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I, Krista R. Maddox, hereby submit this original work as part of the requirements for the degree of:

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A Case for Preceptorship: The Role of Identity Development and Acquisition of Knowledge and Skills in Socialization of New Graduate Nurses During Orientation

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Committee Chair signature: Ken Martin
A Case for Preceptorship: The Role of Identity Development and Acquisition of Knowledge and Skills in Socialization of New Graduate Nurses During Orientation

A dissertation submitted to the
Division of Research and Advanced Studies
of the University of Cincinnati

In partial fulfillment of the
requirements for the degree of

Doctor of Education (Ed. D.)
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by

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March 18, 2009

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Abstract

The first year of professional employment as a Registered Nurse is an exciting yet somewhat stressful time for the new graduate nurse. Most health care institutions provide opportunities to make the transition from student nurse to professional nurse through a new graduate nurse orientation. These orientations vary widely in the amount of time allowed, the resources provided the new graduate nurses, and the experiences afforded the new graduate nurses. Much of the research of these orientation programs looks at the impact of the orientation on retention of new graduate nurses. The body of research in this dissertation attempts to identify how and education-based new graduate nurse orientation contributes to retention by identifying essential elements of that orientation. Through a single case, explanatory, holistic case study multiple sources of evidence including archival data, one-on-one interviews with new graduate nurses who completed the orientation program, and a focus group interview of new graduate nurses who completed the orientation program were examined to answer the question of how the orientation impacts retention and which elements are essential for retention, satisfaction, increased competency levels, and ease of transition for the new graduate nurse.

Using a theoretical framework including Chickering’s psychosocial model of development and Romiszowski’s analysis of knowledge and skill development, it is concluded that preceptorship is the essential element of new graduate nurse orientation that promotes new graduate nurse retention, satisfaction, increased competency levels, and ease of transition. Preceptorships facilitate the socialization necessary in orientation for new graduate nurses’ success by affecting all elements of young adult development as well as providing the necessary continuation of acquisition of nursing knowledge and
skills for the novice nurse. Implications of these findings as well as suggestions for future research are provided.
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I am forever grateful to the many people who supported me in this accomplishment. My committee, chaired by Dr. Kenneth Martin, was ever encouraging and provided me the confidence necessary to trudge forward. I thank Dr. Martin for his ready advice and persistence with me through the entire process. His threat of retirement was effective motivation to put the time, energy, and effort into putting my nose to the grind to complete this project! I thank Dr. Benedetti for her supportive, flexible assistance throughout the writing process. I thank Dr. McCullough for his supportive, motivational words and his confidence in my abilities that seemed to provide the wind in my sometimes deflated sails at just the right time. I especially thank Dr. Kistler for her tremendous wisdom through her innovative ideas, thoughtful guidance and constant encouragement. She served as an inspiration, a source of knowledge, and a friend during the entire process from beginning to end. We celebrate this together!

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Deep gratitude goes to my mother who has always served as a source of inspiration to push harder and achieve. She provided me an excellent model of a self-assured, independent woman and afforded me every opportunity to emulate her strengths and grow to be a woman of whom she can be proud. I only hope that someday she will be as proud of me as I am of her.
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Lastly, but certainly not least, I thank God for answering my prayers in times when I thought I would never be able to pull enough intelligent thoughts together to pull this off. If ever anyone needed proof of the power of prayer, they can continue to read this project and know that only God is responsible for the tidbits of intelligent thought that come through.
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CHAPTER ONE: Background

Chapter one explains and discusses the current situation in health care of the shortage of nurses to fill vacant positions. A summary of the educational pathways by which an individual can become a Registered Nurse (RN) is presented. Education based orientation is suggested as a means by which to prepare new-graduate nurses to fill vacant positions with an extended retention rate in those positions.

Shortage of nurses to care for patients

With the workforce population of the United States aging, many fields are experiencing a phenomenon in which more individuals are retiring than new workers are entering the workforce to replace them. This is creating a vacancy and demand for workers. One area that is being affected tremendously is the health care field, particularly the field of nursing. It is anticipated that as early as the year 2010 a significant number of the current RNs will begin to retire, while at the same time, many of the country’s 80 million baby boomers will reach a crucial point in their lives at which declining health will result in a demand for increased health care (Buerhaus, 2005). The result is expected to be a deficiency in nurses of close to 1 million full time equivalent RNs by the year 2020 (U.S. Department of Health and Human Services, 2004).

Factors contributing to this shortage are multiple and somewhat complex. The general work environment has changed resulting in employees who are looking at careers differently than they have in the past (Nevidjon & Erickson, 2001). Values revolving around personal time, loyalty to a profession versus loyalty to a company and how one views collaboration in the workplace have changed, requiring that the all fields, including the profession of nursing, adjust the demands that are placed on employees. To address
some of these trends in the general workforce it has been recommended that the field take measures such as improving the image of nursing, uniting practice and education to enable the aging nursing population to take on the role as educator when the physical demands of nursing become problematic, increasing nursing education recruitment to reach children as early as middle school to consider a career in nursing, and placing a greater value on nurses in the workforce, thereby increasing job satisfaction of nurses in an effort to increase retention rates of RNs (Nevidjon & Erickson, 2001).

The impact of the disparity between the supply of RNs and the demand for their services can be seen from two perspectives: the impact on patient care and the impact on job satisfaction for RNs. Because hospitals are not adequately staffed with RNs, the RNs are often asked and sometimes required to work overtime. Work duration, overtime, and number of hours worked per week have been identified as having a significant impact on errors made while caring for patients, particularly in the area of medication administration (Rogers, Hwang, Scott, Aiken, & Dinges, 2004). Research has shown that in hospitals with high patient-to-nurse ratios, surgery patients are more likely to have higher failure to resuscitate rates. Additionally, nurses in hospitals with high patient-to-nurse ratios are more likely to experience burnout and dissatisfaction with their jobs (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002). Likewise, it has been shown that patient mortality rates could be improved with increased RN staffing (Aiken, et al., 2002).

Many initiatives are being carried out to address the RN shortage as a result of numerous studies and recommendations from national, state, and local organizational levels. These initiatives include increasing supply through educational capacity;
recruitment and retention efforts; increasing the visibility of nursing contributions to the quality of patient outcomes; increasing compensation and expanding career options; increasing public sector regulatory influence; and compiling consistent workforce data for planning; and strengthening nursing leadership at every level (Kimball, 2004). Though somewhat segmented, all of these strategies are integral parts of the answer to the shortage of practicing nurses and require the attention of many stakeholder organizations including professional nursing organizations, the health care industry in general, labor organizations, legislatures, governmental organizations, nursing education organizations, health care delivery organizations, staffing organizations, and philanthropic organizations (Kimball, 2004). Essentially, there is no one corrective measure, rather a series of actions to be taken by these identified stakeholders to work toward an acceptable level of staffing of RNs to care for patients now and in the future. This doctoral study will focus on one measure by which hospitals can address the shortage; improving retention of new graduate nurses through an educational based orientation program.

The new graduate nurse

As shown in Table 1, there are three basic educational pathways by which a person can become a RN: a bachelor of science degree in nursing (BSN), an associate degree in nursing (ADN), and a diploma. In 2006, the number of nursing programs at the BSN and ADN level (1,559) far outweighed the number of diploma programs (70). BSN programs typically offer students more clinical experience and prepare them for a broader range of advancement opportunities within the field of nursing (U.S. Bureau of Labor Statistics, 2009). As a result, the BSN degree is the degree preferred for hospital staff nurses by nurse executives because graduates from these programs tend to be more ready
to meet the demands of today’s complex patient care (American Association of Colleges of Nursing, 2009). Upon completion of a formal nursing education, students then are required to pass the National Council Licensure Exam for Registered Nurses (NCLEX-RN) to earn the designation of RN. Once an individual is a RN, he/she may then seek employment in a variety of health care settings; however, approximately three out of five RN jobs are in hospitals (U.S. Dept. of Labor, 2006).

<table>
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<th>Type of Program</th>
<th>Typical Length of Program</th>
<th>Number of Programs Available</th>
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<tr>
<td>Diploma</td>
<td>2 years</td>
<td>70</td>
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<tr>
<td>Associate Degree (ADN)</td>
<td>2 years</td>
<td>850</td>
</tr>
<tr>
<td>Baccalaureate Degree (BSN)</td>
<td>4 years</td>
<td>709</td>
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The first three months of a new graduate nurse’s career are the most stressful time in their career, with thirty-five to sixty percent of new graduate nurses changing jobs during that first year of employment (Godinez, Schwieger, Gruver, & Ryan, 1999). The impact can be quite costly to health care organizations, both financially and otherwise. It has been estimated that financially such turnovers can cost up to $65,000.00 per nurse. The indirect costs associated with the turnover are related to increased paid overtime to cover workload, preceptor exhaustion, managerial time devoted to the hiring process, and a decrease in unit morale (Lindy, 2006).

While turnovers affect bottom lines for health care facilities, one cannot overlook the impact of stressors on the new graduate nurse. Consistently identified stressors to new graduate nurses include socialization support, level of nursing leadership support,
and the quality of their clinical orientation (Casey, Fink, Krugman, Propst, 2004).

Socialization support is defined as the support that a new graduate nurse feels from colleagues while adjusting to her/his new role as professional nurse (Thomka, 2001) and the sense of belonging they gain from those colleagues (Winter-Collins & McDaniel, 2000). This socialization process takes time and is often interrupted by negative feedback received by colleagues while the new graduate nurse is still learning skills in their new role (Tradewell, 1996). It can be improved by colleagues embracing the new graduate nurse, allowing her/him to learn, and including them in their educational process by providing them with responsibility and autonomy (Tradewell, 1996). Kramer conducted extensive research on the experience of new graduate nurses and used the phrase “reality shock” to define the period of time that a new graduate nurse realizes that there are differences in what they understand about the field of nursing learned through their formal nursing education and what they experience when in their first professional position (1974). These differences produce a sense of confusion and uncertainty in the new graduate nurse which leads to dissatisfied new graduate nurses. Duchscher built on this research and determined that a stronger preparation for the “real world” is necessary in formal nursing education programs to avoid feelings of anxiety, insecurity, inadequacy and instability, or transition shock (2008). In her study she explains the experience of the new graduate nurse as a transitional period, lasting approximately twelve months, as a process of becoming. During this time she describes a transition of progressing through three stages: doing, being, and knowing. Her theory suggests:
“allowing graduates time to adjust to what ‘is’ within a context of support that allows them to develop their thinking and practice expertise will assist them to move through the stages of professional role transition.” (Duchscher, 2008).

Additionally, key to the new graduate nurse’s transition is support of their nurse leaders. Perhaps the most widely accepted theory of new graduate nurse role transition through which the optimal level of nursing leadership support is best achieved by the nurse leaders’ knowledge and sensitivity to the stages of professional nurse transition and development is described by Benner (1984). Those phases are:

- Stage 1: Novice Nurse
- Stage 2: Advanced Beginner
- Stage 3: Competent
- Stage 4: Proficient
- Stage 5: Expert

By understanding the stages and encouraging new graduate nurses to move through them and facilitating their progression through the stages, nurse leaders allow the necessary skill development needed to contribute to the positive self esteem necessary to provide job satisfaction to the new graduate nurse.

*Transition of the new graduate nurse*

The orientation period begins this stressful transition period for new graduate nurses and has been identified as the most crucial part of the transition (Delaney, 2003; Scott, Keenher-Engelke, and Swanson, 2008). Orientation lengths vary, but it has been recommended that they last through the first year of practice to address the needs of the
new graduate nurse in the areas of comfort, confidence and skill proficiency (Casey et al., 2004). Additionally, orientations are sometimes paired with an experience designed to provide guidance to the new graduate nurse from an experienced nurse, allowing for one-on-one support for a designated period of time, sometimes up to four months (Kells & Koerner, 2000). There are several titles used for such experiences varying from internships, preceptorships, residencies, and fellowships (Krugman et al., 2006). All have the same intent of providing a mentoring relationship for the new graduate nurse.

In a phenomenological study on the lived experience of new graduate nurses during their period of orientation, Delaney validated earlier research indicating that preceptors skills significantly impact the new graduate nurse’s perceptions and progress during orientation (Brasler, 1993) and that stress and socialization significantly affect the new graduate nurse’s role acquisition (Oermann & Moffitt-Wolff, 1997). Also in this study, Delaney concurred with previously revealed themes of new graduate nurses’ orientation of real nurse work, guidance, transitional process, institutional context, and interpersonal dynamics (Godinez et al., 1999), being a student nurse, giving care, gaining skills, learning to become, performance, a stressful experience, and learning and experiencing (Holland, 1999), and added two new themes of coping with death and dying and the key role of self reflection in this transition (Delaney, 2003). Essentially, there are many factors that contribute to the stress related to the first year of the new graduate nurse’s career.

Currently, the orientation length, orientation content, orientation format, and orientation goals vary among hospitals. In an effort to increase the number of BSN graduates into practice and provide a more consistent, uniform transition to these
graduates through their orientation experience, the Chief Nursing Officers (CNO) of the University Healthsystems Consortium (UHC) partnered with the American Association of Colleges of Nursing (AACN) to establish a National Post-Baccalaureate Graduate Nurse Residency Program. The result was an orientation model based on an evidence based framework. Key elements of the model are identified as cohort relationships and clinical narratives. Cohort relationships are facilitated by the grouping of new graduate nurses by hire date to provide a network of peers that can identify with similar experiences. Clinical narratives are guided dialogues among cohort members that allow them to engage in critical inquiry regarding specific situations encountered. These dialogues allow the members to develop critical thinking skills using evidence based practice. Evidence based practice is a way of thinking and practicing that requires the new graduate nurses to consistently question the evidence or research data that drives their daily practice. This program has proven to be successful in increasing retention rates of new graduate nurses, decreasing stress rates of new graduate nurses over time, increasing organization and prioritization of care, and improving job satisfaction of new graduate nurses (Krugman et al., 2006).

Purpose of this study

Given that the health care system is facing a crisis situation of not having enough nurses to care for our ill, hospitals are increasingly interested in innovative ways to attract and keep good nurses. Much research has been done on what factors contribute to high turnover rates of new graduate nurses. As a result, many programs have been developed to address those factors, including guided experiences such as the afore mentioned internships and preceptorships. An orientation model has been developed by key
stakeholders to guide hospitals to identify and address areas of need of new graduate nurses. However, very little assessment has been done to determine why these programs are effective in improving retention rates of new graduate nurses. This study aims to identify how such programs improve the retention rates of new graduate nurses in their first year of professional employment.

As seen in the partnership recommendation from the CNOs of the UHC and the AACN in their recommended model for new graduate nurse orientation the field of nursing has recently engaged in discussion over the importance of embracing evidence-based practice (EBP) as a profession. EBP is defined as “the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients” (Sackett, Richardson, & Rosenberg, 1996). Essentially, it is the aim of EBP to provide a structure that allows nurses to justify their practice (Tod, Palfreyman, & Burke, 2004). That structure refers to the thought process that nurses utilize in order to make care decisions. That process involves the use of research and practice evidence as a basis for those decisions. There are two identified reasons why nurses should embrace EBP and make it a priority of their profession. The first reason revolves around the importance of providing effective and efficient health care. The second reason is emphasized by the vital role nurses play in a health care team. Other health care professions have embraced EBP and are continuing to utilize it as a means for decision making. The nursing profession must also embrace EBP as a means by which to make decisions so that they are valued as an integral player on the healthcare team (Tod et al., 2004). Given the value of EBP in the field of nursing, it is the intention of this study to provide health care institutions with evidence, based on research rooted in Chickering’s
theory of identity development and Romiszowski’s theory of knowledge and skill acquisition, of how their new graduate nurse orientations contribute to their retention of new graduate nurses in their first year of professional employment.

