EXPLORATION OF TRANSITION AND SOCIALIZATION PERIODS:
AN EVIDENCE-BASED EDUCATIONAL PAMPHLET FOR GRADUATE NURSES

by

Kimberly Kay Peterson

A professional paper submitted in partial fulfillment
of the requirements for the degree

of

Master of Nursing

in

Nursing

MONTANA STATE UNIVERSITY
Bozeman, Montana

July 2010
APPROVAL

of a professional paper submitted by

Kimberly Kay Peterson

This professional paper has been read by each member of the project committee and has been found to be satisfactory regarding content, English usage, format, citation, bibliographic style, and consistency and is ready for submission to the Division of Graduate Education.

Susan Luparell, PhD, CNS-BC, CNE

Approved for the Department of Nursing

Hellen Melland, PhD, RN

Approved for the Division of Graduate Education

Dr. Carl A. Fox
STATEMENT OF PERMISSION TO USE

In presenting this professional paper in partial fulfillment of the requirements for a master’s degree at Montana State University, I agree that the Library shall make it available to borrowers under rules of the Library.

If I have indicated my intention to copyright this professional paper by including a copyright notice page, copying is allowable only for scholarly purposes, consistent with “fair use” as prescribed in the U.S. Copyright Law. Requests for permission for extended quotation from or reproduction of this thesis in whole or in parts may be granted only by the copyright holder.

Kimberly Kay Peterson

July 2010
ACKNOWLEDGEMENTS

I would like to acknowledge fellow colleagues Shawna, Kammi, Lanette, Arlene, Susan, Cindy, Heather, and Danette. Your strong work ethics, values and beliefs, and determination to make a difference mirror traits associated with genuine leaders. I was inspired and challenged by all to do and be more with the passing of each semester.

I could not have completed this journey without the support of family and friends. Your words of encouragement and belief in my abilities as a nurse and as a student have been a source of reassurance. Much gratitude is offered to my husband, Chris, a man whose attributes outside of the nursing profession, including his uplifting sense of humor, provision of bottomless cups of coffee, and unconditional love and unwavering support saved the day on many an occasion.

Lastly, I would like to acknowledge the special talents of my committee members. I do not know how I would have completed this project without the guidance of such talented women. During each teleconference and throughout every correspondence, Dr. Susan Luparell, Dr. Kristi Menix, and Adjunct Assistant Professor Debbie Peterson each contributed in their own unique way. They volunteered hours of their valuable time, provided practical guidance, and presented intelligent perspectives. Thank you for your generous contributions!
# TABLE OF CONTENTS

1. INTRODUCTION .................................................................................................................. 1  
   Statement of the Problem .................................................................................................... 1  
   Background and Significance ............................................................................................... 3  
   Purpose .................................................................................................................................. 8  

2. REVIEW OF THE LITERATURE ......................................................................................... 9  
   Definition of Terms .............................................................................................................. 9  
      Newly Graduate Nurses ..................................................................................................... 9  
      Professional Socialization ................................................................................................. 10  
      Preceptor .......................................................................................................................... 11  
      Mentor ............................................................................................................................... 12  
      Transitioning ...................................................................................................................... 14  
      Orientation ......................................................................................................................... 14  
      Transition or Reality Shock ............................................................................................... 15  
      Turnover ........................................................................................................................... 16  
      Theoretical Framework ..................................................................................................... 17  
      Kramer’s Postgraduation Nurse Socialization Theory ..................................................... 18  
      Period in Between ............................................................................................................ 28  
      Duchscher’s Stages of Transition Theory ......................................................................... 29  
   New Graduates’ Experiences During Transition ............................................................... 33  
      Intellectual Experiences .................................................................................................... 36  
      Emotional Experiences ...................................................................................................... 38  
      Socio-cultural and Socio-Developmental Experiences ................................................... 41  
      Physical Experiences ......................................................................................................... 44  
   Transition Outcomes .......................................................................................................... 45  
      Turnover ........................................................................................................................... 45  
      Job Satisfaction ................................................................................................................. 48  
   New Graduate Orientation Programs .............................................................................. 51  
   Educational Material .......................................................................................................... 56  

3. METHODOLOGY ............................................................................................................... 59  
   Project Conception ............................................................................................................. 59  
   Development of Pamphlet ................................................................................................... 61  
   Data Collection ................................................................................................................... 63  
   Pilot Testing of Pamphlet .................................................................................................... 65  

4. OUTCOME OF THE PROJECT ........................................................................67
   Pamphlet ........................................................................................................67
   Survey Results ...............................................................................................68

5. OVERALL EVALUATION ............................................................................73
   Strengths ........................................................................................................73
   Limitations ....................................................................................................75
   Recommendations .........................................................................................78
   Conclusions ..................................................................................................82

REFERENCES ..................................................................................................85

APPENDICES ..................................................................................................93

APPENDIX A: Informed Consent and Survey .....................................................94
APPENDIX B: Institutional Review Board Form ...............................................98
APPENDIX C: Pamphlet ...................................................................................100
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pamphlet Survey Response Scores</td>
<td>71</td>
</tr>
</tbody>
</table>
By the year 2020, the number of newly graduated nurses entering into nursing has been predicted to inadequately offset the anticipated number of experienced nurses retiring from the profession. In addition, recent estimates show newly graduated nurse turnover rates range from 14% to 60% during their first years of practice.

A purposeful review of the literature was performed in order to gain insight into the process of transitioning from student to practicing nurse and to determine needs, experiences, and outcomes associated with newly graduated nurses in acute care settings.

Once common intellectual, emotional, socio-cultural, and physical experiences were identified, an educational pamphlet was constructed. The purpose of creating such a pamphlet was to provide useful information, highlight specific common needs, and suggest resources and strategies to supplement newly graduated nurses throughout their transition period and socialization process.

Current research shows newly graduated nurses can successfully transition into acute care settings with the provision of pertinent information; the guidance from key stakeholders including, educators, managers, and administrators; and the support of preceptorship, mentorship, and orientation programs. Positive transitional periods are associated with increased reports of job satisfaction and with lower voluntary turnover rates among newly graduated nurses.
CHAPTER 1

INTRODUCTION

Statement of the Problem

Around the world, populations are faced with critical nursing shortages. Countries, including the United States, are experiencing similar deficiencies—-an increase in the number of people needing health care and a decrease in the number of qualified nurses available to meet those needs (American Nurses Association [ANA], 2009; Health Resources and Services Administration [HRSA], 2004; Sigma Theta Tau International Honor Society of Nursing [Sigma Theta Tau], 2008). Current nursing staff vacancy rates are estimated to be 16% among health care organizations throughout the United States (American Health Care Association [AHCA], 2007). Vacancy rates of up to 27% are calculated by the year 2015 (HRSA, 2004).

According to projections, if conditions do not change in the current workforce during the next decade, then an alarming deficit of half a million registered nurses could exist in the United States by the year 2020 (HRSA, 2004). The projected vacancy rates are disturbing; however, core issues associated with this current nursing shortage, including fewer nurses entering the profession, difficulty recruiting and retaining new staff nurses, and a steadily increasing rate of qualified nurses leaving the workforce are equally concerning (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; ANA, 2009; Bowles & Candela, 2005; Kovner et al., 2007; Robert Wood Johnson Foundation, 2009). In addition to research findings regarding the current nursing crisis, several nursing researchers
studied and expanded upon a specific area of nursing vacancy identified as new graduate turnover (Beecroft, Dorey, & Wenton, 2008; Bowles & Candela, 2005; Cowin & Hengstberger-Sims, 2004; Kovner, Brewer, Greene, & Fairchild, 2009; Salt, Cummings, & Profetto-McGrath, 2008; Scott, Engelke, & Swanson, 2008).

According to the recently published National Sample Survey of Registered Nurses (NSSRN) conducted by HRSA in 2004 and published in 2006, 16.1% of the 2,909,357 nurses in the United States changed employers and/or positions within health care organizations between 2003 and 2004. In addition, results of the NSSRN survey indicated a slightly higher nurse turnover percentage (19.6%) in the mountain region of the United States than compared to the rest of the country.

A survey of nursing staff vacancy and turnover was performed by the American Health Care Association (AHCA) in (2008) of post acute care organizations throughout the United States. AHCA survey results of these health care organizations showed an average staff registered nursing turnover rate of 41% for the year 2007. Similar voluntary turnover rates were reported in studies of newly graduated nurses during their first and second year of employment.

After having been employed for twenty-four months, new graduate internal position and external employer voluntary turnover rates were found to range from 25 to 50% (Beecroft et al., 2008; Bowles & Candela, 2005). In light of the current and projected nursing shortage in the United States, it is imperative that researchers, nurse managers, nurse educators, and health care administrators gain a better understanding of the events surrounding current levels of nurse turnover in order to address the issues, which have
contributed to elevated rates among newly graduated nurses, in years to come.

**Background and Significance**

Experts may describe the current nursing shortage as a perfect storm. Two complex fronts, or patterns, are feeding this storm; one storm front consists of an impending shortage of qualified nurses and the other front results from an increasing demand for professional nurses (American Association of Colleges of Nursing [AACN], 2008; ANA, 2009; HRSA, 2004; Pricewaterhouse-Cooper, 2007).

Theoretical factors associated with the pattern of an ever growing demand for professional nurses were identified as follows: an increase in the volume of patients, who are more critically ill and labor intensive than patients seen in prior decades; an ever increasing population of aging baby boomers that has been predicted to double over the next thirty years and burden an already strapped system and strained resources; and modern technology and scientific advancements, which may lengthen survival periods, for patients who are either severely, or chronically ill (Joint Commission, 2002).

The above theoretical conditions could directly impact nurse-patient ratios because a larger number of nurses may be needed to deliver care to the rising volume of patients who fall within the ever expanding elderly population and the higher acuity levels. Both current and projected supply-created nursing shortages have been credited to numerous factors; therefore, subsequent paragraphs discuss these aspects in detail.

One factor of the shortage is a declining growth in the population of registered nurses reported by professional nursing organizations (AACN, 2008; ANA, 2009). This growth decline results from both a decrease in the number of new graduates entering and an
increase in the number of experienced nurses exiting the workforce. The AACN (2008) noted an increase in the number of nursing students enrolled in nursing curricula during consecutive years 2001-2005; however, nursing school applicants were denied entry into programs throughout this same time span. This trend of turning away eligible students has been attributed to critical shortages of faculty throughout schools of nursing, insufficient numbers of clinical sites, classrooms, or preceptors, and decreasing university capital budgets (AACN, 2008). Deficits, within schools of nursing, place limitations on the numbers of students who are able to enroll in nursing programs and as a result, contribute to the declining numbers of available nurses (ANA, 2009).

On the opposite side of the spectrum of those who wish to enter nursing and are unable to do so, there are those who graduate from nursing and find they no longer wish to remain in the nursing profession. An exodus of practicing nurses away from acute health care institutions has been attributed to a variety of causes. Reasons offered for leaving acute care settings are quite different than the reasons given for limiting one from entering into nursing. For example, reports of dissatisfaction with wages, benefits, hours, or work environments and work related stress associated with poor staffing ratios were listed as variables that influence their decision to leave current nursing positions or the health care field, entirely (Aiken et al., 2002; Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2005; Rosenfeld & Adams, 2008).

The aging of the nursing workforce is yet another aspect of the increasing exodus (HRSA, 2004; Joint Commission, 2002). In the current workforce, the average age of a registered nurse calculates to 43.3 years (while nurses who are under the age of 30
makeup only 12% of the workforce). As expected, mature nurses are retiring and plan to continue doing so in astonishing numbers throughout the next fifteen years (Joint Commission, 2002). In addition to planned retirement, a portion of qualified nurses are choosing to prematurely leave nursing practice and pursue careers outside of acute health care settings or outside of the nursing profession (Aiken et al., 2002; Buerhaus et al., 2005; Buerhaus, Donelan, Ulrich, DesRoches, & Dittus, 2007; Rosenfeld & Adams, 2008; Sochalski, 2002).

When examining phenomena, including current and projected nursing shortages and new graduate attrition, investigations would be incomplete if the complexity and multiple variables of the transition process were not addressed. The transitional process of graduate nurses moving from well thought-out, predictable roles in academic settings to changing and less predictable roles in acute care settings can be seen from the perspective of two similar, yet unique groups.

Both parties, newly graduated nurses and acute health care organizations, share similar goals. These shared group goals consist of providing quality care to patients and ensuring safe, efficient and effective care. Yet, each party may approach the transition process from a different point of view. For example, new graduates coming from colleges of nursing with idealistic plans may see the transition into practice quite differently than the hospitals’ bureaucratic systems which emphasize practical strategies (Kramer, 1974).

The prior examples of two very different groups contain unique and variable approaches. For example, when newly graduated nurses are hired into health care organizations, organizations have historically viewed the hiring of an employee from a
business perspective and as an investment (Jones, 2004). However, newly graduated nurses view their first employment opportunities as transformational periods. And, during this period, the organizations, which hired the newly graduated nurses, are assumed to be responsible for their support, orientation, and education during the transition period from student to practicing nurse (Boswell, Lowry, & Wilhoit, 2004; Fink, Krugman, Casey, & Goode, 2008; Hodges, Keeley, & Troyan, 2008).

Throughout previous decades, several studies were conducted in order to learn more about the experiences of new graduates. One area of research was to theorize, observe, and describe the overall process of transitioning from academic settings into acute care practice settings. In-depth discussions in regard to the transitioning process of newly graduated nurses are included within the Theoretical Framework and Review of the Literature sections of this project.

In recent years, a second field of study has been the exploration of newly graduated nurse orientation programs implemented within health care institutions. Mentorship, preceptorship, and orientation programs specific to new graduate nurses have been the focus of numerous studies aimed at identifying instrumental elements and essential interventions affiliated with the transition period and socialization process. Recent studies include a number of reports from newly graduated nurses who enter into practice settings and communicate a disconnect between knowing about and actually functioning in the roles of professional registered nurses (Delaney, 2003; Fink et al., 2008; Hodges et al., 2008). The above research findings, in conjunction with similar concerning outcomes, encourage nurse researchers to emphasize the importance of efficiently orienting,
effectively training, and appropriately socializing new graduates. For example, attending to multiple, complex patients whose care requires advanced critical problem solving skills creates numerous questions and causes new graduates to consistently seek advice prior to making clinical decisions. Furthermore, a portion of these novices question the depth or doubt the relevancy of their educational preparation; and, a number of those new graduates believe they are unprepared and unable to meet the challenges found in the acute care settings (Candela & Bowles, 2008; Cowin & Hengstberger-Sims, 2006; Dyess & Sherman, 2009; Etheridge, 2007; Hodges et al., 2008).

Schmalenberg and Kramer (1979) shared words of caution: “For the new graduate, the movement from the yesterday of school to the today of nursing practice can create feelings of helplessness, powerlessness, frustration, and dissatisfaction” (p. 1). Others echoed similar expressions of uneasiness; personnel who are responsible for overseeing the transitioning process may be unaware of potential ramifications of transitioning. If new graduates negatively perceive their first jobs, then initial employment opportunities may result in frustration or dissatisfaction in regard to nursing practice (Beecroft, Dorey, & Wenten, 2008; Boswell et al., 2004; Bowles & Candela, 2005; Kovner et al., 2009).

