 and June 2014. Data analysis revealed that there were no significant differences in average comfort and confidence score regardless of length of transition to practice program or degree received. Examining the transition to RN practice revealed that more than 50% of respondents identified difficulty with MD and patient communication, nursing workload and patient safety fears. The most satisfying aspects of work environment were identified as patients and families and peer support, with the least satisfying aspects identified as nursing work environment. There was a strong significantly positive correlation between respondent's ratings of comfort confidence statements.

Chapter V

Discussion and Conclusion

Introduction

Chapter V will present discussion of the findings revealed related to the effect of transition to practice programs on a new graduate nurse's comfort and confidence and their transition to RN practice. This chapter will also discuss the implications of this topic related to the Doctor of Nursing Practice Essentials, education of new graduate nurses and nursing practice as well as limitations of the study, recommendations for future research and conclusions.

The U.S. healthcare system is currently facing challenges including: implementation of the Affordable Care Act, an aging population, increasing numbers of Americans with chronic diseases, increasing patient acuity and increasing RN vacancies (AOA, 2013; IOM, 2010; Kowalski, 2012; Loeppke, 2011;Theisen & Sandau, 2013). Increasing numbers of new graduate nurses will be needed to address these challenges (IOM, 2010). These new graduate nurses need to be prepared to provide safe, quality, patient centered nursing care (Theisen & Sandau, 2013).

Transition to practice programs like nursing orientation and nurse residency programs (NRPs) prepare new nurses to transition into the RN role. In the past nursing orientation programs have been the standard while more recently NRPs have gained the attention of new graduate nurses and hospital leadership. The IOM has recommended that all new graduate nurses attend a NRP (IOM, 2010). A Nursing literature search revealed that NRPs are effective in assisting new nurses' transition into the RN role and may increase retention (Fink, Casey, Krugman, & Goode, 2008; Fink, Casey, Krugman, &

Goode, 2008; Goode, Lynn, McElroy, Bednash, & Murry, 2013; Holland & Moddeman, 2012; Meyer Bratt & Felzer, 2011; Olson-Sitki, Wendler, & Forbes, 2012), however NRPs can be costly, require nursing and hospital resources and are usually up to one year in length.

This study utilized the Casey-Fink Graduate Nurse Experience Survey (Fink, Casey, Krugman, & Goode, 2008) and asked respondents about their experiences related to their transition to practice program. The research question was: What are the effects of transition to practice programs on new nurse comfort, confidence and RN role transition? No significant difference in comfort/confidence scores of respondents was found upon data analysis, however there were notable findings with the differences in frequency responses between the length of transition to practice groups.

Demographics

The purposive convenience sample (n=182) consisted of RNs in New Jersey who were hired into their first nursing job between January 2012 and June 2014. Respondent demographics revealed that a majority were female (88.6%), Caucasian (71.7%), and had an Associate's Degree (44.1%); the mean age was 33. Gender, ethnicity and age demographics were consistent with national statistics, female (90.9%) and Caucasian (75.4%) and age (30.8) respectively. National statistics from the U. S. Health Workforce Analysis revealed that a majority of RNs had a Bachelor's of Science Degree (44.6%), however this statistic was obtained from a survey that asked for highest degree in nursing, not degree obtained upon graduation for entry into nursing as is true in this study (BHPR, 2010; HRSA, 2013). The National Council of State Boards of Nursing (NCSBN) 2011 RN Practice Analysis data aligned with this study's education data revealing a

majority of respondents (57%) graduated from an Associate's Degree program (NCSBN, 2012). Looking at transition to practice programs, this study revealed a majority of new nurse graduates (84%) participated in programs ≤ 8 weeks - 12 weeks in length, aligning with the National Council of State Boards of Nursing (NCSBN) RN Practice Analysis data reporting the majority of respondents participated in an orientation program with an average length of 9 weeks (NCSBN, 2012). This study sample was consistent with national nursing demographics.

Graduate Nurse Perception of Comfort and Confidence

Respondents were asked to rate their agreement to 23 statements related to their comfort and confidence with RN role performance after the completion of a transition to practice program. The mean response for each subscale were: Support – 2.99, Communication/Leadership – 2.85, Professional Satisfaction – 3.16 and Patient Safety – 2.38; ratings on a Likert scale, 1 = strongly disagree to 4 = strongly agree. The mean comfort/confidence total score was 66.97, and will be compared to the Holland and Moddeman 2012 study. After data analysis, it was determined that there was no significant difference in comfort and confidence average score regardless of length of transition to practice program.

Examining the response frequencies by subscale revealed that a majority of respondents agreed with statements in the support, organization/leadership and professional satisfaction subscales, indicating that respondents generally felt supported by their preceptors, managers and peer nursing staff; were able to perform in the RN role with comfort and confidence; and were satisfied professionally.