**Definition**

This study intends to examine the impact of an education-based orientation program on new graduate nurse retention. Therefore, it is necessary to define what is meant by the term education-based orientation. For the purposes of this study, an education-based orientation is defined by the researcher as an orientation program which includes structured learning experiences required as part of the program. More details of the Transition to Professional Nursing orientation program are given in the Methodology section of this paper.

**Research question**

The following major question guided this research:

How does an education-based orientation influence the retention rate of new graduate nurses in their first year of professional employment?

Additional inter-related questions included:

What essential elements of an education-based orientation program promote retention of the new RN during the first year of employment?

What essential elements of an education-based orientation program promote employee satisfaction for the new RN during the first year of employment?
What essential elements of an education-based orientation program promote competency levels for the new RN during the first year of employment?

What essential elements of an education-based orientation program promote ease of transition for the new RN during the first year of employment?
CHAPTER TWO: Review of Literature

Chapter two will present a summary, analysis, and synthesis of existing literature to examine new employee orientation and its significance in regard to new graduates and their developmental stage in life. The theoretical framework for this research is outlined in this chapter. This project is centered on theories of adult development and analysis of knowledge and skills.

Coverage of the Literature

A scan of library databases, including CINAHL, MEDLINE, ProQuest, and PubMed was conducted. Key words used included graduate nurse, nurse orientation, new graduate, orientation, new employee orientation, and competency based orientation. To ensure that the scope of literature reviewed was thoroughly and purposely chosen, the following criteria were used to select previous research on this topic: topicality, comprehensiveness, breadth, exclusion, and currency, (Bruce, 2001). Topicality refers to the relation that a piece of work holds with the proposed research question and breadth refers to association with the research question. It was decided that the topicality and breadth of this study would ideally allow for examination of new employee orientation. This decision was made to allow for examination of aspects of new employee orientation related to retention and employee satisfaction that could be useful in the field of nursing. Comprehensiveness of this review was determined by the identification of significant works on the topic of new employee orientation and new graduate nurse orientations. Works were viewed to be significant if they addressed retention and employee satisfaction. If works did not address these two issues, they were excluded from this review. Literature specific to new graduate nurse transition for the past ten years was determined to be current and usable for this study. Additionally, literature used to
provide a broader perspective to the transition phase, or new employee orientation, in
general, was used to align this study with the phenomenon of new nurse attrition as
outlined in chapter one of this study.

State of the field of literature: Transition of the new employee

New employee orientation in some capacity is part of beginning a new job in
virtually all fields. Orientations vary in all aspects including content, length, and
delivery. In an attempt to define the new employee orientation program, Wanous
identifies three elements of such programs: target group, objectives, and methods by
which to meet objectives (Schuler, Farr, & Smith, 1993). According to Wanous, the
target group is most obviously a single or group of employees new to an organization,
preferably in their first week of employment. The objective should be to help new
employees to identify a match between the organization’s requirements and their
capabilities as well as the match between the new employee’s specific needs and the
organization’s culture/climate to meet those needs. In order to achieve this objective, the
primary operational objective of an orientation program is to help newcomers cope with
the stress of organizational entry (Schuler et al., 1993). Creating realistic expectations for
new employees is the most basic method used to achieve the objective of coping with the
stress of organizational entry.

Wanous differentiates orientation from socialization by identifying the time in which
each occurs. He states that orientation programs should take place within the first week
of employment while socialization is an on-going process that the new employee
experiences throughout the entirety of employment, beginning with the formal
orientation. Socialization is important to this study because it is an experience during the
entry period for new employees that can contribute to their retention and satisfaction in a new position. Socialization has been defined as “those changes caused by the organization that take place in newcomers” (Wanous, 1980). Table 2 provides a comparison between orientation and socialization as defined by Wanous (Schuler et al., 1993).

**Table 2 Comparison of Orientation and Socialization**

<table>
<thead>
<tr>
<th>Orientation</th>
<th>Socialization</th>
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<tbody>
<tr>
<td>Finite</td>
<td>Never-ending ubiquitous process</td>
</tr>
<tr>
<td>Entry transition focus only</td>
<td>Entry transition, functional &amp; hierarchical focus (Schein, 1971)</td>
</tr>
<tr>
<td>Designed to prevent premature movement out of the organization</td>
<td>Facilitates movement inward</td>
</tr>
<tr>
<td>Few people involved</td>
<td>Many people involved</td>
</tr>
<tr>
<td>Conducted by non-authority figures</td>
<td>Conducted by authority figures</td>
</tr>
<tr>
<td>Conducted by non-peers</td>
<td>Conducted by peers</td>
</tr>
<tr>
<td>Empowered with coping skills to act on their environment</td>
<td>Persuaded, coerced and subjected to conformity pressure</td>
</tr>
</tbody>
</table>

A larger body of literature exists to explain socialization in the writings of Edgar H. Schein. Schein describes new employee socialization as “the process by which a new member learns the value system, the norms, and the required behavior patterns of the society, organization or group which he is entering” (Schein, 1988). These values, norms, and behavior systems generally involve the following:

- The basic goals of the organization
- The preferred means by which these goals should be attained
The basic responsibilities of the member in the role which is being granted to him by the organization

The behavior patterns which are required for effective performance in the role

A set of rules or principles which pertain to the maintenance of the identity and integrity of the organization (Schein, 1988).

How the new employee learns these values, norms, and behavior systems is dependent on the degree of their prior socialization. For example, if the new employee has a good understanding of the values and norms expected in the organization in which he/she has entered, the learning process is a much shorter process involving reaffirmation rather than learning. However, if the new employee is at the opposite end of the spectrum, their understanding of the values and norms expected by the organization out of line with the actual expectations of the organization, they must go through a more intensive process of socialization or change.

This process is has been assimilated to the stages of change an organization goes through as explained by Argyris (1964). He calls the first phase of change unfreezing, which refers to the process by which an organization prepares for change. The second phase is called change, which refers to the actual process of change. The third phase in Argyris’ model is termed refreezing, which refers to the period in which members of an organization are socialized to incorporate the changes. This model is in part a foundation for the model of organizational entry by Louis (1980). This model includes four themes of socialization:

- the characteristics of socialization
- the stages of socialization
o the content of socialization

o the characteristics and effects of socialization practices (Louis, 1980).

These four themes, according to Louis, are all different ways in which new employees learn the values, norms and behavior systems of an organization.

Thus far, the focus of this review of literature has been on the socialization of new employees as a part of organizational entry, the focus will now turn to a more specific method of that socialization, the formalized sharing of an organization’s values and norms, the new employee orientation. The new employee orientation is a socialization strategy by which new employees begin to “learn the ropes.” According to a survey conducted by the executive search firm Spencer Stuart, adapting to a new company can take a year or more. New employees often revealed that their effort to fit in was the largest obstacle to overcome in that period (Sweeney, 1999). The things that a new employee begins to learn during their orientation begin to form their permanent image of the company, which can then affect their performance and commitment to that company (Ray, 1988).

An effective orientation program can lead to significant decreases in attrition of new employees. An example can be seen in the Corning Glass Company. In the early 1980s they significantly improved their orientation program which resulted in a two-percent drop in attrition of new employees world-wide (Nadel, 1998).

Ray suggests that the orientation program is the responsibility of the manager (1988). Managers need to ensure that the new employees have a clear understanding of the written policies and procedures of the organization but they also need to acknowledge that there are a set of unwritten standards and rules that most employees follow precisely
Managers also need to understand and acknowledge that much of a new employee’s informal orientation is conducted by other employees as the new employee begins to fit in and learn the culture of the organization from them.

State of the Field of Literature: Transition of the new graduate

Previous research exists on the unique transition of the new graduate into the professional role. In the research theorists agree that socialization into work is the essence of orientation. Socialization is described as a multistage process of prework experience, actual work experience, and adjustment (Jablin, 1987; Van Maanen & Schein, 1979 p. 679-740). One example of this research looked at the process of organizational boundary crossing and professional development for a small group of Information Systems graduates. The study looked at a small sample of eight young college graduates who recently made the transition from academics to industrial work. Through semi-structured interviews, the developmental history of the young employees was investigated including inquiries about their choice in career, their interview experience, their job expectations, and any difficulties they encountered in their positions thus far. This research revealed that adequate preparation of the IS workers required more than a fixed set of academic subject. They must also learn to adjust to workplace demands and must also go through an organizational assimilation process, or socialization. Lee also revealed that they needed to become more independent and self-motivated learners and interact more closely with other colleagues, a characteristic that is not necessarily built into IS curricula (Igbaria & Shayo, 2004). Though the sample size of this study was very small, only 8 participants, and the data collected was based on qualitative methods, self-reported experiences, the findings can be taken seriously when
examining the experiences of new graduates upon entry to their first professional role.

Hinshaw, Smeltzer, and Atwood (1987) applied these same socialization theories to the new graduate nurse concluding that individual and organizational factors influence both turnover and satisfaction of the new graduate nurse.

State of the Field of Literature: Transition of the new graduate nurse

The field of nursing has traditionally taken the role transition from student to professional nurse very seriously as demonstrated by the orientation requirements placed on new nurses. Most of the literature regarding the transition began with the work of Schmalenberg and Kramer (1979). In their research they describe the transition to be a four-phase experience for new graduates:

- honeymoon
- shock
- recovery
- resolution

During the honeymoon phase, new nurses see their position as a very positive experience, focusing the greater effort of their experience on learning new skills and routines while engaging in socialization of the culture of the organization. Unable to achieve a desired goal or value, the new nurse enters the second phase, shock. This phase typically is seen through moral outrage, fatigue, rejection and distortion of perception. During this phase, the new nurse becomes negative in their outlook toward their position, their co-workers, and the organization in general. In the third phase, recovery, the new nurse is able to gain perspective that allows for a balance to see things as they are and not entirely positive or negative. This allows them to move to the final phase, resolution, in which they are able
to work toward solving their inner conflict. Another significant finding from the research of Schmalenberg and Kramer is that the values and behaviors that graduate nurses learned as part of their formal education are often difficult to realize immediately upon entering their professional role. This disconnect often creates feelings of helplessness, powerlessness, dissatisfaction and frustration for new graduate nurses. They observe that the way to overcome these feelings is to explore and express their feelings (Schmalenberg & Kramer, 1979).

Benner, in very similar work, applies the Dreyfus Model of Skill Acquisition to the field of nursing to analyze the experience that nurses encounter as they progress through their nursing careers. Benner bases her analysis on the Dreyfus Model of Skill Acquisition, a model based on a study of chess players and airline pilots, which states that there are five stages of skill acquisition: novice, advanced beginner, competent, proficient, and expert (Dreyfus, 1980). New graduate nurses, according to Benner, are in the novice stage, as they have very little transference of meaning of the theories and terms learned in their nursing education until they have true experience as a nurse (Benner, 1984). As the new graduate nurse is exposed to more real situations, they begin to build guidelines based on recurring meaningful situational components (Benner, 1984) in the second stage, advanced beginner. These components are also referred to as aspects in the Dreyfus model. Though they begin to build guidelines, they are not yet able to make distinctions between guidelines and prioritize those guidelines. Therefore, the role of a preceptor is invaluable to the new graduate nurse so that prioritization can be guided during this stage. The first two stages are generally those encountered by the new graduate nurse.
The third stage of progression, competent, is described as the ability to visualize the big picture and plan their actions to contribute to the end goal. Rather than simply focusing on individual guidelines and reacting, they deliberately plan their actions. Their plan includes a thoughtful analysis and prioritization of guidelines, or aspects. According to Benner, nurses are typically in the competent stage when they have been in the same or similar work environment for two to three years. During this stage, nurses generally improve their efficiency and organization. The next stage, proficiency, is described as the ability to apply general principles or rules of conduct based on past experiences to perceive situations and their meanings as long-term goals. In this stage, nurses generally possess a perspective that is based on experience and they can identify and apply unique rules of conduct that are relevant to individual situations based on their perspectives. This stage is generally achieved once a nurse has worked with the same or similar population of patients for a period of three to five years. The final stage in this model is expert. The nurse categorized in this stage tends to have a deep and intuitive understanding of a situation. They are able to easily identify and hone in on the important elements of a situation. Nurses in this stage often act as consultants to other nurses.

In summary of Benner’s analysis, the first two stages are the time in a nurse’s career when they are gaining experience and forming a knowledge base of how they should react to a certain situation. How they react then becomes fine tuned as they increase their perception of a situation and are able to anticipate which elements of a situation are important and which are not.
More recent research conducted by Scott, Keehner-Engelke, & Swanson (2008) examines the experience of the new graduate nurse in their transition to professional nurse as it relates to socialization in the organization. The result of their examination is a conceptual model that illustrates the possible influences on the new graduate nurse into the professional role. Their model consists of three elements: anticipatory socialization, organizational socialization, and socialization outcomes. Anticipatory socialization is described as the diverse education, experiences and expectations that the new graduate nurse brings to the professional role upon entry to the workforce, or “what happens before work.” This element is classified by the period in which an individual is a student nurse. Organizational socialization is described as the various socialization methods and organizational cultures that new graduate nurses experience upon entrance to the workforce. These experiences can range from the formal orientation experience offered by any particular institution to the relationships and stressors that the new graduate nurse experiences upon entry. This period is “what happens when work begins.” It is also the element in which the individual is classified a novice nurse. Between these elements is what previous research would call reality shock. The third element is termed socialization outcomes, or “outcomes of synergy and dissonance.” In this element the relationship between anticipatory socialization and organizational socialization is examined. This is where work adjustment takes place. If the anticipatory socialization and organizational socialization are in line, a greater satisfaction is achieved by the new graduate nurse. In other words, if what the new graduate nurse expects is, in fact, what they experience, their satisfaction is more likely to be high (Scott et al., 2008). This is the element that determines the individual’s destiny in their position.
State of the Field of Literature: Nurse manager expectations of the new graduate nurse

The work of Schmalenberg and Kramer identified disconnect between the values and behaviors that graduate nurses learned as part of their formal education and the inability to realize those values and behaviors early in their new professional roles (Schmalenberg & Kramer, 1979). Likewise, there is a disconnect between the expectations of nurse managers and the abilities of the new graduate nurses who work for them that can create negative feelings both on the part of the managers and the new graduate nurses.

In a qualitative research study conducted by Lavey, ten nurse managers from ten separate nursing units participated in focus group interviews in an effort to describe the expectations of nurse managers of their new graduate nurses. When asked to identify the skills and attributes of a competent nurse, it was overwhelmingly expressed that critical thinking skills were vital, leading to the ability to prioritize patient care, communicate with patients and other members of the health care team, and demonstrate professional behaviors. When asked what skills and attributes new graduate nurses needed in their first professional role to be successful, they agreed that they need to be active learners who use resources to meet challenges involved in becoming a competent nurse. Again, critical thinking was cited as a necessary skill to accomplish this task. When asked about challenges facing new graduate nurses in their first professional role, critical thinking was again linked to their answers. They believed that if the new graduate nurses were active learners who valued continual learning they were able to achieve the level of competent nurses. Active learners made inquiries to learn more, valued constructive criticism, and had good problem solving abilities. Likewise, most of the nurse managers agreed that
self-confidence was linked to the learning experience of new graduate nurses. This research establishes the clear expectation nurse managers hold regarding their new graduate nurses: they are still learning and should actively seek information and experience as part of their learning to become a competent nurse (Lavey, 1989).