With less time invested in their first positions, a portion of dissatisfied newly graduated nurses were known to do the following: leave current positions and transfer to other units, resign from health care organizations, or leave nursing entirely (Beecroft et al., 2008; Bowles & Candela, 2005; Kovner et al., 2007). Bowles and Candela (2005) found that reasons for leaving first jobs often fall within specific categories. New
graduate nurses who resign from their first employment opportunities cited patient care concerns, negative work environment, unsafe nurse-to-patient ratios, lack of quality, and lack of self-confidence as primary reasons for leaving.

**Purpose**

The purpose of this project was to thoroughly examine newly graduated nurses’ experiences during the transition period in order to identify graduate nurses’ requirements during the process of moving from their roles as students to their roles as staff nurses in acute care settings. An additional reason was to identify transitional and socialization needs, which arise while working within acute health care settings, during the first twelve months after graduating and obtaining state licensure.

The outcome of this project was to create a pamphlet with the above information. The information incorporated within the pamphlet could be utilized by senior nursing students and newly graduated nurses when determining initial career paths, including interviewing for employment and selecting a specific unit within an acute health care organization.
CHAPTER 2

REVIEW OF THE LITERATURE

Definition of Terms

Newly Graduated Nurse

The Merriam-Webster’s Online Medical Dictionary (2010) defined the term graduate nurse as “a person who has completed the regular course of study and practical hospital training in nursing school – abbreviated GN; called also trained nurse.” After reviewing the literature for a working definition of graduate nurse, which included a time frame, the following conclusion was drawn: nursing professionals have yet to come to a consensus on a specific time frame that delineates a newly graduated nurse from an experienced nurse. Time frames vary from three to twelve months up to one or two years. Several researchers chose to define newly graduated nurses based on a time component starting with the acceptance of a position within a health care organization and/or beginning an orientation program within the health care department or unit. For example, newly graduated nurses are referred to as new graduates at 3, 6, 9, or 12 months after gaining employment or beginning an orientation program. (Duchsch, 2008; Ellerton & Gregor, 2003; Fink et al., 2008).

Various nursing researchers defined newly graduated nurses as practitioners who have either graduated from a college of nursing within the last year, or nurses who have practiced for a time frame of one year or less (Delaney, 2003; Dyess & Sherman, 2009; Oermann & Garvin, 2002). Others suggested that graduate nurses do not fully develop
into independent and competent health care practitioners until two to three years post graduation; therefore, according to these particular nursing professionals, registered nurses do not shed the label of newly graduated nurse until one or two years of practical nursing experience has been completed (Casey, Fink, Krugman, & Propst, 2004; Halfer & Graf, 2006; Scott et al., 2008).

Kovner et al. (2007) identified newly licensed nurses as “… those who received their first or basic RN license by taking and passing the NCLEX [National Council Licensing Exam] within the previous 18 months” (p. 60).

Kramer (1974) used the term neophyte to describe a newly registered nurse who had graduated from an associate, diploma, or baccalaureate program within the last year or two and transitioned into a medical center hospital. In more recent years, the term neophyte has been replaced with terms, such as graduate nurse, newly licensed registered nurse, or newly graduated registered nurse throughout nursing literature. For the purpose of this project, newly graduated nurse has been defined as a nurse who has graduated from either an associate, diploma, or baccalaureate program for registered nurses, obtained state licensure, and practiced in acute care settings within twelve months.

Professional Socialization

The socialization of graduate nurses into the profession of nursing was defined as “... the process by which one learns to perform his various roles adequately …” and a time frame was described as “… continuous throughout life …” (Kramer, 1974, p. 137). In addition, Kramer emphasized that mature men and women must go through an adult socialization process in order to become professional practitioners. The process, as an
adult, was thought to be completely different than childhood socialization because “… an adult must learn what others will demand of him in his role and what he will come to demand of himself …” (p. 137).

Hunt (2004) offered a description of the professional socialization process (cited in Mooney, 2007) and described newly graduated nurses as newcomers who would be “… instructed in the ways and attitudes of the organization and gradually adopt the attitudes, values and unspoken messages within the organization” (p. 75).

Cohen (1981) constructed the following definition of professional socialization:

The complex process by which a person acquires the knowledge, skills, and sense of occupational identity that are characteristic of a member of that profession. It involves the internalization of the values and norms of the group into the person’s own behavior and self-conception. In the process a person gives up the societal and media stereotypes prevalent in our culture and adopts those held by members of that profession. (Du Toit, 1995, p. 165)

Preceptor

The term preceptor was defined by Young and Paterson (2007) as “… a registered nurse who supports, guides, teaches, and coaches another in their designated area of practice for a specified period of time” (p. 575). Delaney (2003) found that newly graduated nurses who spoke positively about their assigned preceptors highlighted certain qualities. These emphasized preceptor qualities were seen by newly graduated nurses as both beneficial and necessary for productive and progressive preceptorship experiences. Reported essential preceptor qualities included: clinical expertise, critical
judgment, caring and supportive attitude, and well-rounded experience.

Acting as a liaison for newly graduated nurses, experienced preceptors were found by Boyer (2008) to fulfill various roles and responsibilities such as “… the need to provide a safe learning environment, collect evidence of competence to practice, and build networks for support, communication, and nurturing to take place” (Harris & Roussel, 2010, p. 39). When newly graduated nurses had the opportunity to work with preceptors who possessed “… professional qualities, such as seasoned experience, critical judgment, and clinical expertise, combined with a caring, supportive attitude …” the process of transitioning into health care settings was reported to be a positive and healthy experience (Delaney, 2003, p. 442).

Mentor

Oermann and Garvin (2002) believed that the following characteristics of a mentor, or a nursing colleague, were indispensable: expert clinician, effective leader, professional role model, enthusiastic about their professional role, positive interpersonal skills, and willingness to work with others.

Greene and Puetzer (2002) defined the role of the mentor as follows:

The mentor functions as a role model, a socializer, and the educator in training certain specified tasks and interactions. As a role model, the mentor assists the mentee by example; that is, by demonstrating and personifying how a competent staff nurse performs his/her job.” (p. 69)

Competent mentors approached new nurses with realistic expectations and standards in regard to technical skills, knowledge, past clinical experiences, and decision making
skills. When asked their ideas for what could be expected during positive mentoring relationships, new nurses offered: acceptance, nurturing, education, support, leadership, and guidance (Thomka, 2001). And, Oermann and Garvin (2002) recommended:

If there is no formal preceptor program, graduates should have a mentor on the unit to … provide the instruction they need to develop clinical competencies. The mentor also serves as the expert with whom the graduate can consult and ask questions. The mentor should be aware of typical stresses graduates face in beginning practice – new situations and procedures, not feeling competent, difficulties in managing increasing patient responsibilities and workload, and concern about making mistakes. (p. 228)

A strong correlation was shown between a positive trend in newly graduated nurses’ performances and the quality of relationships established with nursing mentors who served as resources, experts, guides, or counselors for lesser experienced nurse colleagues. For example, MacIntosh (2003) concluded that within a supportive environment, newly graduated nurses who connect and build relationships with willing nurse mentors are ensured a liaison in times of uncertainty. Moreover, after studying new graduates’ workplace experiences, MacIntosh (2003) found that newly graduated nurses’ practices showed improvement when guided by mentors. The following was proposed:

Connecting with willing mentors ensures that nurses have someone to ask questions to when they are uncertain; when they seek help and get help, they are more likely to ask again. Having a mentor in a supportive work environment influences nurses’ practice patterns positively. (MacIntosh, 2003, p. 733)
Transitioning

Transitioning, or the transition of newly graduated nurses into practice, is described by the National Council of State Boards of Nursing (NCSBN) as: “A formal program of active learning, implemented across all settings, for all newly licensed nurses (registered nurses and licensed practical/vocational nurses) designed to support their progression from education to practice” (2009, p. 1). Role transitioning, in general, is defined by Duchscher (2008) as: “… the process of making a significant adjustment to changing personal and professional roles at the start of one’s nursing career” (p. 442), and the process “… consists of a nonlinear experience that moves them through personal and professional, intellectual and emotive, and skill and role relationship changes and contains within it experiences, meanings, and expectations” (p. 442).

In addition to the definition provided in this section, a more thorough exploration of the term “transitioning” is included in the theoretical framework paragraphs within the Review of the Literature section of this project. For, both nursing researchers Kramer (1974) and Duchscher (2009) explored the concept of transitioning in great detail.

Orientation

The NCSBN adopted the American Nurses Association’s definition of orientation when establishing goals for a new graduate orientation practice model. The NCSBN (2009), quoting the ANA, defined orientation as:

The process of introducing staff to the philosophy, goals, policies, procedures, role expectations, and other factors needed to function in a specific work setting.

Orientation takes place for both new employees and when changes in nurses’ roles,
responsibilities, and practice settings occur. (p. 1)

Transition or Reality Shock

Transition shock, an experience found to be a common occurrence for newly graduated nurses in the first stage of role transitioning, is described as the “… experience of moving from the known role of a student to the relatively less familiar role of professionally practicing nurse”, (Duchscher, 2009, p.1105). And, a predominant feature of the transitional shock was an “… apparent contrast between the relationships, roles, responsibilities, knowledge and performance expectations required within the more familiar academic environment to those required in the professional practice setting …” (Duchscher, 2009, p. 1105).

Throughout nursing literature, the term transition shock shared similar concepts with the term reality shock. The concept of reality shock was first introduced by nursing researchers Schmalenberg and Kramer (1979) to describe “… conflict resulting from the movement from the familiar subculture of school to the unfamiliar subculture of work” (p. 1). The movement from yesterday of school to today of nursing practice is believed to stir a range of emotions from within neophytes, including helplessness, powerlessness, frustration, and dissatisfaction. Moreover, when newly graduated nurses realized that they were ill-prepared to resolve discrepancies in acute health care settings, transitioning was believed to elicit additional powerful responses, such as “moral outrage,” “rejection of the work scene,” and sheer exhaustion (Schmalenberg and Kramer, 1979, p.1).
Turnover

A rather succinct, straightforward explanation of turnover is provided by Jones (2004); this nursing researcher defined the condition as follows: “Nurse turnover occurs when nurses terminate their employment within an employing [health care organization] HCO (external turnover), or when they change jobs or positions with their employing HCO (internal turnover)” (p. 565).

However, other definitions for turnover are found to be less clear and not as concise. For instance, while conducting a literature review, Hayes et al. (2006) discovered that a consistent use of a universal definition for nurse turnover was lacking. Health care institutions demonstrated inconsistency by failing to differentiate between voluntary or involuntary turnover and external versus internal turnover when registered nurses resigned their positions. Tai (1998), as cited by Hayes et al. (2006) produced multiple examples of inconsistent definitions of turnover throughout the literature. Turnover was defined: stayer versus leaver, voluntary leaver, “follow up 1 year of new hire”, “voluntary termination [exclude voluntary retire, dismissal, leave/absence due to medical reasons],” or “stayers, unavoidable and avoidable leavers obtained from nursing director” (p. 248).

Beecroft et al. (2008) defined new graduate turnover as the voluntary termination of employment from the acute health care facility in which the new graduate was employed. However, voluntary internal turnover was not considered as actual nurse turnover or factored into the health care organization’s overall nursing turnover rate because the “… transfer between units/wards or other departments in a medical centre was not considered turnover” (p. 45).
Researchers formed hypotheses in regard to choosing whether to dismiss internal turnover as actual turnover. For example, when nurses move to a different position within an organization, Jones (2004) hypothesized the following: “… little effort is generally directed at understanding or reducing [internal] turnover because it is not viewed as an organization loss” (p. 565).

Hayes et al. (2006) remained concerned because a standardized definition for the term turnover has yet to be agreed upon because it was felt that this non-standardization of the term placed limits on researchers’ ability to generalize study findings to larger populations. For the purpose of this project, newly graduated nurse turnover is defined as any voluntary change in employment and/or change in position within a health care organization by a newly graduated nurse within the first two years of employment.

**Theoretical Framework**

Prior nursing research studies that explored the transition period utilized various theories to help explain the processes associated with newly graduated nurses leaving the role of student and assuming the role of practicing nurse. For example, enculturation theories, nursing theories, and individual change theories are applicable when examining the transition process.

In addition, several philosophical views were applied to past research studies that explored the educational needs of nursing students upon graduating from schools of nursing and beginning careers in acute health care organizations. For instance, nursing, behavioral, adult learning, stress, and coping theories were relevant and remain relevant to the exploration of graduates’ learning needs.
However, since the focus of this project was to examine processes correlating with newly graduated nurses’ during the transition period, a transition theory was chosen to provide perspective in regard to the post-graduation period and guide this particular project. In addition, the concept of socializing newly graduated nurses into work groups within acute care settings was identified while exploring new graduates among the early stages of transitioning. Thus, a socialization theory was subsequently selected to further guide this project’s exploration of the transition period and to better appreciate the complexities of the transition process.

Kramer’s Postgraduation Nurse Socialization Theory

A postgraduate nurse socialization theory, which was first introduced by a fellow nurse and researcher (Kramer, 1974) in her work *Reality Shock: Why Nurses Leave Nursing*, remains valid and relevant today. Postgraduate socialization of the professional nurse is described as “… circular in nature with many opportunities to exit and reenter …,” rather than a linear, process (p. 155). This postgraduation socialization process includes four intersecting phases. Neophyte nurses progress through some, or all, of these phases and encounter specific conflicts in each phase throughout their first few years of employment. In theory, while in their first or second year of the transition period, neophytes enter, exit, and revisit four phases. These four phases are identified as: skill and routine mastery, social integration, moral outrage, and conflict resolution. Within these overlapping and interweaving phases, neophytes find challenges and opportunities for growth and self actualization (Kramer, 1974, p. 155). A thorough explanation of each phase of the postgraduation socialization process is included in subsequent paragraphs.
When entering the first phase of socialization, known as skill and routine mastery, Kramer (1974) describes neophytes’ frame of mind as one filled with exhilaration and fascination. Through a distorted perspective, newly graduated nurses view their workplace settings as perfect and breathtaking for a brief period of days, or up to two or three months. A percentage of neophytes mentally exist in a “… kind of all-pervasive, diffuse euphoria - - like a honeymoon” (Kramer, 1974, p. 155).

Having recently made the leap from student (studying, papers, tests, and poverty) to staff registered nurse (degree, autonomy, and paycheck), a portion of neophytes are thought to be too excited to focus on their surroundings. For instance, neophytes are unable to accurately appraise, or be critical of, items in their immediate areas, including health care personnel, work environments, or nursing routines.

However, the novelty and fascination with new work environments fade as newly graduated nurses become aware of the enormous amount of information and skills needed to function in the role of practicing nurse. Feelings of euphoria are soon replaced with feelings of insecurity and anxiety. Kramer (1974) believes that neophytes arrive at a solution to overcome these feelings of inadequacy and lack of confidence, which are first realized in this initial transitional phase, by submerging themselves within mastering skills, hospital routines, and patient procedures. During this period of complete focus on skill acquisition, Kramer (1974) recognizes two distinct phenomena occurring among newly graduated nurses.

