

**Fostering Role Transition:
Bridging Nursing Education and Nursing Practice**

A Dissertation submitted

by

Cynthia S. Slone

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This Dissertation has been accepted for the faculty of

College of Saint Mary by:

We hereby certify that this Dissertation, submitted by Cynthia S. Slone, conforms to acceptable standards and fully fulfills the Dissertation requirements for the degree of Doctor of Education from College of Saint Mary.

Patricia Morin, PhD, RN
Chair

L. Sue Gabriel, EdD, RN
Committee member

Martha Brown, PhD
Committee member

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Dedication

This is dedicated to my parents, Don and Gertie Dragoo, who I wish could be here to help me celebrate since they have been there for every other important day in my life without fail. I truly believe they never had a doubt that this would happen. They told me in so many ways that there are no restrictions in life. They both wanted to see me do whatever was important to me. Dad...thanks for severely scolding me on my one high school skip day because no one should ever take an education for granted. And Mom, you were right...no one can take an education away from you, and someone with an education has endless possibilities in life.

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Abstract

As graduation fast approaches, senior baccalaureate nursing students begin to see their professional goal becoming a reality. Clearly their vision of becoming a nurse will actually occur and soon they will be fully accountable and responsible for their own professional practice. But does receiving the graduation certification and passing board exams really make role transition from student to practitioner possible? In some instances, the role transition into professional practice was arduous and frustrating. It was not just about the application of knowledge and facts. What could be the missing link?

In order for the nursing student to gain expertise in one area of nursing, a small Midwestern college utilized senior nursing clinical elective courses to bridge the gap between the student role and the professional role. A phenomenological, qualitative study was conducted by interviewing 11 graduate nurses who had enrolled in an undergraduate focused clinical course in emergency nursing. The study was conducted to ascertain their lived experiences following graduation and the perception of the graduate's transition into nursing practice. Data were analyzed and themes were identified using Nvivo9 computer software. Participants in this study found that skill repetition, prioritization practice, exposure to death and dying experiences and networking with nurses prepared the undergraduate student for role transition into emergency nursing. New graduate nurses perceived that supportive preceptors and faculty facilitated classroom debriefing sessions prepared the graduate nurse. By interacting with nurse role models, the student nurse developed an increased sense of proficiency and confidence prior to graduation that allowed the graduate nurse to

smoothly transition into their professional role. This research provided evidence to guide nursing educators in designing curricula that prepares graduates who can more effectively transition into their first nursing role.

Key Words: transitional programs, Education/clinical, Emergency nursing/education, Clinical courses/education, nursing role acquisition, nursing role preparation

Fostering Role Transition:
Bridging Nursing Education and Nursing Practice

CHAPTER I: INTRODUCTION

As graduation rapidly approaches, senior baccalaureate nursing students begin to see their professional goals become a reality. The student's vision of becoming a nurse will occur and soon the graduate will be accountable and she/he will be responsible for his or her own professional practice. But does receiving the graduation diploma and successfully passing the board exam really make role transition from graduate to practitioner possible?

Purpose of the Study

The purpose of this qualitative, phenomenological study was to explore the lived experiences and perceptions of baccalaureate nursing graduates regarding a clinical course focused in emergency nursing. The graduate sampling was one of Baccalaureate of Science in Nursing (BSN) students that previously enrolled in a clinical nursing elective course in emergency nursing. Following graduation and the subsequent transition into the role of a professional nurse, the graduate was asked to reflect upon and explore their experience of educational preparation in the emergency setting. The focus of this qualitative study is psychological or transcendental in nature rather than a philosophical or hermeneutic/interpretive approach (Van Manen, 1990). The researcher attempted to describe "what" (textual description) and "how" (structural description) participants experienced transition into nursing practice after taking a specific nursing curriculum (Creswell, 2007, p. 58). Does this curriculum design facilitate role transition and prepare the graduate to transition into professional practice? As Benner, Sutphen,

Leonard, and Day (2010) so eloquently asked: “How can teaching—and hence student learning—more effectively prepare students to enter a complex practice?” (p. 17).

Background and Rationale

A review of the literature that focused upon nursing role transition revealed that role transition has been a concern for professional nursing since the 1990s. Research in the 1980s suggested that nursing students found a discrepancy between what their education provided and their ability to perform to their expectations and comfort level (Dobbs, 1988). Dobbs studied transition into the workforce in her study of nursing preceptorships for baccalaureate nursing students. Dobbs noted that nursing students needed an effective method to achieve “anticipatory socialization” (p. 167) into the workforce to be effective in their professional role. The students were exposed to conflict resolution and through Dobbs’s foundational research, it was found that exposure to the actual work environment was not sufficient to alleviate transition issues. However, the nurses did develop their own coping strategies. There was a significant decrease ($p=.0001$) in the total role deprivation score as measured by Corwin’s Nursing Role Conception Scale (1961), “suggesting that students learned to cope with the differing demands of role values in the work environment” (p. 169).

Role deprivation and role model changes were also studied by Dobbs (1988) and were not found to be statistically significant. Although the students had been exposed to the work environment of the nursing profession, there was little to no effect on their ability to transition effectively. Dobbs’s study suggested “The actual role has to be practiced, not just observed” (p. 170).

Gerrish (2000) revisited the topic of role transition in her research as she completed a follow-up study to work originally completed by Walker (1986) that studied newly qualified/registered nurses. Gerrish compared the perceptions of nursing students moving into practice in 1998 to the perceptions previously identified by nursing students in 1985. Gerrish questioned if role transition issues changed in any way during the decades of the 1980s and the 1990s and it appears that “we are still fumbling along” (p. 478). Gerrish noted that the transition process had improved only slightly during this time. Although role transition has never been identified as a linear activity with a definite solution, it has in the literature been associated with stress and with the student feeling inadequately prepared by their educational curriculum. Gerrish’s findings suggested that:

Pre-registration courses can provide opportunities that are more appropriate for student nurses to develop the clinical, organizational and managerial skills necessary for their future role. Additionally, further attention needs to be given to the bridging period over the latter part of the three-year programme and the first six months of post-qualification in order to enable the neophyte nurse to acclimatize gradually to becoming an accountable practitioner. (p. 480)

Although nursing is a long-established profession, further research in the beginning of the 21st century continued to identify major anxiety due to perceived lack of knowledge and peer support upon embarking upon the actual professional experience. Several qualitative studies revealed the lived experiences of new graduates, as well as the perceptions of new practitioners, were very similar (Amos, 2001; Begley, 2007; Cantrell & Browne, 2005; Delaney, 2003). In Whitehead’s 2001 study, the dichotomy between the “real” world of practice and the “ideal” world of education were identified by six themes that related to role transition. These six themes were: uncertainty, responsibility/accountability, support, preparation and training, knowledge and confidence, and management issues. These themes were identified by newly qualified/registered nurses.

These themes are reoccurring, have been enduring and are major areas of concerns for nursing students and new nursing graduate staff alike (Etheridge, 2007; Godinez, Schweiger, Gruver, & Ryan, 1999).

Role transition issues also exist internationally for nursing graduates. Heslop, McIntyre, and Ives (2001) studied third year/second semester nursing students in a three-year Bachelor of Science in Nursing (BSN) program in Australia to confirm that students continued to look for guidance/support before graduation. The students felt that their program of study had not provided sufficient and challenging clinical hours. It was found that the students wanted to achieve positive collegial relationships. The students placed in large, public hospitals were able to find sufficient guidance/support opportunities as well as available increased opportunities for increased number of nursing skills in a concentrated amount of time during program study. Heslop et al. suggested in the future the nursing programs of study should include the acute care settings in order to provide an increased number of nursing skills and interactions with colleagues. As educational models are formulated for new and effective nursing curriculum, role transition problems must be taken into consideration. Heslop et al.'s study indicated that the preferred clinical area to choose for increased clinical exposure is an area with high acuity patients. This has implications for satisfied and productive nurses that would retain their positions. Healthcare facilities and collegiate program planners alike should form a partnership since both institutional types have possible benefits to gain from this goal. The major outcome goal, however, is reducing role transition anxiety and moving new graduates into their professional roles in a seamless way from graduation to employment in a

healthcare institution needing long-term employees. The Heslop et al (2001) study and the Whitehead (2001) study mirror studies conducted in the 1980s.

“Stressful” and “unprepared” were words that described the role transition described during interviews conducted by Ross and Clifford (2002) in the United Kingdom. This study related themes that were identified by the British graduates. Students encouraged programs to design improved links with assigned clinical areas, to monitor and assess placement on specific areas and to design the orientation to take advantage of practical experience opportunities with focus on clinical skills, life science, pharmacology and professional issues. A finding of particular interest was that Ross and Clifford found evidence that supported consistency should be maintained between the focus of the student’s specialty choice during college and ultimately the nurse’s job choice. “There is evidence of positive aspects to the experience of working as students in the specialty where nurses hope to gain their first job” (Ross & Clifford, p. 552).

Research studies revealed that hospital orientation facilitates can facilitate role transition for newly qualified nurses. However, nursing educators can contribute and bridge the “gap” between the ideal world of education and the real world of nursing. The School of Nursing at the Hong Kong Polytechnic University developed a successful pre-graduation clinical placement program. This study conducted by Chung, Wong, and Cheung (2008) found statistically significant improvement in the student competency scores in three areas: learning to work with ward nurses and preceptors, learning total aspects of care and acting as RNs. “The success of the pre-graduation clinical placement program demonstrated the promising outcome of a long consolidating clinical block prior to graduation in fostering maturity for role transition” (p. 409).

Problem Statement

Although clinical competence and role acquisition were unspoken, mutually agreed upon goals between nursing faculty and nursing students, ultimately, nursing role acquisition has not always been a rewarding and seamless process for the graduate nurse. In some instances, the role transition into professional practice is arduous and frustrating. Results could include graduate resentment, resignation from their current position or professional nurses leaving the nursing profession (Cantrell & Browne, 2005; Chung et al., 2008; Dearnley, 2006).

Nursing education includes more than the application of knowledge and facts. What could be the missing link to role acquisition between nursing education and nursing practice? In 1970, Lysaught conducted a national study of nursing education. The suggested curriculum design was based upon the social and technical context appropriate for the 1970s. Benner et al. (2010) noted that 40 years ago the national recommendation for nursing curriculum was based upon evidence from a society that did not require the same expectations for nursing as during the 1970s. As Benner et al. acknowledged the American Organization of Nurse Executives (AONE) statement (2005):

In prior studies of nursing education, researchers worried about the education-practice gap, that is, the ability of practice settings to adopt and reflect what was being taught in academic institutions. Now the tables are turned: nurse administrators and this research team worry about the practice-education gap, as it becomes harder and harder for nursing education to keep pace with rapid changes in a practice driven by research and new technologies. (p. 4)

This current qualitative study discusses perceptions of nursing graduates regarding their educational preparation and how their course of study may have facilitated role transition from newly graduated nurse to effective nursing practitioner.

A small college of health sciences in the Midwest developed a potential solution that utilizes senior nursing clinical elective courses to bridge the “gap” between the student role and the professional role. The courses offered concentrated clinical practice in one specialty area. The desired outcome is to produce competent and confident nursing graduates. The current clinical elective areas in which the students can choose to enroll and “field test” their best career fit are emergency nursing, geriatric nursing, perioperative nursing, critical care nursing, forensic nursing, death/dying end-of-life nursing, obstetrical nursing and pediatric nursing. The current study focused upon the perceptions of only those students enrolled in the emergency nursing elective.

The elective emergency nursing course fostered role preparation. The graduate developed a reaction (personal preference) to a personal experience. The graduate will select or delete a nursing area in which to be employed following graduation based upon this preference and experience based on the employment opportunities at the time of application. The elective course gave the senior nursing student a “trial run” in the professional role in a specialty area. Student evaluations at the Midwestern college of health sciences revealed that the students experience increased independence and confidence while still under the “wing of support” of the nursing faculty.

Although the nursing research since the 1990s validated that difficulty in role transition into professional nursing practice continues to exist (Begley, 2007; Chung et al., 2008; Coudret, Fuchs, Roberts, Suhrheinrich, & White, 1994), there is minimal educational evidence-based research that assists undergraduate nursing faculty in curriculum development. Benner et al. (2010) noted “Nurses and nurse educators alike acknowledge the enormous pressure of expanded expectations for today’s nursing

practice.” (p. 19). Benner et al. noted that the last national study of nursing education by Lysaught (1970) is no longer sufficient to understand what nurses can educationally require to prepare for entry into practice. This qualitative study was designed to understand student perceptions and experiences following enrollment in an emergency nursing clinical elective course. The study was conducted to explore the BSN graduate’s lived experiences following graduation as the graduate transitions into employment as a newly graduated professional nurse.

Research Questions

The research questions for this qualitative study are:

- Can professional role acquisition be perceived as being taught or encouraged prior to graduation by the use of increased nursing clinical practice in a focused area?
- Does undergraduate nursing experience in clinical elective courses facilitate preparation for role transition in newly registered nurses?

Interview Protocol

- Why did you choose to enroll in the emergency nursing elective course?
- What was the one positive aspect you remember regarding the emergency nursing course?
- What was the one negative aspect you remember regarding the emergency nursing course?
- On a scale of 1-10, with 10 being high, how would you rate the experience of the entire emergency nursing course?
- Who helped you the most from this course to transition into practice?

- What activities in this course helped you the most to transition into practice?
- Was there a patient or family situation that affected your ability positively or negatively to transition into practice? If so, how?
- In this course, you had the opportunity to follow several health professionals, which interdisciplinary team had the greatest impact on your transition into practice?
- What theory content did you find useful for transition into practice?
- In your current practice, is there anything from the course that made you be a better practitioner of nursing? If so, please briefly explain.
- What is the most positive aspect of having taken an “elective” course?
- Is there anything that you gained personally from this course that assisted your transition into practice?
- What do you wish you had had in this course to assist you in transition?
- Are there other comments that you would like to add that the interview did not cover?

Definition of Terms

For the purposes of this study, the following operational definitions as defined by the researcher (unless otherwise noted) will be used:

- **Elective course:** a college course in which the nursing specialty area of emergency room nursing is selected by the BSN student and is taken to complete program requirements.
- **Clinical experience:** required course hours that are completed in a professional area as opposed to required theory hours in a classroom setting.

- **Clinical faculty:** a master's-prepared nurse clinician that manages or assists with assigning preceptors to work with new graduates.
- **Externship:** a nursing experience under the supervision of clinical faculty or a preceptor that provides exposure to patient care within the student's level of learning.
- **Intern:** a post-graduate nurse in a clinical program. This individual may also be provided a preceptor.
- **Role transition:** the ability "to change in shape, nature or character" (Webster, 2004, p. 1521) in order to apply professional knowledge and facts in a client setting and in order to be able to perform the necessary skills, duties and decision-making to care safely for a client.
- **Specialty area:** a specific, focused area of nursing practice in emergency room nursing.
- **Practicum:** a college course designed to provide concentrated clinical experiences in the emergency room setting.
- **Preceptor:** an experienced nursing clinician that provides orientation or mentoring to a nursing student in the emergency department setting. This individual is not a college faculty member but a registered nurse who is employed in the emergency department setting.

Assumptions

The underlying assumption of phenomenological studies is to explore the lived experiences of individuals. The practice of nursing is an interpersonal experience that requires direct interaction to provide patient care. The graduates involved in this study

were enrolled in a baccalaureate nursing program that allowed the senior nursing student to choose a specific clinical area of nursing to experience a concentrated number of clinical hours in a specific nursing area prior to graduation. Benner et al. (2010) stated “The high-stakes experience of the clinical setting makes nursing students aware of the need to actively think about and use their knowledge in the particular situation” (p. 42). The graduates utilized in this study were nursing students who chose the emergency nursing option in order to fully explore their interest in this area prior to their first employment and the researcher assumes that the participants will tell the truth regarding these experiences to the best of their memory and accurately portray their lived experiences as the nursing graduate transition into their professional nursing role. The researcher developed the individual questions used in the study and the researcher assumes that the questions are structured and understood by the participants so as to provide validity of the study results.

The undergraduate student was engaged in varied and unpredictable teaching moments and coached about priorities by a nursing preceptor. The phenomenon studied in this qualitative study was how the graduates perceived their ability to undertake their professional role in nursing following graduation. This qualitative study also sought to understand the graduates’ perceptions of their undergraduate education and its impact upon preparing the BSN graduate to practice nursing. The current BSN curriculum at this Midwestern college was developed in 2005 and was implemented in 2007 as the college transitioned from a diploma nursing program into a baccalaureate nursing program. Prior to 2007, students were not allowed choices in their plan of study nor were the clinical experience hours in any course concentrated in one specialty area. This study

explored the student's perception of the current curriculum that offered elective courses with focused theory content and hands-on learning with an emergency nursing preceptor. As Benner et al. (2010) stated: "Although moving to baccalaureate-level education is a necessary first step, it will not be sufficient catalyst for change unless baccalaureate nursing education programs are improved. Otherwise, the practice-education gap cannot be closed" (p. 5). The researcher attempted to collect a representative sample with stable findings indicative of one point in time, the period of role transition into professional nursing following college graduation. It was assumed that the study results will assist nursing educators to plan undergraduate curricula that prepares the graduate nurse effectively. The study questions were developed to explore the perceptions of a nursing elective clinical course focused in emergency nursing and to understand the gains the graduate perceived as benefits following enrollment in this curricula method.

Delimitations

A delimitation of this study is that the population studied is a small sampling of BSN graduates. The graduates experienced one elective nursing course of emergency nursing in a specific curriculum offered at a private Midwestern health science college in the United States. Curriculum plans may vary within nursing colleges and are not standardized. Each college of nursing develops its curriculum based on the educational requirements in their state or country of origin. Required educational components are identified by their respective accreditation bodies and components are designed and arranged throughout the curriculum by the nursing faculty in order to fulfill the accreditation body requirements. In addition, new registered nurse graduates enter into

the practice of nursing with different educational preparation (associate degree, diploma education, baccalaureate and master's degree). Benner et al. (2010) noted:

Unlike medical students, who have a relatively uniform experience—an undergraduate degree, a core of prerequisites that do not vary much from school to school, and a standardized premedical admissions examination—nursing students in these various pathways do not share equivalent or even similar, prerequisite courses. (p. 33)

The results of this study are limited in application and can only be generalized to BSN nursing programs with similar baccalaureate nursing curriculum within the United States. Responses were obtained from a sample of graduates from May 2007- December 2010. All male and female respondents were included but limited to those who originally registered for the emergency nursing elective course in their undergraduate plan. The results of this study will not necessarily reflect the experiences of other BSN curricula outside the Midwestern United States or the experiences of other students in other clinical elective courses within the college of health sciences where the research was conducted.

Limitations

A limitation to this qualitative study is that the nature of qualitative research relies on the participant's ability to discuss the meaning of their experience without interviewer coaching or any other outside influences that may be unintentionally introduced by the researcher conducting the interview. Since the semi-structured interview produces information that is new and unexpected, the researcher encouraged an open one-way dialogue as well as encouraged the participant to further discuss the answer. For this study, the researcher developed a bracketing matrix tool to make the interviewer conscious and aware of personal beliefs and bias. During the interview process, the researcher journaled, if necessary, to identify personal beliefs that emerge. When the

interview concluded, frequent discussions with other educators occurred and current literature was continually reviewed. A concerted effort was made to not guide or influence the interviewee, but it must be noted that this effect is inherent in the process of undertaking qualitative research and the interviewer must be constantly vigilant during every interview.

Summary

This qualitative study is designed to add to the body of knowledge that nursing educators will use to design future effective undergraduate nursing curricula. The results of this growing body of research can suggest ways to educate nurses that build a stronger bridge or possibly reduce the gap between the ideal setting of education and the real world of nursing practice. Curriculums are effective if the nursing student confirms that learning took place and the graduate had the ability to apply their knowledge in actual practice. By continually searching for and using new research findings, educators can build courses to include appropriate theory and clinical components based on evidence-based information gained from the lived experiences of previous graduates that transitioned or did not transition well into nursing practice. Curriculum design must be based on current research findings since practice expectations for graduate nurses transitioning into nursing practice are constantly changing to keep pace with new research and technology. This research was conducted to help prepare nursing graduates that effectively transition into practice within the high expectations and pace of nursing practice in 2012 and beyond.

CHAPTER II: LITERATURE REVIEW

Historical Context

The year 2010 marks the 100th anniversary of the death of the founder of formal nursing education, Florence Nightingale. Nurses of today are still concerned with how to educate their newest members to the nursing profession in the most effective way. Nursing students are the foundation and future of the profession (Stokowski, 2011). Nursing educators want to learn what methods can be used to best prepare nurses to practice. Nursing research since the late 1980s reveals an intense interest in developing sound educational programs and practices that produce competent nursing graduates that can assume the professional role successfully. Exploring these studies assists today's nursing educators in noting past concerns as well as the solutions that have been attempted.