The Patient Safety subscale responses revealed that new graduate nurse perception of confidence, with a majority of respondents feeling overwhelmed with their patient care responsibilities and workload. The remainder of the responses in this subscale are concerning when considering the importance of the statements related to patient care and safety with approximately one-third of respondents reporting they were not able to complete their patient care assignment on time, had difficulty prioritizing and organizing patient care needs and felt that they may harm a patient due to their lack of knowledge and experience. Upon further examination of the Patient Safety subscale data, there were group differences found in the response frequency of the comfort and confidence statements. The longer transition to practice TTP group (13 - ≥ 24 weeks) felt better able to complete patient care assignments than the shorter TTP group. The shorter group felt overwhelmed with patient care responsibilities and workload and had difficulty prioritizing patient care needs. In this study, the shorter TTP group had more difficulty with patient care.

Comfort and Confidence Responses

Examination of the relationship between comfort and confidence statement responses was conducted using a Spearman' *rho* correlation. Significant strong positive realtionships were found between comfort and confidence statement responses and the following themes emerged:

1) Support - respondents who felt supported indicated an availability of staff as well as positive role models, RN performance - when job expectation were realistic respondents indicated a sense of preparedness to meet job responsibilities.

2) Satisfaction - when respondents felt their work was exciting and challenging they were satisfied with their chosen nursing specialty.
3) Confidence - respondents who felt their preceptors provided encouragement and feedback about their work agreed that their preceptor was helping them to develop confidence in their practice.

Results Compared to Recent Literature

The study by Casey, Fink, Krugman, & Propst (2004), and other studies utilizing the Casey-Fink Graduate Nurse Experience Survey including Holland & Moddeman (2012), Olson-Sitki, Wendler, & Forbes (2012) and Williams, Goode, Krsek, Bednash, & Lynn (2007), measured new graduate nurses at mutiple points of a Nurse Residency Program (NRP). Due to the cross-sectional design, the only data that can be compared to this study is a one-time measurement within the study. Results from the Casey, Fink, Krugman, & Propst (2004) study were excluded from comparison due to the fact that results were mixed, including data from reliablity and validity testing as well as their comfort/confidence score only being based on 18 items. The final collection measurement data from Holland & Moddeman (2012), was chosen because it most closely aligned with this studies' collection strategy (i.e. time); after completion of a transition to practice program and was based on the mean from 23 comfort and confidence questions.

The mean comfort and confidence total score for the study by Holland & Moddeman (2012) was 75.33. The difference in mean total comfort and confidence scores could be due to the fact that all participants in the Holland & Moddeman study participated in a structured NRP. The comfort and confidence means by length of

transition to practice program groupings in the current study were 67.22 for the ≤ 8 - 12 weeks group and 71.58 for the 13 - ≥24 week group; the latter group, most likely representing those who participated in a structured NRP or an extended orientation, is more consistent with the mean score in Holland & Moddeman. Holland and Moddeman did not report frequencies of responses for comfort and confidence statements.

Additional research studies in recent nursing literature have examined the new graduate nurse's perception and experience related to the transition to RN practice. Multiple studies' data support the correlation between transition to practice programs and the new graduate nurse's successful transition to the RN role. Two studies utilized Casey-Fink Graduate Nurse Survey. The first, (Williams, Goode, Krsek, Bednash, & Lynn, 2007) examined participants in a Post-Baccalaureate nurse residency program (NRP) and revealed participants in the NRP reported increased ability to organize and prioritize and significant reduction in stress after completing the program. Olson-Sitki, Wendler, & Forbes (2012), also utilized the Casey-Fink survey to evaluate the effects of a NRP. Results revealed significant increases in new graduate nurse scores in the support, organization and communication subscales as well as decreased difficulty prioritizing patient care needs. These studies were not compared directly to the current study due to study design, methodology and reported findings as discussed earlier.

An integrative review by Park & Jones (2010), examined transition to practice programs (TTP) and included structured orientation, nurse residency and preceptorship models varying in length from 1.5 - 12 months. The authors reported the effect of the TTPs on new graduate nurse's self-confidence. The review revealed increased self-

confidence of new graduate nurses after completion of a TTP specifically in the patient care area.

A 10-year longitudial study by Ulrich, et al. (2010), examined new graduate nurse self-confidence after implementation of a nurse residency program, compared to new graduates hired by the hospital system in the 2 years prior to implementing the residency. Results revealed no difference in self-confidence of new graduate nurses between the two comparison groups.