State of the Field of Literature: New graduate nurse expectations

Lavey’s research also identified from the nurse manager’s perspective that the new graduate nurses’ expectations varied from the manager’s expectations (Lavey, 1989). In a research study conducted by Bork, new graduate nurses and their manager/supervisor completed surveys aimed at determining the expectations of the new graduate nurse and the expectations of the manager/supervisor. The result of the research was the determination that expectations varied significantly in the areas of prioritization, patient advocacy and oral communication skills. New graduate nurses expected their prioritization and patient advocacy skills to be more important than their manager’s and they expected their oral communication skills to be less important than their nurse managers (Bork 2003).

New graduate nurses’ self confidence can also be affected by their expectations upon entering their first professional role. Three issues have been identified as issues affecting self confidence in new graduate nurses: reality shock, work readiness, and interpersonal conflict (Cowin & Hengstberger-Sims, 2006). Reality shock is prevalent when a new graduate nurse’s imaginings of the workplace are significantly different than what they actually experience upon entering their new role. Work readiness refers to the ability of the new graduate nurse to meet expectations of health care institutions to fill their dire need for complete patient care upon entrance to their new position. As nurse
managers understand the need for the learning curve of new graduate nurses, the broader expectation is that they be ready to perform adequate patient care immediately. Because of the demand for nurses exceeding the supply of nurses to provide care, practicing nurses tend to be working long hours and experience stress when trying to provide patient care with inadequate staff (Strachota, Normandin, O’Brien, Clary, & Krukow, 2003). This environment leads to interpersonal conflict among colleagues, which has been cited as a reason for new graduate nurses low self confidence (Cowin & Hengstberger-Sims, 2006).

*State of the Field of Literature: Education-based orientations*

Given the unique needs of the new graduate nurse upon entering the workforce as a nurse, orientations for the new graduate nurse look very different than new employee orientations for many other professions. It is clearly understood that the new graduate nurse, while professionally licensed and credentialed, is still in a learning role. In fact, it is expected that a nurse is continually being educated throughout the lifetime of their career. According to Greenwood (2000), there has been much debate about the responsibility of educating nurses between the educational arena and the practice arena. These conflicting attitudes are seen in the expectations of the new graduate nurse. Educators attest that the new graduate nurse is a beginning practitioner who holds the knowledge and skills to treat patients but must learn a great deal more to be proficient practitioners. However, in the practice arena, the expectation is that new graduate nurses be able to contribute to the workload immediately by using the knowledge and skills gained through their formal education. Greenwood argues that exclusivity of responsibility to educate nurses does not exist, rather it is the responsibility of both the
education system and the practice system to provide continued learning through pre-registration, transition and post-graduation.

Additionally, the incredibly rapid rate at which new knowledge is revealed in health care mandates an environment for continual learning. It has been predicted that by the year 2010 knowledge in health care will double every two months (Aitken, 1997). The implication of this prediction is that it is no longer primary to educate nurses by providing them with pre-packaged bodies of knowledge; rather they should be educated to become life-long learners (Greenwood, 2000). This idea is further proven by the importance that evidence-based practice has gained in the field of nursing as discussed in chapter one of this research. It is the intention of this research to look at how an education-based orientation program contributes to the retention of new graduate nurses.

Theoretical frameworks

Even though orientation has been proven to be an effective strategy for indoctrinating new employees and gaining their loyalty, the new college graduate is a unique population, requiring a specific and pointed attention. New graduates often find themselves in a new personal and professional lifestyle with very little guidance (Shintaku, 2004). Perhaps the most widely accepted model of adult development to analyze this unique population is that of Chickering’s psychosocial model of development based on Erikson’s identity versus identity confusion stage of development. Chickering proposed seven vectors of development along which young adults develop (Chickering & Reisser, 1993). They are:

- developing competency
- managing emotions
moving through autonomy toward interdependence

developing mature interpersonal relationships

establishing identity

developing purpose

developing integrity (Chickering & Reisser, 1993)

Young adults progress through the vectors at various rates and can revisit some vectors. Their progression is affected and stimulated by support and challenge (Chickering & Reisser, 1993).

The first of the vectors, developing competence, is further broken into three aspects: intellectual competence, physical and manual skills, and interpersonal competence. Chickering (1993) uses a pitchfork as the visual representation competence development with the three aspects being the tines of the pitchfork but most importantly the individual’s sense of competence being the handle of the pitchfork. This representation enforces the importance of the individual’s confidence, or sense of competence, in coping with issues and being successful in what they do. The first of the tines, intellectual competence, refers to the development of general information gaining, general intelligence increases and increased critical thinking abilities. This is the aspect that is most widely addressed in formal post-secondary education and has been studied more widely than any other aspect of development in young adults (Chickering & Reisser, 1993). The second of the tines, physical and manual competence refers to development of self identity in the area of tangible achievements. This aspect is realized through athletic and artistic efforts including creating products, increasing strength, and mastering self
discipline. These efforts typically involve displaying the fruit of efforts for others to view and critique. Critique of the fruit can initiate emotions, thereby impacting one's identity. The third of the tines of the pitchfork of developing competence is that of interpersonal competence. This tine primarily involves the development of skills including listening, cooperating, and communicating. Additionally, it involves more complex interpersonal skills such as interpreting another person’s communication and responding appropriately, to actively align personal goals with those of a larger affiliated group, and to choose effective strategies for contributing positively to a larger group.

The second vector in Chickering’s model is managing emotions. This level of development involves not only identifying emotions when they are experienced but also responding appropriately to that emotion. Individuals arrive to young adulthood at both ends of the spectrum of emotion expression and at every point in between; some are completely open with their emotions, some are completely closed. The goal in this stage of development is to learn to regulate their emotions and to direct them in appropriate channels.

The third vector is moving through autonomy to interdependence. This is a key stage in adult development in that it is a movement to relative self sufficiency. Progression through this stage involves emotional and instrumental independence. Emotional independence refers to the movement away from the need for reassurance, affection and approval. It typically is demonstrated by an increased willingness to risk losing interpersonal relationships or status to pursue personal interests or convictions. Instrumental independence refers to the ability to be self directed in
solving problems by identifying information and resources necessary to fulfill personal needs.

The fourth vector is developing mature interpersonal relationships. Chickering (1993) explains that this stage requires two aspects: tolerance and appreciation of differences and capacity for intimacy. Tolerance of differences can be seen in both intercultural and interpersonal contexts. It is demonstrated by the ability to respond to an individual as an individual, not part of a stereotyped group. The capacity for intimacy is seen in the ability to have an interpersonal relationship that focuses more on interdependence toward equals rather than on a great deal of dependence or dominance on another individual.

The fifth vector is establishing identity. Identity is a thread seen throughout the previously mentioned four vectors. The fifth vector is dependent on progression through the previous four vectors. According to Chickering (1993), identity development involves seven aspects:

E. comfort with personal appearance, (2) comfort with gender and sexual orientation, (3) sense of self in a social, historical, and cultural context, (4) clarification of self-concept through roles and lifestyle, (5) sense of self in response to feedback from valued others, (6) self-acceptance and self-esteem, and (7) personal stability and integration (Chickering & Reisser, 1993).

The sixth vector is developing purpose. This vector involves focus on vocational plans, personal interests, and interpersonal and family commitments. In this model, vocation refers to paid work and unpaid work; essentially, what one does or loves to do. Likewise, personal interests are demonstrated by how one spends their personal time: essentially what interests an individual. Similar to personal interests, interpersonal and family commitments are driven by the choice of whom one chooses
to spend their time. This particular vector is generally explored initially in early adulthood but will likely be present throughout a lifetime since interests in vocation, personal interests, and interpersonal relationships can change throughout a lifetime. This vector also involves the ability to culminate many goals into one larger, more meaningful purpose. Again, since life goals are ever evolving, this vector is expected to be present and reexamined throughout a lifetime.

The seventh and final vector is developing integrity. Chickering (1993) further defines this vector by three sequential and overlapping stages: humanizing values, personalizing values, and developing congruence. Humanizing values involves the ability to see the black and white absolutes of rules and also see the gray areas that are present when applying rules to unique situations. Personalizing of values involves selecting guidelines and developing a set of principles by which to assess personal actions. When this open mindedness, or humanizing of values, and ownership of principles, or personalization of values, occur the ability to behave congruently with those standards also occurs.

It was Chickering’s belief that young adults develop in the first three vectors during their college years, but may struggle with the later vectors during that time period. In fact, it was his belief that individuals may continue to work through these vectors throughout their lives. For this purpose, Chickering’s theory of young adult development was chosen to examine the effect of the Transition to Professional Nursing new graduate nurse orientation program.
Another viewpoint to analyze the new graduate nurses’ experience is demonstrated in the work of Romiszowski’s analysis of knowledge and skills (Romiszowski, 1984). This theory was based in the context of human resources development with a purpose to classify knowledge and skills. Romiszowski defines knowledge as information stored in the learner’s mind and also defines skills as actions which a person performs in a competent way in order to achieve a goal. He further breaks knowledge into four categories as explained in Table 3 (Moseley, 2005).

**Table 3: Romiszowski’s Knowledge Categories**

<table>
<thead>
<tr>
<th>Concrete Facts</th>
</tr>
</thead>
<tbody>
<tr>
<td>concrete associations; things observed and remembered</td>
</tr>
<tr>
<td>verbal information, including all knowledge of a factual nature that has been gained by means of a symbolic language</td>
</tr>
<tr>
<td>fact systems; structures or schemata</td>
</tr>
<tr>
<td>Procedures</td>
</tr>
<tr>
<td>linear procedures; chains</td>
</tr>
<tr>
<td>multiple discriminations; distinguishing similar information</td>
</tr>
<tr>
<td>algorithms; procedures which may be complex but which guarantee successful performance if followed correctly</td>
</tr>
<tr>
<td>Concepts</td>
</tr>
<tr>
<td>concrete concepts; classes of real objects or situations</td>
</tr>
<tr>
<td>defined concepts; concepts which are classes of other concepts and cannot be learned without the use of a suitable language</td>
</tr>
<tr>
<td>concept systems; structures or schemata</td>
</tr>
<tr>
<td>Principles</td>
</tr>
<tr>
<td>rules of nature; principles we can observe to be in operation in the world either by direct observation or by inference from their effects</td>
</tr>
<tr>
<td>rules of action; general heuristics regarding the appropriate actions or reactions to specific situations</td>
</tr>
<tr>
<td>rule systems; theories or strategies suitable for a given class of problems</td>
</tr>
</tbody>
</table>

Romiszowski defines the first of the four categories, facts, by breaking it into three categories: concrete facts, verbal information, and fact systems. Concrete facts are obtained by direct experience resulting in the recollection of objects, people, or
places. Verbal information is knowledge gained by symbolic language such as statements, descriptions or coding. Fact systems, also termed schemata, are the more complex interrelated factual knowledge acquired. Fact systems generally include those pieces of knowledge that are widely recognized and understood to hold the same meaning universally.

The second of the four categories, procedures, also is further broken into three sub-categories: chains, discriminations, and algorithms. Chains are defined as simple step-by-step procedures (Romiszowski, 1984). This particular category is of utmost importance in this theory because of the relationship it demonstrates between knowledge and skills. Essentially, it is contended that in order to carry out a procedure, an individual must have stored knowledge of those steps required to carry out the procedure. Additionally, to carry out the procedure, it is contended that certain skills may also be necessary to carry out each step of the procedure. The second sub-category associated with procedures, discriminations, refers to those knowledge sets required to distinguish similar situations. This varies from chains in that procedures are not necessarily carried out by completing one step after another; rather, parallel knowledge is required to complete a procedure. In other words, previously stored knowledge assists an individual in carrying out the steps of a procedure. The third sub-category of procedures is algorithms. This category encompasses both chains and discriminations in that it assumes that procedures involve both step-by-step actions that lead to points where decisions need to be made by discriminations.
The third of the four categories of knowledge is concepts. Concepts are defined by Romiszowski (1984) as classes of items or ideas that can be exemplified. Again, this category is further broken into three sub-categories: concrete concepts, defined concepts, and concept systems. Concrete concepts, or primary concepts, are the most basic of the three sub-categories. Concrete concepts are those classes of real objects or situations that can be learned by experience without the use of language. Defined concepts, or secondary concepts, are classes of concrete concepts. The third sub-category, concept systems, refers to sets of related defined concepts that are stored in the learner’s memory so that concepts themselves and the relations between concepts can be recalled.

The fourth and final category of knowledge is that of principles. Principles are further broken into three sub-categories: principles of nature, principles of action, and rule-systems. Principles of nature are rules that state a relationship between concepts in our environment. They are most often seen in the popular if/then statements of natural science. Principles of action are rules that guide behavior, given that individuals conceive their own if/then rules for their actions or reactions. Those conceived rules can be learned by experience in real-life or reflective situations. The third sub-category, rule-systems, are theories and strategies based on discrete but related rules. Chart 1 demonstrates Romiszowski’s knowledge schema (Romiszowski, 1984).
Romiszowski’s Knowledge Schema

Chart 1 Romiszowski’s Knowledge Schema

<table>
<thead>
<tr>
<th>FACTS</th>
<th>CONCEPTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concrete</td>
<td>Verbal</td>
</tr>
<tr>
<td>Fact Systems</td>
<td>Concept Systems</td>
</tr>
<tr>
<td>Algorithms</td>
<td>Rule Systems</td>
</tr>
<tr>
<td>Chains</td>
<td>Discriminations</td>
</tr>
</tbody>
</table>

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PRINCIPLES

Romiszowski also breaks skills into four domains that can be classified by two types as demonstrated in Table 4 (Moseley, 2005).

Table 4: Romiszowski’s Skills Schema

<table>
<thead>
<tr>
<th>Skills</th>
<th>Reproductive Skills</th>
<th>Productive Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Skills</td>
<td>Applying a known procedure to a known category of problem</td>
<td>Solving new problems</td>
</tr>
<tr>
<td>Psychomotor Skills</td>
<td>Sensory-motor skills; repetitive or automated action</td>
<td>Strategy skills of planning skills; arts and crafts</td>
</tr>
<tr>
<td>Reactive Skills</td>
<td>Conditioned habits and attitudes</td>
<td>Personal control skills, developing a mental test or a value system</td>
</tr>
<tr>
<td>Interactive Skills</td>
<td>Social habits; conditioned responses</td>
<td>Interpersonal control skills</td>
</tr>
</tbody>
</table>
Romiszowski breaks skills into two general categories: reproductive and productive. Reproductive skills are those which are simple in their planning and execution given that they do not vary greatly from one instance to another. Productive skills are quite the opposite in that they require planning prior to execution and can vary a great deal from one instance to another.
CHAPTER THREE: Methodology

Chapter three explains the design of this research project. An introduction to the education-based orientation program to be studied is provided, and the participants are described as well as the selection procedure by which they were chosen. The instrument used to collect data is discussed followed by an explanation of how the data are to be collected and processed.