Transition by Observation

Historically, preceptorship, or working in an actual care area with an experienced nurse, has been used as an approach to give the graduate nurse a realistic setting in which to observe and participate in the professional role. Dobbs (1988) developed a study to better understand the perceptions of 103 BSN graduates following a preceptored experience provided in the last required nursing course prior to graduation. Within an eight-week period, the graduates were given an opportunity to observe experienced nurses in a specific work area chosen by the student. Dobbs wanted to understand if this type of experience prepared the new graduate as they began "socializing" into their new role in an attempt to minimize "reality shock" (p. 167). Prior to and following the experience of the new graduates, the Corwin Nursing Role Conception Scale (1961) was

administered to show evidence of change in representative values and in perceived role deprivation. Although the tool used in Dobbs's study was developed over 25 years earlier, it measured what Dobbs was studying. "This instrument was chosen for two reasons: a) the situations described are those commonly dealt with by new graduates and b) this study was not predicting behavior so an all inclusive value measure was not needed" (Dobbs, p. 169). Dobbs found that there was a significant decrease ($p = .0001$) in perceived role deprivation and a significant decrease ($p < .025$) in work-centered role models indicating changes in the student's self-image and role expectations. The study results also indicated the students learned to cope by witnessing conflict resolution but the study suggested that work exposure has little effect on easing transition. "The actual role has to be practiced, not just observed" (Dobbs, p. 170).

Cantrell and Browne (2005) reported qualitative findings collected from focus group interviews with six graduate nurses who participated in a summer nurse extern program prior to completing their undergraduate education. New graduate nurses who had externed were asked to explain their perception of the impact that an extern program may have on actual transition into nursing practice following graduation. Nurse externs would not assume full nursing responsibility so the extern could focus on observing and experiencing the culture of an acute healthcare system. Three themes emerged from the analysis of data: "(1) being part of the real scene; (2) figuring out the environment; and (3) gaining awareness and becoming frightened" (Cantrell & Browne, p. 249). Graduates perceived that student externs were able to focus and gain a more though realistic view of nursing responsibility by participating in this program. The new graduates stated that the experience was a sharp contrast to being in the student role and that their experience

helped them view the inherent responsibilities of a nurse. Externs witnessed that role transition required active and full participation on the part of the new nurse. This experience provided a heightened awareness in addition to some anxiety for the extern yet made the process of role transition clearer and more realistic for them. Nursing educators may want to consider that nursing students participating in externships have a realistic view of transition and these graduates may transition more effectively. Curricular design with an extern course added to the curriculum plan may assist graduates transition effectively by utilizing a stepping-stone to practice.

Observation of actual nursing practice was also the purpose of an extern program developed in Arizona. "Participation helped them recognize the RN role and identify the skills needed to succeed in that role" (Starr & Conley, 2006, p. 91). This study added to the findings reported by Cantrell and Browne (2005). Starr and Conley used methodology and interview research techniques to collect data from 16 Associate Degree Nursing (ADN) students. The students were interviewed, and as the data were collected preliminary analysis was conducted concurrently. It was found that all participants enrolled in the extern program gained experience; enhanced their skills, confidence, and critical thinking; and observed roles of an RN. Students were assigned preceptors to be given guidance and support. All participants felt the program contributed to increasing their confidence and that directly transferred to their subsequent student clinical experiences. One frustration that was noted by the students who had also been nursing technicians was that as an extern, the student could not perform technician duties or the duties that nurses were responsible to complete. "Older nurse extern programs were designed to primarily meet institutional needs and to socialize externs into the role of the

certified nursing assistant and did not endeavor to advance those externs beyond the novice level” (Starr & Conley, p. 88). The extern was able to assume the intermediate level of nursing care that the extern had learned in their undergraduate program.

“Internalizing that role enabled the students to learn the RN role” (Starr & Conley, p. 90).

All participants in the Starr and Conley study mentioned that a major benefit of being a nurse extern was becoming a member of the healthcare team. The extern program may benefit both the institutions that provide the programs and the nursing programs with which they are affiliated.

Transition by Preceptorship

Another qualitative study was conducted by Coudret et al. (1994) to examine graduating student nurses’ role conceptions that may occur or change during a clinical preceptorship. Similar to the Dobbs (1988) study, the instrument used in this study was also adapted from Corwin’s (1961) tool but the items were changed to a question format rather than statements. The study also used the Nursing Role Conceptions Questionnaire developed by Pieta in 1976. This questionnaire looked not only at students’ pre- and post-experience perceptions but those perceptions that faculty and clinical training assistants (CTA)/preceptors experienced following a four-week nursing practicum. T-tests were used to analyze and identify significant differences between perceptions of students, faculty and CTA groups. Among the results, scores regarding role discrepancy revealed that the students had more congruence between the ideal and actual practice after the practicum. “Staff nurses influence the role orientation of neophyte nurses and provide effective work-centered models” (Coudret et al., p. 343). These results suggested that faculty and preceptors/staff have a joint role in influencing the student’s identity as a

nursing professional; however, “faculty may tend to be more idealistic than their staff nurse colleagues” (Coudret et al., p. 347). New graduates’ role perceptions change with time and with experiences. “The influence of the staff nurse was strongly evident” (Coudret et al., p. 348) and as the student experienced work with the CTA/preceptor, the student values shifted away from the values associated with faculty to provide a more realistic view of the work environment. Graduates providing actual care with their preceptors changed the new graduate’s identity.

Howkins and Ewens (1999) conducted a qualitative study to determine how the student becomes socialized into his/her professional role. Howkins and Ewens were also interested in assessing if the role transition process was reactive or proactive in nature. British community college nursing students completed a repertory grid that was first used by Branister, Burman, Parker, Taylor and Tindall (1994) to determine if the process was proactive or reactive. The study was accomplished by having 78 students complete the repertory grid three successive times; once at the beginning of their last community health nursing course, once upon course completion and once again, when the nursing graduate had practiced as a nurse for six months. When the data were analyzed, three themes emerged. The graduates identified that they were more self-aware of their own role and personal accountability in becoming a professional. The data also revealed that graduates had a broader perspective and a more confident attitude than what the participants had identified as a student. In addition, not only had the graduates developed a better understanding of their role since graduation, but the graduates were less rigid in their thinking, their role perspectives were broader, and their roles were more difficult to define within limited boundaries. The graduates needed to be proactive, lifelong learners

motivated to change and grow outside the confines of a planned academic program. Professional role demonstration was the responsibility of the graduate and this responsibility would continue throughout the nurse's career. The professional role would be practiced and defined by each individual nurse. The Howkins and Evans study aligns with Benner's (2010) work that stated students must be proactive and become lifelong learners.

Amos (2001) conducted an exploratory study that revealed that new accountability was both "enjoyable" and "threatening." This study focused on the factors that influenced students as the graduate began to practice as a staff nurse. Five new graduates working in gynecology were interviewed in a semi-structured format. The interviews were followed by the formation of a focus group of five additional new graduates that were practicing on other staff areas. Of the nine main study conclusions, graduates stated that structured supervision is one of the key components in role transition. Gaining experience in the clinical areas was "viewed as the most important factor for learning. Participants felt that structured supervision by preceptors and rotation programmes were the most beneficial ways to assist role transition from student to staff nurse" (Amos, p. 41). Active nursing units provided real world experiences so that nursing skills could be practiced, refined, and retained; interactions with other team members (healthcare assistants) occurred and the experience gave the new clinician an opportunity to question healthcare decisions. The graduates in the Amos study identified that experience must be accompanied by structured supervision.

Clare and Van Loon (2003) conducted 21 focus groups in all states and territories of Australia in 2001. The results were analyzed for recurring themes and then collated

into two surveys. The first survey was distributed to 305 nursing directors and a second survey was sent to a random sample of new graduate nurses. The study sought to determine themes that could be used as best practice principles. Graduates reported “best” aspects of their transition as working with experienced, confident, and competent nursing role models that welcomed them into the team. Graduates valued the opportunity to demonstrate competence, gradually increasing their workload and responsibility. The best aspects of transition in the Clare and Van Loon study were receiving support, being welcomed and accepted into the nursing team, and having individual contributions valued.

“Worst” aspects of transition were the overwhelming feeling of not having sufficient knowledge and the reality of feeling consistently tired from working full-time shift work. “Transition was intellectually, emotionally, and physically exhausting. When the graduate received negative feedback or bullying, the balance tipped and graduates thought of leaving nursing” (Clare & Van Loon, p. 27).

A study conducted in Australia by Parker, Plank, and Hegney (2003) utilized 1,477 nurses at three levels of preparation: assistant-in-nursing/certified nursing assistant, enrolled nurses/associate degree nurses and registered nurses. Nurses were randomly sampled and surveyed. The results indicated that the nurses’ perceptions were that they were adequately supported during workplace transition regardless of the work area that the nurses represented. The areas of employment were aged care, private acute, and public acute settings.

In the Parker et al. (2003) qualitative study, data were analyzed using Statistical Package for Social Science (SPSS) for Windows (Version 10.0). Results indicated there

was a significant difference ($p = 0.002$) across the work sectors regarding the perceptions of the adequacy of support given to new graduates in their workplace. In the aged care sector, caregivers perceived there was adequate support regardless of their age or years of service. In the acute public sector, a significant difference ($p = 0.03$) was found in relationship to the age of the respondent and in the years of service of the respondent ($p < 0.001$). “Nurses aged 20-29 years (63%) were more likely to perceive inadequate support than nurses over age 60 (23%). Nurses with over 35 years of experience were more likely to perceive that support was adequate than those employed less than five years” (Parker et al., 2003, p. 303). In the acute private sector, significant differences were found in years of service ($p = 0.04$) and in job designation ($p = 0.007$). Older nurses perceived that support was adequate for new graduates and younger nurses did not. In addition, as job responsibilities increased, older nurses disagreed that orientation was needed and perceived that the support was adequate.

Parker et al. (2003) also reported findings not found in other research studies. The results suggested that there are apparent differing needs across nursing employment sectors and one size does not fit all. New graduate support programs and new graduates may have differing needs.

Smith and Chalker (2005) were interested in the effect of continuity in preceptorship assignments and if consistency would affect role transition of the new graduate. New graduates completed a four-month orientation program with an assigned preceptor. The new graduates worked the same schedule and the same four medical/surgical areas as the preceptor. Prior to this study, the new graduates’

orientation models were not structured and graduates worked with a variety of preceptors during the experience. A descriptive, retrospective design was used.

In the Smith and Chalker (2005) study, researchers wanted to ascertain the graduate nurse's perception of assigned preceptors versus the perception of graduates that were assigned to multiple preceptors. Surveys were mailed to new graduates working at one military hospital. The response rate was 46% and the study sample size was 216 respondents. Descriptive statistics and chi-square procedures were performed using SPSS version 10.0. "No differences were found in perception of clinical performance, role transition, satisfaction, and retention in nursing between nurse interns who had an assigned preceptor (n = 35) and the nurse interns that did not have assigned preceptors (n = 53)" (Smith & Chalker, p. 50). Forty-eight percent of the new graduates reported that having neither single nor multiple preceptors influenced their decision to stay in nursing. It is noteworthy that military nurses pre-sign an agreement to practice a given setting for three years. Eighty-four percent of the graduates believed having the same preceptor helped the graduate build trust, consistence and confidence. Sixteen percent reported that having the same preceptor was detrimental. Multiple preceptors in the new graduates' opinions provided a variety of approaches to leadership and skill styles and the intern could incorporate multiple styles into their own personal style. The perceptions of active duty new nurse graduates are not generalizable to all new graduates, but the findings added to the body of knowledge and provided insight into how new graduates perceive single versus multiple-assigned preceptors.

Newhouse, Hoffman, Suflita, and Hairston (2007) were interested in studying how an internship program may affect new graduate retention and reduce turnover.

“New nurse graduates experience a stressful role transition into healthcare organizations, with 30% leaving their first job within 1 year and 57% leaving by 2 years of employment” (p. 50). Newhouse et al. developed an internship program named Social and Professional Reality Integration for Nurse Graduates (SPRING). “The internship program provided an intensive socialization and educational experience to support new nurses in their professional development and their transition into the nursing role” (p. 52). The Newhouse et al. study utilized a quasi-experimental control group design with a posttest only. Data were analyzed using SPSS (Version 4.0). The sample size of 522 new graduates were administered the posttest tool after completing 12 months at a large academic hospital. Tools used in the Newhouse et al. study were the Organizational Commitment Questionnaire (Mowday, Steers, & Porter, 1979), Modified Hagerty-Patusky Sense of Belonging Instrument (Hagerty & Patusky, 1995) and Anticipated Turnover Scale (Hinshaw, Smeltzer, & Atwood, 1987). New graduates that completed SPRING orientation were compared to graduates that did not complete SPRING. The results revealed that SPRING graduates had less anticipated turnover, a higher sense of belonging and an overall higher rate of retention at one year of employment. The Newhouse et al. study added support to the value of offering new graduate orientation programs to assist the new graduate in role transition.

Transition and Multi-Disciplinary Collaboration

Kapborg and Fischbein (1998) conducted a qualitative study in which eight students kept diaries following graduation for two months in order to assess their perception of role transition. “The newly registered nurses also received instructions to write about things that particularly concerned them and were considered important” (p.

167). Several new problems of the new graduate were identified in this study: management of paperwork to the extent that the graduate had insufficient time to focus upon patient-centered activities, a high work load that impacted their on-duty performance and their off-duty ability to relax and difficulty delegating or deciding when it was appropriate to call a physician. These issues are all decisions that a newly graduated nurse could characterize as role transition issues related to inexperience. In the nursing work environment, work assignment/workload, documentation, and delegation are still important factors in providing appropriate, safe patient care. Kapborg and Fischbein concluded that nursing schools and medical areas should cooperate and work more closely together in hopes of solving these transition issues. Kapborg and Fischbein offered minimal solutions for nursing educators regarding how nursing education might better prepare newly registered nurses to effectively manage newly encountered work situations. The study did add to the body of knowledge that transition into practice was frustrating and difficult since graduates described themselves as unprepared for their new professional role.

Delaney's (2003) study has several implications for nursing education and potential employers. Graduates stated that as new nurses they were not prepared for the client assignment load and did not have the necessary time management skills. Graduates noted that nursing educators should increase student client assignments from two to three clients to four to six patients to better align with real world nursing. These graduates also felt educationally unprepared to deal with the death and dying clients. Educators could incorporate a death and dying nursing course into the curricula prior to graduation. Graduate suggestions for employers were to limit and carefully select the preceptors used

in orientation. The entire orientation experience was guided negatively or positively by the preceptor's support or lack of support. Graduates felt that the most important change needed to help graduates transition was collaboration between the hospital service and educators. This study supported incorporating all forms of reality into experiences provided to students and graduates.

“Transformational Models of Nursing Across Different Settings,” a set of commissioned briefs written by the Fellows of the Robert Wood Johnson Foundation (RWJF) Executive Nurse Leadership program, was the result of a two-year effort (Glasgow, Neiderhauser, Dunphy, & Mainous, 2010) to find solutions to educate nurses so that role transition would occur effectively. In January 2010, the need for interdisciplinary healthcare curricula was again suggested as a necessary component of preparing nurses for practice. Glasgow et al. summarized the major issues as:

- Achieving standardization and collaboration while transforming nursing education
- Academic-practice partnerships that foster innovation in educational models
- New educational technologies, such as simulation and mobile information technology, at the point of care
- New approaches to the transition of undergraduate and graduate nursing students into practice
- Changes from mandatory clinical hours to competency-based assessments. (p. 23)

Collaboration, in addition to academic-practice partnerships, in actual practice settings is also considered to be beneficial in achieving role transition.

Role Transition Progression

Further qualitative work by Godinez et al. (1999) attempted to define what initial transition steps occur as the new graduate becomes a staff nurse. These authors identified several teaching/learning strategies that could assist in facilitating role transition.

Twenty-seven graduate nurses participated in the study. The graduates had mixed levels of undergraduate preparation (diploma and BSN graduates) and almost half of the graduates had a student clinical assignment on a unit in their employment facility prior to graduation. A feedback sheet or log was completed during the first three weeks of their orientation to a clinical unit in an acute care hospital. “The log documented learning activities of the graduate nurse, communicated the need for and evaluation of learning experiences, and planned activities to meet the continuing needs of graduate nurses” (Godinez et al., p. 97). The results were analyzed using content analysis. Five themes were identified and transition components were placed in a representative teaching model. Results revealed that transition was a very dynamic and individual process that occurs between the graduate, their specific preceptor and other staff that were closely involved with the graduate nurse. Godinez et al. found that in early transition, new graduates were having new feelings and learning new behaviors and new points of view. The important themes identified were “real nurse work, guidance, transitional processes, institutional context and interpersonal dynamics” (Godinez et al., p. 100). In the opinion of the study authors, the themes are overlapping and interactive. The Godinez et al. study acknowledged that:

Educational programs have been blamed for their failure to prepare professionals who are ready to assume the role responsibilities of a staff nurse, but it is paramount to build these collaborative efforts around the understanding that role transition requires time, practice and guidance. (p. 109)

The Godinez et al. study shed light upon the human factor in role transition.

Although certain educational elements of a transition plan may be identified, educational programs must be cost effective and finite in depth and breadth. It emphasized the need for the extensive, interactive practice of nursing in order for professional role transition to

occur. Most educational programs may not be able to incorporate enough time and practice to solidify role transition within a standard undergraduate nursing curriculum. However, nursing educators must become cognizant that the process begins with the undergraduate program.

Dearnley (2006) conducted a study to understand the process of personal and professional transition that occurred within a two-year program study of enrolled nurses (also known as ADN nurses) in the United Kingdom. Dearnley's results could assist nursing educators to better prepare graduates to transition into autonomous practice more effectively. The results could also be useful to any graduate that continues to be a lifelong learner and attempts to enroll in additional educational programs. Data were collected five times during the five-year educational program by conducting semi-structured interviews. Eighteen students were interviewed at various intervals with 58 interviews overall. Dearnley found that practitioners of nursing evolve through three stages of confidence: hesitant practitioner who is passive and dependent, liberated practitioner who has been subjective in their thinking and has procedural knowing, and the dynamic practitioner who has progressed past the first stages and can integrate the whole picture of knowing. Dearnley stated that "each individual, however, negotiated their own way through these stages and did so in their own time supported in their own unique ways" (p. 3). These findings also have meaning for higher educational programs and care delivery systems. Transition is a continual and ongoing process that occurs during and following the educational preparation of nurses. Dearnley stated:

The educational processes inherent within this course (two-year ADN course), primarily those that enabled students to reflect on their wealth of experience, within a supportive framework, and reach new understandings about themselves

and their practice, led to new ways of knowing nursing, which developed self-confidence and self-esteem and were motivational. (p. 216)

It is noted that support and self-reflection are again mentioned as key factors in successful transition.

Etheridge (2007) examined role transition from the standpoint of asking the new graduates “when they began thinking like a nurse” as a key turning-point in acquiring the critical thinking skills necessary to function independently. Etheridge interviewed BSN graduates three times during the first nine months of their practice. The graduates had completed work with a preceptor and were no longer working with a preceptor. The study was a descriptive, longitudinal phenomenological study designed to explore the context in which graduates learned to make clinical judgments. Etheridge described this process of learning to think like a nurse as being characterized by “the emergence of confidence, the acceptance of responsibility, the changing relationships with others, and the ability to think critically within and about one’s work” (p. 25). The responses indicated that it takes months to develop confidence and it occurs only in the context of discussion with “others.” The others may be faculty, peers or managers who are trusted colleagues. Graduates identified that the learning-practice gap was reduced when faculty questioned them or held discussions to challenge their thinking. Graduates were uncomfortable with responsibility since the graduates anticipated the physician was in control. This new level of responsibility was overwhelming in some cases since the graduate had not experienced the same responsibility level as a student. Graduates also identified that being able to critically think was also a function of time. It was interesting for the graduate to understand that consulting with others and that disagreeing with others were both necessary at times. Graduates appreciated the variety in patient situations and

the exposures to many types of interactions were useful examples of reality in nursing. The study has implications for faculty that want to help graduates to transition into their professional role. Since limited time and repeated exposure to varied situations may be impractical in a program of defined length, faculty can use extensive discussion and challenging questions as their most important learning tool. In addition, educators should take note that exposing the student to actual nursing situations that represent reality as closely as possible, both in experiences and the level of responsibility, is important in preparing the student.

Holt (2008) designed an exploratory study to understand the process and the steps within role transition. Holt attempted to define the stages of role transition in hopes of applying the model to all healthcare professionals because all professionals must move from an undergraduate novice to a competent practitioner. Holt observed 11 new graduate nurses working in a primary care area. Field notes were compared with job descriptions; information was gathered in individual and group interviews, and in focus groups. Findings provided a progression of how the individuals changed during this novice period using a four-concept model. The four concepts were “who/centering identity, what/focusing role, what/enacting role, and how/shaping role” (Holt, p. 122). The study acknowledged that all individuals are unique and would pass through the same stages but at a rate unique to their personality. This model could be used as a benchmark for preceptors and other persons interested in the individual’s progress to visualize where the new graduate may be in relation to achieving role transition. Holt mentioned that transition processes may be:

. . . a single event thought to be a central part of ongoing professional development depending upon the nature of one’s work and responsibilities within

a given context. This may be triggered by a range of role, person, role set, context or expectations, and is defined by the role holder developing the role actively or passively in response to the given changes. (p. 124)

Role transition is a daily process for all individuals hoping to change and grow in competence within their professional and personal life.

Transition and Effective Communication

Evans (2001) gathered qualitative data from nine new nursing graduates regarding their expectations for role acquisition as the graduates entered the work force in London, England. The qualitative method was chosen so that frequent interactions would occur within the focus group; thus, allowing the nursing graduates to express their concerns openly. Implications from this study that pertain to nursing educators are that nursing educators need to match curriculum designs with clear expectations that have been determined by the nursing profession itself. The Evans study inferred that the nursing profession is not always clear or unanimous in their recommendations regarding the performance expectations of new graduates. The new graduate needs to be separated from student status and transition to nurse status by professionally integrating this into their new role.