First, new graduates become thoroughly concerned, even obsessed, with obtaining skills mastery. And, due to this focused concentration their attitudes and values
concerning the human element of patient care are either temporarily placed aside, or are permanently altered. These “abdication of values” and “cognitive dissonance” (Kramer, 1974, p. 157) are seen as common obstacles that neophytes face during the skill and routine mastery phase. Since praise, respect, and growing self confidence accompany becoming technically proficient, rapid and successful skills attainment has the potential to stunt the growth of newly graduated nurses. Kramer (1974) predicts that neophyte nurses who focus solely on skills proficiency will continue this behavior during the remaining time frame of this transitional period and quite possibly throughout years of practice. The result would be newly graduated nurses with permanently altered value and belief systems; “… all too often new graduates succumb to the powerful influence of behavior [skill performance and mastery] upon beliefs” (Kramer, 1974, p. 156).

A second phenomenon during this initial transition phase is the depletion of newly graduated nurses’ sheer exhilaration by seeing the bigger picture of acute care settings. This mental clarity results in the rapid reframing of any remaining time spent in the honeymoon phase. Neophytes soon realize that short-term goals continually move and need to be frequently rewritten. For example, just as soon as newly graduated nurses achieve one skill, four never-attempted-before skills take their place at the top of the need-to-learn list. To new graduates, these lists of skills, routines, and policies appear never ending. Newly graduated nurses soon come to an understanding: the transition from novice to competent practitioner does not happen as quickly as they once imagined.

Kramer (1974) labels the thought processes (i.e., the neophytes’ ability to judge, evaluate, or discriminate between the quality of the work of others) and their recent
understanding of the work world in general as “reality testing” (p. 156). In this first phase, neophytes are just beginning to see discrepancies between expectations of their new career and the practical workplace realities. Employee appraisals shared with neophytes when they learn new routines, become organized, and achieve technical skills have the potential to initiate both positive and negative feelings. Among newly graduated nurses, buds of conflict begin to develop in regard to appraisals.

The following is an example of a blooming conflict: new graduates learn that positive feedback is often given for rapid and accurate skill acquisition but seldom given for meaningful one-to-one patient contact. Thus, new graduates begin to compare the skills-acquisition positive feedback received to the no feedback, or worse, to the negative feedback received while engaging in therapeutic conversations with patients. New graduates are conflicted by having to choose between either talking with their patients or assisting another nurse with a patient’s technical care because choice of only the later is sure to gain praise from colleagues.

For some neophytes, these observations and conclusions are defeating. Yet, for others, their future in nursing is solidified by receiving positive appraisals for skill acquisition. Kramer (1974) hypothesizes that the latter type of these two neophytes will continue to become highly proficient at giving technological care and progress through the remaining socialization period with different ideas regarding patient care than those who are beginning to feel defeated and conflicted regarding the lack of human aspect within care. Individual conflicts become a continuous theme throughout subsequent stages of the professional socialization process of newly graduated nurses.
Kramer (1974) explains that the second phase of the post graduate socialization process could be described as an overlie, or in some instances, a replacement of the first phase. And, as an example she offers the experiences of new graduates, who are hired into adult psychiatric units. An acute psychiatric setting does not demand from a neophyte the learning of numerous skills, tasks, or procedures as with other acute care settings. Thus, a large portion of the first transition phase is null and void in these particular instances with neophytes who work in less skill focused units.

However, in order to describe the phase and provide some form of sequence to the socialization process, Kramer (1974) delineates specific accomplishments and obstacles found among the second phase which she identified as social integration. A major accomplishment, included in this particular phase, is “… mastering interpersonal relationships and achieving knowledge and participation in back-region reality …” (Kramer, 1974, p. 157). Behaviors are demonstrated to new graduates (concerning how to both get along and fit in with the group) by means of informal and formal socialization. Nurse’s aides, licensed practical nurses, patients, physicians are identified as informal agents; and, head nurses, nurse managers, and nursing educators are noted to be formal agents.

A portion of newly graduated nurses choose to mimic the behaviors of both informal and formal agents. Other newly graduated nurses watch and select those behaviors that fit best within their professional value system. During this particular phase of socialization neophytes develop an extremely keen sense of awareness concerning their personal
assessments of others and the assessments being made of themselves by fellow co-workers.

The once enthusiastic neophytes who believed all was wonderful now remove their rose-colored glasses and see that the “… real world with all its imperfections is open for critical inspection and appraisal …” (Kramer, 1974, p. 157). As a result of this continuous scrutiny, newly graduated nurses become highly concerned with image and impressions. New graduates who are in the role of learner and who ask endless questions during the skills acquisition phase begin to discover how others view them as approachable when they are vulnerable.

New graduates realize that aides, licensed practical nurses, and registered nurses feel good about themselves when neophytes ask for their help. However, after months of practice, new graduates are forced to choose between remaining in this nonthreatening role or moving forward to become competent practitioners who can answer their own questions. Moreover, quite possibly to the dismay of more experienced colleagues, these newly graduated nurses may leap farther ahead and begin to answer others’ questions.

The neophytes find themselves in a predicament. They are standing at a crossroads of having to choose between either approachability, attractiveness, or some acceptable mixture of the two. Kramer (1974) warns of a potential outcome if new graduates become overly competent too soon. If neophytes who are extremely competent at skills acquisition and learning techniques are found to be more competent than their experienced colleagues on the same unit, then due to their high level of competence newly graduated nurses become more attractive and less approachable.
The choice between approachable or attractive is viewed as a dilemma by new graduates during the second phase of socialization. Moreover, this puzzling problem needs to be resolved by neophytes, in order to overcome stagnation during the social integration phase. New graduates are forced to choose between either remaining approachable with the risk of being labeled as incompetent, or making a daring step toward attractiveness while possibly risking the loss of already formed relationships.

Kramer (1974) theorizes that different levels of socialization will be achieved by individual graduates during the second phase of the socialization process. While observing new graduates who are successful to various degrees throughout the social integration phase, predictions about their future as practicing nurses are made. For example, new graduates who are never quite able to overcome socialization obstacles will follow obvious paths such as leaving the workplace setting or deciding to enroll in graduate school. And, it is hypothesized that neophytes who are able to successfully resolve problems during the social integration process and find themselves easily accepted into supportive work groups can become fixed, or stunted, in this second phase.

Kramer’s intuition (1974) guides her to believe that growth stunting might occur in a particular population of new graduates. Fixation could possibly occur among neophytes who did not value aspects or accept behaviors associated with professional nursing while in school. If graduates fail to internalize nursing values as students, then they may find little, or no, value in further exploring the socialization process at this point.

Because much satisfaction and fulfillment can come from mastering tasks, receiving positive feedback, and finding acceptance among others into the work group, a portion of
new graduates may look no farther than these accomplishments. These successful, but stunted, newly graduated nurses are potential sources to hypothetically fill organizational openings in administrative positions in the future. Newly graduated nurses who are successful at both mastering skills acquisition, duties, and procedures and at becoming socially integrated into a group, or unit, often fall into a category known as those who deserve a promotion. This eligibility for promotion is believed to cease any search for additional professional growth on the part of some new graduates.

A different point can be made about the new graduate socialization process during the second stage of socialization: a polar opposite class of neophytes, those who value and epitomize professionalism while enrolled in college, can also find themselves in a fixated pattern during the final stages of the social integration phase. However, unlike the neophytes who master skills, these new graduates whom possess strong school values are likely to become stunted because they eventually become aware of and disappointed with their practical work settings. Graduate nurses’ new awareness of their environments provide opportune moments to ask difficult and irrational questions of their fellow co-workers. Kramer (1974) makes note that these difficult questions often go hand in hand with negative outcomes, including turbulent work environments. Hence, continuous questioning by idealistic graduates creates the perfect setting for an “… onslaught of shock, outrage, and rejection …” to occur in the next phase (Kramer, 1974, p. 158).

The third phase of the socialization cycle of new graduates receives the label of moral outrage. Moral outrage is believed by Kramer (1974) to begin with a neophyte’s lack of awareness or distorted assessments. Key components of this phase are conflict and
unrealistic criticism. Sources of conflict and criticism include the following: comparing neophyte values to experienced staff values, contrasting school ideals with work setting practices, attempting to balance expectations with realities, viewing professional relationships with co-workers as a them-versus-us scenario, and finding commonalities between professional systems and bureaucratic systems.

Combinations of the above conflicts are labeled by Kramer (1974) as “reality shock;” and, this phenomenon is described by the researcher in great detail:

Reality shock is a term used to describe the phenomenon and the specific shocklike reactions of new workers when they find themselves in a work situation for which they have spent several years preparing and for which they thought they were going to be prepared, and then suddenly find that they are not. (Kramer, 1974, vii)

In addition, emotional reactions of new graduates who experience reality shock range from discomfort, frustration, and disappointment to fear, hate, outrage, and withdrawal.

The third phase of professional socialization is thought to be a vulnerable period for newly graduated nurses. Kramer (1974) describes how pivotal this period can be for new graduates in regard to achieving outcomes including job satisfaction, career satisfaction, and providing quality patient care. If neophytes lack the ability to positively resolve their feelings and thoughts associated with reality shock, then anxiety can turn into fatigue or apathy. The exhaustion, associated with unresolved reality shock, can be a catalyst for some new graduates to become indifferent to their work environment, view their work as a means to an end, or progress into a state of burnout.
In later work, Schmalenberg and Kramer (1979) acknowledge that a portion of neophytes can potentially become fixated in this third phase. However, a more accepted hypothesis, other than the mental and emotional fixation outcome, is that a larger portion of newly graduated nurses will find alternative methods of resolving their feelings and thoughts associated with reality shock. This alternative path includes self-discovery and the desire for individual growth, and is known as a recovery period. Newly graduated nurses who recover from reality shock begin by salvaging their sense of humor and progress into gaining a new, healthier perspective.

Once tensions decrease and perceptions become more realistic, Kramer (1979) finds that several new graduates are able to learn how to coexist within bureaucratic systems and transition into the final phase of the socialization cycle. The final phase of the postgraduation socialization process is described by Kramer (1974) as a period filled with conflict resolution. For many new graduates, the major tasks during this phase are to resolve “perceptual distortions” and overcome “wholesale rejection” of the bureaucratic system they are working within (Kramer, 1974, p. 159). Moral outrage, rejection, perceptual distortion, and fatigue have the potential to remain the norm unless newly graduated nurses find ways to resolve their conflicts between work and school values.

By the end stages of this final phase, it is revealed that most new graduates do not remain fixated in a constant state of moral outrage. Instead, newly graduated nurses move backward, lateral, or forward in order to avoid the mental and physical drain coupled with moral outrage and associated with an unrelenting, critical examination of acute health care settings.
Summary

Kramer (1974) referred to the socialization process of new graduate as an elaborate and convoluted labyrinth. Previous paragraphs explored the socialization process of newly graduated nurses, and it was indeed found to be a complex process.

New graduates first entered with overlapping phases of naivety and excitement, but, soon afterward, encountered daunting conflicts and obstacles. Yet, within these tortuous stages, consisting of challenging encounters and grueling conflicts, newly graduated nurses somehow experienced growth and developed confidence.

By resolving conflicts between school ideals and work practice, nursing values and organization behavior, and professional and bureaucratic systems, newly graduated nurses progressed along their journey known as the postgraduation socialization process. Several new graduates achieved the best possible outcome. These successful registered nurses entered the socialization phases as novices and exited as bicultural, caring, confident, and competent nursing professionals.

Period in Between

Duchscher (2008) acknowledged that the nursing research conducted by Marlene Kramer throughout the late 1960’s and early 1970’s laid the foundation for new graduate nurse transition theories. Throughout the last decade, studies published by fellow nurse researchers such as Casey et al. (2004), Delaney (2003), Kovner et al. (2007), and Scott et al. (2008) provided addition valuable information and supplied material for yet another level to the existing foundation. When previous studies were compared with current
research concerning the transition and socialization process, Duchscher (2008) found that “… remarkably similar thematic conclusions were presented” (p. 442).

However, one notable aspect of Kramer’s work (1974) was the variety of data gathering methods the researcher utilized (i.e., detailed case study diaries, field observations, and individual interviews of subjects). This extensive investigation of new graduate nurses at specific stages during their postgraduate socialization process provided both an extensive and in-depth view in regard to the experiences of newly graduated nurses. Moreover, the quality of information, which was gathered via the above methods, allowed one to theorize about specific growth or stagnation and alleviating or aggravating factors at specific points during the transition period.

Duchscher (2001) believed that few others, in the field of nursing research, had explored the phenomena associated with the nursing transition process in such depth as nursing researchers Claudia Schmalenberg and Marlene Kramer (1979). Duchscher (2008) stated that a driving force behind her research studies was the desire to increase nursing’s understanding of the factors that precipitated growth experiences and resolved stressors and challenges throughout the stages of new graduate transitioning. If these factors could be identified and understood, then hospital administrators, nurse educators, nurse managers, preceptors, and mentors could develop and implement relevant and supportive evidence-based strategies.

Duchscher’s Stages of Transition Theory

By listening to first person accounts of newly graduated nurses’ experiences, reading journal entries or correspondence, and viewing collages created by new graduates,
Duchscher (2008) concluded that the new graduate transitioning period is riddled with variable processes. The following description of this nonlinear process of becoming is provided: “Although this journey was by no means linear or prescriptive nor always strictly progressive, it was evolutionary and ultimately transformative for all participants” (Duchscher, 2008, p. 444). Even though absolute lines could not be drawn to represent the stages through which newly graduated nurses transition, recurrent themes became apparent to researchers while observing and interacting with newly graduated nurses.

And, by analyzing and classifying data collected from new graduates’ surveys, interviews, focus groups, journals, and email communications, Duchscher (2008) detects three stages. The stages are believed to span the first twelve months of a new graduate’s career while transitioning from schools of nursing into health care organizations. These stages are further examined and labeled by (Duchscher, 2008) as follows: Doing, Being, and Knowing.

In addition to stages, repetitive topics are found throughout each stage. Upon combining the topics, which are unique to each stage, and translating those topics into distinct themes, Duchscher (2008) began to see a detailed picture of the transitional period starting to take form. For example, throughout the first three to four months after graduation, newly graduated nurses enter into and practice within a stage labeled as doing. In this initial stage, Duchscher (2008) observes a “… tremendous intensity, range, and fluctuation of emotions as graduates worked through the processes of discovering, learning, performing, concealing, adjusting, and accommodating” (p. 444).
This initial stage of transitioning also contains the experience referred to as transition shock. (Transition shock is discussed in more detail in the Definition of Terms section of this project.)

Duchscher (2008) finds that new graduates enter the subsequent stage, known as being, around the same period of time when most of the processes, which surfaced during the transition shock period, are nearly resolved. And, during the next four or five months while following newly graduated nurses, Duchscher (2008) learns that new graduates shift energy in order to address a new set of processes: disengage, question, search, reveal, recover, accept, and reengage (p. 446). This second stage, or being, is a period highlighted by a gradual and progressive improvement in skills attainment, critical thinking, and level of knowledge.

However, an opposite side to this positive growth and progression does exist. Several newly graduated nurses soon discover that their movement forward during the being stage is not without potential negative consequences. And, around the fifth or seventh month of practice, new graduates are faced with yet another transition crisis. Duchscher (2008) proposes that the precursors to this transition crisis (waning confidence levels, insecurities, and increased self-awareness) are different than the stressors that are associated with the crisis during the first three months known as transition shock.