Studies by Bratt & Felzer (2011), and Varner & Leeds (2012), evaluated effects of nurse residency programs on factors different then discussed thus far. Bratt & Felzer examined a Wisconsin-based NRP one-year in length and examined clinical decising making, nursing performance, job satisfaction and job stress. After completion of an NRP, clinical decision-making and job satisfaction scores were significantly higher then baseline measurement at program start. Quality nursing performance mean scores although not significantly higher showed an upward trend and job stress was decreased. Varner (2012), evaluated the effectiveness of a year-long NRP through stakeholder satisfaction, organizational retention and patient safety and quality. New graduate nurses that participated in the NRP reported "experiencing a heightened sense of clinical confidence and competence" (p. 469). Nurse managers reported evidence of quality patient experiences and increases in continuing education. Patient satisfaction surveys revealed positive comments about the nurse residents. Graduate nurse turnover rate in the first year decreased from 50% to 5% after the implementation of the NRP. No direct tracking or trending of patient outcomes was able to be completed, however clinical

rounding with nurse residents allowed nursing leadership to hear first hand accounts from the nurse residents and use the information to guide QI projects (Varner & Leeds, 2012).

A study by Bowles & Candela (2005), examined recent RN graduate nurses' perception of their first job experience. Although this study described a different research question, the first job experience vs. effects of transition to practice, the patient care experience questions, demographics distribution including age, gender and initial RN degree as well as time from first hire to survey responses are aligned with the current study. Results from this study also align with the findings of the current study. When asked about their perception of their first job experience, data analysis revealed that respondents reported concerns related to patient care. A majority of respondents agreed with the following statements: "The work is stressful", "Stayed beyond shift to finish work", and "Conditions not conducive to patient care" (p. 133). In the current study a majority of respondents felt overwhelmed with their patient care responsibilities and workload and at least one third of respondents agreed with other similar patient care concerns: " I am not able to complete my patient care assignment on time", "I am having difficulty prioritizing patient care needs", and "I feel I may harm a patient due to my lack of knowledge and experience".

Relationship to the DNP Essentials

The AACN DNP Essentials outline competencies that a DNP prepared nurse should meet to to be prepared for advanced nursing practice roles (AACN, 2006). This DNP practice dissertation project has address three of the eight DNP Essentials.

Essential 1: Scientific Underpinnings for Practice describes the scientific knowledge nurses require to provide effective patient care (AACN, 2006). Healthcare is

complex and ever-changing (Boustani, et al., 2010); healthcare is also facing challenges such as increasing RN vacancies, increased numbers of Americans seeking healthcare, an aging population, increase in chronic diseases and increasing patient acuity (AOA, 2013; IOM, 2010; Kowalski, 2012; Loeppke, 2011; Theisen & Sandau, 2013). New graduate nurses will provide much needed relief to the challenges healthcare faces and need to be prepared to provide safe, quality and effective patient care; transition to practice programs assist in preparing new graduate nurses to perform in the RN role (Bratt & Felzer, 2011; Boustani, et al., 2010; Holland & Moddeman, 2012; IOM, 2010; Kowalski, 2012; Olson-Sitki, Wendler, & Forbes, 2012; Williams, Goode, Krsek, Bednash, & Lynn, 2007). This study adds to the current nursing body of knowledge related to transition to practice programs; affecting the education of nurses, nursing practice and healthcare delivery.

Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking delineates that the DNP graduate be prepared to "ensure accountability for quality of health care and patient safety for populations with whom they work" (AACN, 2006, p. 10). Examining the effects of transition to practice programs will assist on an organizational and systems level, as transition to practice programs especially Nurse Residency Programs are costly and utilize valuable health care resources (Barnett, Minnick, & Norman, 2014). Organization leadership will look to scientific findings in nursing to make decisions on the most efficient and cost effective way to assist new graduate nurses to be able to provide safe, quality care yielding positive patient outcomes.

Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice charges the DNP prepared nurse to lead the nursing profession through scholarship, research and translating that research into nursing practice (AACN, 2006). This study includes appraisal of the current literature as well as collection and analysis of data that are hallmarks of scholarship; the new knowledge that emerged can then be disseminated to advance nursing practice (AACN, 2006).

Implications

This study provides insight into the perception of new graduate nurses in New Jersey related to their comfort and confidence in the RN role, difficulties with their transition to RN practice and the effects participation in TTP programs may have had. Implications that have emerged from this study will be of interest to health care organization nurse leadership, nursing education departments, schools of nursing and nurse faculty.

Through their responses, the participants in this study identified issues related to RN role performance and difficulty in transition to RN practice that were present even after participation in and completion of a transition to practice program. These issues were: feeling overwhelmed with patient care responsibilities and workload, reported fear of injuring a patient due to lack of knowledge and experience, difficulty organizing and prioritizing related to patient care decisions and judgment, and time management issues.