The Evans (2001) study provided guidelines to help support role transition. Evans's study compliments previous studies and emphasizes that students as well as new graduates need clear professional advice and guidance. In addition, sufficient suitable placements should be provided so that learning opportunities are provided prior to and following graduation. The themes identified by Evans suggested that both undergraduates and graduates need actual nursing experiences with ongoing supervision

with clear understandable guidance and academic development throughout the transition period.

Delaney (2003) conducted a phenomenological study that consisted of a sample of 10 female graduate nurses who had completed a 12-week hospital orientation program. It was noted by Delaney that nurse educators and the hospital service had consciously collaborated to facilitate transition into practice at this institution. Participants were interviewed and resulting data were analyzed using Colaizzi's (1978) phenomenological method. Ten themes were identified. Mixed emotions of pride following graduation to descriptions of feeling "nervous and scared" about starting a new phase of orientation were mentioned by all participants (Delaney, p. 440). Preceptors were noted to play an important role in significantly influencing their career views either negatively or positively. Time management and caseload were the most commonly mentioned differences between the real world and their educational preparation. Graduates were overwhelmed when given new unfamiliar tasks in addition to their increased responsibility. Participants also expressed frustration with attempting to learn a new hospital system. This particular theme was important to note as the nursing educational curricula had been designed and the faculty had collaborated with this institution to facilitate a smooth transition. Graduates felt they were not ready to cope with death and dying at an acceptable level following graduation. Participants did develop a personal system of organization to cope and found self-reflection extremely helpful as a way of developing self-confidence. Ultimately, graduates felt empowered by the difference that nursing makes in society and commented favorably on the orientation program.

When new graduates enter the work force, it is believed that they have been informed in their undergraduate education and are also well aware of the professional role that they will assume. Role transition can be complicated if the graduate is not clearly aware of professional goals and understands how to obtain these goals.

Rungapadiachy, Madill, and Gough (2006) conducted a grounded theory phenomenological study to explore what undergraduate students perceive as the role of a mental health nurse (MHN). Semi-structured interviews were conducted with 11 students when they graduated and at six months post-graduation when the graduate had actually assumed the role of a MHN. The aim of the study was to identify changes in their perception of the mental health nursing role. Four themes were revealed: transition, role ambiguity, lack of support and a theory-practice gap. Graduates were surprised, and in some ways disappointed, that the role was more advanced than the direct care/psychological interventions the student MHN had perfected in college. In fact, many of the supervisory and management roles were not witnessed until the graduate was orientated to the MHN position by their employer. This was the first indication to the graduate that the role was multifaceted. Graduates did not find a place to utilize the skills they had developed and the higher level skills had not been presented or practiced. Their undergraduate education had not provided all the information needed to assume this role effectively. The graduate felt unprepared and frustrated. The study did not find drastic changes in the MHN perceptions over the six-month period. As nurse educators strive to contribute to effective role transition, the study signaled that curricula must provide experiences as close to actual practice as possible in order for graduates to be successful in assuming a familiar role.

Johnstone and Kanitsaki (2008) were concerned with new graduate transition in one specific area, clinical risk management. A study was conducted in Australia over a 12-month period and was completed in five phases. Six new graduates were surveyed. The first and second questionnaires were administered prior to and following the basic, required one-week orientation. Three questionnaires were administered at six to eight week intervals over the next year. Other key stakeholders (managers, preceptors, clinical faculty, administrators, librarians) were selected to participate in individual and focus group interviews. Data revealed that the graduates integrated the knowledge given to them during orientation and retained and implemented the information within the first three months of employment. This study gave important information about the process of transition since it is not reported in the literature that graduates must be told and not assumed to have the information needed to practice and transition effectively. The authors were clear that the transition process involves three successive components: the giving of clear information and expectations, the use of the information in their professional experience and the support of others on the team collectively adding input and reinforcement. The findings of the Johnstone and Kanitsaki study has implications for undergraduate educators in that graduates must be prepared to understand that a four-year curriculum does not have the time to reinforce appropriate practice and to solidify all aspects of nursing practice. The graduate must continue to ask questions to clarify what they do not know. A graduate is still a neophyte practitioner and not all practice information can be obtained within the four-year undergraduate nursing program.

Determining Optimum Transition Program Length

Heslop, McIntyre, and Ives (2001) developed a four-part descriptive survey/questionnaire to study undergraduate nursing students' perceptions regarding role transition. The sample of 105 Australian third-year BSN students were asked to self-report how prepared they felt to assume their new professional role in the first year following graduation. Students favored being employed in larger public hospitals and associations due to the higher probability that peer guidance and support would occur. Students wanted to achieve a good relationship with their new associates and team members. This study also found that students perceived that peer support was an important factor in successful role transition.

In addition, the students in the Heslop et al. (2001) study felt unprepared and apprehensive due to what the students identified as a low amount of undergraduate clinical placements and lack of opportunity to practice and gain confidence in basic nursing skills. "Students preferred acute care settings which may reflect their understanding that nursing skills are consolidated in an acute care setting" (p. 629). A recommendation from this study was that further research was needed to determine what educational models best facilitate the transition from undergraduate education to the workplace. The implications for nursing education was that future research should be designed to reveal the amount and type of clinical experience that would provide nursing skill acquisition within a supportive environment. These implications for nursing are consistent with other studies (Etheridge, 2007; Evans, 2001) where graduates voice concerns regarding peer support and guidance as well as sufficient amount of time in actual practice settings.

In another 2001 study, Thomka also sought to understand the individual transition experiences of 16 new graduates nurses (GN). The graduates with variable nursing educational preparation (diploma, associate and baccalaureate degrees) were asked to share their perceptions and feelings that arose from interactions with nurse colleagues during their first year of professional practice. The initial placement areas of their practice were also diverse (psychology, medical/surgical, intensive care, emergency room, nursing home, oncology and neurological/spinal practice areas). The study was important to nursing educators. As summarized by Thomka, “These experiences give rise to diverse thoughts and emotional responses that may have a significant impact on nurses’ own professional development and socialization to the professional role” (p. 15). A questionnaire was developed by Thomka and qualitative data were analyzed using thematic analysis. The GNs described both positive and negative experiences with professional staff nurses. The study gave insight into the experience as being stressful and overwhelming since their reflections revealed that the orientation opportunities were inconsistent and the experienced staff members were not always supportive and openly talked about the GN in their proximity. The GN orientation programs included in the Thomka study varied in length from four days to three months. GNs were partnered with another professional nurse that was described as a “mentor,” “preceptor,” “charge nurse,” or “RN.” Overall, the expectations of an effective orientation were not met by the participants.

The participants in the Thomka (2001) study described what would have been an “ideal” transition experience and what experiences were missing in their opinions. The participants suggested an orientation program that provides experience with “long term

mentoring over a year with an experienced RN and on-going case studies and involvement in committees.” The participants described their preceptors as needing to have “nurturing” and “supportive” qualities (p. 19). Graduates in the Thomka study perceived they were involved in ineffective orientation programs following graduation. The Thomka study supported other research studies conducted in the decade starting in 2000. Undergraduate nursing curriculums may choose to include the consistent, positive supportive preceptor mentioned by GNs in the Thomka study when curriculums are designed in undergraduate educational programs. Goode, Lynn, Kresk, and Bednash (2009) reported a dramatic reduction in turnover among BSN-prepared nurses who participated in a year-long residency program immediately after graduation and licensure.

British researcher Whitehead (2001) interviewed six staff nurses regarding the transition that the nurses experienced within the first year of their employment as a staff nurse. Although the convenience sample was small, the findings revealed that the one-year period following graduation was an anxiety-provoking time for these graduates. The Whitehead study recommended that employers provide a structured preceptorship for newly hired graduates since “the research demonstrated that there is a need for support during transition” (p. 330). The study noted that preceptorships are time-consuming and difficult to arrange since shift work rarely allows the graduate nurses’ schedules to coincide with the schedule of the preceptor. Frequently employers do not arrange graduate and preceptor orientation schedules to save money in the short term but employers find that in the long term, new graduate nurses are dissatisfied due to lack of interaction with a consistent preceptor. Although all but two graduates in the Whitehead study spoke highly of their undergraduate educational programs, study results found new

graduates to be more confident if the graduates thought their knowledge base was adequate and “clinical placements were so that students are on wards longer, gaining confidence and experience in an environment conducive to learning” (p. 339). In summary, the Whitehead study suggested structured preceptorships following graduation provide support and reduce anxiety. Longer clinical placement prior to graduation was recommended to increase confidence and reduce anxiety.

A similar transition program to that of the Whitehead (2001) study was developed and studied in Australia. Twenty-five new graduates participated in a Graduate Year Programme in an attempt to assimilate into their new professional roles. A qualitative study conducted by Newton and McKenna in 2007 utilized focus groups and anecdotes to collect data over a 16- to 18-month follow-up period. This study supported that it takes time to transition into professional nursing. Graduates described different stages that they passed through in succession during the year-long program. Six themes were identified in these illustrative words: “gliding through” undergraduate course work, “surviving,” “beginning to understand,” “sheltering under the umbrella,” “knowing how to,” and “we’ve come a long way” (Newton & McKenna, p. 1231). Newton and McKenna noticed that graduates have a sense of being unprepared and as students graduate, they can no longer “pass through” but need to take time to socialize into the new role (p. 1232). Having graduates “glide through” is troublesome for any educator to hear because it may indicate an unawareness of the seriousness of the educational commitment on the part of the student. Discussion points offered by Newton and McKenna were to consider less frequent rotations through clinical areas to promote a sense of team building, to notice staff behaviors of horizontal violence or bullying that

are not conducive to learning and to provide the students with an environment that promotes autonomy rather than dependence.

As with earlier studies by Whitehead (2001), O'Shea and Kelly (2007) also found that nursing graduates were continuing to describe role transition as "stressful" and "unprepared" in Ireland. O'Shea and Kelly conducted interviews using a phenomenological, hermeneutic approach. Ten new graduates that were six to seven months post-registration had mixed emotions of satisfaction and nervousness, experienced losing weight and sleep, mentioned being frightened, and unprepared in managerial and time management aspects of their new role. These graduates also mentioned not being prepared for death and dying clients, which supported the research of Delaney (2003). Helping patients, feeling appreciated and receiving pay for their job were listed as positive factors in the first months of their new role. This study discussed the need for managers to establish a three-month orientation program to develop skills and that it was necessary to have a preceptor available to partner with the graduate. In addition, the findings of the O'Shea and Kelly study discussed that the educator must constantly evaluate the quality of clinical placements and the development of a strong skill base in undergraduate education.

Young, Stuenkel, and Bawel-Brinkley (2008) were interested in role transformation changes that may occur following a six-week new graduate orientation. Using Pieta's 1976 Nursing Role Conceptions instrument that was developed from Corwin's 1961 role conceptions definitions, 23 new graduates were given questionnaires at the beginning and following orientation. Professional, bureaucratic and service roles were examined in order to determine role conception and role discrepancy scores, using

pretest and posttest responses. The mean service role conception was the highest score and this may indicate that new graduates were task-orientated and concerned with obtaining proficiency in nursing skills. Lower scores may indicate that the new graduate does not have loyalty to the hospital or to hospital rules and regulations. Although new graduates in the Young et al. study are focused on attaining skill development, the study findings are important because “failure to minimize role discrepancy in newly graduated nurses may result in job dissatisfaction, low morale, and high turnover rates” (p. 109) which is an increased cost to hospitals and ultimately to healthcare and society.

Previous Nursing Experience and Role Transition

Paech (2002) conducted a phenomenological study of nine previously enrolled nurses (synonymous to associate degree nurses in the United States) in Australia. Because enrolled nurses have received previous education and have practiced as enrolled nurses, the study was unique since the study records the perceptions of nurses that are simultaneously experienced healthcare providers and also novice registered nurses. There is a scant amount of research regarding this group of new graduates. The objective of the Paech study was to provide understanding of the needs of enrolled nurses who return for further nursing education. It is important to note that these healthcare providers may enhance our understanding of transition from another educational perspective. The participants were interviewed and data were examined using Van Manen’s (1990) thematic analysis. Three subthemes were identified. The new graduates noticed that the RN role required the increased amount of responsibility and accountability. The graduates recognized change and felt some sense of grief in the loss of their previous role as either a student or an enrolled nurse. The graduates also

experienced job satisfaction by realizing a dream of increasing their professional status. New graduates without previous healthcare experience did not mention change in accountability, grief in loss of the student role or satisfaction in elevating their professional status in the literature previously found by this author. This information from the Paech study could present a need for nursing educators to design different programs for undergraduate students with previous healthcare experiences. Initially the graduates in the Paech study were overwhelmed with the additional responsibility.

Gould, Carr, and Kelly (2006) conducted a qualitative, exploratory study concerning new graduates who had previously been employed as healthcare assistants. Gould, Carr and Kelly in the United Kingdom explored if graduates' perceptions regarding role transition could change if individuals had previous caring experience and exposure. One objective of this study was to determine if these practitioners would obtain an advanced degree and be more committed to complete an advanced degree. The study also sought to understand if those individuals would undergo role transition more effectively. Another purpose was to examine if these individuals would undergo role transition more effectively than those individuals not having previous care experience. This information was useful for nursing educators that wanted to bridge the gap between education and transition into practice. The study presented experiences of graduates that returned to their original workplace. Of the 12 healthcare assistants eligible to continue their education, one student did not complete their advanced educational program. Four students did complete their program of study and participate in the Gould et al study. Findings included that healthcare assistants lacked formal study skills, which proved to be an obstacle. Assistants returned to their origin practice areas, but worried regarding

assuming a new role among previous colleagues. It was a new experience for the assistants to work within a multidisciplinary team and now learn to delegate to staff that they previously had worked. In the Gould et al. study, preceptors were not always available to be paired with an assistant. The assistant's anxiety centered upon the very public nature of failing to achieve staff nurse status. Although when this particular small study was developed in 2006, experienced assistant staff were thought to be an easy solution to increase qualified staff expediently, the available registered nurse staff did not increase appreciably. The transition was complicated for the assistant staff members that pursued additional education. Results of future studies on this topic could differ from the findings if assistants assumed their new graduate role on a new and unfamiliar work area. In the Gould et al. study, previous work experience did not ease transition into practice problems because graduates were assumed to not need preceptor support.

Concerns also exist in the United States regarding recruiting and retaining new graduates during a cycle of nursing shortage in the workforce. Strauss (2009) found the 12-week orientation program had excellent possibilities of retaining new graduates. This new graduate orientation program was developed in Boston, Massachusetts for non-licensed clinical associates following nursing school graduation. The orientation course was comprised of 80 former hospital employees with clinical experience in similar caregiver roles. The average retention rate for program graduates was 97% after one year and the retention rate calculated after two years was 95%. Strauss noted that strong communication among all team members was an element of the program's success.

Role transition may be illusive for new graduates as well as experienced nurses. Role transition could be a re-occurring phenomenon throughout a professional career.

Even with education and experience, nurses must re-transition when transferring to a new area of practice. Begley (2007) found that as nurses move to other specialty areas within the profession that their previous experience is not recognized by other nurses. Begley reported that experienced nurse wore their name badge in order to call attention to their previous status and to emphasize that their past experience or registration in additional areas indicated that they had obtained additional knowledge or skills. Participants voiced that they experienced loss of status and emotional upheaval while orientating to their new position.

Data were collected by Begley (2007) using a broad phenomenological approach from a purposeful sample of six students using unstructured interviews. Thematic analysis was completed. In the Begley study, registered nurses were not offered formal preceptor support when the nurse chose to move to another specialty. The nurse who transfers to a new specialty is in a new environment and the support of her colleagues must be re-attained. Study participants reflected that they were surprised that it was assumed that the nurse did not need support if they had experience. This study has implications for undergraduate educators and institutional administrators. An environment of support is needed for role transition to occur following graduation and during professional career change.

Preceptors need support from their colleagues when undertaking an additional career role. Floyd, Kretschmann, and Young (2005) described and evaluated the effect of graduate nurse internship programs designed to facilitate transition into practice. Floyd et al. studied and evaluated 37 new graduates by analyzing the formal written evaluations given following a four-month internship/orientation program. Qualitative data were

analyzed using SPSS-PC version 11.0. The study found that new graduates needed support from colleagues but emphasized the importance of providing colleague support to preceptors. Ongoing support by colleagues was found to be important for all levels of experience. This type of supportive orientation program also helped the employer retain new graduates. New graduates valued “gaining confidence in their skills, as well as time for reflection and critical thinking. Retention for this group of new RNs is at 35 of the 37 hired in 2003, a 94.5% retention rate at the 1-year anniversary” (p. 289).

Bourbonnais and Kerr (2007) made a unique team of researchers because collectively they represented both the practice environment and the educational environment and worked together to provide preceptors for students. These authors felt that preceptors were a valuable asset in role transition. Their approach was to study the unique position that a preceptor is placed in when assigned to work with a new graduate and students as well to explore what preceptors found helpful during the experience. Bourbonnais and Kerr interviewed eight nurses who had been preceptors. Thematic analysis resulted in identifying an overriding theme from the analysis: “safe passage” for the graduate/student and the patient. Preceptors felt dependent upon the educational institution and their employer to provide information regarding goals and limitations. Preceptors needed the support of faculty advisors and wanted to continue the initial teaching workshop provided by their employer. When the preceptor did not have a clear view of the goals or the preceptor was not recognized by other nursing staff, the preceptor reported that they felt devalued. The study makes faculty and administrators aware of the needed resources preceptors need to perform their assignment. Preceptors, students and graduates require support from colleagues when involved in role transition.

Zurmehly's (2007) research also found lack of transition support offered to experienced nurses during career moves within nursing. Zurmehly purposely selected and interviewed 48 community health nurses that transferred into community nursing from an acute care area. Although the autonomy and flexibility were factors that nurses valued and caused them to transfer to a new specialty area, the "findings indicate a need for additional supportive preparation strategies" (p. 162). Zurmehly's statement is consistent with the findings of Pearson and Care (2002) who stated, "Systemic support, including direct communication, financial incentives, orientation, and continuing education programs, would assist in heightening the nurses' awareness of the differences between acute care and community care" (p. 177).

Role Transition in Specialty Areas

Because emergency departments (EDs) are challenging places to work, EDs are often deemed unsuitable work areas for inexperienced new graduate nurses. Emergency departments are characterized by acutely ill clients with high client turnover and, in general, a very stressful area in which to work. New graduates with lack of acute care experiences who lack interpersonal skills have led EDs to establish policies of not accepting new graduate hires (Cronin & Cronin, 2006).

Individualizing transition experiences may be problematic due to cost constraints. but Messmer, Garcia-Jones, and Taylor (2004) took individualized orientation and transition into practice in another direction. This mixed-method study sought to determine if an inexperienced nurse working with an experienced intensive care unit (ICU) nurse would provide insights regarding appropriate transition methods. The nursing shortage in 2004 made unique challenges for novice nurses who were being

utilized in the high stress area of ICU following graduation. The nursing shortage made it a necessity for employers to fill vacant positions rapidly. “Joan Stout, Shadow-A-Nurse ICU Program” was an orientation internship developed to assist the new graduate to rapidly transition into the ICU setting. The internship created a partnership between the new nurse and an experienced ICU nurse. “Shadowing” meant applying the nursing judgments learned in the classroom to the actual client settings. Competent ICU nurses were selected and were asked to participate in a preceptor workshop that helped the experienced nurse understand the new preceptor role. The study used the 1980 Watson-Glaser Critical Thinking Appraisal (WGCTA) to assess graduates’ critical thinking skills and the 1994 Toth’s Basic Knowledge Assessment Toll (BKAT) to measure attainment of key components of critical care nursing. Findings included an increase in the mean BKAT and WGCTA scores when the tests were administered a second time following completion of the classroom section. Content analysis of novice nurses experience logs revealed several themes. These themes included “bridging the gap between education and practice,” “focusing on theoretical and practical sides of critical care,” “building self-confidence and self-esteem,” and “socializing into the ICU role.” These themes were used to increase the communication between novice nurse and the preceptor (Messmer et al., p. 134). From the graduates’ perceptions, the internship effectively bridged the gap between education and practice by helping the graduate socialize into the ICU nursing position while building self-confidence and self-esteem. The Messmer et al. research added to the body of knowledge that a supportive and consistent preceptor is beneficial to the new graduate in a specialty area.

Findings from studies by Jarman and Newcombe (2010) and Bowles and Candela (2005) have implications for all program developers that want to design a successful transition program for new graduates in a specialty area. Jarman and Newcombe described a year-long program developed for a British emergency department that emphasized work-based learning, clinical skills and competency development. The program length was chosen based on a study by McKenna and Green (2004) where it was found that graduates focused on themselves for the first six months and then became more concerned with their practice, relationships and their own development in the second six months. Twenty participants in the British program were evaluated anecdotally, new graduates seem to have benefited in their transition, and the program has assisted in further recruitment efforts. Further studies need to be designed to address what other factors may be involved and link the program to the ultimate outcome of improved patient care.

In a study by Bowles and Candela (2005), a year-long program was developed that also recognized the need for support structures that new nurses needed for transition and socialization processes. Bowles and Candela examined the effect the development of nursing professional roles had upon job satisfaction and new hire attrition rates. In order for role transition to occur, the new graduate had to be given the adequate length of time to succeed in socializing and acquiring nursing skills.