New graduates identify a longing for the familiarity, consistency and predictability, which they felt while in schools of nursing, during this later transition crisis at five to seven months. Instead of comfort and reassurance, their work in acute care settings leaves them feeling consistently “… incompetent, inadequate, exhausted, disappointed,
devalued, frustrated, and powerless…” (Duchscher, 2008, p. 446). In the later portion of this stage, newly graduated nurses find themselves grappling with rediscovering the significance of the nursing profession and redefining what professional behavior means to them.

The third, or final stage of the transition theory, is entered by most newly graduated nurses around the seventh or eighth month post-graduation. New graduates enter into the final stage of transitioning, labeled as knowing, while continuing to recover from the transition crisis experienced in the previous stage. As with prior phases, newly graduated nurses find themselves faced with demanding and unfamiliar processes that require both their full attention and a significant amount of energy: separating, recovering, exploring, critiquing, and accepting (Duchscher, 2008). The expected outcome of this final stage are newly graduated nurses who learn how to achieve a positive and healthy separateness while remaining united with colleagues in the acute care units.

Summary

The above synopsis of the Stages of Transition Theory included three key stages identified by Duchscher (2008) which newly graduated nurses commonly move through during their first twelve months of practice while practicing in acute health care settings. During specific time frames throughout the transition experience, much insight was gained regarding the processes, growth, crises, and setbacks that newly graduated nurses could expect while transitioning from colleges of nursing into units within acute health care organizations.
Duchscher (2008) theorized that if nurse educators, preceptors, mentors, and managers were able to identify where individuals fell within the transition stages, then a better understanding of the interventions that would be most beneficial to newly graduated nurses during each phase could be developed. Therefore, an emphasis was placed on analyzing and identifying where each individual newly graduated nurse was within the stages of the transition period.

**New Graduates’ Experiences During Transition**

Questions regarding the needs of newly graduated registered nurses and the necessary pre-requisites for becoming competent practitioners were posed to both those active within and associated with the nursing profession. Nursing researchers prefaced their work by stating the purpose of their studies were to “…to identify the stresses and challenges experienced by cohorts of graduate nurses …,” “…to better understand the learning needs and transitional experiences of new graduate nurses …,” and “…to describe the stresses and challenges new graduates experienced …” (Casey et al., 2004, p. 303; Dyess & Sherman, 2009, p. 405; Oermann & Garvin, 2002, p. 226) respectively.

By studying the interactions and experiences of newly graduated nurses within acute health care settings during the first twelve months of the postgraduate transition and socialization period, researchers determined correlations among variables associated with positive and negative transitioning experiences and socialization processes of newly graduated nurses. Multiple researchers identified challenges, stressors, or difficulties experienced by new graduate nurses throughout their transition period (Bowles &
similar answers to the question of what new graduates need in order to be successful were given by professionals in areas of nursing academia, administration, research, and practice. Newly graduated nurses need structured orientation, intellectual and emotional support, and time (Casey et al., 2004; Dyess & Sherman, 2009; Fink et al., 2008; Oermann & Garvin, 2002; Thomka, 2001). Following paragraphs elaborate upon what those in the field of nursing research identified over the past decade in regard to graduates’ common experiences during the transition period and socialization process.

Although Duchscher (2009) acknowledged that newly graduated nurses are a cohort in many aspects, new graduates were also identified as individuals who entered the transitional period and socialization process with a variety of individual experiences, preconceived notions, and expectations. The concept of individuality was explained in the following statement: “The initial professional role transition experience of the NG [new graduate] is felt with varying intensity, is founded upon relatively predictable fundamental issues, and exists within individually motivated and fluctuating states of emotional, intellectual and physical well-being” (Duchscher, 2009, p. 1105).

Scott et al. (2008) referred to these differences as unique personal attributes. And, it was proposed that these differences in personal experiences would “… affect the images that students develop about what the world of work will be like after graduation” (Scott et al., 2008, p. 76). Even though similar attributes were identified, those in nursing
research, have neither portrayed each requirement of new graduates as universal, nor depicted each experience of the transition process as all inclusive.

Yet, having stated the above, several researchers, including Duchscher (2009) and Kovner et al. (2007) gathered similar data about the transition period and socialization process among populations of newly graduated nurses. Research findings identified correlating variables and recognized repeating themes associated with new graduate transitioning and post graduation socialization. The transition process was revealed as a period riddled with shared stressors, challenges, and difficulties.

By using a qualitative study design, Duchscher (2001, 2008, 2009) acquired lived experiences from newly graduated nurses who shared verbal and written accounts from the various periods of their transition process and from their experiences during the transition process. A conceptual framework was utilized to separate transition shock experiences into four responses: Emotional, Physical, Intellectual, and Socio-Cultural and Socio-Developmental (Duchscher, 2009).

When individual data was incorporated into the conceptual framework created by Duchscher, findings revealed repetitive themes and demonstrated similar fundamental issues for new graduates during the transitional period. For example, experiences, such as adjusting to rotating night and day shift work, physical demands of twelve hours shifts, and poor sleep hygiene, were included within the physical concept.

Under the grouping of intellectual experiences were knowledge deficits. Included within this concept were knowledge deficits associated with acquiring practice and
organization skills, developing an awareness of professional roles, and incorporating ideas regarding theory into practice.

Examples of emotional themes included loss of support, exaggerated fears, multiple stressors, and emotional instability. And, within the fourth theme, socio-cultural and socio-developmental, study participants described experiences involving insufficient registered nurse role models and lack of guidance from colleagues. In addition, ineffective management and leadership within acute care settings were listed.

In subsequent paragraphs, Duchscher’s (2009) conceptual framework was applied to additional published nursing research. And, a variety of data and results from nurse researchers who studied new graduate nurses’ experiences when transitioning into acute care facilities was incorporated. Findings were placed into the experience framework utilized by Duchscher (Intellectual, Emotional, Socio-Cultural/Socio-Developmental, and Physical experiences). However, unlike Duchscher’s transition shock phase theory, newly graduated nurses’ experiences were not limited to what was experienced in the first three to four months of practice. Instead, for this project, the experiences of newly graduated nurses during the first twelve to eighteen months post-graduation were reviewed.

**Intellectual Experiences**

When studying new graduate transitioning, Duchscher’s concept of intellectual experiences appeared frequently throughout past and present nursing literature. For example, Oermann and Garvin (2002) reported that regardless of prior clinical nursing experience, or a nurse’s age, three of the most frequently identified stresses or challenges faced by new graduates fell within the intellectual experiences category. Application of
prior knowledge to patients’ care, increased workloads in conjunction with greater responsibilities, and new patient situations, procedures, or settings were the most frequently identified challenges that new graduates faced during the transition period.

All of the above caused novice newly graduated nurses to question their competency throughout the transition period. Delaney (2003) found intellectual responsibilities, including an increased number of patients, time management, and development of organizational skills, in an imperfect workplace setting, were spoken of most often by new graduates during the transition period. One newly graduated nurse provided the following comment regarding workload and organization:

One evening, I had four admissions come in, and I was up to six patients . . . no matter what I did I couldn’t keep up, and I kept trying and trying, but there were more things I had to do … I was overwhelmed. I thought I am so disorganized, why can’t I keep up, will I ever get this? (Delaney, 2003, p. 440)

Newly graduated nurses’ challenges regarding critical thinking and clinical judgment skills were also found in the work of additional researchers. New graduates surveyed by Dyess and Sherman (2009) believed that they had been forced to make quick critical clinical judgments without an opportunity for thought processing due to working in fast paced clinical settings and providing care to complex patients. A newly graduate nurse provided insight on the subject of critical thinking and making clinical judgments:

You’ve got to keep going. There is not time to stand still and use your brain. It’s hard because you are running around all night and the people are so sick and you don’t even get to stop and think through what you have done. (Dyess and Sherman,
In addition to the pressures felt by newly graduated nurses to make quick decisions, newly graduates reported receiving contradictory information from their nursing colleagues (Dyess & Sherman, 2009). These conflicting pieces of information and advice from fellow co-workers further confused new graduates; and, due to conflicting viewpoint, their already complicated decisions became even more difficult to make.

Baseline knowledge and competency were repeating themes throughout nursing research involving newly graduated nurses’ intellectual experiences. During the first three to four months of practice, newly graduated nurses were highly dependent upon the support of fellow colleagues in particular areas: improving nursing skills, performing new procedures, enhancing communication skills, and learning institution systems (Delaney, 2002; Dyess & Sherman, 2009; Fink et al., 2008; Oermann & Garvin, 2002). For example, none of the four hundred and thirty four newly graduated nurses, surveyed by Fink et al. (2008), reported an ability to perform all skills and procedures independently. Six months after graduation, only a small portion (ten percent of the new graduates) rated themselves as able to perform independently, and at twelve months a mere seven percent were completely comfortable with performing all skills and procedures.

**Emotional Experiences**

In a study to further explore the stresses, challenges, and emotions experienced by newly graduated nurses during their transition period, Oermann and Garvin (2002) asked new graduates to rate the degree to which they experienced twenty different emotions. Three negative emotions (anxious, overwhelmed, and apprehensive) were among the top
eleven most frequently reported emotions. In addition to the above negative emotions, new graduates rated positive emotions, including feeling stimulated, hopeful, excited, happy, eager, exhilarated, and pleased as being among the top eleven emotions.

Oermann and Garvin (2002) found that new graduates suffered mild to moderate anxiety when faced with foreign clinical situations, felt overwhelmed by patient assignments, and experienced apprehension when delivering care to patients and their families. The findings from the work of Oermann and Garvin (2002) concerning new graduate anxiety levels and feelings of being overwhelmed were echoed in additional nursing research results (Duchscher, 2001, 2009; Hodges et al., 2008).

The new graduate transitioning period was described as a bag of mixed emotions by Delaney (2003); and, themes similar to those found in prior new graduate studies were identified. Positive feelings of pride and accomplishment were shared by one newly graduated nurse who stated: “When I opened the envelope [from the board of nursing], I just started crying. I’m a nurse! I’m a nurse! It was one of the happiest days. I passed. I did it. I succeeded!” (Delaney, 2003, p. 440).

However, negative emotions of fear and anxiety could be interpreted from another newly graduated nurse’s statements:

I worry what if I make a mistake or miss something. Sometimes I feel overwhelmed. It was scary because now all of a sudden you don’t have that fallback of the instructor … I can’t say I’m a student anymore, so I have to know all the answers, and that was scary for me. (Delaney, 2003, p. 439)
Newly graduated nurses encountered several poignant stressors, which had the potential to overwhelm them, on a variety of occasions throughout the transition period in acute health care settings. For example, newly graduated nurses experienced stress when they were expected to perform new skills, when unfamiliar disease processes or procedures presented themselves, and when responsibilities were rapidly increased (Casey et al., 2004; Fink et al., 2008).

One additional stressor was frequently identified by new graduates; speaking about death and dying and caring for dying patients and their families evoked negative emotions. Moreover, not one study participant offered that caring for a dying patient was a task they were emotionally prepared for. All participants’ responses concerning death and dying were summarized as emotionally draining (Delaney, 2003).

The findings from a Dyess and Sherman (2009) quantitative study, published six years later, perpetuated the theme of newly graduated nurses experiencing mixed emotions throughout the transition period. Simultaneous feelings of confidence and fear were reported by new graduates. Although new graduates gained confidence and formed baseline knowledge to draw from while attending nursing programs, newly graduated nurses’ anticipation of unfamiliar situations evoked tremendous fear. For example, when asked to share her experiences regarding the transition from student to practicing nurse, a new graduate responded: “Excited and scared, definitely scared, very excited and good to be where I am and happy to be with the patients, but definitely scared also” (Dyess & Sherman, 2009, p. 406).
When newly graduated nurses were asked by Fink et al. (2008) to identify stressors which were present during the first six months of transitioning into health care settings, new graduates listed NCLEX preparation and results, leaving home or moving out of state, and adjusting to new work environments and professional responsibilities. While studying the new graduate nurse transition experience, Fink et al. (2008) developed themes to organize respondents’ ideas regarding their transitional period; nearly all of the participants (92% or 399 respondents) reported five challenges.

These challenges, or five role transition difficulties, were identified as: role changes, workload, orientation issues, fears, and lack of confidence (Fink et al., 2008, p. 344). Two of the five difficulties, fears and lack of confidence, were centered on new graduates’ emotional experiences. The research participants, newly graduated nurses, reported fears of harming patients, making medication errors, losing their license, not providing safe care, failing to meet colleagues’ expectations. In addition to the fears of harming patients, newly graduate registered nurses stated that they lacked confidence in their ability to clearly communicate with physicians and patients, perform skills and assessments, delegate tasks, and think critically (Fink, et al., 2008).

**Socio-cultural and Socio-developmental Experiences**

Dyess and Sherman (2009) recorded statements spoken by newly graduated nurses who were within the transition period and working through the processes of postgraduate socialization. Focus group participants spoke of their socialization into the profession of nursing throughout the first twelve months of employment. In regards to socio-developmental experiences associated with transitioning from student to practicing nurse
in an acute health care settings, one study participant stated: “It’s really like you’re acting like a nurse, but you’re not really a nurse” (Dyess and Sherman, 2009, p. 407).

One aspect found by Dyess and Sherman (2009) to inhibit the socialization process was the nature of current acute health care work environments. New graduates reported feeling isolated within these busy, demanding, and chaotic acute health care work environments. One new graduate summarized the professional isolation she felt during the transition period: “It was a bad experience for me. The unit was so busy and no one stopped to notice anyone else. I felt so alone” (Dyess & Sherman, 2009, p. 407).

Adding to the professional isolation were experiences of unprofessional communication and negative interactions with physicians as well as various members of the health care team. During every focus group session, all new graduates in the Dyess and Sherman (2009) study provided examples of horizontal violence against them. Every participant confirmed that he or she had experienced similar unsupportive and unprofessional situations with nursing peers. Dyess and Sherman (2009) choosing a definition of horizontal violence provided by Longo and Sherman (2007), described horizontal violence as any “… act of aggression demonstrated by a colleague …” that included “… emotional, physical, and verbal threats, as well as innuendo or criticism …” (Dyess & Sherman, 2009, p. 407).

The findings from this study were not unique; several researchers included reports of horizontal violence. Newly graduated nurses reported experiencing difficult relationships with numerous individuals, including peers, physicians, managers, and preceptors throughout the orientation process and transition period (Bowles & Candela,
2005; Hodges et al., 2008; Kovner et al., 2007; Oermann & Garvin, 2002; Thomka, 2001).

Surveys received and reviewed by Casey et al. (2004) revealed that many of the newly graduated nurse respondents felt they were neither respected, nor accepted, by more experienced nurses. New graduates expressed frustration with preceptors, or experienced nurses, who were no longer understanding of newly graduated nurses’ experiences and needs (Casey et al., 2004). Those who had recently graduated expressed the desire to be part of the unit culture, and this particular need was illustrated by a survey statement: “It would have been neat to feel a part of the team from the very beginning” (Fink et al., 2008, p. 345).

Throughout the first twelve months of transitioning, new graduates experienced challenges with role changes. Role changes, such as independent practice, assertiveness, responsibility (registered nurse versus student), preceptor, charge nurse, and personal role were all difficult (Fink et al., 2008). Those who commonly experienced overwhelming difficulties with role changes identified being prematurely placed into the positions of charge nurse or in the role of preceptor, being asked to delegate tasks to unlicensed assistive personnel with whom they used to work alongside, or being dependent upon nursing colleagues when independence was desired (Fink et al., 2008).