Research design

The research design for this project is a single-case, explanatory, holistic case study. Using the following definition of a case study as a research strategy, it was determined to that a case study was most appropriate:

A case study is an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident. The case study inquiry copes with the technically distinctive situation in which there will be many more variables of interest than data points, and as one result relies on multiple sources of evidence, with data needing to converge in a triangulating fashion, and as another result benefits from the prior development of theoretical propositions to guide data collection and analysis (Yin, 2003).

This study intends to look at the phenomenon of an education based orientation program and the contextual conditions that contribute to new graduate nurse retention and satisfaction in their first year of professional employment. No boundaries are being placed on those contextual conditions in an effort to clearly identify the influences of the experience of the education-based orientation on the new graduate nurse experience. These education-based orientation programs are not common among health care institutions and are relatively contemporary in their delivery. This study aims to rely on multiple sources of evidence, which will be discussed in this chapter. Additionally, the
theoretical propositions of Chickering’s young adult development and Romiszowski’s analysis of knowledge and skills will be used to guide data collection and analysis. By all of these counts, the study meets Yin’s basic definition of a case study.

This study is explanatory because it aims to explain why an education-based orientation influences the retention of new graduate nurses. Since there is only one main unit of analysis, new graduate nurses, this classifies the study as a holistic case study. To further explain, a case study is most appropriate because through the study of a specific group of individuals, new graduate nurses participating in an education-based orientation program, valuable insights can be gained regarding their personal experience (Fraenkel & Wallen, 2000).

Participants

Participants of this study consisted of new graduate nurses who have completed their first year of employment as Registered Nurses. They also have taken part in the Transition to Professional Nursing Program, an education-based orientation program at Mercy Hospital Anderson in Cincinnati, Ohio.

Transition to Professional Nursing program

The Transition to Professional Nursing Program is determined to be education-based by the researcher because of the structured learning experiences required of the new graduate nurses to participate in the program. The program consists of two cohorts, or cohort relationships, consistent with the recommendation of the Chief Nursing Officers (CNO) of the University Healthsystems Consortium (UHC) and the American
Association of Colleges of Nursing (AACN): Pre-Licensure and Post-Licensure. The Pre-Licensure cohort is made up of two phases: Phase I and Phase II. Phase I participants are students of local nursing programs who are employed as Patient Care Assistants (PCAs). Phase II participants of the Pre-Licensure cohort are new graduate nurses who have not yet completed the national licensing exam (NCLEX) to earn the credential of Registered Nurse who are employed as PCAs. They are admitted to the program with the expectation that they will successfully complete the NCLEX and move into a Staff RN position at the hospital. The Post-Licensure cohort consists of those participants who have successfully completed the NCLEX and have moved into the Staff RN position.

The Pre-Licensure participants take part in a variety of experiences as part of their education-based orientation. There are five major elements of this stage of the program described in Table 5. Participants in the Pre-Licensure part of the program may take up to two hundred forty hours to complete this stage of the program. If they do not become licensed within this time, the program is extended on an individual basis; however, most will meet this requirement by taking the NCLEX within two to four weeks.

Table 5: Mercy Hospital, Anderson Pre-Licensure Cohort Program Elements

<table>
<thead>
<tr>
<th><strong>Paid Programs</strong></th>
<th>Site orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Caregiver PCA orientation</td>
</tr>
<tr>
<td></td>
<td>HBO Class</td>
</tr>
<tr>
<td></td>
<td>Completion of ThingWise</td>
</tr>
<tr>
<td></td>
<td>Update BLS and CPR certification if necessary</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Paid Shadowing Experiences</strong></th>
<th>Each participant completes 4 shadowing hours weekly in the following areas:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Respiratory Therapy</td>
</tr>
<tr>
<td></td>
<td>Transportation</td>
</tr>
<tr>
<td></td>
<td>Surgery</td>
</tr>
<tr>
<td></td>
<td>Physical/Occupational Therapy</td>
</tr>
</tbody>
</table>
Paid NCLEX study time
- Phlebotomy/Lab
- Radiology
- 4 designated hours each week allowed for study of NCLEX on hospital grounds
- Provided NCLEX study materials
- Study Groups formed

Job Duties restricted
- Job duties more extensive than a PCA but not as extensive as a licensed RN

New Graduate Support Group
- Must maintain 75% attendance in New Graduate Support Group/Educational Seminars for one year
- Support Group/Educational Seminars also attended and taught by preceptors

Participants in the Transition to Professional Nursing Program who successfully complete the NCLEX and become Registered Nurses are then moved into the Post-Licensure stage of the program at the same time that they are given the status of Staff RN. There are four elements that make up the experiences of this stage of the program as described in Table 6:

**Table 6: Mercy Hospital Anderson Post-Licensure Cohort Program Elements**

| Classroom Instruction | o RN Caregiver Instruction  
| o IV Therapy Class  
| o Classes related to their specific position such as:  
| Critical Care coursework  
| Emergency Room Nurse Training Course  
| EKG Class  
| ACLS certification |

| Preceptorship on their designated unit | o 320-480 hour orientation hours  
| o All preceptors have completed Preceptor Training Program  
| o Preceptor monitors participant throughout the program  
| o Preceptor is evaluated by the participant at the end of the program |
Weekly update meetings with participant, Nurse Manager, Preceptor, and Education Representative

Paid Shadowing Experience
Will shadow various units such as:
- Same Day Surgery
- Clinical Administrator/Staffing Office
- Discharge Planning
- Quality

New Graduate RN Support Group/Educational Seminars
- Must maintain 75% attendance in Support Group/Educational Seminars for one year
- Support Group/Educational Seminars also attended and taught by preceptors

To participate in the Transition to Professional Nursing Program, candidates must meet the following criteria and actions successfully:

- Qualified candidates must be a recent graduate of an Accredited Diploma, A.D.N., or B.S.N. Nursing Program.

- Candidates must have proven academic performance in their nursing and general coursework.

- Candidates must have successfully passed school’s nursing exit examination on first attempt.

- Candidates must submit recommendation letters from two of their Nursing Instructors.

- Candidates must complete the Interview Process.

  A. Pre-Interview/Interview with Nurse Recruiter.
  B. Completion of On-Line Survey.
  C. Interview with Site Educator where applicable.
  D. Interview with Appropriate Nurse Manager.
  E. Peer interviewing where applicable.
Participant selection criteria

A two-stage screening process was used to select the participants for this study. The first stage of the screening process involved collection of relevant quantitative data from the site of this case, Mercy Hospital Anderson. Relevant quantitative data consisted of the total number of new graduate nurses of traditional four-year Bachelor of Science in Nursing programs who have completed the Transition to Professional Nursing orientation program, length of time to complete the program, length of tenure as a staff RN since completion of the program, and work experience gained while completing their formal nursing education. From these quantitative data it was determined how to stratify the candidates for the study. Stratification was based on tenure as a staff RN. Tenure allowed for the study to examine how the program has contributed to retention of the new graduate. It was presumed that new graduate nurses removed from the program by one to three years were best able to reflect on their experience. Being removed from the program longer than three years may not have allowed for them to recall specific experiences of the program and the impact of those experiences on their retention. The desired number of candidates determined during the first stage was thirty.

The second stage of the screening process consisted of collecting specific data about each potential candidate. The operational criterion determined appropriate for screening the thirty candidates was age. Targeting candidates whose age fell between eighteen and thirty-five allowed for use of Chickering’s theory of young adult development. Candidates who met the operational criterion, were randomly selected based on their willingness to participate. Willingness to participate was determined by their positive response to a written inquiry explaining the study and asking their
participation. Candidates were asked their willingness to participate and their availability to meet with the researcher. Availability to meet with the researcher was a criterion for determination of participants for a pilot study. The desired number of participants selected during the second stage of the screening process was eight to twelve.

Access to data

To gain access to data needed to select participants, this project was presented to the Clinical Education Specialist at Mercy Hospital Anderson. The Clinical Education Specialist is responsible for the design and implementation of the Transition to Professional Nursing Program. In her role she also has access to data on the Staff RNs who have completed the program. A sample interview guide and survey was provided to the Clinical Education Specialist to allow for familiarity to the study and to solicit feedback to provide instrument validity prior to distribution of the instruments.

Desired data

This study abided by the three principles of data collection as advised by Yin (2003). Yin suggests that there are six sources of evidence for case studies: documentation, archival records, interviews, direct observations, participant-observations, and physical artifacts. For this study, three sources were used: documentation, archival records, and interviews.

Documentation used included general correspondence with prospective new graduate nurses that was used to recruit them to the Transition to Professional
Nursing program, written agreements between Mercy Hospital Anderson and new graduate nurses who choose to participate in the program, written progress reports used during the Transition to Professional Nursing program to provide feedback to the participants while completing the program, competency based orientation packets, and attendance records for seminars. These documents were used for the sole purpose of corroborating evidence gained from other sources. Additionally, an attempt to interpret the objectives of these documents was made to correctly interpret that evidence (Yin, 2003).

Archival Records used include the new graduate nurses’ evaluation of the Transition to Professional Nursing program, turnover rates of those who have completed the program, and preceptors’ evaluations. These records were considered to be relevant if they provide usable evidence to answer the major research question or inter-related questions. Evidence was determined usable if it could be substantiated by other data sources.

Interviews were the most important source used for this qualitative study (Fetterman, 1989). Two types of interviews were conducted: informal one-on-one open ended interviews and focus group interviews. The informal one-on-one interviews made use of an interview guide which included an outline of topics to be covered but allowed for the participants to contribute relevant data that might not otherwise be extracted if a structured interview was conducted (See Appendix B). The intent of the interviews was to allow the staff RNs who have completed the Transition to Professional Nursing program to reflect on the impact of the program and allow for comparison of the views of each participant (Fraenkel & Wallen, 2000).
The second interview type to be used was that of focus group interviews. The data and insights to be gained from group interaction that might not otherwise be accessible were expected to produce significant findings (Morgan, 1988). The desired number of participants in the focus group was four to gain a greater contribution from each participant involved while providing opportunity for diverse opinions (Morgan, 1988). The researcher was not successful in receiving agreement for more than three to participate in the focus group interview. Because of the overlapping and constant scheduling of nurses in a hospital setting, it was not possible to find a day and time that more than three participants could attend an interview at the same time. During the focus group interviews, use of an interview guide was once again used to guide discussion (See Appendix C).

Pilot study

After receiving approval for this study from the University of Cincinnati Institutional Review Board a pilot study was conducted. The pilot study revealed the clarity of questions asked in the interviews, tested the appropriateness of the interview setting, and allowed for participant feedback regarding the interview process (Cozby, 1997). In short, the purpose of the pilot study was to detect any flaws in the interview process and allow for correction before the final study was carried out (Fraenkel & Wallen, 2000). Once participants for the pilot study were identified, they participated in one-on-one interviews which will also include questions regarding their interview experience. Two participants took part in the pilot study. Data from these interviews were not used for the research study.
Once the pilot study was conducted the researcher analyzed the results including feedback from the participants from the pilot study regarding the interview experience. It was determined that participants needed help interpreting terminology associated with Romiszowski’s analysis of knowledge and skills. The participants in the pilot study did not understand clear difference between nursing knowledge, nursing concepts, and nursing principles. Therefore the researcher determined that a chart with examples was necessary to share with the participants in the final study to help them understand the differences. This was the only enhancement made to the interview questions. The setting was appropriate and confirmed to be comfortable to the participants in the pilot study.

Data collection

Once the minor adjustment of adding an available chart was made to the interview, participants were solicited for the final data collection of the study. To protect the identity of their employees, Mercy Hospital Anderson offered to facilitate the screening process and delivery of the initial letter from the researcher to potential candidates for the study through the Clinical Education Specialist. Not having immediate access to the data regarding potential participants proved to be challenging to the researcher due to the fact that follow-up with the potential candidates had to come directly from Mercy Hospital Anderson. Therefore, the researcher relied heavily on their accurate assessment of the screening process and identification of appropriate potential participants. The researcher shared the desired quantitative data for both stages of the screening process for the study with the Human Resources office of the hospital through the Clinical Education Specialist. Using the desired quantitative data, the Human
Resources office produced a list of potential candidates for the study for the Clinical Education Specialist. The researcher provided the Clinical Education Specialist stamped and sealed letters to be mailed to the potential candidates on which the hospital placed labels of the employees determined to meet the criteria. Letters were mailed to seventy-eight potential candidates. Beginning shortly after, the researcher received positive feedback from potential candidates agreeing to schedule interviews for the study. Table 7 describes the nine candidates that agreed to participate in the study.

<table>
<thead>
<tr>
<th>Participant Pseudo Name</th>
<th>Age</th>
<th>Gender</th>
<th>Orientation Length in weeks</th>
<th>Tenure in Position in months</th>
<th>Prior Work Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abby</td>
<td>24</td>
<td>F</td>
<td>20</td>
<td>30</td>
<td>None</td>
</tr>
<tr>
<td>Brandon</td>
<td>25</td>
<td>M</td>
<td>16</td>
<td>18</td>
<td>PCA</td>
</tr>
<tr>
<td>Erin</td>
<td>24</td>
<td>F</td>
<td>4</td>
<td>20</td>
<td>RN</td>
</tr>
<tr>
<td>Jill</td>
<td>35</td>
<td>F</td>
<td>18</td>
<td>18</td>
<td>Discharge Planner</td>
</tr>
<tr>
<td>Leah</td>
<td>30</td>
<td>F</td>
<td>24</td>
<td>8</td>
<td>PCA</td>
</tr>
<tr>
<td>Matthew</td>
<td>22</td>
<td>M</td>
<td>14</td>
<td>7</td>
<td>Nurse Aid</td>
</tr>
<tr>
<td>Megan</td>
<td>25</td>
<td>F</td>
<td>16</td>
<td>21</td>
<td>None</td>
</tr>
<tr>
<td>Michele</td>
<td>24</td>
<td>F</td>
<td>14</td>
<td>20</td>
<td>Nurse Aid</td>
</tr>
<tr>
<td>Susan</td>
<td>26</td>
<td>F</td>
<td>10</td>
<td>6</td>
<td>None</td>
</tr>
</tbody>
</table>

Once participants made contact with the researcher, a date, time, and location for the one-on-one interview was established. The date, time, and location were arranged for and suggested by the participants for their convenience. Seven of the interviews took place at Mercy Hospital, Anderson, one took place at a Starbuck’s coffee shop, and one took place at the researcher’s place of employment. All interviews lasted approximately
one hour in length. The interviews were audio taped and the researcher took notes as the participants reflected on their experiences.

Upon completion of the one-on-one interviews the researcher contacted all nine participants to invite them to participate in a focus group interview. The researcher asked the Clinical Education Specialist to propose a day and time that would likely fit the various schedules of nurses who participated in the one-on-one interviews. A day and time was established to fit the greatest number of participants. This was the day and time proposed to the nine participants to meet for the focus group interview. Of the nine participants five responded to the researcher that they would be able to participate in the focus group interview. Due to individual circumstances two of the five who agreed to participate in the focus group interview did not ultimately participate. Therefore, only three of the original nine participants took part in the focus group interview. The focus group interview took place in a conference room in the Nursing Administration Office at Mercy Hospital, Anderson. The discussion was audio taped and the researcher took notes as the participants discussed their perspectives.

Quality of research design

The quality of this study’s research design is addressed by the four tests proposed by Yin for quality of empirical social research (Yin, 2003). The four tests consist of construct validity, internal validity, external validity, and reliability.