A 2010 study focusing on new graduates with specific interest in emergency nursing was conducted by Patterson, Bayley, Burnell, and Rhoads. The Patterson et al. study illuminated the perceptions of specific graduate nurses in a six-month orientation program in an urban emergency department. Students were enrolled in the “ED

Fellowship Program” prior to graduation and signed contracts to stay employed in the units for two years after graduation. Graduates were assigned a preceptor that volunteered and had taken a preceptor course provided by the hospital prior to graduation. The descriptive study used both qualitative and quantitative methods to better understand the impact of the program on the graduates’ transitions into the role of an emergency nurse. The study interviewed 18 graduates at the program’s mid-point and following completion of the program. Data were analyzed using NVivo7 and was ongoing with data collection. During the last week of the program, a 49-item survey adapted from Bowles and Candela (2005) was also completed and the results were calculated using descriptive statistics.

Findings in the Patterson et al. (2010) study were that “all participants agreed that the orientation program adequately prepared them for their new position” (p. 2008). The study added to the best practice knowledge useful to orient graduate nurses into the emergency nursing specialty, and in addition, offered important findings for nursing educators that are designing effective undergraduate programs. The program length and the use of a consistent preceptor identified prior to undergraduate graduation were important to the success of this program. The participants highly valued the support of the nurse educators and the health system, which was consistent with Valdez’s conclusion that social support is critical to graduate nurses in the emergency setting and vital to socializing the graduate emergency nurse (Valdez, 2008). Fellows in the emergency department program indicated that they needed emotional support and time to discuss and reflect on their experiences. The graduates also wanted additional time in the clinical area and didactic instruction interwoven with the clinical experiences. Frequent

communication was key to these graduates and was a reoccurring theme in their responses. The Patterson et al. study also had implications for hospital administration wanting to retain graduates. Seventy-eight percent of the study participants remained employed two years following completion of the emergency department fellowship program.

Educational Transition Strategies

Nursing has drastically changed, and clinical nursing education models need to be reflective of those changes. Nurse residencies/internships/externs/fellowships/shadowing by any name are not new ideas and have worked well for a variety of reasons as noted in this literature search. Fink, Casey, Krugman, and Goode (2008) surveyed 434 respondents using the Casey-Fink-Graduate Nurse Experience Survey and revealed that, “increased support, enhanced orientation, an improved work environment and increased socialization are needed to improve the integration” (p. 346). Other research also provided other possible approaches and multiple techniques to use transition resources effectively, prepare students as they graduate, and begin professional practice.

Clinical Education Facilitator

In Ireland, Lambert and Glacken (2006) developed a study to explore the perceptions of new graduate nurses who were working with a clinical education facilitator (CEF) in a pediatric setting. The role of the CEF was designed to address the clinical educational needs of newly qualified staff working in specialized areas. The role was developed according to Lambert and Glacken “to provide a supportive clinical environment to enhance nurse practice education and to minimize the theory practice gap” (p. 359). A non-experimental descriptive exploratory design was used to explore

perceptions of pediatric new graduates. The study sample was five new graduates that had begun work with 10 new CEFs. Data were collected in focus group interviews and several themes emerged. CEFs used effective communication to facilitate transition by orientating students and assigning “link” nurses to each graduate. Link nurses are partnered with new graduates as preceptors are partnered with new graduates in the United States. In addition to the link nurses, the CEF helped to prepare the material and human resources that the graduates needed. CEFs provided instrumental and emotional support and maximized the learning opportunities by teaching sessions, demonstrating role modeling and completing learning objectives. In a previous study conducted in Ireland by Savage (1999), it was found that link nurses/preceptors and, thus, graduates ignored or missed available clinical learning experiences. The Lambert and Glacken study findings indicated the perception was that CEFs helped to identify the significant learning events before they were missed. In the Lambert and Glacken study environment, there was a recent paradigm shift from hospital to university-based schools of nursing and the researchers add that a similar shift must occur from clinical working to clinical learning environments. It was the perception of the new graduates that this added layer of support was valuable to assist in their learning and effective in reducing the theory practice gap. Graduates in the Lambert and Glacken study specifically spoke of the additional support provided by the CEF and also stated that there never is too much support as the graduate transitions into practice. Adding CEFs to the orientation program aided in the transition of the new graduate in Ireland.

Caring Focus/Strong Clinical Faculty

In 2009, a study published by Hegarty, Walsh, Condon, and Sweeney focused on nurse educators maintaining current and relevant content in a changing global healthcare environment now serving a diverse population in technologically advanced ways. Relevant nursing education is a challenging and complex prospect among rapid policy and economic changes. Hegarty et al. stated, “A key challenge to nurses of the future will be to remain focused on the caring aspects of the role, ensuring the public’s trust and confidence in the nurse’s capacity to deliver safe and effective evidence-based patient care” (p. 9).

Livsey (2009) developed a non-experimental descriptive study using comparative survey design to examine the perceptions of baccalaureate nursing students regarding select factors encountered in the clinical learning environment. Two hundred forty-three nursing students from 16 states were selected from a random list of 1,000 student members of National Student Nurses Association (NSNA). Livsey’s study replicated and extended research originally completed by Manojlovich in 2003. Relationships were examined using path-analysis with LISREL 8.80 statistical software.

In spite of possible study limitation or bias that may be inferred toward students already engaged in student leadership organizations, Livsey (2009) states the:

. . . importance of student perception of nursing leadership in the theoretical model tested is perhaps the most important finding of the study. Schools of nursing need to ensure that clinical faculty possess not only the requisite skill and knowledge to serve as clinical faculty but clinical faculty need to demonstrate positive leadership behaviors. The attributes of practicing nurse role models cannot be overstated. (p. 13)

Study findings should heighten faculty awareness of the impact clinical faculty have upon nursing students and that faculty support facilitates nursing students being able to effectively transition into professional practice.

As role models, nursing educators can make an individual contribution to successful professional role transition but it is equally important to select appropriate clinical sites where preceptors and staff can role model leadership qualities. Clinical sites can promote motivation, confidence and self-directed learning and should support the characteristics outlined by the American Association of Colleges of Nursing “Hallmarks of the Professional Practice Environment” (American Association of Colleges of Nursing, 2002) which recognized the need for empowering practice environments for nurses.

Senior Capstone Project

Rebeschi and Aronson (2009) examined another teaching tool used in baccalaureate nursing programs in the United States, a senior capstone course that provided preceptored clinical immersion at the end of the nursing program. Although the senior capstone courses have assisted in facilitating transition into practice, a limited number of studies have been completed regarding the effectiveness of this teaching method. Using a multi-method study, Rebeschi and Aronson found first-time pass rate on the National Council Licensing Exam (NCLEX) scores were not improved with a senior capstone project. Eight students participated in the focus group interviews and the qualitative analysis revealed these themes: integration, autonomy, confidence, authority and advocacy consistent with perceived confidence in the nursing role following enrollment in a capstone course. Another benefit of including a capstone project in the

curriculum design was that graduates often later sought employment at their capstone site or specialty. From the student perspective, the capstone course helped the students make staff connections because in this rotation, they were now in charge of total patient care. Student confidence grew during the semester because the students were able to be more autonomous in providing patient education and advocating for the client. Rebesch & Aronson concluded in this study that “the capstone course is a highly valued experience from the student perspective” (p. 10). The ultimate result of the Rebesch and Aronson study was a strong partnership developed between academia and the institution providing the clinical experience.

Redefining Clinical Educators

Burke, Moscato, and Warner (2009) noted that regulatory bodies placed restrictions on student-to-faculty ratios in clinical nursing education. Burke et al. explored partnerships. This prompted the State Board of Oregon to add language to the educational credentials for three types of clinical nursing support: clinical lab teaching assistant (student with two years of experience), clinical educator associate (BSN-RN with two years of experience), and clinical teaching associate (nurse educated to be a role model resource and to coach students). These clinical educator support personnel expanded the available educators to oversee students in the clinical or lab setting.

Clinical Competencies

As suggested by the Robert Wood Johnson Foundation (RWJF) briefs (2007), a change in focus from clinical practice hours to students demonstrating clinical competencies may be an effective alternative to alleviate clinical site congestion. Another possible way to assess new graduate confidence and competency is competency

testing. Hengstberger-Sims et al. (2008) used a cross-sectional non-experimental survey type method to gather data from three cohorts of Australian new graduates employed in three moderate to large Sydney, Australia hospitals (n = 116) participating in a year-long transition program. The Hengstberger-Sims et al. study implications for nursing education and practice are that assessment of nurse competencies should focus on developing general rather than work place specific or advanced level skills competencies because nursing skills not used can not be tested to reveal competency.

Meretoja and Leino-Kilpi (2001) compared competency self-assessment to frequency of use finding in two studies that the “self assessed level of competence increased in direct proportion to the self-assessed frequency of using competencies” (p. 350). The study found competency tests frequently utilized by new graduate nurses should be competency tests that are tailored to the ones the new graduate uses frequently in their specific area of nursing. The study found a weak link that self-assessment used frequently increases self-awareness and confidence. Study limitations stated that this link may not be generalizable to other graduates. Meretoja and Leino-Kilpi acknowledged that actual frequent experience in the clinical setting also improves competency and confidence. The findings give support to educational programs providing frequent, relevant real-world experiences beginning in undergraduate preparation. During transition into practice programs following graduation, new nurses should be supported by a preceptor or exposed to clinical team decisions to provide increased competency and competence.

Multi-Disciplinary Collaboration in Clinical Practice Areas/Simulation Activities

Niederhauser (2010) piloted projects in a system-wide clinical nursing education to redesign nursing education in Hawaii. Niederhauser wanted to determine costs and effectiveness of educational changes and alternative transition solutions. Collaboration with other healthcare professional educational program faculty and simulation laboratories was successful since evaluations demonstrated that:

The value of collaboration, with outcomes including strong student and faculty satisfaction, targeted simulation activities that increased student clinical competencies, the ability to engage practicing nurses in student education and preceptored clinical experiences for novice nursing students. (p. 1)

Neiderhauser's findings agree with the initiatives also set forth in the RWJF (2007) briefs. Another way to increase critical thinking skills when real-life clinical settings are limited is to seek areas of simulation and collaborative practice.

Theoretical Context

Multiple bodies of literature contributed to the building and formulation of the framework of this qualitative study. Six landmark studies from past nursing research will be utilized as stepping stones to guide and build a conceptual foundation for this study. Initially, Lysaught (1970) was reviewed for content and provided a historical perspective. The conceptual framework for this study can be represented as a circle of historical studies. All six studies are represented in Figure 1. These studies provide a solid

background of nursing education's growth since 1984.

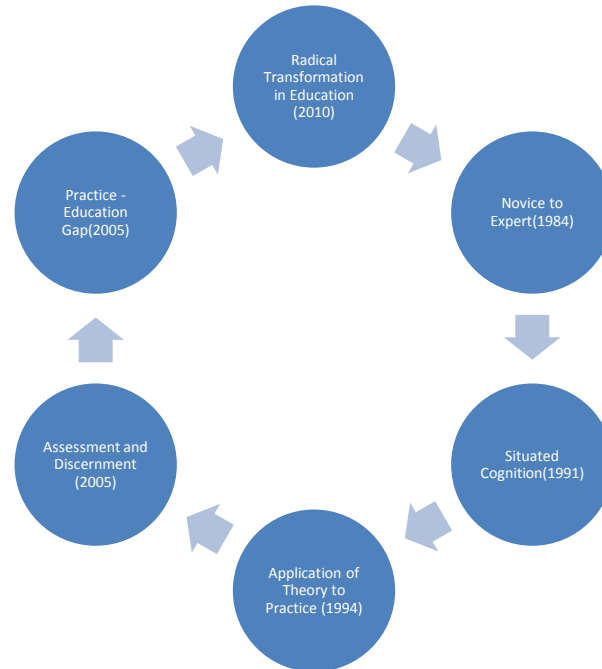


Figure 1. Slone Conceptual Framework

Benner's original work on novice to expert nursing in 1984 was the impetus for a study by Lave and Wenger (1991). Lave and Wenger stated that "at the heart of any practice discipline; whether clergy, medicine, law, engineering, or nursing; lies the need for situated cognition, or the chance to think in particular clinical situations". Erant (1994) stated that "like many academics, nurse educators focus on their students' acquisition of knowledge; however, nurses must know how to use that knowledge in practice" (p. 175). Chan (2005) reiterated that "the professional seeks an optimal grasp of the nature of the situation from which she/he can proceed in her/his assessments and discernment". AONE's contribution to the theoretical framework circle is that this organization acknowledged in 2005 the existence of a practice-education gap in nursing education. Benner et al. (2010) re-emphasized and agreed with Erant in their 2010 study;

“teaching strategies, such as situated cognition and thinking in action, are essential in classrooms, simulation laboratories, and clinical settings”. All six studies agree that undergraduates need to practice and rehearse their profession.

Benner et al. (2010) did site visits and surveys in their recent work to explore both student and educators experience of nursing education. A recommendation of significance from the Benner et al. study to this current qualitative study is:

To explain how students learn during their professional education, we suggest three broad and inclusive apprenticeships that refer to the whole domain of professional knowledge and practice: (1) an apprenticeship to learn nursing knowledge and science, (2) a practical apprenticeship to learn skilled know-how and clinical reasoning, and (3) an apprenticeship of ethical comportment and formation. (p. 25)

The three components noted by Benner et al. in 2010 are shown in Figure 2.

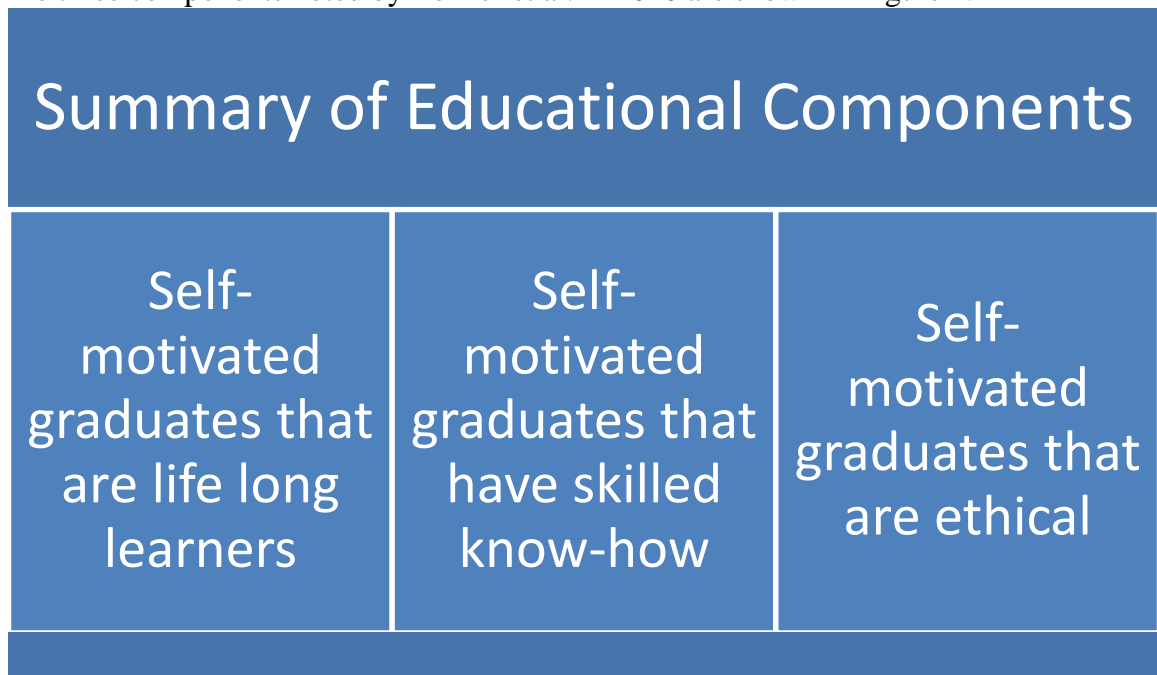


Figure 2. Summary of Professional Education Components From Educating Nurses: A Call for Radical Change, by P. Benner, M. Sutphen, V. Leonard, & L. Day, 2010. San Francisco, CA: Jossey-Bass.

It is the responsibility of nursing educators to provide a quality education. “Nurse

educators deliberately engage students directly into practice as soon as possible, rather than have students just observe or shadow other nurses” (Benner et al., 2010, p. 26). In order for graduates to enter the workforce equipped and prepared, all three components must be integrated into their apprenticeship role. Benner stated “Student nurses need rich opportunities to continue to learn, develop their practice, and articulate it both as individual nurses and as members of a health care team” (p. 30).

The conceptual framework of this qualitative study begins with Benner in 1984. Her work provided Lave and Wenger (1991), Erant (1994), and Chan (2005) with a foundational concept upon which to build additional theories regarding expert nurse preparation. Benner et al. further refined Benner’s (1984) original work and published *Educating Nurses: A Call for Radical Transformation* in 2010. The three apprenticeships described in Benner’s 2010 study are the foundation of this qualitative study. The suggested components of a sound nursing curriculum design are continuously evolving. Summarizing the role transition recommendations developed since 1984, the literature provides strong direction related to fully preparing nursing graduates.

Summary

As evidenced by a search of nursing literature, certain topics appear frequently when considering facilitating an effective transition into nursing practice. It is discussed that there are choices to be made to provide transition opportunities that assist the new graduate effectively. Should the experience be structured so it is observational or should the graduate actively participate as a new nurse to facilitate transition into practice following graduation?

It has been researched and sources have noted that the person chosen to assist with transition is also a pertinent decision affecting transition. Should a faculty member or a preceptor be chosen? What are the necessary characteristics of the person selected to be a facilitator/mentor/preceptor? It is been questioned if one person should be chosen to provide consistency or multiple facilitators should be chosen to provide multiple points of view.

The length of the transition period has been researched since long transition and orientation periods are expensive for employers to provide. The process of each individual nurse graduate takes a path unlike any other graduate but most resources agree that it takes time to gain confidence and to learn to critically think in various new situations. Various aspects also have been suggested to affect transition such as the nature of the mix of the multi-disciplinary team members, communication skills, and previous nursing experience at other levels of responsibility or previous experiences in other nursing areas.

Several educational strategies have been researched and offered as choices to assist in providing role transition such as the use of a clinical education facilitator (manages preceptor assignments), redefining strong and caring faculty, the use of a capstone completion project or the use of clinical competencies to determine the completion of role transition.

In general, sources agree that role transition is not linear and is a very individual process. It is difficult to design the best undergraduate curricula possible considering all factors that may affect graduate nurses to prepare for role transition. Sources reviewed state that the graduate is not familiar with the work load level, needs an appropriate

amount of time to experience the role and the new graduate has to manage their time within a framework of new expectations. Evidence-based research considerations must be used to design the most successful role transition plan in undergraduate nursing programs.

CHAPTER III: METHODOLOGY

Chapter III contains discussion of the methodology used in this study. The rationale for this phenomenological qualitative study is discussed as well as the sample size and procedures for data collection.

Research Design

A phenomenological qualitative design was employed as the methodology for this study. This study was conducted to explore the lived experiences of BSN graduates as the graduate transitions into professional nursing practice. Semi-structured interviews were completed to reveal the graduate's perceptions of their educational preparation and readiness for professional role acquisition following the completion of an emergency clinical elective course. Qualitative research is useful "because a problem or issue needs to be explored. This exploration is important, in turn, because of a need to study a group or population, identify variables that can then be measured, or hear silent voices" (Creswell, 2007, p. 40).

Chapter I noted that new graduate nurses in the nursing literature described an experience of discrepancy between their perceived levels of knowledge/ability and the perception of their ability to apply necessary facts and skills in order to achieve transformation into the professional practice role. Gerrish (2000) examined the perceptions of new graduate nurses, compared those to a similar study in 1985, and found that little had changed during these 15 years. New graduates were still struggling. Nursing as a profession was "still fumbling along" (Gerrish) without an effective plan for undergraduate curriculum or a comprehensive orientation plan for new graduate employees.

A recent study found that novice emergency nurses viewed themselves as competent following a six-month orientation program (Patterson et al., 2010). “Emergency nursing is one of the most challenging and understaffed areas of professional nursing. Currently, little is known about how new graduate nurses perceive their experiences as novice emergency nurses” (p. 203). Studies are being funded to explore appropriate orientation education models so various employers can use a standard orientation approach (Hawkins, 2010). McAlister (2010) reported that the Nebraska Medical Center is also conducting a new year-long residency program which began in November 2009 and was designed to provide more focused education and support to new nurse graduates during their first year of nursing practice. McAlister’s research indicates that employers are attempting to standardize evidence-based orientation plans. It is important to note that role transition into professional practice is two-fold. Nursing education must also become evidence-based to create a new graduate that is prepared to meet and compete in current nursing environments. From 2000-2010, employers have become proactive in providing an environment conducive to role transition. Nursing educators must match this level of commitment to evidence-based preparation.

The overarching premise for undertaking this phenomenological study is to understand how undergraduate nursing educators can best prepare graduates to function at a level that bridges their undergraduate knowledge with the graduate’s first position in an actual practice setting. Nursing educators must design evidence-based curriculum to meet employers who have developed evidence-based beginning nursing practice programs to resolve role transition issues. Nursing educators must design evidence-based

curricula that effectively prepares the new graduate nurse. The National League for Nursing (NLN) position statement in May 2005 posited:

Nursing education programs must be designed to involve students as active participants in the educational enterprise, be flexible to meet constantly changing demands and individual student learning needs, be accessible and responsive to diverse student populations, and be accountable to the public. (p. 1)

This current study was conducted to explore the perceptions of baccalaureate nursing graduates as they entered into professional practice as registered nurses. The study will also add to the understanding of how a Midwestern college's teaching practices and curriculum design regarding emergency nursing clinical courses prepares the nursing graduate for professional practice.