An interesting point regarding new graduates’ struggle between independence and dependence was evident - - few or no changes had occurred since Marlene Kramer (1974) had described the concept in her work several decades ago. Two separate studies identified similar social-developmental experiences among newly graduated nurses
During the transition period, graduate nurses found that by utilizing self-reflection techniques they could evaluate and reframe experiences, understand their place within organizations and the nursing profession, and adapt to workplace environments throughout the transition phase. Delaney (2003) identified this to be an important process for new graduates to move forward. It was hypothesized that newly graduated nurses must first “… step back and see how far they had come since graduation …” (Delaney, 2003, p. 441) in order to see the view ahead more clearly. “Through the process of intense personal reflection, these young participants began to resolve dilemmas and personal turmoil associated with discerning their fit . . .” (Hodges et al., 2008, p. 85). These acts of self-evaluation led to improved self-confidence among newly graduated nurses, as evident in one participant’s audio taped comment:

The past few months have been a very educational and self-reflecting experience because I was able to take a look at myself, what I can and can’t do, and see things in myself that I hadn’t seen before and how far I’ve come. (Delaney, 2003, p. 441)

Physical Experiences

This particular theme, new graduates’ physical experiences during transitioning, was rarely mentioned in nursing literature outside of the inclusion of physical experiences within Duchscher’s (2009) conceptual framework of new graduates’ experiences. When other researchers addressed the topic of new graduates’ physical experiences during the transition period, their findings did not include discussions of being consumed by their new careers. However, in a qualitative study by Duchscher (2009), the following was a recurrent theme: new graduates found themselves “… spending their waking hours
thinking about what had transpired on their last shift and preparing for what might happen on their next one” (Duchscher, 2009, p. 1108) and dreaming about work led to being in a constant work state that led to physical exhaustion.

Instead, rare descriptions of graduates’ physical experiences included brief comments concerning the physical demands of work environments in acute health care facilities. For instance, new graduates who returned survey questionnaires for a study conducted by Casey et al. (2004) included statements about their frustrations with overwhelming patient assignments and challenges from understaffed work environments. In addition to the increased nurse-to-patient ratios, which left new graduate nurses physically exhausted, new graduates expressed difficulty becoming accustomed to the twelve hour shift work (Kovner et al. 2007).

Throughout their first twelve months of employment, several new graduates experienced negative physical symptoms often associated with new graduates entering into acute care settings during the transition period. They were unable to physically compensate for the rotating shifts (day to night) or were unfamiliar with physically draining twelve hour shifts while enrolled in school (Casey et al., 2004; Halfer & Graf, 2006).

**Transition Outcomes**

**Turnover**

Elevated turnover rates fiscally affect health care organizations due to the costs associated with terminating, advertising, recruiting, hiring, orienting/training, and developing new staff nurses (Jones, 2004). An average turnover cost to a health care
organization is estimated at approximately one to one and a half times a nurse’s salary per each employee (Atencio, Cohen, & Gorenberg, 2007). Estimates listed for the years 1990-2004 range from 10,100-64,000 dollars per nurse (Jones, 2004). However, when applying the nursing turnover cost calculation method, an average turnover cost per registered nurse was estimated to be 1.2 – 1.3 times nurses’ salaries. Estimate turnover costs of between $62,100 and $67,100 were calculated (Jones, 2005).

The fiscal impact of new graduate turnover extended beyond the expenses of recruiting and retaining; high nursing turnover and vacancy rates negatively affect patient care outcomes. The Joint Commission (2002) reported that patient safety concerns and decreased health care quality are outcomes associated with the current deficit of qualified registered nurses. Inadequate training and orientation of nursing staff are causes associated with 58% of serious errors. And, staffing levels contributed to 24% of 1609 sentinel events that occurred during a five-year period.

The Agency for Health care Research and Quality (AHRQ) released a report in 2007 on Nursing Staffing and Quality of Patient Care. The report concluded that both a shortage of registered nurses and an increased workload compromise patient safety. The findings from this meta-analysis are not unlike other nursing shortage studies. Insufficient staffing was shown to have a direct correlation with decreased quality outcomes (Aiken et al., 2002; Buerhaus et al., 2005; Joint Commission, 2002; Needleman, Buerhaus, Mattke, Stewart, & Zelevinsky, 2002).

Reported turnover rates of newly graduated nurses varied widely between organizations (Baggot, Hensinger, Parry, Valdes, & Zaim, 2005; Bowles & Candela,
2005; Kovner et al., 2007; Scott et al., 2008). For example, recent health care organizational reports showed turnover rates from 23 percent to 55 percent among their new graduate nurses, respectively (Beecroft et al., 2008; Scott et al., 2008). National surveys of nursing professionals lacked specific questions pertaining to nurse turnover, such as nurses’ length of employment, voluntary versus involuntary turnover, or internal or external turnover information were often not provided (Buerhaus et al., 2007).

In addition, a discrepancy existed in regard to a standardized definition of turnover. Some researchers and health care organizations defined new graduate nurse turnover as any move or change in a job while others defined new graduate turnover as leaving the organization or the nursing profession (Hayes et al., 2006).

Due to this lack of data from state health care organizations and inconsistent data from national research studies, the full scope of registered nurse turnover, or new graduate nurse turnover, may never be accurately captured. Instead, discussions of turnover and estimated turnover rates among newly graduated nurses are limited to a body of research that specifically studied and identified turnover among populations of newly graduated nurses in certain acute health care settings.

Over the years, nursing professionals continued to survey and study newly graduated nurses in an attempt to better understand turnover. The focus has been on trying to accurately identify variables associated with voluntary turnover. Moreover, focus was placed on attempting to gain a better understanding of why a portion of new graduates remain while another portion leave their nursing positions within the first one to two
years immediately after graduation (Beecroft et al., 2008; Bowles & Candela, 2005; Hayes et al., 2006; Kovner et al., 2007, 2009).

Identifying, with certainty the multiple variables associated with turnover has proven to be challenging (Beecroft et al., 2008; Hayes et al., 2006; Jones, 2004; Wagner & Huber, 2003). However, prior research studies confidently associated the following variables with turnover: individual characteristics (i.e., age, education level, past work history, coping mechanisms, choice of job placement, baseline nursing skills, stress and conflict management, and personal disposition, family responsibilities), work environment variables (i.e., workload, management style, decision-making, empowerment, autonomy, opportunity for advancement, and work schedule), and organizational factors (i.e., group cohesion, commitment to organization, professional relationships with colleagues) (Beecroft et al., 2008; Hayes et al., 2006).

One factor, job satisfaction, was linked to both nurses’ intent to turnover and their actual turnover rates (Hayes et al., 2006). Like nursing turnover, variables related with job satisfaction were found to be multi-faceted and difficult to completely understand or fully predict. Since the concept of satisfaction was linked repeatedly with turnover among new graduates, the topic of job satisfaction will be discussed further in the paragraphs which follow.

**Job Satisfaction**

Studies have shown job satisfaction to have an inverse relationship with turnover (Aiken et al., 2001; Almada, Carafoli, Flattery, French, & McNamara, 2004; Beecroft et al., 2008; Bowles & Candela, 2005; Halfer, Graf, & Sullivan, 2008; Hayes et al., 2006).
In theory, if valid methods of increasing job satisfaction among new graduates could be identified and implemented, then nurse turnover rates may decrease. However, research has shown job satisfaction to be a complex phenomenon which may or may not respond in such a simplistic manner. The following study examined satisfaction from a variety of angles.

Winter-Collins and McDaniel (2000) studied newly graduated nurses during their transition period and found a positive relationship between new graduates’ total satisfaction with their jobs and a sense of belonging. In addition, aspects of the new graduates’ careers were identified as most and least satisfying. Results from the Winter-Collins and McDaniel (2000) survey strongly suggested that a nurturing work environment, which supported post graduate socialization and encouraged a sense of belonging among new graduates, was associated with new graduates’ overall job satisfaction. New graduates were most satisfied with the certain factors: establishing quality relationships with co-workers, receiving extrinsic rewards, having flexible schedules, and receiving praise from peers and management. On the opposite end of the satisfaction scale, new graduates identified that they were least satisfied with a lack of professional opportunities, lack of control over their practice, and a lack of balance in health care organizations.

While studying new graduates who were involved in a formal new graduate residency program developed with the assistance of the AACN and the University HealthSystem Consortium (UHC), Casey et al. (2004) found that dissatisfaction could result in spite of an extensive training and educational program. New graduates who completed surveys at
the end of a yearlong program gave moderately high satisfaction ratings to the overall hours worked, weekend schedules, and positive feedback from colleagues. Yet, after participating in the National BSN Residency Demonstration Project, new graduates were dissatisfied with some aspects of their new careers. Dissatisfaction with salaries, opportunities for future career growth, and powerlessness over changing their work environments was expressed by participants.

After implementation of a new graduate orientation program, Halfer et al. (2008) surveyed new graduates at 3, 6, 12, and 18 months; and, these researchers found that satisfaction levels among new graduates waxed and waned over an eighteen month period. For some variables, the mean satisfaction level never reached its highest point until eighteen months post-graduation. For variables including acceptance by co-workers, positive opportunities involving mistakes, comfort with asking questions, or support in nursing practice, scores went up and down; however, the mean scores associated with these variables finally improved at eighteen months. However, some scores did not improve at eighteen months. Dissatisfaction ratings were constant for variables: feeling that staff decisions are managed fairly and being satisfied with work schedules.

Roberts, Jones, and Lynn (2004) took one additional step when studying job satisfaction among new graduates. Survey participants were not only requested to score satisfaction variables, but, the new graduates were also questioned whether they were likely or unlikely to remain in their current positions and asked to assign an importance value to each satisfaction variable. By using the McCloskey-Mueller Satisfaction Scale (MMSS), which contains thirty-one items spread among eight dimensions of satisfaction
(extrinsic rewards, scheduling, family/work balance, co-workers, interaction opportunities, professional opportunities, praise and recognition, and control and responsibility) with the addition of an importance scale for each variable, Roberts et al. (2004) measured both the scores and the level of importance given to each dimension of job satisfaction.

New graduates who responded that they were likely to remain in their current positions were significantly more satisfied in all eight dimensions and rated particular variables of job satisfaction as the most important reasons for remaining: praise and recognition, co-workers, and schedule. Yet, those who indicated that they were unlikely to stay in their current positions chose the same three subscale items as most important. However, mean satisfaction scores were significantly lower in all dimensions.

Although research has investigated job satisfaction and how this concept was interwoven into first career choices of newly graduated nurses, several areas remained undetermined. One such area of uncertainty was how to ascertain what type of orientation and transition programs provide the ideal environment in which new graduates can achieve job satisfaction and remain in their current positions. Frameworks for the orientation and socialization of new graduates can be found in subsequent paragraphs.

New Graduate Orientation and Transition Programs

A systematic review of the literature by Salt, Cummings, and Profetto-McGrath (2008) provided examples of interventions that health care organizations utilized in recent years for the purpose of decreasing new graduate turnover. Researchers categorized these interventions into major classifications: Preceptor Program Model (new
graduate nurse focus), Preceptor Program Model (preceptor focus), and Needs-based Orientation and/or Specialty Training. Throughout following paragraphs, examples of common orientation and transition programs were provided and elaborated upon.

The preceptor program model (new graduate nurse focus) utilized well-defined retention interventions. Health care organizations built orientation curricula with the needs of the transitioning newly graduated nurse as the central focus. New graduates, who were hired by organizations, which utilized this strategy, transitioned into their selected area of nursing blanketed by one-to-one supervision. Experienced and specially trained registered nurse were selected, or volunteered, to act in the role of preceptor.

Scott and Smith (2008) studied the implementation of a new graduate orientation model known as the Successful Transition and Retention (STAR) program. This preceptor program model (new graduate nurse focus) included structured two-week orientation periods, classroom discussions, skills development labs, and one-to-one gradual preceptorship. All of which were designed to support the new graduate with developing nursing skills and technical competencies. A group mentoring team consisting of nurse education specialists attended group meetings with the new graduates every three months during the first year. The group-mentoring element of this study proved to be quite successful (all of the subjects agreed that a mentorship program should be included in future transition programs).

Quarterly meetings with fellow newly graduated nurses and mentoring educators become known as a circle of trust gathering; in these meetings new graduates verbalized that they felt supported and cared about. Researchers noted higher satisfaction scores
from those who attended group meetings in the following areas: socialization, education, and stress management. Responses, at the end of the one-year program, showed that of the new graduate nurses hired into the organization, eight five percent were “very satisfied” and fifteen percent were “satisfied” with their career choice (Scott & Smith, 2008).

By applying Donabedian’s structure, process, and outcomes to a retention strategy, research conducted by Newhouse, Hoffman, and Hairston (2007) observed the transition and socialization of new graduates and focused efforts on a program known as Social and Professional Reality Integration for Nurse Graduates (SPRING). In this preceptor program model (new graduate nurse focus), new graduates were the structure, or primary focus of the study, and a yearlong internship was the process being studied. Retention and organizational commitment of newly graduated nurses were the outcomes measured.

Structured orientations, together with ten educational seminars for new graduates during their first year of employment, were essential elements of the SPRING program. Seminars consist of predetermined group exercises with particular focus on: increasing clinical assessment and decision making skills by means of various methods; providing meaningful, tailored mentoring of new graduates by educators and preceptors; and developing gradual, individual plans for educating each new graduate.

Researchers used instruments, including the Organizational Commitment Questionnaire, Modified Hagerty-Patusky Sense of Belonging Instrument, and Anticipated Turnover Scale to measure outcomes at 6, 12, 18, and 24 months. Retention
rates remained above the national average throughout the two years in which the study was conducted (Newhouse et al., 2007).

The preceptor program model (preceptor focus), a program designed with the preceptor as the focal point, supported the development of nursing staff who function in the role known as nurse preceptor. Registered nurses, who perform preceptor duties, were required to participate in educational opportunities, including conferences, workshops, and independent study because the goal of this special training was to expand upon pre-attendance nursing knowledge and teaching skills. In addition, preceptors were offered incentives, either monetary, or in the form of special recognition for their expertise.

Marcum and West (2004) evaluated a structured and progressive orientation program focusing on the development of an exemplar group of nurse preceptors. Registered nurses, either volunteered, or were selected using specific criteria to staff an acute medical unit that reopened for the sole purpose of training and orienting new graduates for a duration of thirteen weeks.

Criteria for selecting preceptors included: favorable recommendations, prerequisite of one year of experience, an overall performance rating of excellent, advanced knowledge of assessment and clinical skills, possession of traits associated with favorable teaching abilities, commitment to the organization, work history of providing high quality patient centered care, and completion of a preceptor training course. Once preceptors were selected, seven instruments were used in the subsequent data collecting process (i.e., Performance Based Development System, Weekly Preceptor Evaluation Form, Unit Orientation Plan, Registered Nurse Competency Assessment Tool, Summation Forum
Between Leadership and Participants, the American Society of Training and Development Evaluation Tool, and the Professional Judgment Rating Form: Novice/Internship Level Critical Thinking Abilities and Habits of Mind). Study results indicated that the organization’s retention rate at the end of the study had climbed to 89%; and, turnover rates of new graduates had decreased from 41 to 24% in a period of two years.