Quality of Research Design: Construct validity

According to Yin (2003), there are two steps to test construct validity:

- Select the specific types of changes that are to be studied (and relate them to the original objectives of the study) and
- Demonstrate that the selected measures of these changes do indeed reflect the specific types of change that have been selected (Yin, 2003).
The first step was satisfied in this study by the statement that retention of new graduate nurses is improved by an education-based orientation program. The second step was satisfied in three ways: use of multiple sources of evidence, establishment of a chain of evidence, and allowance of participants to review the findings before the study was finalized. As discussed in the data collection portion of this study, it was intended that the sources of evidence include three sources: documents, archival records, and interviews. When using these sources of evidence, the aim was on development of converging lines of inquiry, or evidence based on several sources of information. Second, establishment of a chain of evidence was achieved through the creation of a case study database. For this study, the database included case study notes, and case study documents. Case study notes included hand-written notes taken during the one-on-one interviews and focus group interviews. They were logged according to date and time as well as by participant name. Case study documents are all documents collected as referred to in the data collection section including recruitment materials for the Transition to Professional Nursing program, agreements between Mercy Hospital Anderson and the new graduate nurses who participate in the program, and feedback provided to the program participants while in the program. These documents were titled, logged and referenced in a database maintained by the researcher. The third and final measure in demonstrating construct validity involved the allowance of participants to review the findings prior to finalizing the study. Feedback was solicited from the participants and if particularly helpful became part of the case study notes maintained in the case study database and cited in the final study.
Quality of Research Design: Internal validity

Because this study is an explanatory case study, the issue of internal validity must be addressed. Since the aim of the study is to examine the question of what contextual conditions of the education-based orientation program contribute to the new graduate nurses’ retention, satisfaction, and success in their first year a causal relationship is inferred. To increase the internal validity, this study used the program-level logic model technique. Chart 2 illustrates the rationale underlying the orientation-based orientation program aimed at reducing the turnover rate of new graduate nurses by their participation in several education-based initiatives.
Chart 2  Logic Model for Improving New Graduate Nurses’ First Year

Pre-Licensure Orientation Program
- Paid Programs
- Paid Shadowing Experience
- Paid NCLEX Study Time
- Restricted Job Duties
- New Graduate Support Group

Post Licensure Orientation Program
- Classroom Instruction
- Preceptorship
- Paid Shadowing Experience
- New Graduate RN Support Group/Educational Seminars

New Graduate Nurse Competency Levels
- New Graduate Nurse East of Transition
- New Graduate Nurse Satisfaction
- New Graduate Nurse Retention

Rival Explanations
- Contextual and Other Conditions
- Other External Conditions
In this model, completion of the pre-licensure orientation program is necessary for entrance to the post-licensure orientation program and both are integral to successfully retaining the new graduate nurse. In route to retaining the new graduate nurse, the specific elements of each program, or interventions, produce immediate, intermediate, and ultimate outcomes. The immediate outcome is new graduate nurse competency levels. The intermediate outcomes are new graduate nurse ease of transition and satisfaction, and the ultimate outcome is new graduate nurse retention. Rival explanations were addressed throughout data collection, specifically the use of direct rival, commingled rival and implementation rivals (Yin, 2003). Direct rivals for this study are identified as other elements not found in the orientation programs that alone contributed to a new graduate nurses’ retention. Commingled rivals were identified as elements not found in the orientation programs that in conjunction with the elements in the programs contributed to the new graduate nurses’ retention. Implementation rivals were identified as any implementation processes, not the element itself, that contributed to the new graduate nurses’ retention.

Quality of Research Design: External Validity

It is the aim of this study to determine the impact that an educational based orientation program has on retention of new graduate nurses. The researcher aimed to rely on analytical generalization based on the two theoretical frameworks: Romiszowski’s analysis of knowledge and skills and Chickering’s psychosocial model of young adult development. Both theories were used to determine the replication across individuals studied to demonstrate generalization (Fraenkel & Wallen, 2000).
Quality of Research Design: Reliability

The final test to ensure quality of this study’s research design was to ensure reliability of the study. This was achieved by use of a case study protocol (See Appendix A). The protocol guided the research process by ensuring that relevant data were collected in the appropriate format (Yin, 2003).

Quality of Research Design: Data analysis

The findings in this study are presented in narrative format intended to describe and analyze the phenomenon of the education-based orientation program and its influence on the retention of new graduate nurses in their first year of employment. A theory-building illustrative structure is used to accomplish this analysis. The data are presented as they relate to Chickering’s theory of young adult development and Romiszowski’s analysis of knowledge and skills.

Limitations of the study

This study does not aim to imply causation, rather correlation. The findings are exploratory in nature not intended to provide scientific generalization, rather to expand and generalize theories (Yin, 2003). Replication of this study is encouraged as a method of overcoming generalization based on this single study. Additionally, the findings of this study are based on self-reported data provided by the participants. It is possible that the natural tendency of a participant is to respond to interviewer bias; the interviewer could have influenced the participant’s answers by their reaction to certain answers, thus influencing future responses. It is also possible that participants reacted to a common response set of social desirability. In other words, they may have responded in a manner in which they perceived to be the most socially acceptable response. The researcher tried
to reduce potential of this limitation by openly and honestly communicating the purposes and uses of the study, providing feedback about the results, and assuring anonymity (Cozby, 1997).
CHAPTER FOUR: Findings

The goal of this research project was to investigate the role of education-based orientation programs on new graduate nurse retention. Drawing upon data obtained through archival records, personal interviews and a focus group interview of the nine participants, this chapter will provide answers to that foundation research question through the following inter-related questions:

What essential elements of an education-based orientation program promote retention of the new RN during the first year of employment?

What essential elements of an education-based orientation program promote employee satisfaction for the new RN during the first year of employment?

What essential elements of an education-based orientation program promote competency levels for the new RN during the first year of employment?

What essential elements of an education-based orientation program promote ease of transition for the new RN during the first year of employment?

Identity development

During the one-on-one interviews participants were asked questions rooted in Chickering’s psychosocial model of young adult development to determine the impact of the orientation program on their young-adult development as discussed in the theoretical framework of this research project. Specifically, they were asked questions
designed to determine if the orientation program addressed any or all of the seven vectors of development and if so, how they were addressed.

The first four questions asked by the researcher were intended to determine if the first vector, developing competency, was addressed by the orientation program. The first three questions focused primarily on the intellectual skills of listening, cooperating and communicating. The participants had varying degrees of agreement on whether or not the program addressed this area. Most were in agreement that the program did directly develop their listening and communication skills. Those who felt that it contributed to their development in this area cited their experience with their preceptor as the main component of the orientation to improve their intellectual competency. They did not feel that it was directly addressed, rather they felt it was a natural benefit of having a preceptor. Matthew said “the way she approached physicians and family and patients…kind of gave me a chance to replicate what she was doing…”. The researcher expected to have a more overwhelming agreement on this element, as the Transition to Professional Nursing orientation program offers a Crucial Conversations class.

However, it was discovered that more participants did not take the class than those who did. Therefore, it appeared as though the benefit of improved intellectual competency in regard to listening and communication skills was derived mostly from the precepted experience in the orientation.

Participants were also asked to draw on their orientation experience of special training and case studies during orientation which may have contributed to their intellectual competence. While some participants recalled special training classes and agreed that they helped to develop their competence, most felt that the classes offered as
part of the orientation were an insignificant portion of their education by the hospital as new graduate nurses. Only one referred to case studies and even then, it was a more informal case study posed by their preceptor. Based on the experiences of the participants in this study, it appeared as though formal classes or case studies did not, in their mind, contribute to their increased intellectual competency as a new graduate nurse.

Participants also referred often to the development of their physical and manual skills during the orientation. Brandon stated that “a lot of (our unit) is working with machines. If you’re somewhat technical you can figure it out. The preceptorship in orientation can make or break you.” Essentially his follow up remarks explained that the hands-on experience that he received during the preceptorship of the orientation contributed to his comfort and confidence as a new graduate nurse. Many of the participants used examples throughout the interview of times when they had to practice basic nursing skills during the preceptorship and eventually became quite good at those skills. Therefore, they felt that the orientation program did contribute to their increased physical and manual skills as a nurse.

When asked to talk about their experience of how the program helped with development of interpersonal competency, all participants overwhelmingly and vehemently agreed that the orientation program addressed this area. All participants agreed that the program provided them opportunities to engage in teamwork and to refine their ability to choose strategies to contribute to a larger group. Megan stated that “Oh yes! Mercy…I haven’t seen that as much from other hospitals…the team orientation. It’s huge here.” Many of the participants thought that the environment of
the unit on which they did the precepted experience naturally forced them to be a team player. Brandon stated “I never felt like I was working alone. I still don’t.” It appeared from the consensus of their answers that the units on which they experienced their orientations were very nurturing and allowed them to feel a part of the team. Therefore, the precepted experience facilitated their comfort with choosing strategies to contribute to a larger group naturally.

It appeared as though the aspects of developing competence, as defined by Chickering, of intellectual, physical and manual, and interpersonal competence were, for the most part, achieved by the orientation program. While the participants felt that the orientation program focused primarily on physical and manual skills and interpersonal competence, the intellectual competence efforts were, in fact, built into the program through the classes offered and the individual challenges that were given by the preceptors. The participants credited their formal education with their competency development in these areas, but were likely unaware of the formal attempts made by the program to address these areas; they may have been disguised as efforts of the individual units on which they worked or as individual attention they received from their preceptor. Also, the participants being recently out of a formalized educational setting may have viewed intellectual competence as a more formal classroom experience rather than competence gained through their hands-on experience during the precepted portion of their orientation.

Participants were also asked two questions to reflect on elements of the orientation program that contributed to the development of their ability to manage their emotions. The first question asked their baseline preparedness to emotionally handle the
intensity of the work of a new graduate nurse. Most participants did not feel that their formal nursing education prepared them. They felt that they began their career with unrealistic expectations on workload, acuity, and the interactions that they would have with patients and their families. Both Matthew and Leah felt that there simply was not enough time in their academic programs to devote to preparing student nurses. Michelle stated

“…even with clinical we would go to clinical and they would concentrate on the technical things and the definitions and what’s this medication for and what’s the other word for it and when to give it and how to give it and how to do this. There was never the real part of nursing that people forget about and when you come here and get thrown to the wolves.”

Essentially, it was the consensus of the participants that if they were not emotionally prepared in school, it was because there was other foundation knowledge that was covered, leaving little time to give students a realistic expectation of what the hospital setting was like.

The participants were asked to reflect on how the program helped them with emotional control in emergency situations. Most felt that day-to-day experience as a new graduate nurse in the orientation period developed this area of competence. Susan said “I think more than the orientation taught me about keeping calm I think my coworkers taught me about staying calm.” She was reflecting on the experience she had during the precepted experience, which is part of the orientation, though she did not credit the orientation with the experience. Additionally, Abby stated “I learned on my own”, though her learning was during her precepted experience during the orientation period.
Therefore, even those who felt that the orientation did not develop their competency in this area cited examples of how they improved as a result of their time spent during the orientation period.

Overall, the participants agreed that the program did contribute to the development of their ability to manage their emotions. They felt that they were inadequately prepared as new graduate nurses to manage their emotions upon entrance to the workforce. However, as a direct result of the experiences they had during the orientation period, whether they were orchestrated intentionally for the purpose of their emotional development or were circumstances with which they were faced as a new graduate nurse during the orientation, their ability to manage their emotions did improve during the orientation period.

The participants were also asked to discuss how the orientation program helped them to move thorough autonomy toward interdependence, particularly instrumental independence. They were asked to reflect on whether the method of precepting promoted dependence or interdependence. Most agreed that their preceptor promoted independence, though it seemed to vary by degree by preceptor. Abby, Jill, Leah, Brandon, and Erin were all adamant that their preceptor encouraged independent thinking throughout the orientation period. Matthew and Michelle felt that their preceptor started out by encouraging their dependence on them but moved to promote independence as they became more experienced. Only Susan felt that her experience did not allow her to answer this question fairly. She had a somewhat unusual experience in that her original preceptor had two other new graduate nurses to precept, so her attention was not on Susan completely. Therefore, more independence was promoted, but to the point that it
was too much independence in Susan’s opinion. She would have liked more guidance. Therefore, though experience varied by preceptor, it appears as though the orientation experience promoted independence, the third vector of Chickering’s model.

Moving through the other vectors of Chickering’s model, the participants were asked to address how the program helped them to develop mature interpersonal relationships through tolerance and appreciation of differences. This is one area on which there was not a general consensus. Participants gave mixed responses varying from agreement that the program definitely developed them to adamant responses that the program did not. For those who agreed that the program addressed this area, experiences that were educational in nature were sited by the participants. Megan felt that she definitely developed in this area as a result of the initial orientation classes that were presented to new hospital associates. She said “diversity was addressed during orientation; even who to contact if you need information about different cultures or translators. You were informed of all of that information in the orientation.” Leah talked about a project in her department in which she chose to focus on this very subject.

“…We do a lot of that, putting people into categories, especially in the ER….I think there’s always some underlying tone that says you can’t put everybody into a box because there’s always somebody who’s not going to fit and you have to treat everyone individually.”

Through the research she did for her project she felt that she developed in this area. For the participants who felt that the program did not address this area a common theme was also found among their discussion. They felt that their tolerance and appreciation was developed prior to entering their position as a new graduate nurse. They felt that either
their life experiences or educational experiences leading up to their position had facilitated their understanding. Additionally, it was mentioned that the geographic location of the hospital did not lend itself to presenting a great deal of diversity to the participants. Several of them commented on the fact that the general patient population of the hospital was not diverse enough to facilitate their development in this area further.

Up to this point, it appeared as though the orientation program adequately contributed to their development in alignment with Chickering’s vectors. The fifth vector, establishing identity, was not as positively attributed in their identity as new graduate nurses. In the seven aspects of identity development there were many mixed responses. Of the first aspect, comfort with personal appearance, only one of the participants felt that the program helped develop her identity in this area. Susan felt that the program, particularly the preceptorship, made her feel more professional and want to look professional as well. She commented on how she previously did not think much about her appearance while she was a student nurse. However, when she was in the preceptor phase, she felt more professional and wanted to also look more professional. All other participants felt that the program did not affect them in any way in this aspect.

Referring to the second aspect of identity development, comfort with gender and sexual orientation, most did not feel that the program affected them in any way however, two of the participants felt that it did. Susan and Michelle in particular felt that experience during the preceptorship helped her to become more comfortable with working with male patients. The other participants did not feel that the program positively influenced their development in this area, though.
However, when reflecting on how they developed a sense of self in a social, historical or cultural context, most participants felt that the program, particularly the preceptorship, helped develop their sense of self in a historical context most of all. Since all participants are in the young adult stage of life, they felt that they became more comfortable working with older adults, particularly those in later adulthood. Many of the participants commented on how many of their patients are elderly, so they have since become very comfortable talking with and treating patients in this stage of life. Leah stated

“When you get people who are from other generations like nursing home patients they look at me and think ‘She’s twenty-two! She knows nothing!’ I get that a lot. Sometimes you need to help them be at ease that you know what you’re doing.”

Additionally, Matthew said “For the most part we deal with older generations than mine and when you come in they ask you how old you are and when you tell them they say ‘aw, you’re just a little kid!’ and all this stuff.” They felt that exposure to the elderly population and having to prove themselves helped them to understand better the population and forced them to find ways to relate to them.