Identification of Sample

A randomized sample of 46 graduates of a private Midwestern college of health sciences was selected. The sample included previous undergraduate nursing students who had chosen enrollment in an emergency nursing course during their last semester prior to baccalaureate graduation. The May 2007-December 2010 graduates were contacted by mail to ascertain interest to participate in the study. Student addresses were obtained from the college alumni list. Only those students known to have begun employment within three months following obtaining their licenses were contacted. Additional inclusion criteria included that graduates must have continued to practice in a clinical area for six months. These three factors made this sampling homogeneous since the participants were selected "because they have the phenomenon of interest in common" (Ruderstam & Newton, 2007, p. 107). The BSN graduate group that had the emergency elective clinical course were chosen as a subset. It is the researcher's intention to focus upon one clinical specialty course in order to obtain information from

students that have homogeneous educational background. Only BSN students that have enrolled in the emergency elective course were selected.

The specific curriculum employed in this study was developed to offer elective clinical courses with extensive experience and theory in one nursing area. The emergency nursing elective course is offered to senior nursing students and is a four credit semester course with three clinical credits and one theory credit; thus having 135 clinical contact hours and 15 theory hours. Undergraduate nursing curricula are not required to offer courses with a high percentage of clinical exposure in one area of study. The institution used in this study designed senior level nursing courses with added clinical experience greater than the required minimum number of clinical hours required by the accreditation body in order to provide students with opportunities to practice the nursing role and the skills required of a new graduate nurse. Semi-structured interviews were conducted to obtain data regarding the student's perception of transition into practice following graduation.

The intent in qualitative research is not to generalize the format (except in some forms of case study research), but to elucidate the particular, the specific (Pinnegar & Daynes, 2006). Dukes (1984) recommended studying three to 10 subjects, and in one phenomenology, Riemen (1986) studied 10 subjects. The researcher hoped to interview 10 to 15 participants.

Demographics

Of the sample size of 11 participants, nine participants were female and two participants were male. Participants ranged in age from 25-32 years with an average participant age of 27 years. Nine participants (82%) were employed within three months

of graduation and two (18%) of the graduates were not employed within this time frame. All participants were offered job orientation and the length of orientation provided when the participants began employment following graduation ranged from one week to 18 weeks with the average orientation period being 8.5 weeks. All participants completed the orientation period provided by their employer. All new graduates were assigned a preceptor during orientation with the exception of one graduate who began employment in a clinic setting. All 11 graduates started their first job following orientation and all participants have been employed as a registered nurse for at least six months following graduation.

Four graduates (36%) have been employed in an emergency department. Two graduates are in a rural hospital setting and are responsible for the care of all clients at their facility. Seven graduates (64%) have sought employment in other nursing areas. The participants' current work settings include two urban emergency departments, two rural emergency departments, nursing undergraduate education, neurology progressive care, elder care, cardiac intensive care, medical-surgical nursing, wellness clinic, and neurological rehabilitation. Nine graduates are employed in the state where they received their undergraduate education with six of those graduates remain employed in the medical center where their undergraduate education was received. Two graduates in the sample are employed outside the Midwestern state where the participants were enrolled as undergraduate nursing students.

Description of Setting

Interviews were conducted in comfortable and familiar settings as identified by the interviewee. The settings were chosen for proximity to the interviewee's home and

located in a quiet area where interruptions did not occur during the audiotaping (for example, public library study rooms with closed access or locked private offices). Signage stating “Interview in progress—Do not enter” was placed outside of each location’s entrance. Consent to participate in the study was obtained prior to each interview and a copy of the consent was given to the interviewee. The graduates were also given a *Rights of Research Participants* document at the beginning of the session. All interviewees were made aware that withdrawal from the study at any time without penalty was an option. The interviewer read interview instructions at the beginning of the session and allowed the interviewee to clarify his/her questions. Each interview was conducted by this researcher using an interview protocol form developed by the researcher. All field notes were written during and within 24 hours following the interview. Notes reflected observed non-verbal behaviors as well as a description of the setting. All interviews were conducted in person by the researcher using a lapel microphone and digital recorder. When the primary audio tape was reviewed and established as audible, any duplicate tapes were destroyed so that only one recording was available for use as original fact.

Data Gathering Tools

Data were gathered using face-to-face interviews using open-ended questions. Participants unable to interview face-to-face due to their off-site location were interviewed by using a phone interview or virtual interview conducted via Skype. During the interviews, the interviewer used care and refrained from adding personal comments and utilized periods of silence to listen and give non-verbal communication to provide a sense of encouragement for the interviewee to continue to reflect upon their personal

experiences. Each audiotaped interview was then transcribed verbatim. The records were reviewed and checked for accuracy by the respective graduate respondent upon transcription completion (member checking). The participant further validated the authenticity of the information by confirming that this information was his or her own words, thoughts or ideas. All audio tapes were stored in the interviewer's locked personal office drawer, and typed transcripts are being kept in the interviewer's password protected personal computer for a period of seven years.

Nvivo9, a qualitative software system, was utilized to categorize and interpret data after the transcript information was compiled. All information in the Nvivo9 system is password protected. All transcribed documents and field notes were personally reviewed by the researcher to assess for emerging trends and themes.

Data Gathering Procedures

This qualitative, phenomenological study was completed by conducting semi-structured interviews with baccalaureate nursing program graduates from the graduating classes of May 2007-December 2010 regarding enrollment in an elective emergency room course. The study participants were selected at random from a sample size of 46 graduates that were previous students and who enrolled in the emergency nursing elective course prior to graduation at a small Midwestern private college.

The researcher interviewed 11 participants until saturation was reached. A postcard was sent as a reminder within 30 days of the initial request letter in order to increase the number of respondents from three to 11 participants. Since the number of participants was not minimal, an alternative plan was not needed or used to produce the snowball effect first described by Patton (1990). In addition, interview participants were

in sufficient number so eliciting additional participants by asking initial participants regarding their knowledge of other graduates that have experienced the emergency elective course prior to graduation was not necessary.

Interviews followed the research questions outlined and listed previously. Interviews were 45-60 minutes in length. Responses during the interview were encouraged by utilizing a card sort developed by Ehrlich (2008) based on Kubler-Ross's original work in 1969. Each card was used to encourage open dialogue in the interview. The participant filed through the cards and the descriptive word on each card helped to trigger an associated emotion, feeling or thought for the participant. The interviews were transcribed by one professional assistant following the signing of a confidentiality agreement. Recurrent themes were then coded using the Nvivo9 software application. If clarification of themes or questions arose, the interviewees were re-contacted a second time. Member checking was done following data collection and this technique was completed by sending the interview transcript to the participant so that the participant could confirm the accuracy of the data personally.

Planned Data Analysis

In order to better visualize and understand the steps necessary to conduct this study, each step of the proposed data analysis was applied to Creswell's (2007) theory that states data analysis occurs in a spiral fashion. The spiral model was considered the overarching framework to guide data analysis in this study. Creswell stated:

Undeniably, qualitative researchers preserve the unusual and serendipitous, and writers craft each study differently, using analytic procedures that evolve in the field. But given this perspective, I believe that the analysis process conforms to a general contour. The contour is best represented in a spiral image, a data analysis spiral. (p. 150)

Data management or the beginning of the spiral occurs as the information from the interview was stored in a large database where the data can be easily found. To accomplish the next portion of the spiral, the data from this study were read in total by the researcher to identify all major themes. Another loop in the spiral occurs as the data were coded and categorized. Creswell stated the formation of this loop in the spiral is “the heart of qualitative data analysis. Moving beyond coding, classifying pertains to taking the text or qualitative information apart, and looking for categories, themes, or dimensions of information” (p. 153). Themes and interrelationships appear as the researcher reads and rereads the data. In the final phase of the spiral, researchers present the data, a packaging of what was found in text, tabular, or figure form. The researcher in this study attempted to see patterns and a visual image of the information as it immersed.

In 1994, Moustakas formulated steps that thoroughly and comprehensively analyzed phenomenological research data. In order to maneuver through the qualitative spiral efficiently, Moustakas’s Model (six steps) was applied in this study. The steps of Moustakas’s analysis system is shown in Table 1.

Table 1: Data Analysis Using Moustakas Method (1994)

Step	Explanation	Actions Taken in This Study
Bracketing (Epoche)	Identify personal beliefs and experiences and setting them aside in order to not bias the work.	Reflections on previous experiences and opinions. Journaling throughout the research process. Discussions with others. Frequent returning to the literature.
Horizontalization	Each statement within each interview has equal value.	After reading and rereading interview transcripts, significant statements were listed. Each statement was given equal value and was coded and stored as free nodes in the Nvivo9 software program.
Units of Meaning (Themes)	Developing themes or meaning units removing repetitions and overlaps (Moustakas, 1994)	Themes were identified and statements were entered into the appropriate thematic nodes (tree nodes) in the Nvivo9 software.
Textural Descriptions (What)	Describing what the participants experienced as well as the meaning they ascribed to the experience.	Descriptions of what the participants experienced in relation to the phenomenon were recorded, including verbatim statements.
Structural Description (How)	Describing the context within which the experiences occurred.	The textural and structural circumstances and settings in which the phenomenon occurred were recorded.
Composite Description of textural And structural experiences (Essence)	Reducing textural and structural descriptions to form a description of the essential nature of the phenomenon.	The textural and structural descriptions were viewed together to develop an understanding of the core meaning of the experience.

Note: From "Non-Psychiatric Nursing Faculty Perceptions of Working with Mentally Ill Patients," by A. M. Harms, 2009, Unpublished doctoral dissertation, p. 43. Reprinted with permission.

The analysis steps—identifying significant statements, creating meaningful units, clustering themes, advancing textural and structural descriptions, and making a composite

description of textural and structural descriptions into an extensive description of the essential invariant structure (or essence) of the experience—provide a clearly articulated procedure for organizing a report (Moustakas).

To summarize, a qualitative phenomenological study was conducted using these six steps. The study examined the perceptions of newly graduated nurses who completed the emergency elective clinical course and what the graduate lived and experienced as the graduate transitioned into the role of a professional nurse.

Data Quality Measures

Researchers incorporate data quality measures into the study design to establish credibility and trustworthiness. This was facilitated in this qualitative study by the use of triangulation. At least three other outside independent sources were consulted to remove bias and provide accurate data results. Leading experts in the role transition field, in addition to a continual and updated search of additional recent published research, were consulted. All previous researcher thoughts regarding study outcomes were bracketed in a matrix format prior to the beginning of the interview process. Field notes of the observations made regarding the interview setting were completed following each interview. Member checking was completed by mailing completed transcripts to each participant to check data accuracy.

This study is considered transcendental or psychological in nature since it focuses on perceptions of the experiences of the participants rather than those of the researcher (Moustakas, 1994). A fresh perspective is sought and the researcher made a conscious effort to bracket and remove the researcher's personal points of view prior to proceeding to analyze the experiences of the participants. Bracketing is an orderly, systematic way

of becoming conscious of personal bias that may interfere with objective reporting of data (Creswell, 2007). Any preconceived structure of knowing regarding the outcomes of this study were dismantled, suspended and set aside in order to increase objectivity and reduce bias.

Prior to conducting the interviews, the researcher created a matrix of the researcher's personal opinions, thoughts, and conclusions concerning the value and relationship of this type of curriculum design and the possible effect on new BSN graduate educational preparation. This tool served as a visual assessment of personal biases that may exist and the matrix system assisted the researcher in bracketing and reducing personal bias.

Triangulation was also used as a method to present pure, unaltered data from participants (Ruderstam & Newton, 2007). Triangulation suggests obtaining data from multiple sources. Study accountability can be achieved from possible sources as in completing ongoing consultation with colleagues, member checking and conducting frequent updates from current research in this area of study. An active search for confirming and disconfirming evidence is essential to achieve a high level of research rigor (Husserl, 1970).

To further substantiate that this study was a valid presentation of the participants' perceptions free from researcher bias, additional techniques were employed to allow the reader to arrive at their conclusions regarding participant perceptions and views. The records were reviewed and checked for accuracy by the respective graduate respondent upon transcription completion. This technique is known as member checking (Ruderstam & Newton, 2007). The participant validated the authenticity of the information by

confirming that information was his or her own words, thoughts, or ideas. Each participant received a copy of their transcribed interview.

Various methods must be employed in qualitative research to avoid bias and achieve academic rigor and research credibility. This researcher felt that the risk/benefit ratio was easily achieved by taking the extra time to use these essential steps to validate the process and results of the qualitative research in the study. Since the profession of nursing deals with human nature and interactions, it is important to raise important questions regarding human perceptions in order to bring heightened awareness and concern to the “human-ness” necessary to provide quality patient care. This researcher believes that qualitative research portrays “human-ness” accurately, although some scholars and educators have preferred quantitative research methods.

Ethical Considerations

In order to provide participant protection, this qualitative, phenomenological study was reviewed and approved by the Institutional Review Board (IRB) of College of Saint Mary (CSM #11-26). A consent form to be signed by each participant was included in the IRB review and approval process. All original consent forms that are utilized in this research will remain in a pass-word protected computer or in a secure, locked file cabinet in the researcher’s home for a period of seven years to assure participant confidentiality. Following completion of the member checking step of the study, all participants were assigned a file number to provide additional participant anonymity and confidentiality. A professional transcriptionist typed all interview data verbatim. A form of confidentiality was signed by the transcriptionist prior to the start of transcription.

Adult informed consent forms clearly stated there are no consequences, coercion or penalties for non-participation at any point during the research process. This was clearly stated in a “Rights of Research Participants” form that was given to each participant prior to the start of the interview.

Summary

A phenomenological qualitative study was conducted using the methods described in this chapter. Following an extensive literature search, 11 nursing graduates were interviewed following their transition into the role of a professional nurse. The perceptions and lived experiences of each graduate’s transition were explored followed the enrollment in an undergraduate clinical nursing course focused on emergency nursing.

Alumni lists were used to obtain names and addresses of the participants and adult consent forms were mailed, signed and returned. Right of Research participants were given prior to each interview that was completed either by phone or in person. Safeguards to protect confidentiality, bias and ethical concerns were instituted. All participants were interviewed using the interview protocol developed by the researcher. Field notes were taken during each interview and the conversations were recorded using a digital recorder. The interview setting was structured in a quiet office marked with signage to minimize interruptions. Interviews were transcribed by a third party, and data analysis was performed by using Nvivo9 computer software so significant statements and themes could be identified.

CHAPTER IV: RESULTS

Introduction

This chapter will discuss the methods used to analyze data, data results for each research question and a summary of significant findings.

Eleven participants were interviewed to explore their perceptions and lived experiences after transitioning into the role of a professional nurse. The participants were asked 14 open-ended questions and all responses were recorded by the use of a digital recorder. All recordings were transcribed by an independent administrative assistant and confidentiality was maintained by having the assistant sign a confidentiality agreement. Each participant was given a file number to protect their identity. Transcripts were then entered into Nvivo9 computer software. Significant statements and terms were coded and recurrent themes were identified.

Research Question #1

Why did you choose to enroll in the emergency nursing elective course?

Participants noted that the students chose to enroll in the emergency clinical course because it provided an opportunity to experience a nursing area they had not been exposed to and since this class and opportunity existed, students had the ability to get a first-hand look into emergency nursing before they graduated. “I had done my practicum on the intensive care unit (ICU) and I wanted a different perspective. So I thought the emergency room (ER) would give me a different side.”

Participants mentioned that they were drawn to the course due to characteristics that had been associated with emergency nursing. Descriptions of “the thrill” and “the adrenaline rush” that may be experienced were mentioned. “I enjoyed the fast-paced

atmosphere of the emergency department (ED) and I wanted to learn more about it. I wanted to be where the action is.” Another graduate stated, “I may be moving back closer to a smaller town...trauma and adrenaline rush I may not get exposed to before moving back.” The client load sounded “exciting,” of “high intensity,” and the clients seemed “interesting” and “different” than those they had been exposed to in prior clinical situations.

Three graduates mentioned that this course was chosen to assist the student in ascertaining their particular niche or area of interest in which to start their career. “I had a passion for emergency nursing. It was the only area of nursing that I was interested in. The area sparked my interest the most.” A second graduate stated that “I was trying to make a determination as to what area of nursing really excited me, what area of nursing I thought I would want to wake up and do day-in and day-out.” Two graduates mentioned that they were aware of their likes as well as their dislikes in nursing choices following graduation. This course may assist them in making a decision to not work in this area of nursing and this experience before graduation was a welcome opportunity to see this specialty area on open terms without a long term employment commitment. One participant noted “I always had an interest in emergency nursing. I was a nursing technician there for two years in nursing school. I knew floor nursing really wasn’t what I wanted to do. I always liked the variety of the ER.”

Other motives for enrolling in the emergency clinical elective were to “deal with sick patients,” “the need to be challenged,” and being able to work “more closely with physicians.” The graduates mentioned that the course offered “more experience, like more skills than when you see the patient first versus once they’re already admitted onto

the floor.” Participants wanted “something that I knew was able to help me with my boards.” Another participant “wanted to learn to pick up things and assess from the ground up, things you wouldn’t see on a nursing floor necessarily” and “having all emergency clinical would really help me out either in my schooling or my future career because there was never time to just dedicate to the emergency room in any class by itself.” The participants were attempting to improve their knowledge base and be successful personally on boards and satisfied with their choice on nursing areas following graduation. Figure 3 illicit the reasons given by participants to enroll in the emergency nursing elective course.

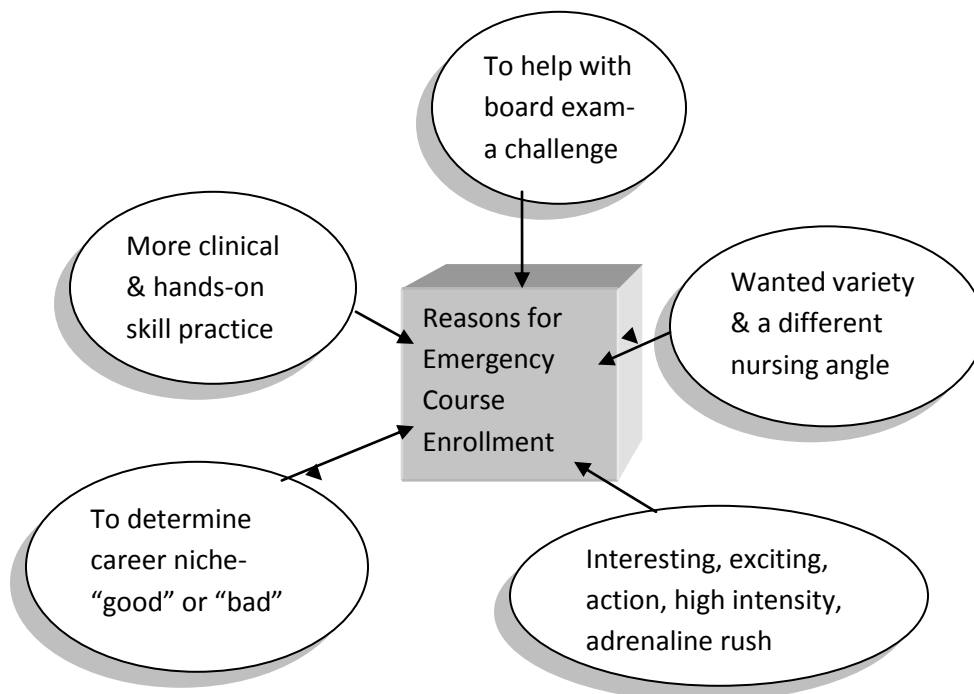


Figure 3. Reasons for Emergency Nursing Course Enrollment

Research Question #2

What was the one positive aspect you remember regarding the emergency nursing course?

Candidly, a participant noted the emergency clinical elective course exposed the participant to networking with staff and connected the participant to staff that the participant previously had not worked with in other nursing courses. “It got me a job!”

Two participants noted that while in the emergency clinical elective course, students were exposed to specific skills during the emergency course had direct application to their first employment. “I would just say it really prepared me for emergency situations. I remember during my time there, we had many code arrest situations and many trauma situations.” Participants were later employed in an area of nursing where the ED skills experienced during the emergency clinical course were in alignment with the skills that had been acquired during the ED clinical experience. This course and the clinical in the ED helped because “having so much teamwork and so many skills that really applied to my first job as I had to be on the code team at my work.”

Five participants noted that the clinical experiences were multiple and varied. “Experiences, just the experiences that it actually gave me. I mean, it confirmed that that's what I want to do.” Another participant stated, “Probably the best experience was the flight team because it was one of my potential future goals. It let me know that I can do it!” Graduates appreciated “That was probably where I got best at my skills because the nurses pulled me into all the rooms. I had more skill experiences than I did at any other time in school.” These participants stated that the amount and type of clinical exposure benefited them as evidenced by the following quotes:

I think the amount of clinical and all the hands-on things we got to do in clinical was really beneficial to become proficient in those skills before you even graduate and be confident in those skills so you're not just trying to learn a new profession *plus* skills. I felt that it was *very* beneficial to me to have all that hands-on experience.

I was able to practice so many skills like IV insertions. I had so many opportunities. I had more experiences in this course than any other type of elective all through school (IV, Foley or NG tube insertions). It was a great opportunity to get and practice those skills.