The needs-based orientation and/or specialty training model included programs that concentrated on teaching new graduates a particular set of skills to be used in specialized clinical areas, such as hospital critical care units, surgical, pediatric, or neonatal units. New graduates received education via diverse methods which included, but were not limited to, participation in classroom activities, observation of health care professionals, and development of thought processes by journaling and reviewing case studies.

Shermont and Krepcio (2006) studied a unique program that had been initiated within a surgical unit of a children’s hospital. Nurse managers, nursing educator, clinical nurse specialists, and nursing directors found the unit’s turnover rate of fifty-four percent troublesome; and, a majority concluded that change from within the department was needed. A Partnership Unit-Preceptorship (PUP) program was developed specifically for the pediatric surgical unit. All members of the nursing staff attended meetings and workshops. The purpose of such workshops was to teach interventions centered on a set of core beliefs. For example, key concepts, including partnership, coaching and collaboration, communication, and sense of belonging were addressed. And, plans that focused on improving those core beliefs were implemented. Staff completed pretest and
posttest on-line satisfaction surveys. Improvement resulted; the prior turnover rate of 54% was reduced to 4% by the twelfth month after initiation of the PUP program.

Summary

Salt et al. (2008) found that all organizations that implemented retention strategies demonstrated an improvement in the retention of new graduates; the retention rates of combined studies ranged from 73% to 94.5% (with a mean of 87%). Findings from the systematic review revealed that a most frequently utilized retention strategy among acute care units within health care organizations was the preceptor program model (new graduate nurse focus). The strongest quasi-experimental design studies that utilized the preceptor program model, new graduate nurse focus, demonstrated remarkably high retention rates at one year. For example, the experimental groups’ retention rates were 86% to 90% compared to the control groups’ retention rates of 60% to 63%. In addition to the type of strategy, increased length of a particular strategy had a positive correlation with new graduate nurse retention.

Educational Material

One effective method for transferring necessary information from an individual to a select group of people has been and continues to be the provision of that information via direct communication in a classroom, workshop, meeting, etc. In addition, the technique of transferring information, via printed educational material, has been identified as an effective means of conveying information from an individual to groups or populations. However, of these two mentioned choices for disseminating facts and knowledge, caution
should be taken by authors of written educational material, in order to assure that intended readers are able to comprehend the information included within the pamphlets, the brochures, or the fact sheets which disseminators of information create.

For example, a portion of readers may express difficulty understanding educational material due to the readability of the information provided. King, Winton, and Adkins (2003), following recommendations from the United States Department of Education, advised that educational material be written at a level no higher than an eighth grade reading level. The term reading level is defined as the number of years of education needed by a reader in order to comprehend written material (Hedman, 2008).

There are different readability tools available to document preparers such as the Fry Readability Graph, Flesch-Kincaid Readability Formula, FOG Index, and SMOG Readability Formula. And, all tools are identified as having innate advantages and disadvantages (Hedman, 2008). The Simple Measure of Gobbledygook (SMOG) formula is a commonly chosen tool of non-educational professionals to measure a large sample due to the availability of an easy to use four step formula, a simple conversion table, and a quick online version (Hedman, 2008; King et al. 2003).

Determining an appropriate reading grade level of written educational material is acknowledged as a first step in improving the comprehension of written material. However, additional factors are shown to affect the readability of educational material (King et al., 2003). Additional factors including sentence structure (i.e., how words relate to one another in a sentence), writing style (i.e., use of active or passive voice), and visual
representation (i.e., use of color or choice of font size) are shown to have the potential to either positively, or negatively affect the readability of a document.

Hassett (1996) listed four rhetorical functions in addition to the determination of readability that creators should consider during the design phase. For example, making the document similar to documents in the same category (alignment), including pictures, adequate white space, and a legible font to engage readers (invitation), incorporating sophisticated graphics or clip art (credibility), and using headings to provide a particular structure (persuasion) are offered for improving the design of a teaching document.
CHAPTER 3

METHODOLOGY

Project Conception

The steps that guided the conception of the educational material written for an audience of senior nursing students and newly graduated nurses are outlined in this chapter. The notion of creating an educational pamphlet, which would inform new graduates of the transitional period and socialization process, was first inspired by informal, yet revealing, conversations with both nursing students who attend the college of nursing in Billings, Montana and casual interactions with newly graduated nurses who work within acute health care organizations in the Billings community. In addition, personal experience (observation of nine newly graduated nurses leave their first job within twelve months of graduating and becoming employed throughout a five year period) served as an additional source of inspiration for a detailed investigation into nursing attrition and the variables associated with new graduate turnover in the mountain region, as well as additional regions throughout the United States.

The above paragraph revealed the inspiration that led to the undertaking of this project. Furthermore, the intended goal of this professional project was to generate educational information in the form of an enlightening pamphlet that contained poignant examples of past transitional period experiences, nursing socialization concepts, and significant recommendations for newly graduated nurses. The provision of educational material to new graduates prior to making important career decisions could make new
graduates mindful of the potential ramifications of their choices of first employers and workplace settings. And, because information would enlighten newly graduated nurses about common experiences of predecessors, this new knowledge could possibly lead to more informed decisions and lessen difficult encounters during the transition process. Although some transition difficulties are unavoidable, at least newly graduated nurses would be aware of the commonality of experiences and possibly feel less isolated due to this awareness of shared experiences.

Direct communication in the form of an oral presentation among nursing students and new graduates within focus groups would have potentially provided the most interactive atmosphere for discussions to occur and questions to be addressed. However, sharing educational information via direct communication may have limited the total number of students and new graduates reached because direct communication requires students’ attendance at preset meetings and times. Pre-arranged times could have proven to be inconvenient, and may have resulted in a poor outcome due to a decreased volume, or low attendance rate. Thus, the choice of a pamphlet was thought to be an ideal means of sharing educational material with senior students and newly graduated nurses due to the sheer flexibility of written material.

For instance, a pamphlet could be displayed within the corridors of a college of nursing for easy access by students, scanned and become part of a college of nursing student informational website, or distributed as an email attachment to junior or senior nursing students’ college communication. Since the pamphlet was created via a Microsoft Word Document program, changes to the layout of the pamphlet could be made or
updated information and new resources could be easily added to this type of educational material by means of a brief computer entry.

A convenient and practical size for a pamphlet to be mass reproduced was identified as a standard letter piece of paper. Therefore, the pamphlet was printed on both sides of a piece of (8 ½ x 11 inch) standard paper. The pamphlet was then folded to form a six panel document.

**Development of Pamphlet**

The project focused on information gleaned from an extensive review of current literature that was described in detail in the Data Collection section of this paper. Pamphlet development and content was based on the appraisal of the evidence provided by nursing researchers who focused attentively on the transition experiences of newly graduated nurses over a period of several years (i.e., a portion of nurse researchers have studied new graduates for over a decade). Creation of the pamphlet was guided by a knowledge base that researchers established from observing actions and obtaining both written and verbal information from newly graduated nurses throughout the period of transitioning and socializing into the profession of nursing. Ideas concerning various stages associated with transitioning and included within this project’s pamphlet, were concepts adopted from Duchscher’s (2008) Stages of Transition Theory.

Along with general information in regard to the theoretical stages of transition and the process of socialization, common experiences and outcomes associated with the first years of practice are included within the contents of the pamphlet. In addition, information within the pamphlet provided newly graduated nurses with references to
additional reputable resources. These references would begin by informing new graduates of additional sources. And, then quite possibly assist and enhance their decision making skills throughout the complicated period and stages following graduation, including the overall transitioning into acute health care settings and socializing into individual clinical units within those health care organizations.

The desired outcome of creating the pamphlet was for students and newly graduated nurses to make more informed decisions in regard to their future endeavors. However, this lone pamphlet was not meant to be an immediate answer to all transition difficulties. Instead, the pamphlet was created as an introductory tool, or springboard, to initiate deeper inspection and further discussions. Envisioned steps were for new graduates: to first obtain a copy of the pamphlet, read the information provided in its entirety, and become motivated to learn more about the various concepts associated with the newly graduated nurse transition and socialization processes.

Additional steps were for these students and newly graduated nurses to then verbalize comprehension of the concepts associated with transitioning and demonstrate an understanding of research based recommendations for transition and socialization experiences. In theory if the above steps were to occur, then success would be measured by observing newly graduated nurses selecting and remaining in positions within supportive acute health care organizations with positive work environments.

Only the first step was feasible for this particular project due to time constraints. However, fulfillment of the above theoretical course of action was believed to result in a group of newly graduated nurses who would develop baseline knowledge of the transition
and socialization process; and in turn, this knowledge would encourage and guide newly graduated nurses to bring about positive change in the future.

An overall goal was that change in beliefs and ideals would lead to the utilization of a different decision making process when interviewing with health care organizations and selecting initial acute care clinical positions. Preplanning and careful selection of positions in acute care clinical units, which meld with new graduates’ values and beliefs, was believed to positively affect new graduates’ sense of belonging and levels of satisfaction. And, with the passing of time and improvement in their sense of belonging and satisfaction, the above changes in thought and actions were believed to positively affect voluntary turnover rates of newly graduated nurses.

The extensive research efforts, that provided valuable information for the development of the pamphlet, were addressed in sections throughout this project. In addition, methods, which were utilized during collect data concerning the newly graduated nurses’ transition experiences and needs, are discussed in the paragraphs included in the Data Collection section of this project.

**Data Collection**

The following computerized databases were searched in order to obtain evidence-based articles published within the last ten years (1999-2010): the Cochrane Library, Pub Med, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medline, and Education Resources Information Center (ERIC). Both, individual terms and a combination of terms were utilized in the search. Keywords used during the search of literature include the following: nurse, graduate, new graduate nurse, registered nurse,
newly graduated nurse, transition, socialization, theory, turnover, attrition, retention programs, retention strategy, orientation, preceptorship, mentorship, and programs.

Abstracts were screened and included as data, if the following were present: target populations of newly graduated nurses, articles were peer reviewed, contained transition or socialization theories involving new graduate nurses, or contained identified and implemented retention interventions. After meeting the above criteria, full articles were retrieved and the portion of articles, which were research studies, were reviewed in order to determine the study’s purpose, design, subjects, instruments, outcome measurements, reliability, validity, results, discussions, and recommendations. Reference lists of all retrieved research articles were reviewed; and a search of the reference lists indentified several additional research articles for consideration. When numerous articles began to contain the same names of nurse researchers, a saturation point of the available literature in regard to newly graduated nurses was believed to be met.

In addition to journal articles selected from the previously mentioned databases, the World Wide Web was explored and the following internet Web sites were searched for policies, position statements, or recommendations concerning current and forecasted nursing shortage, nurse turnover, nurse staffing ratios, patient safety, patient outcomes, or nursing retention strategies: the American Hospital Association (AHA), the American Association of Colleges of Nursing (AACN), the Agency for Healthcare Research and Quality (AHRQ), the American Nurses Association (ANA), Sigma Theta Tau International Honor Society of Nursing, the Health Resources and Services
Administration (HRSA), the Bureau of Labor Statistics, the Joint Commission on Accreditation of Health care Organizations, and the National League for Nursing (NLN).

**Pilot Testing of Pamphlet**

In addition to research involving newly graduated nurses, much research was invested into creating and designing instructional and educational pamphlets and brochures. For example, the concepts associated with cognitive ergonomics, defined by Kools, Ruiter, van de Wiel, and Kok (2007) as “a field in psychology in which human information processing characteristics are studied with the aim of improving people’s interactions with their informational environment” (p. 526) were examined. Valuable insight and recommendations in regard to pamphlet creation was obtained from this field of study. For instance, Kools et al. (2007) suggested that in order to persuade people to change behaviors creators of educational information needed to first provide enough information for people to see the necessity to change, become motivated to change, and acquire the skills needed to change. Hedman (2008) provided a similar statement; for, she believed that strategically lowering the readability of written material would improve reader comprehension, increase the likelihood that advice would be considered, and increase the chances that readers would comply with recommended proposals.

Readability of the pamphlet was tested by utilizing the Simple Measure of Gobbledygook (SMOG) readability formula. Although the targeted audience of the pamphlet was college level nursing students and nursing graduates, word length and sentences were written at the level of a high school graduate or SMOG reading level of
twelve in order to assure that material, which was presented in the pamphlet, would be easily understand by its targeted audience.

Pilot testing of the pamphlet occurred with the assistance of undergraduate nursing students currently enrolled in a nursing program at the Montana State University-Billings campus. A convenience sampling of at least ten to fifteen undergraduate students was anticipated. Students were invited to perform an initial overall examination of the pamphlet layout. Second, students were asked to read the contents of the pamphlet. In a final step, students were requested to provide feedback by completing a written survey in order to provide input regarding readability, practicality, and overall design.

A copy of both the written informed consent document and the student pamphlet questionnaire were included in this project (see Appendix A). In addition to nursing student pilot testing, a copy of the pamphlet was sent via electronic email to nursing researchers who are involved in either the study of new graduate transitioning and socialization, or the designing and implementation of transition programs for newly graduate nurses. The goal of electronic correspondence was to receive additional pamphlet content feedback.
CHAPTER 4

OUTCOME OF THE PROJECT

The outcome of this project was the construction of an educational pamphlet addressing the transition experiences and needs of newly graduated nurses. Evaluation of the pamphlet consisted of surveying senior nursing students enrolled in a baccalaureate program within a local school of nursing in an urban setting in Montana. The remaining sections of this chapter contain details of both the pamphlet’s actual contents and the survey results.

Pamphlet

The pamphlet “Newly Graduated Nurses: Transitioning into the Nursing Profession …. The Beginning of a Journey from Schools of Nursing into Health Care Organizations” was created as a tri-fold pamphlet. In addition to a title page, the pamphlet contains five main sections (see Appendix C). The pamphlet’s contents were meticulously chosen to highlight knowledge that was gleaned from an extensive review of published literature regarding newly graduated nurses who work in acute health care settings.

For example, upon opening the pamphlet, the first visible section presented readers with the three key periods of a year-long transition process. Important concepts associated with the twelve month transition period identified by nursing researcher Duchscher (2008) were purposefully placed in the initial pamphlet section. And, within subsequent sections of the pamphlet, evidence-based information, including types of experiences newly graduated nurses can expect in acute care settings, needs during the
orientation and transition period, and consequences associated with new graduate transitioning, was also generated by incorporating the findings of numerous research studies found throughout this project’s Review of Literature chapter.

In the Additional Resources/Career Counseling section of the pamphlet, sources were obtained by searching a variety of professional nursing organizations’ internet Web sites. Organizations, including the American Nurses Association, Sigma Theta Tau International Honor Society of Nursing, and the American Association of Colleges of Nursing were accessed in order to select materials pertaining to newly graduated nurses. A mixture of both books written for the new graduate and Web sites developed with new graduate in mind was chosen for the resource section of the pamphlet.

Survey Results

Survey results consisted of answers to twelve questions scored with a Likert-type format ranging from 1 (strongly disagree) to 5 (strongly agree). Demographic questions asked of participants included: an age range, their ethnicity, prior work experience, and participants’ gender. At the conclusion of the survey, an open-ended question asked for students to include any additional comments they might have with regard to the content of the pamphlet.