Reflecting on how the program developed their identity through the aspect of clarifying their self concept through roles & lifestyle, the participants agreed that the chain of command on dealing with issues as a new graduate nurse was made very clear to them. They all agreed that their role was made clear. Either their preceptor or manager addressed this with them on occasion and several of the participants sited the initial
hospital orientation that they completed as a source for this understanding as well. All seemed to have a strong understanding of the chain of command and their role within it.

When looking back on their experience, all participants felt that the program, through the preceptorship, provided them opportunities to develop their sense of self in response to feedback from valued others. They all received regular, though informal feedback from their preceptor and felt that it was constructive enough to contribute to development of their identity. Though the orientation program design was set up to provide the new graduate nurses formal thirty, sixty, and ninety day feedback, it appeared as none of the participants could recall receiving that feedback in such a formal manner in timed intervals. Rather, they recalled receiving regular feedback or encouragement as needed by their preceptor. All felt that the spontaneous feedback was adequate for their development in this aspect. It was determined by the researcher that the spontaneous feedback also allowed for the final aspect of Chickering’s identity development, personal stability and integration, as the participants all commented on how the feedback allowed them to synthesize information and identify areas upon which they could improve.

Additionally, they were given the opportunity to provide feedback on their experience and customize the experience to best fit their needs.

Perhaps one of the most overwhelming responses in the area of identity development was that of their self acceptance and self esteem. All participants felt that they were welcomed by their unit and made to feel a part of the team. This contributed to their self esteem and gave them confidence to perform as new graduate nurses in a safe environment. Often before the researcher had a chance to ask this question specifically, the participants had already made comments about the welcoming environment their unit
provided and the team atmosphere that they experienced when they arrived on their unit. Leah commented on her surprise at this:

“The whole thing of nurses eat their young. I didn’t get that at all. And that also helped me because I may be a little like that to new nurses but because I didn’t get that it’s just a better situation to not be that way. It’s been very positive.”

Matthew concurred by saying “They really claim me as one of them.” It was the consensus of the participants that they felt valued, so they were supported to become a better nurse.

Participants did not all agree on their experience as it relates to Chickering’s sixth vector of development, developing purpose. All but one agreed that the orientation program offered opportunities for them to focus on their vocational plans. Those opportunities ranged from formal classes offered at the hospital to allow them to continue their education to informal encouragement from their preceptor to stay up on the latest research in a certain area. Matthew recalled “My preceptor really knew a lot of stuff that was not being practiced because it was so new…so she really encouraged me to read about the new things that we were doing.” Megan reflected on how the hospital offers tuition assistance to continue education and how that was a testimony to their commitment to continuous education of their associates. All participants felt that education was valued by the hospital and that the hospital provided opportunities for them to explore their vocational plans related to their field.

Chickering’s final vector, developing integrity also seemed to be addressed during the orientation period. All participants felt that this vector was a natural result of experience. Leah commented “I think time improved and experience.” While some
claimed to have somewhat gained this experience prior to entering their new graduate nurse position, either as a student nurse or as a result of other life experiences, they felt that it was, in fact, further developed while in the orientation program. Several of the participants referred to their preceptor and their modeling of the preceptor’s behavior. Additionally, they felt that co-workers helped to shape their integrity through facilitating their learning and allowing them to draw their conclusions within guidelines that were acceptable on each unit.

Knowledge and skill development

Participants were also asked during the one-on-one interviews about their knowledge and skill development during the Transition to Professional Nursing orientation program. Specifically, they were asked to draw upon their experiences as they relate to the categories of knowledge development as identified by Romiszowski: concrete facts, procedures, concepts, and principles. When asked about developing knowledge of concrete facts most agreed that while they certainly learned a lot during this period, the concrete facts that they now know as nurses were probably established as part of their formal education in their academic nursing programs. Michelle said

“I feel like it was really heavy in school. I feel like the school’s stuff was book stuff. That’s all they wanted us to learn. Here they reinforce that stuff; how important the book things are and staying up on your education and stuff like that.”

It was the overall consensus that the concrete facts were more adequately addressed in school prior to their entering the orientation program.
When asked about how the orientation program addressed their knowledge of procedures, the participants all agreed that the program did, in fact, address this area. Again, all agreed that this was addressed through the preceptorship. Matthew recalled “definitely critical thinking takes place. My preceptor was always asking me why I was doing this or that and I had to explain.” When recalling how her preceptor encouraged her critical thinking skills when treating her patients Michelle said

“…my preceptor taught me that you know this is your subjective data, this is what you did for (the patient), this is your action, this is your response. She would actually write out what she was doing and then she would gather her facts and if she needed to call a doctor she would just go over the SBAR system that they use now.”

Brandon stated

“It’s neat now all the different things you learn about electrolytes and things you don’t really link them together with. Then you’re in the clinical field and you see like one lab value messed up and that can lead you to think ‘what’s going on here and here and here?’ So yeah, it definitely breaks it down in different steps.”

It was the consensus of the participants that their knowledge of procedures was definitely increased through the preceptorship. All agreed that their preceptor encouraged and taught them how to think through a process of treating a patient even though they felt that they knew basic facts with which to begin from their formal education.

Participants were also asked to reflect on how the program developed their knowledge of nursing concepts. While not all agreed that their knowledge of concepts
was significantly improved by the orientation program Brandon stated nicely how the program did address this area. He said,

“Every body system that you’re dealing with is a concept. …A lot of our patients are on a ventilator. With the ventilator comes blood gasses and dealing with the lungs. If you don’t get the concept of the ventilator for the ABGs you’re not going to get what’s going on with the patient so I’d say the whole system will work like this: you get a blood gas on the patient, you get your numbers, you call your doctor, you get your ventilator settings and the ventilator settings are going from what the patient is giving you on the blood gasses. I mean, it’s just a total system.”

Essentially, he identified that the process that he learned during the preceptorship helped him to better understand the concept of how the systems work together. Susan also agreed that she learned nursing concepts through the orientation program. She stated “I learned a lot of parameters, like this value is okay but this value is not okay and this is why…” She felt that while she was in her preceptorship she was given more guidance about what to do with the concrete facts that she learned in her formal education. While not all agreed that their knowledge of nursing concepts increased through the orientation program, most agreed that during the preceptorship they were given opportunities to provide structure to their knowledge and become more proficient with systems and how and why they work.

Next, the participants were asked to reflect on their orientation experience and how it may have affected their knowledge of nursing principles; principles being the final category of Romiszowski’s theory of knowledge acquisition. Again, the participants all
agreed that their knowledge of nursing principles was increased during the orientation period and again agreed that it was the preceptorship that contributed the most. Susan reflected on an abstract principle that she learned in nursing school that was brought to life when she was in her preceptorship:

“I think especially when you’re dealing with people whose mom or husband is dying…that’s when you learn some serious rules of nature. It’s a fine balance which they told us in nursing school. It’s a science, it’s an art. So, you have to figure out in each situation, does the situation call for more of the science or more of the art. The science: maybe I can make death a little less scary by telling you exactly what’s going to happen. I’m going to tell you that the feet are going to get swollen, you’ll see mottling spreading up, respiration will get shallower, you’ll hear the death rattle, the color will change, the whole look of the face will change; it will get sunken. Explaining that I think, as terrible as it is to realize what’s going on, helps them to be a little less scared. I always make sure to throw in the human side. (I tell them) ‘they can absolutely still hear you. Hearing is the last sense to go so talk to them. Tell them what you want to say.’ And then when they actually do go you give them a hug, you tell them you’re sorry, you give them the tissues. So yeah, it’s blending. It’s interesting. They were right about that.”

Similarly, Abby reflected on how the preceptorship provided her experience that she felt could not be gained in her academic setting as a student nurse. She stated,

“(The orientation program) did increase my knowledge of principles, especially in ethics. You get into situations that you don’t really expect out of nursing school.
You’re not thinking things are going to be going on and doctors are going to be doing what they do. You’re kind of in a dream world when you’re in nursing school and then you get out and you’re like ‘whoa, this is really going on!’”

Brandon further verified that the knowledge of nursing principles was enforced as part of what he experienced during the preceptorship by saying

“You just know certain rules of action. That’s just something you already know. I don’t feel like I was taught that too much. I just observed that on my own. You could say that I learned that from my preceptorship if I obviously observed it, but I was never sat down and told what to do. It was kind of like you picked it up as you went along.”

The participants also were asked to reflect on how the Transition to Professional Nursing orientation program affected their acquisition of nursing skills, using Romiszowski’s four domains of cognitive, psychomotor, reactive, and interactive skills. When analyzing the results of the interviews, the researcher had to determine first if skills were acquired and, if so, then determine if they were reproductive skills or more complex productive skills.

To help determine if the orientation program allowed them to acquire cognitive nursing skills, the participants were asked if they felt the program improved their ability to solve new problems and perform new tasks. All participants agreed that it did just that. In fact, it was the preceptorship again that was most often cited as the resource from which they drew to improve these skills. Not only was the preceptorship in general cited, but the preceptors themselves were credited with this effort. Matthew recalled an interaction with his preceptor early on to explain this phenomenon. He said
“(In the ICU) there’s so many wires and so much stuff going this way and that and if you’re not really a patient person first you become one. It could have been the orientation process. The most significant part was when (my preceptor) was like ‘I know you don’t like to do this stuff but you have to figure it out. Don’t just come ask me, figure it out on your own’.”

Likewise, Michelle recalled

“To be quite honest, I never did much patient care before I started. I was only an aid and in the hospital I was an aid at didn’t have much going on there. So, when I started here, most of the things I saw I’d never seen before. Little things like IV starts and that kind of thing I’d obviously seen but anything out of the ordinary I’d never seen so I had to learn a lot from my preceptor. That part of the orientation was excellent. There’s just no way I could imagine doing anything without my preceptor. I got more independent as it went on and even after my orientation period I was still going to people for two months. I still go to people to this day. So, I fell like that part was excellent in that aspect. I would have never known half the things I know now if it wasn’t for the preceptor.”

Megan agreed by saying

“With the precepted program (when) you were going through a problem you could talk it through with a preceptor. Then you got to the point when you could do it on your own and you didn’t have to rely on her as much but she was there in case you needed to ask questions during your problem solving.”
Again, the precepted experience stood out as the element of the program that made a difference and the preceptors were cited as the specific component of the program that contributed most.

To determine if their reactive skills were enhanced by the orientation program, the participants were asked to reflect on how their time management skills were affected. Time management requires attending and responding to situations as well as developing a value system through prioritization, so it was determined by the researcher to be a good example of how a nurse may use reactive skills. The participants all agreed that the program enhanced their ability to manage their time and their patient loads as they progressed through the precepted portion of the program. Again, several of the participants cited their preceptor as the source for this skill. Brandon said

“I develop a plan every day that I come in. I get my papers; I get report. Now everyday that I come in it’s almost repetitive. I have my system down. I know how much time I should spend on each part of my morning. And I believe I probably just mocked (my preceptor’s) exact day.”

Leah agreed by saying

“You just have to keep doing it and then you find little tricks that make things faster. Like I know that they’re going to need this so you get everything you need before going into the room. I think that just comes with experience and I’m still picking those up.”

Michelle validated the value of modeling preceptors when gaining time management skills with her unique orientation precepted experience. She said
“I had three different preceptors when I started because my preceptor was pregnant and she left a month after I started so I got a new preceptor and was just kind of back and forth with people. I like how I had three or four preceptors. The reason why I see how it benefits me is that I could see how they all do things different and I get to learn which is the way that I would like to make it best. You take a little different piece from everybody, like time management and organizing things. They taught me a lot of that. When you first get started everyone thinks they have their own way of doing things. There’s always little pieces that everybody does the same and I think they get it from each other.”

The researcher relied on previously asked questions and the data gathered from them to determine if interactive skills were affected by the program. Particularly when the participants were asked to reflect on how the program affected their listening and communication skills as well as well as their teamwork abilities the researcher was analyzing how their interactive skills were affected. As previously discussed, the participants all agreed that they were positively affected in these areas by the program. Additionally, it was the precepted portion of the program that was most often cited to this end. All participants felt that through their interactions with their preceptor and the colleagues on the floor on which they completed their preceptorship their interactive skills were improved.

The researcher observed that the new graduate nurses arrived on the job with very reproductive skills, basic nursing skills learned in their academic nursing programs, but were encouraged by their preceptor and colleagues to further develop those skills by solving new problems and planning strategies. Therefore, the program promoted
productive cognitive skills effectively through the preceptorship. For example, when the participants were asked to reflect on whether or not their academic programs prepared them to deal with the intensity of the work most felt that it did not. However, in discussing why they felt that it did not. Several of them commented that they learned basic nursing skills but not real world experience in the academic programs. Essentially they felt that they were minimally prepared to be a nurse through their academic programs. It was not until the precepted portion of the Transition to Professional Nursing program that they felt that they were not only given the freedom to solve new problems but they were actually expected to solve new problems. They were escalating their skills to the level of productive from reproductive through their experience in the Transition to Professional Nursing program.
CHAPTER FIVE: Discussion and Other Generalizations

Chapter five aims to discuss the significance of the findings of this study through generalizations observed in the study, implications for applying knowledge gained as a result of this study, and suggestions for future research related to this study.

Discussion of new graduate nurse retention

Data show that the nursing field experienced a 27.1% average voluntary turnover rate among new graduate nurses during their first year of employment (Christmas, 2008). As of the time when the researcher began interviews of the participants attrition of new graduate nurses at Mercy Anderson for the same time period was 11%, well below the national average. The Transition to Professional Nursing program contributed to the retention, satisfaction and increased competency levels of new graduate nurses because it contained essential elements that allowed for the identity development of the new graduate nurses through the increased competency levels based on their increasing nursing knowledge and skills.

The findings related to Chickering’s theory of young adult development reveal that the Transition to Professional Nursing new graduate nurse orientation at Mercy Hospital, Anderson contributed to the psychosocial development of the new graduate nurses who participated in the program. While not all participants fully agreed that each of the vectors of the theory were addressed by the program, through their reflections most agreed that the program contributed in some way to their development. The component of the program most referenced by the participants was the precepted experience. While the experience varied from one participant to another, depending on the unit, the preceptor, or other extraneous factors, the general consensus of the participants was that
the interpersonal relationships built, the nursing experience gained, and the transition allowed from student nurse to professional nurse during the preceptorship contributed to their satisfaction in their position and with Mercy Hospital, Anderson.

True to Chickering’s assumption, the participants commonly referenced their previous experience as student nurses when discussing the first three vectors of developing competency, managing emotions, and moving through autonomy toward interdependence. Many felt that they at least received peripheral exposure to experiences that contributed to their development in these areas. Abby, in particular, often referenced her experiences as a student nurse as they contributed to her development. She said

“(my nursing program) was a very, very strict program and a very strict school so we did a three-hundred and sixty hour preceptorship. A lot of times being a nurse we were expected to take full responsibility for our patients at that time.”

Of all of the participants, Abby was noticeably less in agreement that the orientation program impacted her satisfaction in her new position. From this, one could draw that the more a student moves through the vectors of development in their formal education, the fewer experiences are required as a new graduate nurse.