These comments represented the main theme noted in response to this interview question. The terms mentioned by the participants were "proficient, beneficial and confidence." Graduates mentioned the urgent nature and frequency of the nursing skills completed in the emergency area provided the participant a high amount of skill practice within a concentrated amount of time.

Two participants mentioned that they benefited by receiving a heightened awareness of the hierarchy of the entire healthcare delivery system and an understanding of the multi-disciplinary team and how the components all work together to care for hospital clients. The participants felt that this awareness would be helpful in their future nursing practice regardless of the area a nursing graduate chose to practice following graduation.

I really got a good understanding of the whole process of emergency nursing 'cause we got so many different experiences like going to the 911 dispatch and going with the ambulances and the fire trucks. And then getting to do some shifts in the emergency room. I really liked how comprehensive it was and the breadth of things that we got to learn.

I think that it exposed me to another area of nursing, another department within the hospital. So, when I did start working I felt like I had a better understanding of when I would receive a patient from the ER. I knew that process better than maybe someone who hadn't spent as much time in the ER. So then I had a little bit more teamwork with that department. So I think that was probably the most beneficial thing for me is just having an understanding and exposure to it.

One participant noted that observing the nursing role first-hand was a strong inspiration and gave the student confidence that the participant could later emulate the same behaviors in their own practice.

The unusual experiences like the helicopter ride that you wouldn't usually get a chance to do . . . seeing the registered nurse (RN) function, and observing that they had so much autonomy and so much decision making and having to always be on top of their game. You come back thinking how I aspired to be like that someday, with the knowledge and the confidence and . . . being able to be like that and make such a difference in such critical situations.

A participant discussed the variation of the patient population in the ED and the participant identified that experiencing diversity in the client population was a benefit and broadened the participant's perspective on caring for a variety of clients.

The diversity of the course was the most positive thing because I'd worked in a lot of the other floors in both hospitals and they all have a specific overall themes (i.e., medical-surgical unit, pediatrics or mother-baby unit). But the ED really had the most diverse population. If you're working in the emergency department, you are going to see all age groups, all disease processes. You never know what disease process that you're going to see and it's the things that you don't see on the regular nursing floor. I got to see how the whole system works. This was the perfect course for me because I wanted to see a little bit of everything.

The theory portion of the course involved a weekly debriefing session to ascertain what experiences had occurred for the students during the clinical week. Each student had been assigned to follow a ED staff member/preceptor rather than having faculty supervision in the emergency department. One participant noted that the theory portion, although not a clinical component by definition, facilitated a discussion of clinical experiences of others and enhanced the clinical portion of the course. In one participant's opinion, the participants benefited from hearing the other student's experiences. Class:

. . . was very discussion based. It wasn't so formal. I just felt it was more relaxed, talk about your experiences and kind of learn from each other. Not just hearing a power point and then you go home. Just a lot more interactive.

Figure 4 illustrates the perceived positive aspects of the emergency clinical elective course as stated by the graduate participants.

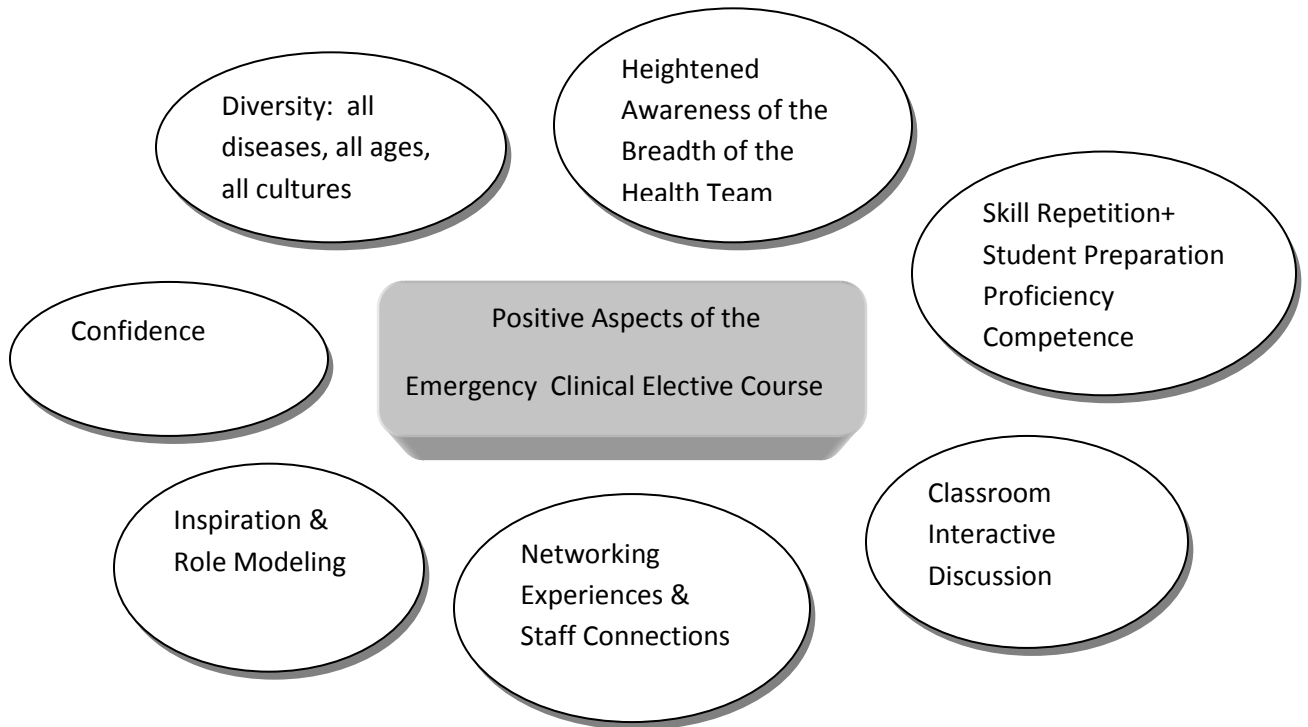


Figure 4. Positive Aspects of Emergency Clinical Elective Course

Research Question #3

What was the one negative aspect you remember regarding the emergency elective course?

Four participants voiced a concern that their knowledge base or acquisition of new nursing knowledge was not measured by an objective method such as a written test during the course. Students in the emergency elective course completed five research papers to obtain their course grade. "I didn't like writing papers but I know that's part of it. It's either papers or tests, so either way you have got to put the work in. There was

more good than bad.” Another participant’s comment was “maybe writing all the papers didn’t help me transition into practice as much.”

Another participant thought that changes in the theory content would improve the emergency elective course as suggested in this quote:

We had some speakers and some papers but there wasn’t a test to reveal your knowledge. Possibly reviewing more lab work or some common things seen in the ER, maybe something more trauma related or things specifically related to ER-type patients would have been appropriate.

Several participants suggested that additional experiences during a shift or additional scheduled shifts would have improved the emergency elective course. In the interview, these comments suggest that one semester course experience requirements did not provide enough opportunities to meet the students’ needs and expectations.

More urgent care experiences. They really didn’t have a whole lot come in, so I felt like maybe I didn’t get to see what all they had to offer. Just kind of luck of the draw. I thought the theory and the discussions were very beneficial. I don’t really have anything very negative to speak of.

The only negative that I could think of is that I would’ve liked to see a few more times in the emergency room. Doing the shifts in the actual ER and that’s not necessarily a flaw of the course but I just like being there.

Students enrolled in the emergency clinical elective course were assigned a nursing preceptor at random upon their arrival for their scheduled shift. All preceptors must have two years of clinical experience and be baccalaureate prepared per state board of nursing requirements. Participants had these comments to add about the inconsistency and the inability to trust and connect with the preceptor that occurred by using random assignment.

We weren’t necessarily assigned a preceptor. You weren’t able to establish a relationship per se with a nurse...that lack of consistency. At times, I felt maybe it was possibly a negative but there were benefits to that as well.

Or the participants noted that “having someone different each time, depending on the staffing pattern. I guess just that trust that you didn’t have.” Another participant was ambivalent regarding the random assignment and mentioned that having a variety of preceptors introduced various role models and the student learned different approaches or learning techniques from various providers.

On one hand, I would say the preceptoring was positive. But in the other hand, I would say it was negative, like not having a rapport or trusting relationship with your preceptor. Oh, just go follow the assistant manager or the charge nurse around. Just having someone that someone that you had that trust with like you had with previous clinical instructors.

It has been noted in the nursing literature that death and dying are not commonly a component taught in undergraduate nursing education and students have voiced concern about their lack of preparation and their ability to respond to this particular situation following graduation. One participant noted that the experience of witnessing a client’s death had this impact on his learning.

It kind of makes you humble a little bit because you did see some people pass away. It wasn’t really a negative (aspect of the course). It was a negative outcome, but it kind of made you look at a different view. That really wasn’t why you took the course. It was something that you just happened upon while you were there.

Another participant mentioned that not having a focused, defined patient population and that it had an unexpected impact on his ability to learn and master the nature of emergency nursing.

I thought that when I get out of this course, I’m going to be a master, i.e., heart monitor reader. I had unrealistic expectations where I thought, “Oh, yeah, I can handle, I’ll be able to come out of this handling every situation.” Having such diversity in a class means you can’t focus all your attention on every subject matter, diagnosing traumas or triaging. It is kind of the same thing as the strength in so much that adversity caused a little bit of a lack of focused knowledge in any specific area. I think I just thought, “Oh, I’m going be ready for everything.”

Three participants added additional comments that reinforces continuing the current structure of the emergency clinical elective course. “I really didn’t have any negative parts of it. It was probably the best class that I took in nursing school.” And in addition, participants made use of every opportunity provided during the course as evidenced by these statements, “I honestly can’t think of anything. Because out of each of the experiences and the topics we discussed and the papers, there was something to gain from each one of them.” And in addition, this participant stated, “And since it’s the area that I *was* interested in, there was something to gain. I don’t think I had a negative experience.” Figure 5 illustrates what graduate participants perceived as negative aspects of the emergency clinical elective course.

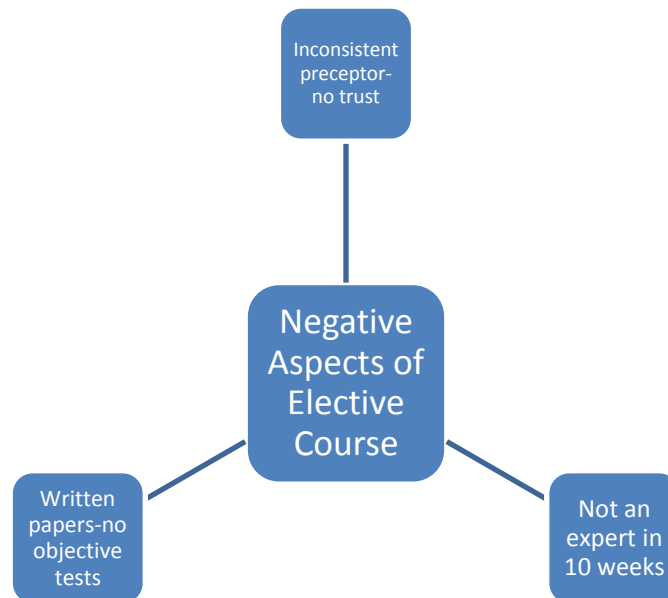


Figure 5. Negative Aspects of Emergency Clinical Elective Course

Research Question #4

On a scale of 1-10, with 10 being high, how would you rate the experience of the entire emergency nursing elective course?

Participants rated the course with scores ranging from 7.0 to 10.0 with an average score of 9.09. Several comments were spontaneously provided by four participants and the themes that reemerged were the use of the adjective “exciting,” the benefits of debriefing, exposure to additional providers/services of the healthcare team not experienced prior to this point in the undergraduate curricula and the exposure to a large amount of nursing skills. In addition, one participant acknowledged that his high personal standards were not accomplished within the time frame of the class.

It met my expectations, especially the clinicals and the group discussions in the class that we had every week where we got to share our experiences and understand what other nursing students were going through. The instructor allowed us to have the time to do that. I had an unrealistic expectation that I was going to be an expert! There were certain things that I thought I could have been a little more comfortable with coming out of class but that I didn't quite accomplish. It wasn't necessarily asked of me either.

A participant mentioned, “I just have very, very good memories of the course and very good skills that I was able to see and pick up on during the course.” In addition, a participant noted “the most exciting clinical time that we had, that I had through school.” Another participant appreciated “the exposure that we got with first responders was something that I had never learned up to that point.” These themes were consistent with themes that were noted in previous interview questions.

Research Question #5

Who helped you the most from this course to transition into practice?

All 11 of the participants answered this question unanimously. In their opinion, all participants stated that they had the most positive interaction and experience as a

result of working with a nurse. The emergency elective course is designed to provide observations of all emergency (multi-disciplinary) team members. For some participants that was an important factor in the course as this participant stated, “In general, it was the team that you saw functioning that made the difference. It was a pretty severe trauma that day. The doctor was always great and helpful. But I can’t think of anyone person specifically.” Other participants acknowledged that observing the team was the most useful factor that the participant identified with during the emergency elective course. “I don’t know that I can pick out *one* individual person. Many times when you’re within the emergency department, they have you follow whoever, and where the action’s at . . . or the best nurse for that situation.” In addition, other participants stated:

I remember the people at the trauma center being great. I remember a trauma coming in and they were all really helpful. I remember a specific patient I took care of but I don’t remember exactly who the provider was. There were numerous, numerous providers.

I knew as a nurse I wouldn’t be working on an ambulance but it was good to understand what those patients are going through before they come to you. I think that gives you a better understanding of the whole process.

Even when one participant considered the overall team observation, the role of the nurse within the team still stood out and apart from the other provider’s role as the most significant for this individual. The participant remember how the advanced practice nurse responded in the situation. As the participant noted:

The trauma nurse practitioner. She was just good. It was nice just to know she was a nurse practitioner. She wasn’t a medical physician, and how she can step in and do some of those things and take on the patients and treat the patients.

When the participants enrolled in the emergency nursing elective course, the participants were not consciously aware nor was it their goal to seek out and observe the nurse’s role during this course of study. Most of the participants stated that closely

observing a role model was an unintended, and to the participant, a somewhat surprising learning outcome. However, their answers were enthusiastic and participants were quick to recall that nurses made a positive difference in the participant's later approach to their own practice of nursing. Their body language in most interviews revealed excitement when the question was asked. Although most participants could not recall the person's name, the participants could vividly picture and describe learning situations that they have long since, in some cases, associated with that specific person. One participant stated that the picture in his mind is called up and it is how he successfully approaches that same situation in his current practice. Other participants remembered pictures of certain key situations in their mind's eye and referred to those moments, sometimes years later, in making decisions in their practice. The role modeling that occurred while working alongside practicing nurses had a definite impact for these individuals as evidenced by this quote:

I would say the gentleman working in the emergency department, a male nurse. He's been working in the ED a long time. I worked really close to him. And I saw with him the ease that he would take on these patients, and he made it look so easy. Nothing bothered him. I would have been like a deer in the headlights a little bit. But this nurse had a process. He had a system. He handled the situations very well through out the day. This guy makes nursing look easy.

As the above participant mentioned, the graduates noticed a pattern or a sense of organization that the nurse used to care for their clients effectively. The participant may have not been exposed to this particular unique technique in class or in previous nursing situations.

In general, the participants mentioned that the providers were encouraging and very welcoming and this support was important to the student that was entering a new

and unknown client situation and that having a good preceptor maximized the experience and the time spent at clinical sites. These three participants noted:

She was a nurse in the ER. And she was actually probably middle age, but she had graduated late. But she was *so* excited about actually teaching. But she told every single nurse, that was why I got to practice so many things and I got to do compressions and did all the IV starts, the catheters, everything that she just *really* made an effort to make *sure* that I was pulled into the room every single time something was going on. Or just to explain why this doctor chose to do this. I mean, she just really made the extra effort, to teach. She was really excited about it.

I feel that for the most part, the nursing staff at this urban medical center were very good at getting us to participate and letting us do those skills that we wanted to and encouraging us to be involved. Pretty much everybody you ran across there were just very encouraging and supportive.

. . . the majority of them were very welcoming, as far as, grabbing you and saying “Hey, come do this. Come see this.” So, I don’t know that there was *one* person. I would just say the nurses in general.

Three participants stated that it was an important factor to draw conclusions and relate their personal clinical experiences to other clinical experiences of the other students in the class. The participants stated that having a faculty member to facilitate and debrief was a way of providing closure of the education-practice gap mentioned in the nursing literature. Theory components complimented and validated the nursing experiences observed in actual practice. “I would probably say the course professor. The groundwork of what we learned was laid in class and so I think I would say the professor.” Another participant comment that aligns with this topic was this response, “Probably two. Like from the professor in theory and just discussing how things go and the ‘goods’ and the ‘bads’ to it and kind of giving us pointers. And my nursing preceptor.” Although the professor is also a nurse, it not apparent to the student that the individual was role modeling nursing when not at the bedside as evidenced by this statement:

Does the professor count as someone? Because that's what really bridged everything together was in class, like talking about all these experiences, what made it all click and come together. I can't remember specifically but following a nurse was the most to see what you would actually be doing.

An additional comment from another participant notes that role modeling occurs with every opportunity that the student has in the presence of a nurse. This is a humbling and heavy responsibility for nursing faculty to realize as he stated:

I would have to recognize the emergency nursing elective professor because I remember just thinking when I was around you, there's a sense of calmness. You see with some instructors there's a sense of almost agitation, like your workin' up and you're workin' up and it gets your *nerves* going and nursing can be very nerve wracking. But every time I was around you, whether it was around crazy psych patients or in the other clinical areas, you always had a sense of calmness and I think that is what taught me was the more I can keep my brain calm, the more that it makes my thoughts flow better and to process the situation in front of me, and essentially be a better nurse. So I think that is, if there's any one thing I remember *you* teaching me firsthand, it was that calmness that can go along with a chaotic situation.

Two participants mentioned that the connection to other nurses and networking were important to their success as future nurses regardless if the participant ever worked with those specific nurses again.

Just from the nurses...like things that they've learned over time that helped them in their practice. We had quite a bit of clinical so we're a little more comfortable with them. You get to see more of it in the real-world aspect than just having a day here as a student.

The trauma center...fond memories of seeing some things, trauma codes and cardiac arrests. As a student there is nothing more exciting than being able to experience that. Meeting all the different nurses that worked at that campus was a great experience. There wasn't one but many. There were a lot of good ones but I can't remember specifically one person.

Figure 6 summarizes the components that graduate participants perceived and stated as three important support factors obtained during the emergency clinical elective course.

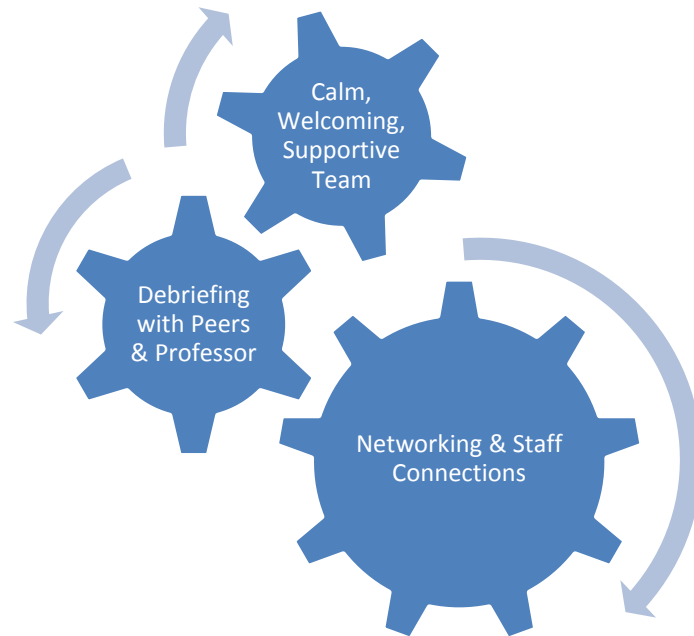


Figure 6. Team Support Wheel

Research Question #6

What activities in this course helped you the most to transition into practice?

Five participants stated that the preceptored experience in the ED was the most beneficial activity in the emergency nursing elective course. “Probably just the actual emergency room hours. The clinical hours itself. You got to see what the environment was like and work with different people, the days and evening shifts.”

Accurate assessment skills can be used in any nursing area following graduation as these statements suggest, the additional experience is applicable and the skills are useful and universal for nurses working in any area. “I transitioned into a medical-surgical unit, so the assessment skills taken just in the acute care emergency room probably helped me the most. That’s probably what I utilized the most.” Other

statements by participants that illustrated the universality and relevance of frequent assessment practice is evident in these statements,

They all have aspects of their own that help because you take stuff from acute care to apply it to many basic patients and the critical care aspect that many patients that you see in the ER, like minor care type or urgent care type patients, and I just feel like the variety of everything was *really* good to just kind of prepare you for what all to kind of expect in the ER.

The firsthand experience in the ED is what really helped me transition the most. And just working side by side with the ED nurses and just seeing how their flow of the day works, seeing how they handle five or six patients at a time. And just seeing them in firsthand do multi-tasking that really taught me how to work in a fast-paced way.

Five participants noted the ED preceptored experience provided the opportunity to care for a variety of clients and to perform frequent assessment skills. These two specific aspects of the experience ranked high in their opinion to facilitate their smooth transition into the role of the nurse following graduation. Statements like “probably just the clinical was most important and getting in those assessments. I think just being able to practice those skills.”