The results of this study indicate that up to one-third of new graduate nurses surveyed in New Jersey, who after completion of a TTP program, are often expected to care for a full assignment of high acuity patients (Krozek, 2008) comparable to a seasoned RN (Scott, Engelke, & Swanson, 2008), lacked the comfort and confidence to

do so. A number of new graduate nurses surveyed in New Jersey even feared harming a patient due to lack of knowledge and experience. The study also indicates however, that those who participated in a longer TTP program fared better and reported heightened comfort and confidence according to their responses to the comfort and confidence statements.

The average length of TTP programs according to the 2011 NCSBN national RN practice analysis is 9 weeks (73.5%); only 8.8% of respondents reported average program length of 13.2 weeks, describing that type of programs as a formal internship. This number is down from 14.3 weeks in the same survey from 2008 (NCSBN, 2012). Barnett, Minnick, & Norman (2014), surveyed 203 U.S. hospitals with 250 or more inpatient beds and reported that almost half operated a NRP and of those one third had a program length of less than or equal to 12 weeks, 25% had a program length between 14-50 weeks, 40% had a program length of 52 weeks, and 3% had a program length greater than 52 weeks. This study, sampling larger hospitals were found more likely to operate NRPs.

Two systematic reviews have examined formal or structured nurse residency program (NRP) studies since 2012. Anderson, Hair, & Todero (2012), described the evidence behind NRPs, NRP design, measured variables and efficacy; 20 studies were included. The programs varied in length from a standard 3 to 4 month orientation to a more comprehensive 12-24 months. Most programs included adjusted clinical workload, classroom content 4-8 hours per month and preceptor support ranging from 12 weeks to 12 months, however the preceptorship format also varies greatly between programs (Anderson, Hair, & Todero, 2012). When the authors looked at the theory behind the content and strategies of NRP programs, they found a lack of a clear description related

to the theoretical framework being applied and tested and a lack of consistency in the tools that measured variables. Only 2 of the 20 programs report efficacy of their NRP as compared to new nurses who didn't participate in the NRP (Anderson, Hair, & Todero, 2012). AL-Dossary, Kitsantas, & Maddow (2013), examined the impact of residency programs on new graduate nurses' clinical decision-making and leadership skills and also found inconsistency in the description and design of programs, evaluation methods as well as content inconsistency. The authors go on to recommend correlational studies to be able to best predict NRP outcomes and cost-effectiveness.

This discussion supports the fact that transition to practice (TTP) programs throughout the U.S. are inconsistent in their design, length, content and evaluation measures and that although most TTP program research has revealed positive outcomes, the inconsistency between programs make it difficult to predict what exactly the determining factor of TTP success is. With the cost for new graduate transition to practice at $39,000-$65,000 per new graduate, including turnover costs (Reiter, Young, & Adamson, 2007), it will be important for health care organizations to have strong evidence behind the design and content of a TTP program.

Relationship of Findings to Theoretical Framework

Benner's (1984) From Novice to Expert model provided the framework for this study on the effects of transition to practice programs. Benner applied the Dreyfus Model of Skill Acqusition to nursing and explained that nurses transition from novice to expert through experience and time. The current study surveyed new graduate nurses who participated in TTP programs of varied length, and revealed that there was no significant difference in comfort and confidence scores regardless of length of TTP program. There

was however results of interest when looking at frequency responses of the comfort and confidence statements, supporting the Benner model, with respondents whose TTP was longer 13-≥24 weeks reporting more comfort and confidence in the patient safety subscale.

Limitations

The volunteer self-selected convenience sample of this study may introduce sample bias into the study outcomes (Nolan & Heinzen, 2011; Wood & Ross-Kerr, 2011). To minimize sampling bias and sampling error, attempts to collect as large a sample size as possible was employed (Nolan & Heinzen, 2011; Wood & Ross-Kerr, 2011). The collection of data from only nurses in New Jersey and small sample size (n=182) limits the studies generalizability and therefore results cannot be generalized to all nurses in the United States (Nolan & Heinzen, 2011). Although the Casey-Fink Instrument is reliable and valid (Casey & Fink, 2014), adjustment to the questions on the instrument necessitated by the study design, may have affected the instrument's reliabiltiy and validity and therefore the results of this study (Nolan & Heinzen, 2011).

New graduate nurse perceptions of their comfort and confidence in the RN role and transition difficulties were self-reported in this study. Self-report questions and rating scales introduce self-report and response bias into the study (Hoskin, 2012). Using self-report format, the researcher is relying on the participant to answer questions honestly, to be able to be introspective and provide accurate responses and to be able to understand and interpret the questions in the instrument (Hoskin, 2012).