The survey was distributed to thirty-nine nursing students. A total of thirty-eight nursing students (97%) completed the survey. The twelve survey questions, in their original form, and corresponding survey results have been included in Table 1.

Demographic information was offered by all students: 92% (35) of the survey participants were female, 8% (3) participants were male, 95% (36) students were of
Caucasian, 3% (1) student of Native American, and 3% (1) student of Asian ethnicity. More than half of the respondents were younger than twenty-five years of age; and, most respondents (89%) 34 were age thirty or younger. The specific age brackets of survey respondents are as follows: 71% (27) were within the age range of 21-25 years old, 18% (7) in the 26-30, 3% (1) in the 31-35, 5% (2) in the 36-40, and 3% (1) in the range of 40-50 years old.

A significant portion 82% (31) of the students evaluating the pamphlet reported prior experience and/or employment in acute health care settings. For example, 63% (24) of the survey participants had past work experience in acute care settings as nursing assistants and 18% (7) of the respondents completed student externship programs within acute health care organizations. Other prior work experience included: hospital volunteer, student clinical rotation, and emergency medical technician.

Rather than reciting individual respondent’s ratings of each survey statement in this project’s Survey Results section, data was efficiently summarized by determining the arithmetic mean, or average, of each statement’s frequency distribution. Since responses to the survey’s statements are scored with a Likert-type format, a type of format that assigns each variable a value, the data distribution of each survey statement could be statistically analyzed.

The mean, or central value, represents and/or summarizes the distribution of responses for each question. Thus, a mean was calculated for each survey question. In addition to determining a mean response for individual survey questions, a corresponding standard deviation was also included to show how survey participants’ responses varied
from the central value for each question on the survey.

Overall, total scores for the evaluation questions showed strong support for the contents within the pamphlet and an agreement with the potential utility of this project’s outcome. For example, the mean calculated for each individual survey question was greater than a score of four. And, a mean score of 4.0 or higher was considered a strong endorsement of the overall design of the pamphlet and agreement with the practicality of the general information contained within the pamphlet.

Particular statements asked about the pamphlet’s content and readability. These specific survey statements, including statements number five, six, ten, and twelve received high scores from survey respondents. For example, key statement scores regarding the pamphlet’s content and readability were calculated to be scores of 4.4 and greater. (Refer to Table 1 for individual statement scores.)

A few students offered written suggestions with regard to the resources and counseling section and the picture located on the pamphlet’s front cover. For example, students recommended including additional Web site references, rather than books, to the resource section because college students are believed to be more apt to and prefer to utilize internet resources rather than other sources of information. And, a portion of survey participants did not find the photo on the front cover of the pamphlet appealing because the imported picture had become distorted during the transfer process.

In addition, survey participants who provided written feedback regarding the new graduate educational pamphlet, were complementary of this project’s outcome. For example, recurrent themes were identified.
Table 1. Pamphlet Survey Response Scores

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The title of the pamphlet should remain the same because it accurately reflects the content of the pamphlet.</td>
<td>4.605</td>
<td>0.547</td>
</tr>
<tr>
<td>2. The picture on the front of the pamphlet is appealing and should remain as the cover for the pamphlet.</td>
<td>4.158</td>
<td>0.973</td>
</tr>
<tr>
<td>3. Newly graduated nurses transition through different phases or periods throughout their first year of practice.</td>
<td>4.711</td>
<td>0.732</td>
</tr>
<tr>
<td>4. When I begin to work as a registered nurse, I may experience several different emotions (both positive and negative).</td>
<td>4.816</td>
<td>0.692</td>
</tr>
<tr>
<td>5. I found the paragraphs about the different experiences newly graduated nurses can expect to experience (intellectual, socio-developmental, physical) to be informative</td>
<td>4.447</td>
<td>0.724</td>
</tr>
<tr>
<td>6. The information about the needs of new graduates during the orientation and transition periods is useful.</td>
<td>4.526</td>
<td>0.762</td>
</tr>
<tr>
<td>7. I believe that newly graduated nurses benefit from a standardized orientation program during their first year of practice.</td>
<td>4.711</td>
<td>0.835</td>
</tr>
<tr>
<td>8. When I begin to work as a registered nurse, having a preceptor and/or mentor available to provide support and guidance will be valuable throughout the transition period.</td>
<td>4.842</td>
<td>0.679</td>
</tr>
<tr>
<td>9. I believe that if I experience inadequate support, supervision, or training during orientation, then I have the responsibility to contact and meet with my supervisor and/or manager.</td>
<td>4.553</td>
<td>0.795</td>
</tr>
<tr>
<td>10. Several of the references within the pamphlet section labeled “Additional Resources” were new to me.</td>
<td>4.553</td>
<td>0.760</td>
</tr>
<tr>
<td>11. I plan to use resources (including books, websites, or nursing organizational information) to help with career planning when I graduate from school and transition into a health care setting.</td>
<td>4.053</td>
<td>0.769</td>
</tr>
</tbody>
</table>
Participants found the pamphlet’s contents to be informative, helpful, and easy to read. One survey participant stated: “Any help regarding the transition to RN is very valuable and should be presented to graduating seniors as often as possible” (comment made by 20-25 year old, female respondent with prior work experience as a Certified Nursing Assistant).
CHAPTER 5

OVERALL EVALUATION

Strengths

The content within this project, including Background and Significance, Review of Literature, and Outcome of the Project was the result of a purposeful analysis of relevant research findings gathered from a variety of reputable databases and obtained from research studies published within the last decade. Knowledge provided throughout the project and information contained within the project’s pamphlet were acquired from findings of both quantitative and qualitative study designs. DiCenso, Guyatt, and Ciliska (2005) proposed that a portion of nurse researchers view the use of qualitative and quantitative research methods as an either/or proposition. However, DiCenso et al. (2005) suggested that a complimentary, rather than an exclusive, relationship exists between qualitative and quantitative studies. From inception to completion, this project reflected the complementary relationship that different methodological approaches can assume. Due to the interspersing of quantitative and qualitative study findings throughout this project’s various sections, a larger encompassing explanation and understanding of the meanings, concepts, variables, and outcomes associated with newly graduated nurse transition and socialization processes were achieved.

For example, qualitative study findings provided information that described the phenomena of new graduate transitioning and socialization in vivid detail, assisted with the identification of patterns among newly graduated nurses’ experiences, created
meaning from those experiences, and generated theories concerning the relationships between concepts associated with transitioning from student to graduate nurse.

In addition to qualitative research findings, conclusions from quantitative methods were beneficial in revealing the relationships between variables associated with new graduate transition and evaluating the effectiveness of interventions, including interventions aimed at improving the transition process, increasing job satisfaction, and deceasing voluntary turnover.

Conclusions included in the project came from several large sample size quantitative studies. The numbers of subjects in observational studies included in this project ranged from fifty to a hundred. And, the number of nurses who participated in surveys ranged from the hundredths to the thousandths. These large sample sizes and methodological sound research studies allowed for the placement of confidence in their findings and the ability to generalize their findings to the entire population of newly graduated nurses.

Throughout nursing literature, a portion of past and current studies focused solely on one aspect of the new graduate experience (e.g., practice readiness, or intellectual needs of newly graduated nurses). Although the intellectual needs of newly graduated nurses are an important portion of the transition period, other needs, including social and emotional needs are of equal importance. Thus, in addition to practice readiness and skills development, this project explored and included information on topics associated with newly graduated nurses, including socialization, sense of belonging, job and career satisfaction, turnover, and mentorship programs.

This project’s outcome, or the creation of an educational pamphlet, successfully
incorporated all aspects of the newly graduated nurses’ experiences and/or needs (e.g., their intellectual, physical, emotional, and socio-developmental needs). As a result, a broader view of the transition from student to newly graduated nurse was supported from beginning to end.

**Limitations**

The observational studies in this project’s review of literature, as explained by DiCenso et al. (2005), are considered weaker studies because choice or happenstance replaced randomization and exposure, or no exposure, to an intervention replaced control and intervention groups. Although randomized control trials are seen as the gold standard of research, the rigid steps associated with trials do not easily lend themselves to studying particular subjects, including newly graduated nurses during periods of transition into the workforce. Unlike controlled lab settings, new graduates begin working within complex acute health care environments. These environments contain a staggering number of extraneous variables that factor into the transition and orientation processes and can affect study results.

Thus, problems (including nursing turnover and job satisfaction) and processes (including new graduate transition to the workplace and nursing socialization within units) are not commonly studied via the gold standard. Therefore, observational studies, rather than randomized control trials, are frequently selected by researchers to study newly graduated nurses throughout the transition period.

Since several studies concerning interventions aimed at improving the transition and socialization process of newly graduated nurses and decreasing turnover rates were
observational studies that lacked randomization, did not have a control group, and contained numerous independent factors, their findings were unable to determine a cause-and-effect association between variables. Rather than a cause-and-effect relationship, only weak to strong correlations among variables are supported (depending upon a particular study’s methodology).

In addition to the use of weaker methodologies, another limitation stemmed from the inability to segregate research findings by subjects’ educational preparation. For example, studies throughout the review of literature chapter distinguished between associate degree, baccalaureate degree, and diploma registered nurses in the methods portion of their research. However, often the findings from these studies, including job satisfaction, turnover, or sense of belonging were not differentiated by subjects’ educational backgrounds. Thus, this project could contain bias by making general statements about newly graduated registered nurses, as a whole, when outcomes may vary among nurses from diploma, baccalaureate, or associate degree educational preparation backgrounds.

While compiling information regarding newly graduated nurses throughout the development of this project, a great variation in terminology was noted. For example, one study identified the new graduate transition period as six months and described turnover as a nurse who left a health care organization. Yet, additional studies viewed the transition period as twelve months or up to two years and defined turnover as a nurse who either changed positions within, or left a health care organization entirely. After sorting through and examining studies with varying terminology and definitions, confidence in being able to generalize the findings was weak because throughout the literature, nursing
experts were unable to reach a consensus regarding terminology and definitions among key concepts associated with newly graduated nurses.

In addition to the limitations of studies included within this project’s review of the literature, some could view the amount of information contained within the pamphlet as limited. For, pamphlet information was indeed restricted to what could be legibly printed on two sides of an eight and a half by eleven inch sheet of paper. The pamphlet size did not allow for an in-depth presentation of the information regarding the transitioning period and professional socialization process.

In addition to pamphlet size, limitations could be found within the method of pilot testing, or evaluation of the pamphlet. Evaluation was limited to thirty-eight senior students attending one college of nursing. Both the small number of students and the fact that they were conveniently chosen limit the overall strength of the pamphlet feedback and limit the ability to generalize students’ positive comments to all potential pamphlet readers.

Furthermore, time constraints did not allow for survey participants to receive a lengthy period of time between the initial reading and the subsequent evaluation of the pamphlet. Therefore, a portion of survey participants may have needed more time to perform an in-depth analysis of the concepts found within the pamphlet. Since time constraints prohibited follow-up at three and six months post-graduation, the opportunity to learn if new graduates’ beliefs or opinions regarding the transition process had changed since first surveying the pamphlet was never realized.
In addition to feedback from senior nursing students, the viewpoints of nursing experts would have supported or refuted the material contained within the new graduate educational pamphlet. Although the pamphlet had been electronically mailed to nurse researchers in the field of socialization and transitioning of newly graduated nurses, expert feedback was not received. Inexperience on the part of this project’s developer was identified as a weakness; for, inexperience resulted in not contacting and requesting feedback from experts at the onset of this project. And, as a result of delayed inquiries, the likelihood of expert participation may have decreased.

**Recommendations**

The pamphlet created for this project would serve as an informative and succinct evidence-based resource for both senior nursing students and newly graduated nurses after additional pilot testing was performed and any necessary revisions were made. Since initial survey participants found the pamphlet easy to read and the contents within the pamphlet to be useful, informative, and helpful, this essential information could initiate discussions and encourage readers to further explore the concepts associated with transitioning from schools of nursing to acute care settings.

When provided to students and new graduates, the knowledge gained from educational materials, including this project’s pamphlet, would decrease the unfamiliarity of the post-graduation period. Duchscher (2009) hypothesized that the element of surprise was one of the major contributing factors of transition shock among newly graduated nurses. This project’s outcome, or newly graduated nurse focused educational pamphlet,
addresses the unknown and would be beneficial in decreasing the element of surprise among both senior nursing students and newly graduated nurses.

Prior research findings focusing on newly graduated nurse transition by Beecroft et al. (2001), Casey et al. (2004), and Duchscher (2008) supported an assertion that it is unrealistic for acute health care organizations to expect newly graduated nurses to be prepared to perform every skill required of registered nurses upon graduating from schools of nursing. Because newly graduated nurses arrive to acute care settings with various personal experiences, personal attributes, different educational preparation, lacking work management skills, or lacking social and developmental maturity, the following are necessary: consistent, predictable, and stable orientation efforts (Beecroft et al. 2006, Fink et al. 2008, Duchscher 2008, & Scott et al. 2008). Organizational support systems and educational opportunities are necessary for developing confident clinical practice; improving problem solving, critical thinking, clinical judgment, and technical skills; enhancing social integration; and reducing voluntary turnover among new graduates.

Therefore, additional reliable and valid studies are necessary in order to determine if the prior strategies developed, or strategies yet to be implemented, successfully provided support to the newest members of the nursing profession during the transition period and socialization process. Consideration should be given to how pivotal future research endeavors in the field of studying newly graduated nurses will be to the expansion of the current knowledge base and to the understanding of variables (i.e., job engagement, career satisfaction, sense of belonging, and organization commitment) associated with the
retention of newly graduated nurses. However, in order for these individual research findings to be consolidated and generalized to a larger population of newly graduated nurses throughout the United States, the utilization of methodologically sound research designs and the use of uniform terminology with consistent definitions are recommended and strongly encouraged.

For example, in the Review of Literature section of this project, newly graduated nurse, a fundamental term, was used by researchers interchangeably with a variety of other terms (i.e., novice, new graduate, newly licensed registered nurse, or advanced beginner). However, several individual terms were linked to a variety of different definitions. For example, numerous nurse researchers have different ideas about what constitutes a newly graduated nurse; terminology offered for newly graduated nurse had various parameters, including pre-requisites, characteristics, and lengths of time.

This inconsistent use of phrases and their variety of definitions were seen among additional central words found within this project in addition to newly graduated nurse. Terms, including mentor, preceptor, mentorship, preceptorship, new graduate facilitators, nurse educators, and member of a professional development team were often interchanged. However, according to many in the field of nursing research, the above terms are not substitutions for one another; instead, each term has its own unique characteristics.

This recommendation for the future research efforts to utilize consistent terminology and definitions is extended to the term turnover. Definitions, affiliated with the term nurse turnover, narrowly describe nurse turnover as a form of attrition that results when
employees leave an organization. However, if this practice continues, then voluntary, internal turnover among newly graduated nurses will continue to be overlooked. And, this omission could result in the valuable information associated with internal turnover to be continually dismissed by many in the field of nursing research.

In addition to the propositions that future research efforts utilize uniform terminology and definitions and incorporate those terms within future research findings involving newly graduated nurses, a recommendation for researchers to use similar instruments is suggested. A common occurrence during the development of this project was reviewing research studies that employed numerous methods of measurement for the same variable or outcome.