The variety of sick patients. We have general care up to progressive care, and I would say that first-hand experience with those nurses really gave me the confidence gave me just the “umph” to get into the nursing profession and just do it the way I kind of envisioned doing it in my mind which is with ease.

This high amount of clinical exposure led to at least one participant stating that the experience of caring for clients first-hand increased the participant’s ability to transition into the role of a nurse by increasing the participant’s level of confidence. Increased confidence was a response to several other questions earlier in the interviews. Participants related that increased skill practice produces competency and allows the nurse to be free to concentrate primarily on role acquisition. Competence increases

confidence and as the new graduate transitions into a new role, confidence plays a major role in assisting the graduate to assume the new role of a professional nurse.

Specific experiences that participants mentioned as beneficial activities in the emergency nursing elective in response to this question were:

The disaster drill that we did . . . the triaging was the concept that stuck with me the most. Because as a student in the clinical setting, setting priorities was one of my main issues that I had trouble with and just learning about the triage system and knowing the signs and symptoms to look for and learning this is a red flag. This would put this patient at the highest priority was what really stuck with me the most.

And for one participant who now works in a clinic setting, “. . .it was probably the urgent care staff that made us go in and do the assessments. I’m working in a clinic right now and we also do a lot of the family practice type things.”

Three participants iterated that observing the entire team in action and observing the various stages of care that the client must pass through helped the participant to understand the entire healthcare process from the client’s point of view. Knowing and being aware of other facets of the system helped the participant provide more compassionate care by understanding that the client has progressed through many stages from the onset of illness/injury to discharge.

I remember learning about what to do in the field in the ambulance. It was interesting to see the side of the care before they come in. What they do, what they don’t do, what they assess, what they don’t assess and how that might impact the nursing care I provide. So you wouldn’t have seen that ordinarily.

The 911 call center. I just thought that it just developed a side of you of understanding what those patients are going through or like how scary that is before they come into the hospital. So I think that had a big impact.

I would say the criticals that were directly in the ED. The others were good for just seeing all the other different roles, but since that’s where I ended up working there, that was the most helpful for me transition-wise to have become faster and more aware during clinicals there.

Figure 7 shows the necessary role components and their consecutive nature as noted by the graduate participants enrolled in the emergency clinical elective course. Participants stated that experiencing these components benefited the graduate in role acquisition.

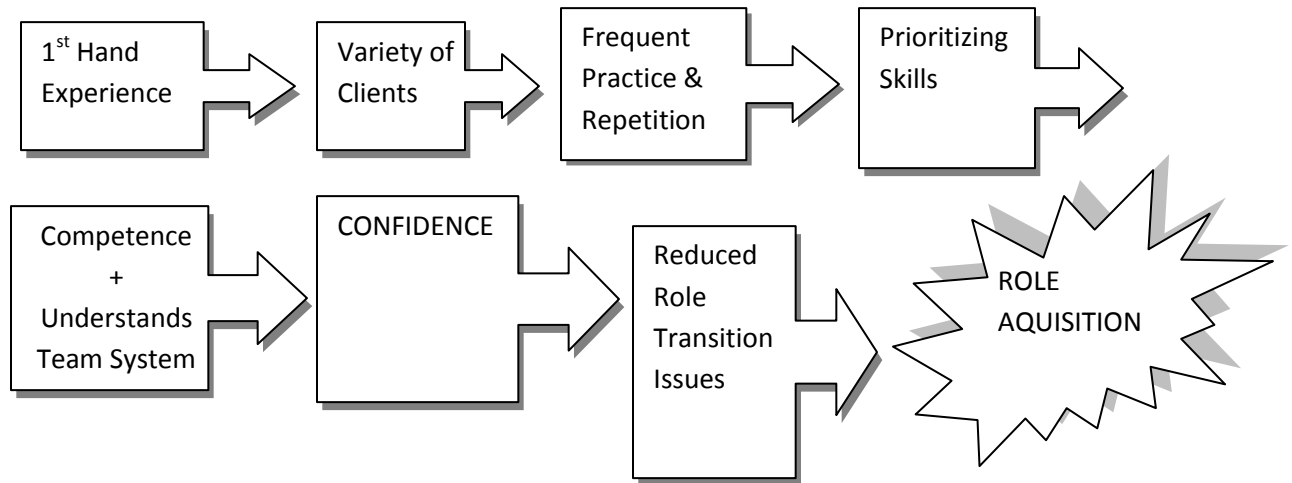


Figure 7. Role Transition Progression Steps

Research Question #7

Was there a patient or family situation that affected your ability positively or negatively to transition into practice?

Three participants denied that there was a particular incident that was memorable that occurred during any point in their undergraduate experience. Two participants could identify and relay the description of a family situation that occurred in another class or level in their educational process. These two incidences were excluded from this study since the event occurred in another class other than the emergency clinical elective course.

All participants noted that in the emergency nursing elective course, families took on a new meaning. Graduates noted that family, as defined by the client, were an

important component in the care of the emergency client and participants described observing families functioning in infinitely different ways during their ED assignment. “I need to think back more to the minor care type of places. A lot of family cultural diversity there and economic diversity. You could really see how some of the families interact or don’t interact or interact poorly.” The family component could distract, complicate or compliment the client’s care. It was unanimous that prior to this course, participants were not as aware that care of the client must include care of the family. In several responses, graduates stated that this was the first time that students had been exposed to the important communication role that nurses assumed in the emergency area and the participants stated they were previously unaware of the extent of the nurse’s responsibility to communicate with the family. Participants observed for the first time, the communication skills necessary to inform, educate and support families. Often the duty to relay important, startling news that was given to the family was done by the nurse. Participants observed the nurse repeatedly relaying difficult news to the family as part of the nursing role and participants stated that often they focused on how the nurse communicated since this was not a role that they felt comfortable doing. Participants stated that for the first time, their focus turned to the nurse in these critical instances rather than focusing on the negative outcome that the patient was experiencing. The participants stated that they were not comfortable assuming this role at that time and participants had either not witnessed or had witnessed relaying important family information in a limited way. The participants’ stories regarding the family experience can only be fully described by including them in their entirety.

I saw my first patient death in the ER. And I still remember that very vividly as a code experience. I can’t remember what the patient was in there for exactly, but I

can just picture . . . I know exactly what room it was in the ER . . . still. And I remember seeing the family be told that news. I had never seen that from the nursing side, so I think it was a positive impact all in all. But at the time it was really hard. It made you see what real life is like.

They had just like had a code on a baby. And I remember, it *just* happened after we had come on. And being there with the family and obviously for a student nurse, it was way too overwhelming to even think how to console these people. But that's something that we, I guess, had not had *any* kind of experience with before. I had never had any kind of experience before seeing how the nurses interacted in a situation like that that would be *so* life altering.

There was one trauma that came in when I was in the ER, and it was a sixteen-year-old kid who was driving to school. And he was driving thirty miles an hour on a country road. And his sister and his best friend were riding with him. The van was gutted and it didn't really have anything in it. I think he had his seatbelt on and then they had a rollover accident. And the best friend was thrown from the car, and the sister was brought in. She had a brain injury, and the doctor went in and he helped take care of it. Anyway, she ended up being brain dead. But that situation just really made it real that's it not *just* about that trauma that's in there. But there's so many more family issues that you have to deal with in the ER. The kid in the accident was in there. I was in there when they told him that his sister wasn't doing well. He was asking about her the whole time. I've never forgotten his reaction. He was just totally traumatized. It just you've got that sick person there but just all the family issues behind it too. There's a lot more to it that you have got to deal with.

The one patient that sticks out in my mind from my clinical experience as a student was delivering a baby and just being there for them, or her and her husband who said she didn't know she was pregnant. It was just kind of opened my eyes to that really does happen, and that you have to be prepared for anything in this line of work.

I kind of envision in my mind . . . when I think of nursing, I think of caring for patients and, the family dynamic. I think of the variety that there is of patient and family interactions with the patient. The ones that comes to mind the most for me, there's a kid who came after playing football and he broke a major bone in his leg. I just remember the family being just right there with him at all times. Almost showering him with love and support. I remember that kid seemed like a growing, healthy, functioning kid. And then, I also remember when I was doing a clinical experience, this patient that's a frequent flyer has no family, He comes in and he's just sick as can be from all these chronic illnesses and there's nobody with him. And there's rarely anybody ever with him. And he can function fairly on his own, but he's probably a person that was teetering on homelessness and that sorta thing. And so there's not really necessarily a specific *incident* that a family caused but I just think of families in general and their roles in patient

health. I think that helped me realize how important our families are . . . not only to our physiological health, but to our mental health and to how we cope with things. I think it just kind of helped strengthen my beliefs. I already had a good family support and I already knew some of that to some degree, but I think that helped just strengthen my idea of the family and how having loving people in your life and how they can help you through it.

One participant mentioned inspiration and confidence as important factors learned in the ED experience.

I work in a littler rural hospital and having seen how an urban center handles things, you always kind of like aspire to be like them. You see how they handle the patient flow. It gives you a little bit of a confidence boost trying to just mimic what they do or what I saw.

Another participant had an experience that confirmed the participant's career choice due to the experiences in the clinical setting.

I think the first code that I was part of, and actually performing CPR, I think that was during first time I was in the emergency department. I was part of a cardiac arrest. I remember it was things like that though that made me pretty sure that that's what I wanted to do.

And a participant returned to the theme mentioned in response to previous interview questions, the value of observing and understanding the whole process and the teamwork needed to care for a client and how this knowledge assisted the participant to improve their care to the client and understand the healthcare process from the patient's perspective.

I remember there was a patient that came in that had many other health problems going on. And what was unique is she had walked into her auger and had taken off her entire scalp. And what was unique about this situation is I was able to follow her into ICU after she had her surgery to try to put her scalp back on. It was just interesting to see the way she felt when she came in, like after the incident happened or what she had been through, like what to expect like the chaos of the trauma. I can imagine that probably makes people feel more anxious, despite, our trying to help. It probably makes them more anxious just knowing that there are all these people. Like I must be really sick or that type of extreme. It was definitely interesting to see her transition to the unit.

Research Question #8

In this course, you had the opportunity to follow several health professionals, which disciplinary team had the greatest impact on your transition into practice?

Eight out of 11 participants responded that they were most affected by the role models in their own profession. Even if the participant first thought of one important role model in their experiences and then identified the person's discipline, the participant was noting the positive effect of a nurse. As an example, the trauma nurse practitioner and the trauma clinical nurse specialist were specifically identified for their demonstration of autonomy and ability to show leadership and the participants almost placed them in a category of their own. These advanced practitioners of nursing were almost thought of as separate and apart from general nursing when the participant described their role. The participants expressed interest in following in their footsteps because of the way in which they personally carry out their advanced practice role.

I would probably say the nurses. I knew that's what I was going to be doing. They all served as role models and someone that really treated me respectfully. They never made me question my profession. They always made me think that this is a good thing to go into and proud to be going into nursing and making a difference.

Definitely the nurses. Because . . . I'm a nurse now and I learned the most of the responsibilities of the job and even just down to the little things like the way that they cope or the way that they carry themselves or the terminology that they used, I tried to imitate that with the way that I did things. So, I'd say it's the nurses definitely.

I think nurses are the ones you watch the most because that what you're about to be. So I think you pay attention to the way they handle themselves professionally, the way they interact with patients. So I probably focused more on *that*. As far as the emergency department though, it's such a different place like . . . even as a student, you see what a special relationship the nurses and the physicians have. And I think you see that as a student. It doesn't take actually working there to see that. So I think *that* interaction—how it's so much different from floor nursing

and any other area that I guess I've ever been in. Three years later, that's still having an impact on what I'm doing.

I think the critical nurse specialist, that was a good eye-opener to the background of everything and the charting and how it all works and why it's important and which components are what leads to what is in a chart. And I think that has helped me in my practice. Remember those things, that somebody is going look at this and it's not just going to disappear when I'm done with it.

Physicians were named twice for having the greatest impact due to their interaction with nursing staff and the interdisciplinary team. "It's hard to say when you think of it as far as my impact. The physicians played a big part in your learning down there. What they're thinking, what's the priority. That impacted how I saw different disease processes.

The urgent care staff was identified once as having the greatest impact. The staff at the urgent care site is a mix of a physician, a physician's assistant, licensed practical nurses or radiology technicians. The participant did not identify any one professional. The participant noted that the area impressed them due to their compassion for clients and their ability to collaborate. Participants determined they would use those qualities in the future in their own nursing practice.

Just the urgent care. I guess it's grown a lot since we were in school. And that, even in our practice with the family practice, we do end up sending people there sometimes. And I guess being in that environment that it's just nice to know that it's there. And people are getting good care with it.

The 911 dispatch center staff was mentioned as having a positive impact upon how the participant would handle clients in crisis. Dispatcher credentials include a high school diploma and strong communication skills. The participants observed that the dispatchers demonstrated "calmness" when they responded to callers and the participants noted that this complimented the dispatcher's ability to critically think on-the-spot.

When responding to other interview questions, the participants have noted that the “calmness” quality is a value that the participant values after observing the affect that calmness had on the nurses and other disciplines and their ability to critically think and decision making.

I remember my time at the 911 call center and we had a series of calls. And I just remember how calm, as these people are not advanced degree in any way type people, but how calm they could stay under these this intense pressure. And they're getting calls in every day that I'm sure that they're not used to dealing with . . . even though they have protocols to follow. And through my nursing career, I just learned how important it is to stay calm and really stay focused on the patient in crisis situations and really be there to support both the patient and the family through these times. So, being able to see that side of the emergency before someone's ever even brought in really made a big impact on me.

Collaborating, networking and the healthcare system overall were mentioned as impactful on molding the type of nurse the participants wanted to be mindful as they entered into their career.

All of them affected me in some way or another. When you're thrown into a brand new environment and you're processing your first impressions of everything and how the system works and I guess the part that probably affected me more than anything was understanding the hierarchy the whole healthcare profession. I would go in and you would work with a nurse who was on the bottom rung, they were the first person you'd see and, and then they always had to report to somebody higher. And then it was interesting to interact with the APRNs who are the next step up. And see how their process worked and how their days went compared to the nurses. And then I would look at the doctors who would sit in the cubicles waiting for somebody to walk through the door in the ED. I was interested in their interactions and how they interacted with the nurses. And how that hierarchy presented itself. And then the flight nurses that I went with who they think of themselves as a step up as from a regular nurse. And just kind of their frame of mind with that and how it affected their nursing ways. There is a respiratory therapy (RT) person on the flight team, too. And just how they carry themselves a little bit differently than nurses. They seem to have just a little bit more confidence or you might even say a little over-confidence. There's not one team member or profession that affected me most. I would just say the whole healthcare they had a complex hierarchy and how they interrelated was just interesting and it made it made impressions on how I wanted to do things, or who I wanted to be down the road. Because I know I didn't want to stop at the first line. And so it made me make some decisions about, “Well, where do I want to

go?” understanding that effort and hard work and doing what’s right will get you higher.

I don’t think it’s just one specific profession. I think it was just everybody collaboratively. You learn the impact of the techs from the nursing, from the hospital side of it. You learn from the doctors what they do in urgent care and how they triage their patients versus like in the ER. You see the difference in doctors between those two people. You see the EMTs and what they’re able to do and what *not* able to do. Once again, how they triage their patients. And you see the difference in how they all respond and what they contribute to the field. I feel that each person was helpful.

I *think* I’d have to say probably the nursing and seeing how they interact with all those other disciplines, and how you need those other disciplines to get that job done. So I think seeing how *they* respected the other people that they worked with and regardless of their job title or anything and showing that they do appreciate them and that they really can’t function without that support.

Topics that emerged in response to this question have also appeared in previous questions. Participants observed many interconnections between types of professionals and types of health care agencies. By being “in the background” (limited assigned professional responsibilities) rather than “in the foreground” (employed professional with assigned responsibilities), the participants were able to note the interrelations between professionals within a team or unit as well as relationships and interactions between agencies. Participants watched their own profession responding to other professions to see how the role might look. From these observations, the participant started to form opinions about how they should structure their professional persona when the participant actually became a professional member of the team. The participants were insightful after observing how the players in the hierarchy functioned. The participants stated that they became inspired by the observations and the participants wanted to become leaders, to develop communication skills that are effective, learn to be compassionate with clients and their families, and to be able to think critically and calmly during crisis. Figure 8

depicts which interdisciplinary team most assisted graduate participants to transition into their professional nursing role.

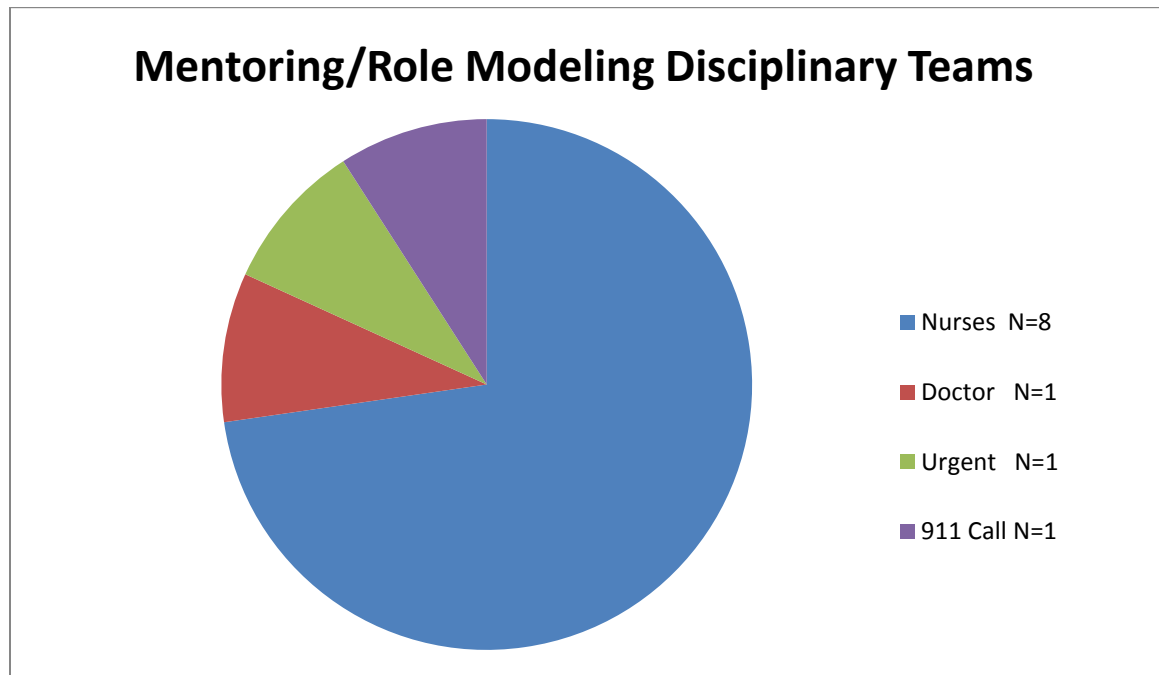


Figure 8. Mentoring/Role Modeling Disciplinary Teams

Research Question #9

What theory content did you find useful for transition into practice?

Nine out of 11 participants stated that triage and the ability to prioritize in patient situations was the most useful content delivered in the emergency nursing elective course. Other topics that were mentioned once by a participant were forensic evidence-gathering considerations, recognizing abuse, the panel discussion presented by recent graduates that had transitioned into the nursing role, the staged disaster drill and signs/symptoms of shock recognition.

One participant added that discussing everyone's recent clinical experiences in a debriefing session was a valuable learning experience. And the comments add support to debriefing as well as adds support to the topic of triage and prioritization.

Discussing what kind experiences and how the other students would handle things or what they thought of different things and different scenarios. Because triaging is so important when you think of the emergency care and triaging . . . is that first step in what direction they go and I think just learning about that and getting more familiar with that is a big step into kind of the transition since you know what to expect and what to do.

An additional way to emphasize and impart triage practice and knowledge is to plan a school mock disaster.

They staged an event, some sort of a disastrous event . . . in this case, I can't remember if it was a war-type thing or there was a plane crash and essentially there are patients, injured people all throughout an area of the campus. And the team of students, the team of "triagers" had to go out and assess and use the skills that the teachers had taught us through the theory to affect the outcome of these patients' health and you had to do it quickly. And I thought that that was a really interesting. I think the triage one probably was the one I remember the most.

Five participants gave examples of how the triage knowledge applied to their specific work setting that was not in an emergency department. The participants felt strongly that triage knowledge and prioritization was important and adaptable to many nursing situations. "I used the triage part quite a bit. I was on the code team. You used a lot of that."

I would say the triage, learning about the triage. I'm not in acute care nursing. I work at a skilled in a nursing home. Some of the skills or concepts that I learned in school I don't use that much. But I can use the triage in my everyday practice because some of the things I learned, I can see, "OK, the resident is . . . fine." I can just call the doctor and ask for new orders for whatever their issue is. Or I can say, "This resident needs to be seen today" or "This resident needs to go to the emergency room." And so, that helped me as far as prioritizing who needs what and where they need to go.

Running triage type of things was helpful just because I am working in a family practice situation, we have used that triage system whether it's with the psych client or whether it's with the ED or to send people through. That's probably the lecture I remember the most. It's not who should you take to the hospital first if these four people are sick, but who should I go see first in the day. Like who's the most sick. If you have these two patients and they both are really not doing well, like which one is *more* important to go see.