Other bias related to self-reporting that may be applicable to this study are the concepts of recall period and selective recall (Fadnes, Taube, & Tylleskar, 2008). New

graduate nurses hired into their first nursing job between January 2012 and June 2014 were eligible to be included in this study sample. The survey link was emailed to participants in August 2014, meaning that up to 2 ½ years may have passed since respondents participated in a transition to practice program. When there is an extended period of time between the experience and the survey or questionnaire, the answer accuracy decreases and the participant may also report "normal" or current behavior (Fadnes, Taube, & Tylleskar, 2008). Selective recall may also occur, where certain events are more easily recalled than others, leading to inconsistent reporting (Fadnes, Taube, & Tylleskar, 2008).

Recommendations for Future Research

Recent studies, articles and national organizations support TTP programs like nursing orientation and NRPs as a possible solution to the new graduate nurse transition to practice issue, however studies on the topic, including the current study, have not shown strong consistent evidence of the positive effects of transition to practice programs on new graduate nurses. Based on this, future research recommendations include:

1) Replicate this study on a larger scale in different geographic locations.
2) Conduct correlational studies on TTP programs of the same design, type and length using consistent and valid measurement tools.
3) Conduct national research at the hospital organization level on average cost of TTP program by length.
4) Examine the content and curriculum of TTP programs for consistency across the U.S.

5) Develop a TTP program to be utilized regardless of entry to practice degree and one that can also be used with seasoned RNs transferring to different specialties as well as Advanced Practice RNs when starting their new role.

Conclusion

This study examined the effects of transition to practice programs on the new graduate nurse regardless of transition to practice program type, length of program or degree upon initial entry to practice. The results showed that there were no significant differences in comfort and confidence score regardless of length of TTP program. Approximately one-third of respondents felt that they were not able to complete their patient care assignment on time, had difficulty prioritizing and organizing patient care needs, and felt that they may harm a patient due to their lack of knowledge and experience. These results are important with over 190,000 nurses passing the NCLEX and entering into the nursing profession in 2014 alone (NCSBN, 2014).

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Appendix A

Permission to use and adjust Casey-Fink Instrument

January 2014

Dear Colleague:

Thank you for the inquiry regarding the *Casey-Fink Graduate Nurse Experience* S*urvey*© (revised, 2006) instrument.

The survey was originally developed in the spring of 1999, initially revised in June 2002, and revised a second time in 2006. Since that time, it has been used to survey over 250 nurses in hospital settings in the Denver metropolitan area, and has been further validated by over 10,000 graduate nurse residents participating in the University Health System Consortium/AACN Post Baccalaureate Residency program and elsewhere nationally and internationally. Psychometric analysis has been done using these data and is reported in the summary included with this letter. We have published a report of the research we conducted in the development of this instrument:

Casey K, Fink R, Krugman M, Propst J: The graduate nurse experience. *Journal of Nursing Administration.* 2004; 34(6):303-311.

Fink RM, Krugman ME, Casey K, Goode CM. The Graduate Nurse Experience: Qualitative Residency Program Outcomes. *Journal of Nursing Administration*. 2008;38(7/8):341-348.

We are granting you permission to use this tool to assess the graduate nurse experience in your setting. Please note that this tool is copyrighted and should not be changed in any way. We have enclosed a copy for you to use for reproduction of the instrument.

We hope that our tool will be useful in your efforts to enhance the retention, professional development, and support of graduate nurses in your practice setting. Please email us if you have further questions. We would be interested in being informed as to your results or publications related to the use of our instrument.

Sincerely,

Kathy Casey, RN, MSN

Manager, Clinical Education Programs, Exempla Lutheran Medical Center

Adjunct Faculty, University of Colorado, College of Nursing

kathy.casey@sclhs.net

Regina Fink, RN, PhD, AOCN, FAAN

Research Nurse Scientist, University of Colorado Hospital

Associate Professor, University of Colorado, College of Nursing

regina.fink@uchealth.org

Copy of email content granting permission for adjustment of Casey-Fink Survey instrument for the Examining the Effects of Transition to Practice study.

Hi Jacquelyn-

You have our permission to modify and edit the Casey-Fink survey instrument for your DNP project. Please note that the reliability and validity of our survey may be affected.

Please let us know how the survey performs.

Thanks.

Kathy Casey, RN, MSN

Manager, Clinical Education

Lutheran Medical Center

303-403-3723

kathy.casey@sclhs.net

Appendix B

Casey-Fink Graduated Nurse Experince Survey (adjusted)

1. Informed Consent Statement

- ○ By checking this box, I am acknowledging that I understand the explanation of the survey and am agreeing to participate in this survey.
- ○ I do not agree to participate in this survey.