For example, individual studies that were supposedly measuring newly graduated nurse outcomes (i.e., job satisfaction or sense of belonging) contained a variety of different measurement tools. Moreover, various measurement tools within studies did not include reliability and validity measurements for each instrument. Hence, when research findings conflicted with data from another quite similar study, a lack of confidence in the researcher’s choice of measurement tool led to an inability to accurately compare or compile outcomes between various studies. This led to an omission of data throughout this project. The use of uniform and reliable instruments in future research efforts will allow for data and study outcomes to be combined and a systematical review to be performed.

Finally, it is suggested that future research undertakings that explore the effectiveness of newly graduate nurse orientation, preceptorship, and mentorship programs utilize
stronger research designs. A variety of retention strategies were developed, implemented, and studied throughout the last five years. However, a systematic examination of the individual research designs that studied the effectiveness of retention strategies revealed a large percentage of weak designs. For example, Salt et al (2008) found only three of the sixteen studies reviewed could be classified as quasi-experimental designs. The other studies examining retention strategies for newly graduated nurses lacked independent variables and randomly selected experimental and control groups. If future research efforts continue this trend, cause and effect will never be established among retention strategies for supporting newly graduated nurses during their transitioning from novice and/or advanced beginner to competent professional.

**Conclusions**

The purpose of this project was to explore the experiences of newly graduated nurses during the transition period and throughout the socialization process. Although thought to be, by no means, a homogenous group due to their variable personal characteristics and backgrounds, cohorts of newly graduated nurses were found to have quite similar experiences during the transition from schools of nursing to acute health care organizations. A review of the literature supports that newly graduated nurses undergo both parallel and overlapping experiences throughout the socialization process and stages of transitioning. In addition, newly graduated nurses were found to share common physical, emotional, intellectual, and socio-developmental needs throughout different stages of the transition period and socialization process.
Among the evidence throughout this project’s review of the literature, a research finding common to many newly graduated nurses was identified as the need for both a supportive work environment and the support of front-line staff, including nurse managers, nurse educators, preceptors, and mentors. Nurse preceptor support was needed in the form of stable and familiar assignments, continuous guidance, consistent and clear expectations, and supportive one-to-one relationships. Support from nurse mentors was needed in the form of role modeling professional practice and nursing behavior and acting as resource personnel, sounding boards, and sources of guidance and praise.

Due to their limited practical nursing experience, another necessity identified during the course of this project’s development was the need for newly graduated nurses to be supported by structured orientation and transition programs. These well thought-out programs were shown to provide newly graduated nurses with several opportunities to build upon previous clinical experiences. Ideal orientation programs were those with standardized curricula. Successful orientation and retention programs included didactic learning, practice within skills laboratories, one-to-one preceptorship experiences within acute care units, methods for competency validation, and formal mentorship programs.

Past nursing research endeavors have explored newly graduated nurse outcomes associated with inadequate education and unsupportive transition systems. For example, throughout the literature reports can be found of increased incidence of nursing errors, decreased sense of belonging, job and/or career dissatisfaction, and voluntary external turnover when the needs and concerns of newly graduated nurses are not addressed. The negative outcomes associated with unsupported newly graduated nurse transitions
demand that those in the professional development departments of acute health care organizations consider developing, implementing, and evaluating new orientation programs aimed at supporting and retaining newly graduated nurses during the post graduation period and transition from school to workplace settings.

The evidence provided in this project suggests a nursing shortage of up to a half a million nurses will exist by the year 2020. The issue of a potential alarming nursing shortage should be considered a priority and demand that nurse researchers combine efforts to further determine the factors which are most influential to a newly graduated nurse’s decision to leave an acute care setting within the first one to two years of practice.

Of the resources for nursing recruits in upcoming years, newly graduated nurses make up the largest portion of potential sources in the overall supply scheme of nursing professionals. As the number of nurses retiring from the profession steadily increases over the next two decades, a purposeful retention effort will become ever so important to preserve a large portion of newly graduated nurses within the workforce, especially within acute care settings.

Health care organizations must make changes in order to buffer the stressors experienced by newly graduated nurses. For example, by placing newly graduated nurses into adequately staffed units with expert nurse preceptor and mentors, the opportunity to develop into confident professional practitioners who provide competent and safe patient care can be realized. However, in order for meaningful change to occur and in order for that change be long term rather than short term, an interdisciplinary approach among stakeholders is necessary. Every stakeholder in the field of nursing, from staff nurses to
chief nursing officers, needs to be committed to the newest members of their profession
and be willing to collaborate with colleagues in order for evidence-based improvements
to be planned, implemented, and evaluated.
REFERENCES CITED
Aiken, L.H., Clarke, S.P., Sloane, D.M., Sochalski, J.A., Busse, R., Clarke, H., et. al. (2001). Nurses’ reports on hospital care in five countries: The ways in which nurses work is structured have left nurses among the least satisfied workers, and the problem is getting worse. *Health Affairs*, 20(3), 43-53.


Boards of Nursing: http://www.ncsbn.org


APPENDIX A

INFORMED CONSENT AND SURVEY
The Transition and Socialization Process of Newly Graduated Nurses: An Exploration of Transition Experiences

Informed Consent Form

Purpose of the project: This is a project that has been developed by Kimberly K. Peterson, RN, BSN who is a graduate student with the Clinical Nurse Leader program at Montana State University – Bozeman. The purpose of this project is to examine the experiences of newly graduated nurses during the period of transitioning from students within schools of nursing to practicing nurses within acute health care organizations. Once these experiences were identified and analyzed, the end result was to construct an educational pamphlet which would inform new graduate nurses about the transition period, identify areas of specific needs, and suggest strategies to supplement those needs. Purposeful evaluation and feedback of the pamphlet content may identify areas that need to be changed.

What will be done: You will examine a two page tri-folded pamphlet, which could take approximately twenty minutes to complete. After looking carefully at the contents of the pamphlet, you will be asked to complete a survey about the subject matter of the pamphlet and a few questions regarding demographic information (age, sex, work experience) so that I can accurately describe the general traits of the students who participated in the pilot testing of the new pamphlet. The survey will take approximately ten to fifteen minutes to complete.

Benefits of the project: You will be contributing to the knowledge of senior nursing students about their upcoming transition and orientation period. In addition, after completing the questionnaire, survey participants may anonymously select a lottery number which will enter them for a drawing (if they so choose). After all surveys are completed, I will conduct the drawing. Winners will receive one of the three participation extras (a $25 gift card, a book for newly graduated nurses, or a $25 movie theatre gift book).

Risks or discomforts: No risks or discomfort are anticipated from taking part in this survey. If you feel uncomfortable with a question, you can skip the question or you can discontinue the questionnaire altogether. Your participation is voluntary; you are free to withdraw your participation from this survey at any time. Refusal to participate will not result in any consequences in the current courses you’re enrolled in with the college of nursing.

Confidentiality: Your responses are completely confidential. I will not be asking for any form of personal identifiers to be placed on the questionnaire by survey participants. Names for the drawings will be on completely separate pieces of paper and are entirely voluntary.

Contact information: If you have any concerns or questions about this project or survey, please contact Kimberly Peterson at kimberly.peterson6@msu.montana.edu or the project committee chairperson Dr. Susan Luparell at luparell@montana.edu.
By beginning the survey, you acknowledge that you have read this information and agree to participate in this research project along with the knowledge that you are free to withdraw your participation at any time without penalty.

Pamphlet Survey - Please take a few moments to complete the following statements. Your ideas and feedback are greatly appreciated.

Strongly disagree (1)  Disagree (2)  Neither (3)  Agree (4)  strongly agree (5)

1. The title of the pamphlet should remain the same because it accurately reflects the content of the pamphlet.
2. The picture on the front of the pamphlet is appealing and should remain as the cover for the pamphlet.
3. Newly graduated nurses transition through different phases or periods throughout their first year of practice.
4. When I begin to work as a registered nurse, I may experience several different emotions (both positive and negative).
5. I found the paragraphs about the different experiences newly graduated nurses can expect to experience (intellectual, socio-developmental, physical) to be informative.
6. The information about the needs of new graduates during the orientation and transition periods is useful.
7. I believe that newly graduated nurses benefit from a standardized orientation program during their first year of practice.
8. When I begin to work as a registered nurse, having a preceptor and/or mentor available to provide support and guidance will be valuable throughout the transition period.
9. I believe that if I experience inadequate support, supervision, or training during orientation, then I have the responsibility to contact and meet with my supervisor and/or manager.
10. Several of the references within the pamphlet section labeled “Additional Resources” were new to me.
11. I plan to use resources (including books, websites, or nursing organizational information) to help with career planning when I graduate from school and transition into a health care setting.

12. I was able to easily read the words and understand the information contained in this pamphlet.

Please include the following demographic information:

Circle your age group: 18-20   21-25   26-30   31-35   36-40   40-50   51+

Circle gender:   Woman or   Man

Ethnicity: Caucasian   Black   Hispanic   Asian   Other _______________ Do not wish to include

Circle previous health care work experience:    Volunteer   Nursing Assistant   Medical Assistant

Unit Clerk   EMT   Student Externship   Other (please specify) _______________

Any additional comments:
APPENDIX B

INSTITUTIONAL REVIEW BOARD FORM
MEMORANDUM

TO: Kimberly Peterson
FROM: Mark Quinn, Ph.D. Chair
  Institutional Review Board for the Protection of Human Subjects
DATE: April 23, 2010
SUBJECT: The Transition and Socialisation Process of Newly Graduated Nurses: An Exploration of Transition Experiences [KP042910-DX]

The above research, described in your submission of April 19, 2010, is exempt from the requirement of review by the Institutional Review Board in accordance with the Code of Federal Regulations, Part 46, section 101. The specific paragraph which applies to your research is:

(b)(1) Research conducted in established or commonly accepted educational settings, involving normal educational practices such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

(b)(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects, and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability, or reputation.

(b)(3) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under paragraph (b)(2) of this section, if the human subjects are elected or appointed public officials or candidates for public office, or if the federal ascertain without exception that the identities of the previously identified information will be maintained throughout the research and thereafter.

(b)(4) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available, or if the information is recorded by the investigator in such a manner that the subjects cannot be identified, directly or through identifiers linked to the subjects.

(b)(5) Research and demonstration projects, which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine: (i) public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs.

(b)(7) Tests and studies related to food safety and consumer acceptance studies, if (i) raw whole foods without additives are consumed, or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural, chemical, or environmental contamination of or below the level found to be safe, by the FDA, or approved by the EPA, or the Food Safety and Inspection Service of the USDA.

Although review by the Institutional Review Board is not required for the above research, the Committee will be glad to review it. If you wish a review and committee approval, please submit 3 copies of the usual application form and it will be processed by expedited review.
APPENDIX C

PAMPHLET
Transitional from schools of nursing into acute care units within health care organizations consists of various periods and involves multiple areas of development.

The transition period and processes within each period are found in the diagram below (Duchesne, 2008). However, an in-depth discussion of newly graduated nurses’ experiences is found throughout the pamphlet.

1 - 4 Months
- Period of intense change
- Continuously exploring and learning
- Variety of skills achievement

5 - 8 Months
- Period of rapid progression (skills, knowledge, and abilities)
- Examination of personal values and determine fit

9 - 12 Months
- Period of creating balance between role expectations and realities
- Establish own identity as nurse professional

Unique challenges and conflicts are found throughout each phase. New graduates face these challenges and resolve a variety of conflicts affecting overall outcomes related to the new graduate nurse transition period.

ADDITIONAL RESOURCES
Career Counselling
American Association of Colleges of Nursing. What every nursing school graduate should consider when seeking employment. [2002, January].
http://www.aacn.nche.edu

ISBN 978-0-7635-3333-7


ISBN 1-59869-532-6


What types of experiences can newly graduated nurses expect in acute care settings?

Emotional Experiences
• New graduates describe experiencing a mixture of stable emotions: Happy, Worry, Hopeful, Stressed, Excited, Stimulated, Anxious, Eager, Overwhelmed, Confident, Excited, and Thrilled.
• In simple terms, nursing novices can experience an emotional roller coaster during the orientation process and throughout the transition period.

Intellectual Experiences
• New graduates face the challenge of learning how to organize and prioritize, make decisions and judgments about patient care, balance workload demands, and delegate care or supervise others.
• New graduates must learn numerous new skills, protocols, and procedures.
• New graduates develop clinical reasoning skills, learn how to utilize medical and nursing research, and gain knowledge about competent and safe practice.

Socio-developmental Experiences
• New graduates often struggle with communicating with physicians, establishing relationships with colleagues, caring for dying patients and their families, and learning organizational informal rules and norms.

Physical Experiences
• New graduates may feel fatigued due to adjusting to rotating schedules, night shifts, or twelve-hour shift assignments.
• Graduates may experience difficulty sleeping.
• Graduates may find themselves susceptible to colds and illnesses during their first-year of practice.

What needs do new graduates share during the orientation and transition periods?

Supportive Work Environments
• New graduates benefit from choosing healthcare organizations with compatible values, ideals, and beliefs.

Evidence-based Orientation Programs
• Ideal programs are standardized and may include classroom activities, skills laboratory hours, one-to-one preceptorship during clinical experiences, performance assessment, and formal mentorship programs.

Preceptorship
• Preceptors are assigned to teach, coach, assess, and oversee clinical performances.
• Preceptors are expected to provide clear expectations and continuous guidance.
• New graduates benefit from the consistency of a one-to-one relationship throughout the orientation process.

Mentorship
• Mentors role model professional practice and nursing behavior while assuming supportive-roles.
• Mentors act as a resource persons, sounding boards, and safety nets for new graduates.
• Mentors provide guidance and emotional support.

Graduated Workloads
• New graduates benefit when gradual increases in patient rate and responsibilities occur.
• Consistent support from ancillary staff is received.
• They avoid being prematurely placed into charge nurse roles or preceptor positions.

Socialization Opportunities
• New graduates benefit by being introduced to members of the healthcare organization teams.
• New graduates find meeting with other graduates helpful.
• Discussions with experienced peers are valuable.
• New graduates develop relationships with peers and becoming part of the unit culture to be essential.

What are some of the consequences associated with new graduate transitioning?

• Turnover
Several new graduates leave their first jobs within one year for the following reasons:
• Patient safety and care concerns
• Stressful work environments
• General working conditions
• Employment factors

• Job Satisfaction and Dissatisfaction
A number of factors are associated with satisfaction support from staff, relationships with managers, open and respectful communication with colleagues, safe staffing-to-patient ratios, positive work environments, career development, and advancement opportunities, autonomy, salaries, and taking a voice in decisions and work schedules.

• Nursing Errors
Nursing errors can occur when:
• Inadequate training or poor orientation takes place.
• New graduates transition into units which are inadequately staffed or poorly supervised.
• Experienced nurses may overestimate the proficiency of new graduates and set unrealistic expectations.
• Patient assignments and responsibilities are increased too rapidly.

• Career Satisfaction
Career satisfaction results when realistic expectations guide new graduates through role conflicts, frustrations, or challenges that avoid disillusionment and disappointment.

When supported, newly graduated nurses typically thrive in acute care settings and experience positive transitional periods.

New graduates who participate in standardized orientation programs are shown to become nursing professionals who are no longer novices but with entry level competencies. New graduates become technically competent, critical thinkers, socially integrated, and fulfilled with their chosen nursing careers.