Another observation made as a result of the interviews was that the vectors that addressed the new graduate nurses’ self confidence were the only vectors in which the participants were unanimously in agreement. All participants felt that the orientation program provided them opportunities to enter the profession of nursing as a learner rather than an expert, thereby allowing them to build their comfort level with their competence and psychosocial skills. They felt that the preceptorship in
particular provided them the environment in which they were not only allowed but expected to learn. In all of the interviews, the participants spoke highly of the precepted experience as the factor that contributed to their satisfaction the most during their new graduate nurse experience. While the preceptors varied, the experience varied. Nonetheless, all agreed that it was a necessary part of their new graduate nurse experience. The participants often referred to the precepted experience when speaking of their comfort level with interacting with patients and performing the nursing skills required by their unit. Leah, who spent the greatest amount of time in the preceptorship, stated

“I was in orientation for six months. Most of that was clinical time and they were willing to give me as much, within limits, time as I needed to feel comfortable. I got to a point where I didn’t want to go out on my own. I needed a little push. Once I got that little push I was fine.”

The researcher observed that all four categories of Romiszowski’s theory of knowledge were positively affected by the Transition to Professional Nursing program. Participants felt that they were minimally prepared by their academic programs with the knowledge needed to be a competent nurse. In fact, Megan stated

“I like the (precepted portion of the program). I think when you come straight from nursing school you need that. I think it’s a lot different from school and I think you need that. We did a lot of RN education before we passed boards. That was helpful. You were already starting on the different policies and procedures so once you passed boards you weren’t sitting in a classroom for two to three weeks then only had two to three weeks on the floor. You were able to go right out on
the floor and have the background already. It was nice to have more hands-on experience.”

Jill remarked

“When you’re in school you’re taught everything on paper. (Each hospital) does it different. During my preceptorship I met with respiratory, I met with lab, I met with PT, OT, all the different departments that you’re going to be interacting with and you have those people as resources and you get to see what they do. I like to have a little autonomy but I know when I’m at my limit and I have to call somebody and ask if I can do this first. You can balance it well. I think the program definitely prepares you for that.”

Likewise, Michelle stated

“I’m obviously more competent now than I was as a new grad. It’s just one of those things that you just experience. Obviously, the orientation experience helped. You get to see more things. Like I said that’s where I saw most of the things that I know now. Watching somebody do it and helping them with it helps and made me more competent, I guess.”

However, Matthew made an observation that is certainly worth noting as well. He said

“Orientation takes you so far and you have to go the rest a lot of times on your own. I think within that fourteen weeks, yes, it did increase my competency levels but they’ve also increased since then as far as being on my own.”

His point was that certainly the experience that he gained while in the orientation phase as a new graduate nurse contributed to a greater knowledge base and competency level, however, as a nurse knowledge should always continue to increase. While increased
knowledge is a benefit of the orientation program, it is certainly possible that knowledge would increase without the formalized orientation elements such as the preceptorship. It is the observation of the researcher that while this may be the case, the Transition to Professional Nursing orientation program facilitates the growth of that knowledge through structured interactions with the preceptors and other learning experiences.

Joining Chickering with Romiszowski

The researcher observed that the participants reflected very little on the elements of the orientation program outside of the precepted experience. When asked to reflect on their entire orientation experience, most of the reflection naturally focused on their experience with their preceptor. When asked why they thought this was so, the participants in the focus group responded that the experience gained during the preceptorship was key to their transition to professional nursing. Susan stated “Until I can apply what I’ve learned, which is what you do with your preceptor, it doesn’t really mean much to me. It’s just kind of concepts floating around.” The other participants in the focus group agreed. Brandon said “you can read about stuff and study stuff all you want but until you work with it you’re not going to get it.” Essentially, their comments made it clear to the researcher that when given the opportunity to have real life experience as new graduate nurses that allowed them to move through the vectors of Chickering’s psychosocial model of development they were also given the opportunity to develop their skills from the level of reproductive to productive. Because they were given the opportunity to continue learning in an environment that encouraged them to solve new problems, plan, develop a mental test and interpersonal control skills, as well as develop new knowledge they became much more confident, competent nurses. Additionally, the
participants felt that the preceptorship was the focus of their reflection most often because of the interpersonal relationship that it facilitated. Many of the reflections cited specific examples of the preceptor encouraging and sometimes requiring them to seek deeper knowledge about a nursing facts, concepts, procedures, or principles. The participants spoke favorably about such interactions with their preceptor, realizing that their growth as a new graduate nurse depended on their quest for new knowledge and ability to gain greater skills. The greatest influence on this was their relationship with their preceptor. They felt safe to continue learning. They did not feel pressured to already know everything, rather they were encouraged by the interpersonal relationship with their preceptor and their colleagues that the hospital facilitated to allow that necessary growth. All participants agreed that the orientation program, specifically the preceptorship, contributed to their competency levels as a nurse as well as their ease of transition as a new graduate nurse.

The theoretical framework of this study can also be tested against the findings of previous research conducted on workplace entry as mentioned in chapter two of this study. Previous research conducted revealed that new employees not only need to come to their positions with a set of knowledge and skills gained through their academic preparation, but must also go through an assimilation process, or socialization, to fully transition as a young professional (Igbaria & Shayo, 2004). When using the definition of socialization as described by Schein (1988), “the process by which a new member learns the value system, the norms, and the required behavior patterns of the society, organization, or group which he is entering”, we can see the implications of Chickering’s theory of identity development and Romiszowski’s theory of knowledge and skill
acquisition in new graduate nurse orientation. When the participants of this study were in
the precepted portion of the Transition to Professional Nursing orientation program,
through their interactions with their preceptor and their colleagues they were encouraged
to gain the necessary insight needed to develop identity and increase their nursing
knowledge and skills. As they developed identity, they learned to apply their higher order
knowledge and skills as a result of guidance from their preceptor and colleagues, thereby
moving through the required elements of socialization as defined by Schein. In short,
through the intentional facilitation of the relationship with a preceptor and colleagues
during their orientation period, Mercy Hospital, Anderson also facilitated the necessary
steps by which the new graduate nurses would become socialized to the institution. Graph
1 illustrates the relationship between the theories and necessary socialization for new
graduate nurses.
Using the conceptual model of influences on the transition of the new graduate nurse developed by Scott et al. (2008) we can also see the importance on individually guided continued learning as part of the orientation experience of new graduate nurses. The crucial step in the model as it relates to this study is organizational socialization where new graduate nurses are able to form meaningful relationships, adjust to the work demands, learn the organizational and unit culture, and determine their personal fit to the organization. Again, by facilitating opportunities for development of identity and acquisition of additional nursing knowledge and skills in the element of organizational socialization organizations can meet the socialization needs of new graduate nurses.
Essential elements of the Transition to Professional Nursing orientation program

The researcher observed that the new graduate nurses did not speak often of the elements of the orientation program outside of the preceptorship. This is a result of two phenomenon. First, it was revealed that not all of the participants were given the same opportunities in their orientation. While the Transition to Professional Nursing orientation includes many components including the structured classes, shadowing experience, NCLEX study time, restricted job duties, and support group, not one of the participants recalled participating in all of the elements. Even when they recalled participating in an element, their experiences within that element varied. One example of this is the Crucial Conversations course offered through the program designed to provide them with adequate communication skills to interact with patients, patients’ families, physicians, and co-workers. Many of the participants did not receive the opportunity to take this class, though they had heard of it. Reasons varied why they did not take the class from schedule conflicts to the fact that it was not offered to them. Additionally, none of the participants recalled being told of a New Graduate Support Group. Perhaps the seminars offered in the support group were not understood by the participants as assuming the purpose of providing new graduate support, rather continued education required by the hospital. Even the classes taken by the new graduate nurses varied in number, content, delivery, and availability. This became most apparent during the focus group interview when the participants were able to hear what other participants were offered. In the focus group interview, the participants seemed surprised about how much the experience could vary from one individual to another. Abby, after learning that Brandon did not take the classes that she took said “you were gypped!” Perhaps the
reason why the preceptorship appeared to be the most significant element of the orientation program was that it was the one experience consistent among all participants on which they were able to speak.

The second reason why the researcher feels that the elements outside of the preceptorship were not often mentioned is that the preceptorship, in the participants minds, was the effective part of their orientation as new graduate nurses. When the participants were asked in the focus group interview why they did not refer much to the other elements the participants identified two separate reasons why they thought that the preceptorship was identified as the orientation experience that made a difference to them. The first was the importance the preceptorship played with the development of their interpersonal relationships with coworkers, patients, and patient families. All focus group interview participants adamantly agreed that the interpersonal relationships established during the precepted experience made them feel at ease and allowed them to learn in a caring environment. Additionally, the focus group participants agreed that applying the skills in a real-world setting as a licensed nurse was crucial to their growth as a new graduate nurse. Abby stated “you can learn about everything in a classroom or from a book but until you actually do it physically it doesn’t sink in.” Therefore, all agreed that the application of knowledge which took place during the preceptorship aided in making it the most valuable part of their orientation experience.

A related observation is that while the participants did not all receive all elements of the program, it apparently did not negatively affect their retention in their position nor did it negatively affect their satisfaction with their position or the hospital, according to the findings of this study. Therefore, while it may have been desirable by the participants
that they be able to experience all elements outside of the preceptorship, they were not 
essential for their retention or satisfaction. Again, the preceptorship was the element of 
the program that made a difference, the essential element of the program. However, 
clinical narratives were recommended by the Chief Nursing Officers (CNO) of the 
University Healthsystems Consortium (UHC) and the American Association of Colleges 
of Nursing (AACN) in their recommended model for new graduate nurse orientation with 
proven positive impacts on retention. Therefore, it can be concluded that incorporating 
such experiences in the Transition to Professional Nursing orientation program can only 
enhance the new graduate nurse experience. Their recommendation also validated the need 
for cohort relationships, which could be further strengthened by use of the Transition to 
Professional Nursing program’s New Graduate Support Group.

Rival explanations

Though the majority of discussion during both the one-on-one interviews and the 
focus group interviews revolved around experiences gained through the Transition to 
Professional Nursing orientation program, it is necessary to look beyond those experiences 
and determine if there are other elements or experiences that contributed to the 
participants’ retention in their positions as new graduate nurses. Of the nine participants, 
six came to their positions as new graduate nurses with prior formal work experience in a 
hospital setting. Two were nurse aids, two were patient care assistants, one was a 
discharge planner, and one was a new graduate nurse in another health care facility for a 
short time prior to coming to Mercy Hospital, Anderson. Of the participants, the six with 
prior formal work experience in a hospital setting appeared to have the easiest transition in
the role of Registered Nurse. In fact, Brandon was previously employed as a patient care assistant at Mercy Hospital, Anderson prior to being hired as a Registered Nurse there. He commented

“I worked there for two years prior to becoming a nurse. I applied and got accepted to (another hospital’s) critical care internship. I applied and got accepted and I ended up backing out in the end. I had already worked at Mercy and I really liked the people there. I knew what they were about already so I ended up just sticking where I was.”

Erin was a Registered Nurse at a small rural hospital for a few months prior to transferring to Mercy Hospital, Anderson and referred to her experience there as getting her feet wet before coming to a hospital in the city where the acuity of patients was higher, the diversity of patients was greater, and the procedures and technology used as a new graduate nurse was more extensive. She felt that her experience in the small rural hospital eased her transition into the role of new graduate nurse at Mercy Hospital, Anderson. Matthew referred to an internship that he completed while in college. He stated

“Truthfully, if I hadn’t taken the internship in the ICU it wouldn’t have worked out as well. I had a good grasp on what to expect when I did the nine month internship in college. It kind of gave me a grasp of what to expect otherwise.”

Therefore, a direct rival explanation of the retention of the new graduate nurses is that prior work experience in a clinical setting eased their transition into their first position as a new graduate nurse.
An additional direct rival explanation of the retention of the new graduate nurses is that of their formal education experience. While the participants did not respond unanimously in favor of the fact that their academic programs emotionally prepared them to deal with the intensity of the work they experienced as a new graduate nurse, participants often referred to their experience as a student nurse and how it did prepare them to perform in the role of new graduate nurse. Again, Abby, in particular credited her nursing program for her preparedness to enter the work force as a new graduate nurse. She said

“(My academic program) was a very, very strict program and a very strict school so we did a three hundred and sixty hour preceptorship as part of the program. So, a lot of times being a student nurse we were expected to take full responsibility for our patients at that time. That was about a three month period. So, a lot of hand-on clinical experience and I did it in a transitional care and ICU so I got a lot of hands-on situations.”

Other participants often referred to their experience as a student nurse, though it was very academic in nature, often in a classroom setting, and credited it for giving them a foundation on which to become a competent nurse. While they were not willing to credit their programs in totality for their ease of transition, they often spoke of their experience either in a clinical setting or classroom setting in school and how it provided them the basic skills and knowledge on which to build new knowledge and skills necessary to be a competent nurse. Essentially, their academic programs, at the very least provided them reproductive skills and basic facts on which their orientation program at Mercy Hospital,
Anderson allowed them to transition to productive skills and more complex knowledge sets.

Because the interpersonal relationships between the new graduate nurses and their colleagues were referenced often in the interviews, it is worth crediting those relationships as a comingled rival explanation of the new graduate nurse retention. While those relationships were formed and perhaps facilitated as a result of the orientation program, they were not a direct element included in the program. Often the participants spoke of their relationship with their colleagues and the impact that it had on their job satisfaction. Jill reflected “I always felt like I could ask anybody any question and they were never going to deem me stupid or irresponsible for a question I asked. It’s been a very positive transition for me.” Brandon recalled “Everybody had real warm personalities. Everybody was just glad to have you there.” Susan said

“I definitely felt like I had a lot of support. The girls, specifically on the floor that I worked on, made sure that I knew what I was doing, that I was comfortable. You know, they treat you nicely and will help you. I would say almost every day you have someone saying how much they appreciate you or how nice it is to work with your or something like that.”

Without the Transition to Professional Nursing orientation program, it is likely that these relationships would still form and would likely be credited by the participants as a factor to their job satisfaction leading to their retention. However, because the experience took place during the formal orientation program, it is considered a comingled rival explanation of the new graduate nurse retention.
A clear rival theory explanation of the new graduate nurse retention is the existence of the Transition to Professional Nursing orientation program in itself. While the participants did not claim to be aware of the program prior to accepting their position as new graduate nurses at Mercy Hospital, Anderson, nor did they cite it as a reason for choosing employment as a new graduate nurse at Mercy Hospital, Anderson, reflecting back, the participants did understand the value of the program and appreciated the efforts of the hospital in providing opportunities to ease their transition as new graduate nurses. Their appreciation was seen in one of two ways: direct appreciation of the hospital’s efforts and appreciation through experiences of fellow new graduate nurses who did not have the benefit of such a program and did not have as positive an experience as a new graduate nurse. In reference to the appreciation of the hospital’s efforts, one participant even stated that she felt obligated to put in extra effort to become a competent nurse since the hospital had invested so much in her to allow her to ease into her role as a nurse. She felt that, though she did not have the desire to separate from the hospital, she owed it to the hospital to stay employed with them after the orientation period. Two participants cited cases in which new graduate nurses that they knew who chose employment in other hospitals did not receive the experience that Mercy Hospital, Anderson provided them. Jill recalled

“From talking to people from other hospitals they have not had the same experience. Unfortunately there were eight people who got scholarships from a specific hospital. They’re stuck. They can’t leave for some amount of time. It’s just sad. I hate that they hate to go to work.”
Therefore, the participants’ acknowledgment of the efforts made by the hospital to invest in their transition and ultimately to retain them as employees is an implementation process surrounding the elements provided by the formal Transition to Professional Nursing orientation program that contributed to their retention.