2. Were you hired into your first nursing job between January 2012 and June 2014?

- ○ Yes
- ○ No

3. List the top three skills/procedures you were "uncomfortable performing" independently at the completion of your nursing orientation or nurse residency program. (Please select from the drop down list.) If you feel that you were independent in all skills, please select this option from the first drop-down menu.

	Skills
1.	
2.	
3.	

4. Thinking back to the time after you completed your nursing orientation or nurse residency program...

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I feel confident communicating with physicians.	○	○	○	○

	Strongly Disagree	Disagree	Agree	Strongly Agree
2. I am comfortable knowing what to do for a dying patient.	○	○	○	○
3. I feel comfortable delegating tasks to the Nursing Assistant.	○	○	○	○
4. I feel at ease asking for help from other RNs on the unit.	○	○	○	○
5. I am having difficulty prioritizing patient care needs.	○	○	○	○
6. I feel my preceptor provides encouragement and feedback about my work.	○	○	○	○
7. I feel staff is available to me during new situations and procedures.	○	○	○	○
8. I feel overwhelmed by my patient care responsibilities and workload.	○	○	○	○
9. I feel supported by the nurses on my unit.	○	○	○	○
10. I have opportunities to practice skills and procedures more than once.	○	○	○	○

	Strongly Disagree	Disagree	Agree	Strongly Agree
11. I feel comfortable communicating with patients and their families.	○	○	○	○
12. I am able to complete my patient care assignment on time.	○	○	○	○
13. I feel the expectations of me in this job are realistic.	○	○	○	○
14. I feel prepared to complete my job responsibilities.	○	○	○	○
15. I feel comfortable making suggestions for changes to the nursing plan of care.	○	○	○	○
16. I am having difficulty organizing patient care needs.	○	○	○	○
17. I feel I may harm a patient due to my lack of knowledge and experience.	○	○	○	○
18. There are positive role models for me to observe on my unit.	○	○	○	○
19. My preceptor is helping me to develop confidence in my practice.	○	○	○	○

	Strongly Disagree	Disagree	Agree	Strongly Agree
20. I am supported by my family/friends.	○	○	○	○
21. I am satisfied with my chosen nursing specialty.	○	○	○	○
22. I feel my work is exciting and challenging.	○	○	○	○
23. I feel my manager provides encouragement and feedback about my work.	○	○	○	○
24. I am experiencing stress in my personal life.	○	○	○	○

5. If you chose agree or strongly agree to #24 above, please indicate what was causing your stress. (You may select more than one choice.)

- ☐ Finances
- ☐ Child care
- ☐ Student loans
- ☐ Living situation
- ☐ Personal relationships
- ☐ Job performance
- ☐ Other (please specify)

_____

6. How "satisfied" are you with the following aspects of your job?

	Very Dissatisfied	Moderately Dissatisfied	Neither Satisfied Nor Dissatisfied	Moderately Satisfied	Very Satisfied
Salary	○	○	○	○	○
Vacation	○	○	○	○	○
Benefits package	○	○	○	○	○
Hours that you work	○	○	○	○	○
Weekends off per month	○	○	○	○	○
Your amount of responsibility	○	○	○	○	○
Opportunities for career advancement	○	○	○	○	○
Amount of encouragement and feedback	○	○	○	○	○
Opportunity for choosing shifts worked	○	○	○	○	○

Transition, think back to your first nursing job (select all that apply)...

7. What difficulties, if any, did you experience with the transition from the "student" role to the "RN" role?

☐ role expectations (e.g. autonomy, more responsibility, being a preceptor or in charge)

☐ lack of confidence (e.g. MD/PT communication skills, delegation, knowledge deficit, critical thinking)

☐ workload (e.g. organizing, prioritizing, feeling overwhelmed, ratios, patient acuity)

☐ fears (e.g. patient safety)

☐ orientation issues (e.g. unit familiarization, learning technology, relationship with multiple preceptors, information overload)

8. What could have been done to help you feel more supported or integrated into the unit?

- ☐ improved orientation (e.g. preceptor support and consistency, orientation extension, unit specific skills practice)
- ☐ increased support (e.g. manager, RN, and educator feedback and support, mentorship)
- ☐ unit socialization (e.g. being introduced to staff and MDs, opportunities for staff socialization)
- ☐ improved work environment (e.g. gradual ratio changes, more assistance from unlicensed personnel, involvement in schedule and committee work)

9. What aspects of your work environment have been most satisfying?

- ☐ peer support (e.g. belonging, team approach, helpful and friendly staff)
- ☐ patients and families (e.g. making a difference, positive feedback, patient satisfaction, patient interaction)
- ☐ ongoing learning (e.g. preceptors, unit role models, mentorship)
- ☐ professional nursing role (e.g. challenge, benefits, fast pace, critical thinking, empowerment)
- ☐ positive work environment (e.g. good ratios, available resources, great facility, up-to-date technology

10. What aspects of your work environment have been least satisfying?

- ☐ nursing work environment (e.g. unrealistic ratios, tough schedule, futility of care)
- ☐ system (e.g. outdated facilities and equipment, small workspace, charting, paperwork)
- ☐ interpersonal relationships (e.g.gossip, lack of recognition, lack of teamwork, politics)
- ☐ orientation (inconsistent preceptors, lack of feedback)

11. Please share any comments or concerns you had about your nursing orientation or nurse residency program:

Demographics: Please answer the response that represents the most accurate description of your individual professional profile.

12. Age (in years)

13. Gender:

- Male
- Female

14. Ethnicity:

- Caucasian (white)
- Black
- Hispanic
- Asian
- Other
- I do not wish to include this information

15. Current employment status:

- Full-time
- Part-time
- Per Diem

16. Area of specialty

- Adult Medical/Surgical

- ☐ Adult Critical Care
- ☐ OB/Post Partum
- ☐ NICU
- ☐ Pediatrics
- ☐ Emergency Department
- ☐ Oncology
- ☐ Transplant
- ☐ Rehabilitation
- ☐ OR/PACU
- ☐ Psychiatry
- ☐ Ambulatory Clinic
- ☐ Other (please specify)

17. Date of Graduation:

	Month	Year
Please select month/year:		

18. Degree(s) Received:

- ☐ Diploma
- ☐ AD
- ☐ BSN
- ☐ 2nd Degree BSN

19. Other Non-Nursing Degree (if applicable):

20. When were you hired after graduation (first nursing job)?

- ○ Within 3 months

- ○ Within 6 months
- ○ Within 6-12 months
- ○ After 12 months

21. What previous health care work experience did you have prior to nursing school? (select all that apply)

- ☐ Volunteer
- ☐ Nursing Assistant
- ☐ Medical Assistant
- ☐ Unit Secretary
- ☐ EMT
- ☐ Student Externship
- ☐ LPN

Other (please specify)

22. Have you functioned as a charge nurse?

- ○ Yes
- ○ No

23. Have you functioned as a preceptor?

- ○ Yes
- ○ No

24. What is your scheduled work pattern?

- ☐ Straight days
- ☐ Straight evenings
- ☐ Straight nights
- ☐ Rotating days/evenings
- ☐ Rotating days/nights

Other (please specify)

The following questions are related to your beginning nurse experience in your first nursing position.

25. In your first nursing position, what type of transition to practice program did you participate in?

- Nursing Orientation
- Nurse Residency Program

26. How long was your nursing orientation?

- ≤ 8 weeks
- 9 – 12 weeks
- 13 – 16 weeks
- 17 – 23 weeks
- ≥ 24 weeks

27. How many primary preceptors did you have during your nursing orientation or nurse residency program? Number of preceptors:

28. Today's Date:

	Month	Day	Year
Please enter Month, Day, and Year:			

Appendix C

IRB Approval

THE WILLIAM PATERSON UNIVERSITY OF NEW JERSEY
INSTITUTIONAL REVIEW BOARD FOR HUMAN SUBJECT RESEARCH

c/o Office of Sponsored Programs
Raubinger Hall, Room 309
973-720-2852 (Phone)
973-720-3573 (Fax)
http://www.wpunj.edu/osp/

Chair: Professor Michael Figueroa (FigueroaM@wpunj.edu)
College of Science and Health
Contact: Martin Williams (williamsm@wpunj.edu)
Office of Sponsored Programs

To: Jacquelyn Svercauski
Department of Nursing

From: Martin B. Williams

Subject: IRB Approval (Expedited Review)

Study: Protocol # 2014-367: Effects of Transition to Practice Programs on New Nurse Confidence and Role Transition.

Date: May 27, 2014

The IRB has APPROVED the above study involving humans as research subjects. This study was approved as: Category: Expedited; vulnerable population: None.

IRB Number: 2014-367 This number is WPU's IRB identification that should be used on all consent forms and correspondence.

Approval Date: 05/22/2014
Expiration Date: 05/21/2015

This approval is for one year. It is your responsibility to insure that an application for continuing review approval (WPU IRB Form Appendix D) has been submitted before the expiration date noted above. If you do not receive approval before the expiration date, all study activities must stop until you receive a new approval letter. There will be no exceptions. In addition, you are required to submit an Appendix D form at the conclusion of the project. The WPU IRB will accept a report submitted to another office or agency (i.e. ART report) in lieu of the narrative report of progress attachment to Appendix D. The Appendix D can be accessed at: http://ww3.wpunj.edu/osp/ .