**Generalizations**

It is the observation of the researcher that the same essential element that promoted retention of the new graduate nurse during their first year of employment was the same essential element that promoted employee satisfaction as well as the same element that promoted competency levels and promoted ease of transition for the new graduate nurses: the precepted experience. It was rare for the participants of the study to reflect on other experiences when looking back on the orientation experience for the sake of answering these questions. While the units on which they did the precepted experience may have varied and the preceptors may have varied, the precepted experience was consistently the element that all new graduate nurses who went through the Transition to Professional Nursing program referenced as making a difference in their new graduate nurse experience. Because it was understood that the one-on-one precepted experience was a time in which the new graduate nurses were not only encouraged but expected to continue their learning beyond their formal education they were empowered to develop their identity through their continued increase in nursing knowledge and skills, thereby easing their transition as new graduate nurses. In the participant’s opinions increasing their nursing knowledge and skills also lead to their increased competency levels. Additionally, the tolerance of Mercy Hospital, Anderson of their new graduate nurses to transition from student nurse through new graduate nurse during the period of orientation
in a time frame determined by the new graduate nurse promoted employee satisfaction, which ultimately lead to the retention of the new graduate nurses. Therefore the precepted experience is the essential element of the Mercy Hospital, Anderson Transition to Professional Nursing new graduate nurse orientation program. This finding was not surprising, given the recent examination of sixteen studies conducted with the aim to determine the effectiveness of retention strategies aimed at new graduate nurses. It was determined that a precepted program lasting between three and six months is the most effective retention strategy for new graduate nurses (Salt, Cummings, & Profetto-McGrath, 2008).

Preceptorship is traditionally an integral component of the formal education of a student nurse. In an academic setting, preceptorships “involve access to an experienced and competent role model and a means of building a supportive one-to-one teaching and learning relationship. This relationship tends to be short-term [and intends to] assist the newly qualified nursing student… to adjust to the nursing role” (Kaviani & Stillwell, 2000). It is worth reiterating that the new graduate nurse is still very much in a learner role upon entrance to the nursing workforce as suggested by Duchscher and Benner (Duchscher, 2008; Benner, Tanner, & Chesla, 1996). It is also no surprise that the essential element to the satisfaction and retention of new graduate nurses, the preceptorship, permits new graduate nurses to continue their learning of the nursing role.

Implications for applying knowledge gained through this study: Partnerships

Implications for applying knowledge gained through this study exist with the relationship between formal nursing education and industry employers. Since the preceptorship is an integral component of formal nursing education, nurse educators must
be keenly aware of the need for the student nurses’ precepted experiences to resemble the “real life” work experience of new graduate nurses as much as possible, particularly later in their curriculum as they are preparing to enter the workforce. Areas in which new graduate nurses report feeling inadequately prepared for professional nursing practice are nursing procedures, death and dying, organizational skills and time management, assessment of subtle changes in patient condition and communication with physicians and patient families (Valdez, 2008). Participants in this study in particular frequently referred to their formal nursing education and how it did not necessarily adequately prepare them for what they encountered as a new graduate nurse. Areas identified through the one-on-one interviews included unrealistic expectations of workload, unrealistic expectations regarding the acuity of patients, and interactions with patients and their families. To aid in the assimilation of new graduate nurses in their role transition, formal educational institutions must strive to prepare student nurses with realistic expectations through their preceptorship experiences. Partnerships and collaborations between educational institutions and industry employers are necessary to bridge the transition. The Institute of Medicine (2003) suggested that a biennial interdisciplinary summit including health care providers should take place to set goals and review progress toward preparing professionals for the twenty-first century health system. This effort includes the aim to develop coordinated and collaborated education programs in nursing. Another recommendation to make the transition of new graduate nurses to the role of professional nurse more seamless comes from the American Nurses Association (2002). In their 2002 report they recommend standardized internships and residencies through partnerships between schools of nursing, professional organizations,
and practice sites as well as graduates participate in an individualized mentoring program designed to socialize them into the nursing profession and enhance their knowledge of clinical practice. Additionally, the American Hospital Association (2002) recommends that hospitals partner with educational institutions to identify realistic expectations for new graduate competencies and readiness to work. Such efforts are likely to minimize the gap between the role of student nurse to professional nurse.

One such model for forming meaningful partnerships between educational institutions and hospitals is that of cooperative education. Traditionally, cooperative education, or co-op, is a model of education in which students alternate academic study with periods of paid employment related to their field of study (Mariani, 1997). General identified benefits of a co-op program include the ability of students to build a career path, earn money to aid in tuition costs, and begin gaining valuable work experience toward their career of choice prior to graduation. While all three benefits are important, the most essential benefit as it relates to this study is the ability to gain valuable work experience prior to graduation. Though clinical requirements are a large part of a nursing program curriculum in which students learn basic nursing skills, the co-op experiences are designed to build on the skills and experiences they gain in their clinical work.

Another major difference between the required clinical experiences of all student nurses and the co-op experience is that of the one-on-one preceptor experience. In the required clinical experiences several students are assigned to one preceptor. However, in a co-op experience, the student nurse can be paired with their own preceptor, making the experience much more meaningful (Olson, Nelson, Stuart, Young, Kleinsasser, Schroedermeyer, 2001). Because student nurses are most familiar with meeting
objectives of their nursing courses rather than their individual learning objectives, an individual precepted experience can bridge the gap and allow for a more seamless transition into the professional role of nurse (Nugent, 2008). Additionally, hospitals play a vital role in a co-op experience in that they not only provide real world experiences for the student nurse, they are also investing in their future, reducing the time needed for the new graduate nurse to be oriented as a professional nurse. In a study conducted of the co-op program at Northeastern University (NU) in Boston, it was determined that the six month co-op employment program in their Nursing program feeds their employment pool. Ten percent of their cardiovascular intensive care unit, a unit that participates in NU’s co-op program, is staffed by Registered Nurses who started in the unit as co-op students (Hoffart, 2006). In the same study it was reported that the NU graduates are sought after by hospitals because as a result of their co-op experience their transition into the professional role of nurse is much shorter than graduates of other nursing programs without co-op programs. Additionally, alumni from the NU nursing co-op program report that their transition was comfortable because of their co-op experience.

Essentially, a co-op experience alleviates the “reality shock” experienced by new graduate nurses. Much of the identity development and acquisition of nursing knowledge and skills begins in the co-op experience rather than on the job as a new graduate nurse.

**Implications for applying knowledge gained through this study: Industry employers**

Implications of the findings of this study are widely useful to industry employers. The additional implication to hospital employers is relative to the cost of orienting a new graduate nurse. The cost of assessing and training a new graduate nurse in acute care hospitals has increased significantly in the past ten years. In 1987 it was reported that the
cost to put a new graduate nurse through orientation ranged from $1,000 to $3,000 (Hughes, 1987). In 2004 it was reported that the cost to put a new graduate nurse through orientation was approximately $14,000. This cost strictly reflected the cost of orientation. The economic impact on hospitals is seen further through costs related to new graduate nurse turnover which also includes recruitment cost, overtime compensation required for other staff nurses when a position is left vacant, orientation of replacement nurses, as well as loss of productivity and customer satisfaction related to turnover. When these factors are taken into consideration, the orientation costs of new graduate nurses who are not retained climbs to between $39,000 and $65,000 (Lindy, 2006). Given these costs, it is decidedly cheaper to retain a new graduate nurse than to continue to replace them. In a study conducted by Golden at a 230 bed hospital facility, the cost-benefit analysis of improving a new graduate nurse orientation, including improved preceptorship experiences, showed a decrease in new graduate nurse turnover from 64% to 34% and an estimated cost savings of $1,170,000 in just one year. Estimated cost to the hospital for the improved orientation was $83,000 (Golden, 2008). Predictably, the program was expanded to include system-wide implementation shortly after the pilot program concluded. Mercy Hospital, Anderson estimates the cost of their new graduate nurse orientation described in this study to be approximately $9,000. For every new graduate nurse retained through this program a savings of approximately $30,000 from the previously referred turnover rates could be realized. Given the tremendous cost savings implications to hospitals, it is certainly worth considering implementation new graduate nurse orientation in which new nurses are permitted to develop their identity and increase their nursing knowledge and skills through their
orientation experiences, particularly the precepted experiences provided as an essential element of the orientation. Doing so will efficiently socialize new employees to the institution and provide a cost-benefit in the long run.

Suggestions for future research

It was stated earlier that this study does not aim to imply causation, rather to find correlations between elements of the education-based orientation program to new graduate nurse retention. The nature of this research design was to examine an individual orientation program and determine, through the new graduate nurse perspective, what elements contributed to their retention. Now that this study is complete and generalizations have been made and implications have been identified, it is hoped that insights gained will lead to the development of hypotheses that can be tested using other methods (Cozby, 1997). For example, it is suggested that a potential hypothesis to explore is that identity development and knowledge and skill acquisition are essential elements of an orientation program. Because not all participants were afforded the opportunity to experience all elements of the orientation program, it is also suggested that further research be conducted to determine the impact of each element on new graduate nurse retention. Investigation into which elements are necessary and which simply provide additional benefit would produce a more cost efficient program; hospital administrators could determine which elements to offer given current budget scenarios.
References


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Appendix A

Case Study Protocol
A. Introduction to the case study and purpose of protocol

A1 Case study questions
a. How does an education-based orientation program influence the retention rate of new graduate nurses in their first year of employment?
b. What essential elements of an education-based orientation program promote retention of the new RN during the first year of employment?
c. What essential elements of an education-based orientation program promote employee satisfaction for the new RN during the first year of employment?
d. What essential elements of an education-based orientation program promote competency levels for the new RN during the first year of employment?
e. What essential elements of an education-based orientation program promote ease of transition for the new RN during the first year of employment?

A2 Theoretical framework for the case study
a. Chickering’s model of young adult development
b. Romiszowski’s analysis of knowledge and skills

B. Data Collection Procedures
B1 Site to be studied: Mercy Hospital, Anderson
a. Gaining access: Nurse Education Manager

B2 Data collection plan
a. Resources needed while in the field
   a1. Private room for interview
   a2. Interview guide
   a3. Paper & writing instrument to record interviewee responses
   a4. Tape recorder and tape for replay of response if clarification needed
b. Procedure for calling for assistance and guidance
   b1. Previously scheduled and impromptu meetings with study committee
c. Schedule of data collection activities that are expected to be completed and the time period within which they are to be completed

B3 Expected preparation prior to site visits
a. Review relevant documentation collected affiliated with each interviewee
b. Review interview guide

C. Case study questions
C1 The effectiveness of the education-based orientation program:
a. How do the program’s elements address the Chickering’s developmental stages?
b. How do the program’s elements correlate with Romiszowski’s analysis of skills and abilities?
c. How do Chickering and Romiszowski’s theories interrelate?
d. What rival explanations exist?
   d1. What other elements not contained in the orientation programs are identified in interviews?
   d2. Can these elements be contributed to alone or in conjunction with program elements to retention?
   d3. What, if any, implementation processes surrounding the elements could have contributed to retention?

C2 Evaluation
a. What are all of the institution’s goals in offering such a program? What outcome measures does the institution use to measure success of the program?

D. Case study report
D1 Narrative based on case study notes and case study documents
a. Theory-building
   a1 Chickering
   a2 Romiszowski
Appendix B
One-on-one Interview Guide
### ONE-ON-ONE INTERVIEW QUESTIONS

1. What elements, if any, of the program helped to develop your listening skills and communication skills (*rephrase*: Did this program help you improve your skills of communicating with colleagues, patients, physicians, & families?)

   1a. If elements existed to address this area, what were they? (*rephrase* examples: special training, case studies; were you challenged or “thrown to the wolves?”)

   1b. Did this program align your personal goals of Mercy Hospital, Anderson? (*rephrase*: did reality match what was promised you when hired? Patient/staff ration; did you feel rushed through orientation?)

   1c. As a result of this program how did you learn to choose strategies to contribute to a larger group? (*rephrase*: teamwork: have you felt included and valued?)

2. Do you feel you were emotionally prepared in school to deal with the intensity of this work?

   2a. How did this program direct you, if at all, in emotional control in emergency situations? (*rephrase* examples: stress, heavy workload, resources available?)

3. What elements, if any, of this program increased your tolerance, or ability to respond to an individual, not part of a stereotyped group? (*rephrase*: examples: diversity, males in nursing, associate versus baccalaureate prepared nurses)

   3a. If elements existed to address this area, how did they help develop your tolerance? (*rephrase*: examples: employee & patient diversity; diverse patient groups; ESL resources; spiritual needs of patients)
4. Did the method of precepting promote dependence or independence? How so?

4a. How did this program improve your ability to problem solve or engage in conflict resolution, if at all? (rephrase example: crucial conversation course)

5. How did this program contribute, if at all, to the development of your identity in the following areas:
   a. comfort with personal appearance
   b. comfort with gender and sexual orientation (rephrase example: male nurse in female environment)
   c. sense of self in a social, historical or cultural context (rephrase example: multigenerational)
   d. clarification of self concept through roles and lifestyle (rephrase example: chain of command)
   e. sense of self in response to feedback from valued others (rephrase: did you receive constructive, valuable, regular feedback from preceptor?)
   f. self acceptance and self esteem (rephrase: did you feel welcomed by your unit?)
   g. personal stability and integration (rephrase: did you receive the 30, 60, & 90 day feedbacks and how did you improve based on them?)

6. What elements, if any, of this program helped you to focus on continued education?

6a. If elements existed to address this area, how did they align school & practice?
6b. How did this program help you to see how your practice compliments education and builds from it?

7. What elements, if any, of this program helped you to increase your knowledge of concrete facts related to your nursing knowledge?

8. How, if at all, did this program help develop your critical thinking skills?

9. What elements, if any, of this program helped you to increase your knowledge of nursing concepts?

10. What elements, if any, of this program helped you to increase your knowledge of nursing principles?

11. What elements, if any, of this program helped you to increase your ability to solve new problems?

12. How, if at all, did this program help you to improve your time management skills? (ie: manage work load)

13. Did this program contribute to your choice to stay employed in your current position? If so, how?
14. Did this program contribute to your satisfaction with your position? If so, how?

15. Did this program contribute to your increased competency levels as a nurse? If so, how?

16. Did this program contribute to your eases of transition as a new graduate nurse? If so, how?
FOCUS GROUP INTERVIEW QUESTIONS

1. Based on the discussion in the one-on-one interviews, I made the following observation that seemed to be a consensus among the group:

   The precepted part of orientation made the difference in your experience as a new graduate nurse but the other elements of the orientation, such as the classes, paid NCLEX study time and new graduate support group were rarely referenced.

   Why do you think this was a strong theme among the interviews?

2. Based on the discussion in the one-on-one interviews, I made the following observation that seemed to not be agreed upon by all participants:

   The Transition to Professional Nursing orientation program contributed to your overall satisfaction with your position.

   Why do you think there was not agreement among the interviews?

3. After completing the one-on-one interviews, what elements of the Transition to Professional Nursing program do you feel were significant factors that contributed to your job satisfaction that were not discussed?

4. After completing the one-on-one interviews, what elements of the Transition to Professional Nursing program do you feel were significant factors that contributed to your choice to remain in your position that were not discussed?

5. What elements contributed to your job satisfaction and choice to remain in your position that were not included in the Transition to Professional Nursing program?

6. What would you tell future graduate nurses to either encourage or discourage them to participate in the Transition to Professional Nursing program?

7. What elements would you suggest to improve the Transition to Professional Nursing program that would have increased your job satisfaction or choice to remain in your position?