Consent Form: All research subjects must use the approved Informed Consent Form. You are responsible for maintaining signed consent forms (if approved for Active Consent format) for each research subject for a period of at least three years after study completion.

Mandatory Reporting to the IRB: The principal investigator must report immediately any serious problem, adverse effect, or outcome that is encountered while using human subjects or any complaints from your subjects. In addition, the principal investigator must report any event or series of events that prompt the temporary or permanent suspension of a research project involving human subjects or any deviations from the approved protocol using Appendix D.

Amendments/Modifications: You are required to carry out this research as described in the protocol. All amendments/modifications of protocols involving human subjects must have prior IRB approval, except those involving the prevention of immediate harm to a subject. Amendments/Modifications for the prevention of immediate harm to a subject must be reported within 24 hours to the IRB using Appendix D.

For exempted and expedited review protocols: the protocol will be reviewed by the entire IRB committee at its next meeting. Should questions arise that cannot be answered by the materials already provided, additional information may be requested from you. This most likely will not affect the approval status of your project—you are approved to initiate the project as of the date above, and you will not receive notice of the committee's final review. Only in the rare situation when serious questions arise will the IRB instruct that the project be discontinued until those questions are answered.

Records/Documentation: You are required to keep detailed records concerning this research project and appropriate documentation concerning Informed Consent in a readily accessible location for a period of not less than three (3) years. The IRB reserves the right to inspect all records, research tools and databases that are associated with this research.

If you have any questions, please do not hesitate to contact Martin Williams at 973-720-2852 or williamsm@wpunj.edu, or the IRB Committee Chairperson, Dr. Michael Figueroa, at FigueroaM@wpunj.edu.

Good Luck on your project.

Sign the Verification Statement below. Return the original signed copy of this memo to the IRB Office, c/o Office of Sponsored Programs, Raubinger Hall room 309, and retain a copy for your records. The IRB Office must receive the signed verification statement before research may begin.

VERIFICATION:

By signing below, I acknowledge that I have received this approval and am aware of, and agree to abide by, all of its stipulations in order to maintain active approval status, including timely submission of continuing review applications and proposed protocol modification, as well as prompt reporting of adverse events, serious unanticipated problems, and protocol deviations. I am aware that it is my responsibility to be knowledgeable of all federal, state and university regulations regarding human subjects research.

Signature of Investigator Date

Follow-up Email notifying of IRB protocol change and approval

RE: Protocol change
Williams, Martin <WilliamsM@wpunj.edu>
Mon 7/28/2014 9:45 AM

Jacquelyn:
Thank you for the update. We will add it to your protocol.

Martin Williams
IRB Administrator
Director, Office of Sponsored Programs
William Paterson University
Wayne, NJ 07470
973-720-2852; fax: 973-720-3573
mailto:williamsm@wpunj.edu; http://www.wpunj.edu/osp

From: Svercauski, Jacquelyn [svercauskij] [mailto:svercauskij@student.wpunj.edu]
Sent: Tuesday, July 22, 2014 11:51 AM
To: Williams, Martin
Cc: Bliss, Julie
Subject: Protocol change

Good Morning,

My name is Jacquelyn Svercauski, a doctoral nursing student who received IRB approval in May 2014. The Protocol # is 2014-367. I have made a slight change in the protocol for the study regarding the recruitment of subjects.

The protocol read:

RNs licensed in the state of New Jersey will be recruited through contact with New Jersey hospital administrators. An email invitation will then be sent to respond to an electronic survey, via Survey Monkey.

I will be changing it to read:

RNs licensed in the state of New Jersey will be recruited through email invitation to respond to an electronic survey that will be delivered via email through Survey Monkey. Email addresses for nurses licensed in the state of New Jersey from July 2009 through January 2014 was obtained from the New Jersey State Board of Nursing. Please let me know if there is anything else required of me.

Thank you,
Jacquelyn

Appendix D

Skills and Procedure Performance

Figure 1.

Skills and Procedures	**Number Reported Uncomfortable (n=179)**
Code/Emergency Response	58
Blood draw/venipuncture	55
Intravenous (IV) starts	49
Chest tube care (placement, pleurovac)	47
Vent care/management	32
Prioritization/time management	31
MD communication	28
Bladder catheter insertion/irrigation	27
Blood product administration/transfusion	27
Tracheostomy care	26
Charting/documentation	19
Assessment skills	17
Intravenous (IV) medication administration/pumps/PCAs	17
Death/Dying/End-of-Life Care	16
ECG/EKG/Telemetry care	14
Central line care (dressing change, blood draws, discontinuing)	13
Wound care/dressing change/wound vac	12
Nasogastric tube management	8
Patient/family communication and teaching	5
Medication administration	3
I am independent in all skills	1