The main thing or probably the most important thing is triage. Triage sets emergency apart from everyone else. And just being able to understand that there are different triage systems and how they work and why they're there and what your responsibility as a nurse is to be able to recognize who comes first and why.

One participant stated that receiving information about role transition from graduates who were experiencing it first hand was valuable information to assist others transitioning into the nursing profession.

I thought that the graduate panel just before we graduated was the best thing. I think that someone real-life feelings of just coming out of nursing school and the challenges that you will face. It gave you confidence. I was scared in a way but I thought it was one of the best things. Because it was something that we didn't have in any other type of class.

One participant who is employed in an emergency setting chose evidence collection as the most valuable information received in theory during the emergency nursing elective course.

I think the evidence collection speaker was helpful because we've dealt with that on more than one occasion with, whether it be gunshot or stabbing or cutting around a bullet hole. It's just having that little piece of information in the back of your mind, that it's not just get these clothes off but let's try to get it off in a way that will be helpful to the investigator.

Research Question #10

In your current practice, is there anything from the course that made you be a better practitioner of nursing? If so, please explain briefly.

Participants felt that seeing how the departments and the professional team members interrelated to accomplish one common goal of quality patient care assisted the graduates to transition into practice in multiple nursing areas because the participants saw themselves as able to become effective team members. These two participants clearly stated:

Maybe seeing the ER side of it and just everything besides just what happens on our floor. Just having more knowledge about what else goes on. I think is probably the biggest impact. We're different in the sense that we're more structured on charting and it's just a whole different world in the ER. So maybe understanding what their focus is maybe versus ours, and understanding maybe why some things get done and others don't and how that impacts us when they bring the patient to the floor.

I would say that as I'm a good team player in nursing and I think that not only with just the initial coworkers around you, but you're in a hospital. It's a big facility. You deal with all different sorts of departments. And I think having the ability to be into an area like that that is so highly specialized and kind of runs itself. They have their own computer system. And so to have that understanding, I can see many nurses being irritated and I feel like I'm able to kind of . . . *not* get irritated because I understand it a little better. So I think that's probably impacted since I have an understanding and patience with different departments.

Five participants noted that repetition or practice doing basic nursing skills has assisted the participant to fit into their work team as a valuable member sought out to be the resident "expert" early on in their transition into professional practice. When the participant is sought out by others to do skills frequently, the participant gets more practice opportunities and more proficient at the skills than those nursing colleagues that are not sought out. The participants then derive increased confidence from these additional opportunities and the process helps the participant gain respect in the eyes of their colleagues. The comfort level that the participant demonstrates results in other team members relying on them and in one case, the participant believed that she was promoted because others thought she was well rounded and had stepped up to assist in so many situations that called for quick and accurate completion of skills, she was thought of a competent new nurse that deserved their respect. Having the opportunity to practice additional skills and assessments made the new graduate feel more prepared. The graduate felt more confident because they were more prepared. Demonstrating confidence assisted in role transition because other nurses identified their expertise and

sought out the new graduate. The participant kept moving forward and assuming more and more leadership roles because they were supported by their peers. One participant commented that, “I don’t know that it made me a better provider. In a way that it made me better prepared for the job, having spent time doing it before really being hired and working there.” The following statements are further examples regarding how the new graduate felt basic skills repetition and practice lead to a feeling of proficiency and confidence which assisted the graduate in their role transition into nursing.

I really feel that all the hands-on that I got in school and then the year I did work in the ER. I work in a rural setting now and so you have very limited staff there at a time. I feel that they look to me a lot for IV starts or a lot of the skill things that they have to do because they do them so rarely there. I have the experience with that and just stemming from school and then also working there so they seek me out for that.

I thought just the opportunity to get to practice all of the skills, like the catheterizations and the IVs and the NG tubes and all those kind of things. Those are just things that you aren’t guaranteed to ever get to see on a medical-surgical floor or in an ICU or, in all the different places that we went. I guess to really get the repetition. You might be able to do it once and then you may not do it for the next year but to get to do those IVs over and over and over, I felt so confident, you know just going right on to the floor and actually when I moved here the nurses here didn’t even put IVs in. There was an IV therapist that came and did all of them. And I felt like I had *so* many skills. I felt so comfortable with them that I could do them on my own. So, I definitely think that that gave me an edge.

I think just reiterating what I was saying with about being able to recognize clinical signs and symptoms and what action needs to be taken. And just the overall experience increased my confidence and made me feel more competent to transition to being a nurse on my own, rather than being a student nurse and having supervision. And I think the clinical experience was really valuable in that way.

I can’t cite a specific example, but just the whole course in general gave me a lot more confidence and skills that you can use in any department. Just the experience and getting my feet wet and seeing a lot of the different things. Because I’m not an expert or I wasn’t when I graduated, an expert in any of it, but just having seen it before, I knew what to expect and where to go and just how to plan for it a little bit. Having seen it before, I think took a lot of that fear and that

anxiety away. Not knowing, where do I even start? What do I do? And you have a little bit of experience under your belt that way.

One participant noted that understanding the emergency system has assisted the new graduate transition into being thought of as a qualified and understanding patient educator. In the participant's new role at a clinic, having clear knowledge of the emergency system and being able to direct clients using accurate information, the participant/new graduate has become a knowledgeable resource that others respect and rely upon. This knowledge has assisted the new nurse to transition into the role of a nursing patient educator in the office setting.

Just the education on the patient side. When you've got some of those patients that are going to be frequent flyers in the emergency department, but if you can educate those patients so that you don't get the usual patients that don't need to be in an emergency room. To stay away from there because they've got more important things to do there than to deal with the frequent flyers. From a patient education standpoint, try and get those people trained *not* to go. And with the provider that I'm working with, he's really good about taking care of everything in the office. We *don't* have a lot of frequent flyers in the emergency room.

Research Question #11

What is the most positive aspect of having taken an elective course?

If the length of response is an indication of the strength of the opinion, the participant responses to this question indicated that all participants had an opinion to share regarding student choice in selecting a class or course during their last semester of the undergraduate curriculum. All 11 participants unanimously agreed that student choice should be retained in course selection. Deleting a portion of their response or taking a portion of their response out of context would alter the message that the participants wanted to convey so their responses have been included in their entirety.

I kind of enjoyed the idea of being able to choose. I had to choose *one*. You chose one and you excluded everything else. But on the positive side of that, I

would say I liked the ability to choose. And I noticed that the other students liked the ability to choose because you would have those students that wanted to choose geriatrics and, you could tell before you even graduated with them. They *know* what area they want to do. And this gave them that little bit of confidence that said, “Well, I’m going to be a geriatric nurse, and I already *have* a little bit of extra geriatrics schooling in me. And so I think I’ll be a better candidate than this other nurse who had a tiny slice of a geriatric pie.” And so I thought that that was a very interesting way to let nurses believe that they have a leg up because they took that extra elective. And they do have a little bit more knowledge. Now, some nurses maybe went in and thought, “Well, I don’t like this now.” And so now they’re not going into that field and they didn’t get any experience in any other. So in that way, getting a little bit of everything might give those students a little bit more of an idea what area they do want to go into. But I guess for the students that really wanted to go into something specific, choosing the course curriculum, that elective gave them that sense of one-up-manship that you probably couldn’t get by having a course with a little bit of every detail all thrown together.

I think you just have more ownership over your education when you’re the one that gets to decide. You sign up for that course so you want to be there and you’re going to put more work into it because it was something that I had a passion for or a deeper interest. And so I think I probably learned more than some of the courses that were in the curriculum that maybe I didn’t have as much of a passion for. So I probably got more from the course by being able to choose it myself.

I think that in the nursing field there are so many different specialties. And everybody has a different niche. And so to give people the option if you’re going to spend the time being in clinical, I think being able to have the extra experience, especially if you want to go into that field. As a new grad to be able to say I had x number of hours just in the emergency room. I think it really does give you an edge coming out of school because I don’t think that all schools offer choice in clinical. I think when you can be passionate about the field that you’re in, I think that nurses *excel* more and when they can be challenged and when they really like what they’re doing. If you hate psych nursing but you *have* to but if you were *have* to take that clinical or that extra course, you’re not going to get as much out of it. So, I think you’re going to really benefit from it.

I think it was something that I was just waiting to get to in school because up until that point, you have no choice. You *have* to take this class, you *have* to take *that* class. And along the way, you find what you like, what you definitely *don’t* like and things you want to explore further. So I feel like if I would have been told, “Well, you *have* to take this class . . . ,” even though I have no desire to do anything in nursing related to that, then I feel that it wouldn’t have been just another class that I had to do. But when we were given the option to choose, I felt like that you had a little more freedom to pick something that you were really interested in to see if maybe that’s what I want to do for my job after I graduate.

Just having it more specified to your likes. It was just my personal interest, but I did not like psych. I did *not* like OB. I do *not* like geriatric care. And like to get through those classes it was like pulling my teeth out every day I had to come to class. So by me being able to choose and go to a class that *I* knew *I* wanted to be at, it was more applicable to what *I* felt was going to be in the nursing field I was going to go into. So, it just gave me a little bit more almost like future job training almost. You choose something that you are most interested in and gain more knowledge, so I definitely think that was helpful.

It was *so* nice to be able to pick something that you were actually interested in and wanted to do. It helps you. A lot of the questions on my boards were the prioritizing questions which, you know, obviously that's all you're doing in the emergency room. So that was probably the biggest reason why I chose it. And the skills. I wouldn't have gotten those skills in any of the other electives. So it was really nice to finally to actually have a choice as to what you were actually interested in.

That was probably the best part of nursing school because finally you got to the end and you got to choose the area that you were most interested in. And with that, it brought experiences that you wouldn't have otherwise had. I was pretty sure, even coming into nursing, that's what I wanted to do. I wanted to work in an ER and that kind of environment. So I guess to be able to actually choose that class and do the things that it offered. So spending time with like the clinical nurse specialists and the flight team and the paramedics and you understand things as a whole and it was more experience in the area that I wanted to go into.

. . . being able to take the elective was nice because we got to pursue our own interests a little bit and had more freedom as far as what we were learning. And I think that students might be more enthusiastic if it's something that they chose and something that they know they're really interested in.

Being able to focus on something that was of interest to me and not being forced to do something that I didn't really care about or feel interested in. You wanted to be an ER nurse or if you wanted experience in a certain area, you could get more experience. Or if something seemed exciting to you, you could also do it for that reason.

And especially at that point in our curriculum, we're in our fourth year. We're just about ready to graduate. We're kind of thinking of where we want to work. And if we're able to gear it toward what we're potentially looking at, it looks that much better and you gain that much more experience and you're that step above any other graduate, just a bachelor's graduate that just has had all medical-surgical experience. "Look, I had an extra four weeks in critical care, an extra four weeks in pediatrics or gerontology or in the ER" and I think that looks good and you are another step ahead. As students, we could pick what sparked our

interest. I think we probably gave more to the course and we were more focused and we had more enthusiasm. You jump on this one a little more.

The above responses are summarized in Table 2.

Table 2. Elective Nursing Curricula: Advantages and Disadvantages

Elective Nursing Curricula

Advantages:	Disadvantages:
<ul style="list-style-type: none"> *Electives are useful for students who know their area of interest. *Content is more focused. *Extra knowledge in one area. *Student is able to pursue their own interests. *Student is more enthusiastic and motivated. *More experience in one area adds to resume * More exposure to one area may increase confidence *Student ownership may motivate student to excel 	<ul style="list-style-type: none"> *Electives are not useful if student does not know their area of interest. *Excludes other areas of interest & the student will not gain experience in other areas.

Research Question #12

Is there anything that you gained personally from this course that assisted your transition into practice?

Participants were asked to focus upon the personal benefits of taking an emergency nursing elective course. Although in previous interview questions, the participants reflected upon the elective course as a whole and the participants were speaking in general terms of the benefits that any class participant could have experienced in the course, the responses to the current question revealed a similar

response pattern. Several previous themes reappeared in the answers and graduates personal values and perceived benefits were similar to group benefits. No new themes were identified. One participant could not think of any personal benefits of taking the elective course. An increased sense of confidence following the course, the most prevalent answer, was mentioned by five participants. Other themes that surfaced were increased amount of client experience/exposure to the ED environment, increased team awareness, communication skills and patient education opportunities. Examples of each theme that the participants stated was experienced as a personal benefit are as follows:

Confidence

Being able to see the confidence in all these nurses through all these clinicals. And I think when you're in school, you're just so intimidated by how much knowledge and how well they perform. And being able to be there for so many hours and just really see that, I tell every new nurse that I've precepted to just to stay confident. It makes it makes the patients feel better. It makes you feel better. And I think in the emergency setting, confidence is a *huge* thing. Staying, confident and calm under pressure are two qualities that I would say are essential to be a nurse. Or nurses *must* have but I think that *any* nurse, no matter what setting you're in, it's *so* vital to have those qualities. So that's something I really experienced while I was there. I saw at every single clinical, in every single place that we went. And that's something that really stood out through the whole course.

I've already talked about probably most of the personal impact it had on my nursing gaining that confidence to assess a situation. That's more professional. On a personal level nothing too specific. It just made all the nursing I had up to that point more complete when I got to work really kind of with the most raw population of patients in the ED. I think after I took the ED class which was the next to the last semester, I was the most proud of getting into nursing after that class.

. . . just about probably that confidence and, getting to see all that stuff made the thrill of it, just made me more, that much more excited. Anxiety a little bit, too because you're that much closer and you might have to deal with a lot of this stuff on your own, but it was good. It put the thrill into it and you call home and told mom, you just were excited, *I* was just about it all.

Becoming more competent, more confident in myself as a nurse, and just gaining that experience because I don't think there's any substitute for actually being on the floor and getting that experience.

I really felt like I was the most ready after that course because I think that summed up everything I'd learned up to that point. With all the on-the-go nursing you had to do in the elective in those clinicals, I think it summed up my confidence in the fact that I was ready to graduate, and I was ready to be a nurse. So, and on a personal level that was important! To feel like you're ready to be, you're a professional!

Increased Amount of Experience/Exposure

I think we all had experience with emergency situations, code situations, minor care, complicated care and triage. But I think just our own experience with the people in the certain cases, makes it unique in their own little way. So in that aspect that's the way you can look at it is taking it for your own like I mentioned in a different question is that the diverse economic or cultural things do changes their symptoms and how they present to the emergency room.

It was helpful to be in the environment prior to applying there or working there because I tend to have difficulty adjusting to new situations so I think personally it was helpful for me to know what it was like and spend time there before I put myself out there and applied for a job.

Increased Awareness of the Team

I think just going back to what I said before in the sense that just having a better sense of the big picture as to what goes on. That probably helps me the most because you'll hear a lot of nurses complain about why wasn't this done or how could they have not noticed this. It's just a whole different train of thought based off of where you work. I think that probably helped me a little bit. Even like EMTs like we get out-of-town patients to the floor and they bring them up and sometimes you're kind of like, "Oh, my gosh, they didn't know this?" Their training is completely different, and maybe they were never taught or even clued into it being important. Because nursing is completely different than another career field.

I think as a student it puts you in a unique situation where during certain situations like codes or traumas, something that you don't see or do on an everyday basis, I think being a student puts you in a different perspective where you can just kind of stand back and observe everything that's going on and how things are supposed to flow and how everybody works together to get the job done in kind of an organized chaos sort of way. And I feel that being able to just kind of step back as a student and observe that where they're not relying on you to record or do meds or do this or that, and just see, "Oh, OK. So this is how this

all works.” Because you can read about it in books and how it’s supposed to be done but you actually seeing it with real people in real situations and real families involved, I think just being able to step back and look at everything go on, I think that *really* helped prepare you for the real-life experience when you’re that nurse taking care of that patient in a similar sort of situation.

Communication Skills

I think communication is another big piece that I learned from this course. When you see the whole process of initially interviewing a patient when they come to you, and then passing all that information on to the next person that’s caring for them, I think that that was another really big piece of learning about ER nursing.

Patient Education Opportunities

Probably just again that if you can take care of it in the office, then take care of it at an office just because there are so many people that fly through the ER that absolutely don’t need to be there. That is probably the biggest thing.

Research Question #13

What do you wish you had had in this course to assist you in transition?

One participant stated that the course should remain the same and nine participants voiced that it would be important to not only keep the clinical experiences and theory topics that had been provided in the emergency clinical elective course but participants wanted to add additional time in two areas, more theory topics specific to the ED and additional hands-on clinical experiences if possible. Since these two items are the aspects of the course that assisted the new graduates to transition into actual nursing practice in their opinion, four participants suggested adding more required shifts in hopes of obtaining more skill practice and assessment experiences during the course. Two participants regretted not taking advantage of optional experiences offered during the course. Due to the unpredictable nature of the client volume, the participant may also have been scheduled during a time when very few clients were assessed in the emergency department. Down time was a frustrating aspect of having had the course occur in a 10-

week concentrated time frame when more experiences would not be rescheduled. The participants emphasized repeatedly that getting the most hands-on time with clients possible was essential to their role transition.

The second theme that participants emphasized was the aspect of student ownership and the sense of personal commitment that resulted from having the course be an elective course. One participant suggested having students select from approved activities at the beginning of the course and have each student determine the amount of time spent in certain key areas of interest. The student would personally design the course within approved course requirements. The student would “elect” to participate in certain areas of interest and allowing the student to design the “elective” course themselves so this course structure would allow for an increased amount of personal choice and personalization. Comments during the interview that illustrate these key themes are:

Ownership/ Personalization/Personal Choice

When I think of an elective, we’ve already given the student a choice as to what *field* of nursing you want to study a little bit better. If I was going to envision an improvement in the course, I would say give the students more choices within the curriculum to focus their attention on . . . right as the class is starting. Like as part of the class you, here’s the curriculum this is what we’re going to split our time up to. Everybody’s going to get the same curriculum. If the student could say, “Well, I really want to focus my attention on, ah, triaging.” And, and maybe give those students more time to focus their attention within the field of ED. Because, each student wants to do a little bit something different in emergency nursing. And they want to be a little bit more fine-tuned in certain areas that they find it as important. And I think if you offered them the opportunity to *elect* to their curriculum within their elective, to some degree. I know that might be a nightmare for a professor, but I would say that would be something that I think all the students would respect and I think that that would give them even a little more sense of personal appeal or have something that gives them an extra little badge of honor that they’ve done a little more in this part. Ownership makes it makes it what it needs to be.

The flight (air ambulance) thing, we were working on for my course but I never actually got to do that, but it sounds like you’ve got to now. I personally think it

would be sad if you guys did do away with electives because I think it takes that personalization, getting ready to graduate, what do *you* want to do your final year of school?

It was one of my most enjoyable classes for the fact that I *could* pick it or that I wanted to take it, and that it was an elective but it was also fun. I learned a lot.

Additional Clinical Hours

From the beginning to the very end. I can't even think of a spot that could've been missing in the scheme of things. I can't think of anything that I would've changed. I wish that when I would have gone for the helicopter that I could've actually gone. On that day they were not been busy. That's one of those things that you just can't predict.

I just think that the continued opportunities for the "hands-on" need to be there. But I can't think of anything that was lacking.

There were a lot of clinicals in the emergency. I had great clinicals in there, so I think it was really, really good. This college is so good about doing *so* many clinicals. You transition in a practice and you're just comfortable with your role. So . . . I thought it was good the way that it was.

Maybe a little like we had in the in-house urban ED. We had good experience and a lot of time. Maybe just throwing in a little more urgent care type or the ambulatory clinic ER experiences. That's all that's coming to mind. Spend more time with them. In an emergency situation as first responders, they see things a little bit differently than what nurses get when patients come to the ER. So I think it's *good* to be in the ER because that would be more the situation you would be in as a nurse. Maybe just a little more of the urgent care experience.

Additional Theory Topics

I suppose there's probably always more topics that could have been covered which within ten weeks, you don't have a tremendous amount of time only meeting once a week to cover everything. Maybe things like, continuing education classes and certifications that you have to have that you have to maintain once you actually work in the emergency department. So you know about them ahead of time. Like post-graduation if you actually choose the emergency department, some of the things to expect.

What I see and what I think might have been helpful are students that come in now, they pick a patient or two and they have to write a summary of the visit and, or a case study scenario sort of thing as to what happened and what the treatment was and why, and start students down that path of critical thinking of the steps

that are taken with different complaints in the ED. I think that would have been a helpful aspect in the course.

One participant noted that the participant would have liked to continue to have clinical faculty on location during their emergency experiences as had been the pattern in other nursing courses. But when asked to elaborate, the participant could not identify the factors that would have made this a better learning situation for the participant. This suggestion had not been mentioned by any other participant on any other question. “I wish that we could’ve had our instructors in the ER kind of like your typical clinical situation, I guess, in retrospect. I think I would’ve liked that.”

Research Question #14

Are there other comments that you would like to add that the interview did not cover?

Eight participants did not offer further comments when asked this question. However, three participants offered these opinions regarding the emergency nursing elective course format. Two participants suggested that sharing clinical experiences or debriefing helps to prepare others to react to similar clinical situations and is correlated with the graduate’s ability to calmly and effectively treat clients.

In sum, I remember a very pleasant experience that I had in the ED elective. And I remember the students telling what I would say were remarkable stories for students. I guess if you’re an ED nurse, you would say that this is day-to-day life but to a bunch of students who are seeing everything for the first time, a lot of interesting stories that we got to share with one another. And that really prepared us for the unknown. I bet most of the nurses that were in that course are probably some of the more calm, cool, collected individuals working in our field now. I would say that that course is the reason why. And I don’t have any real negative feelings towards that curriculum or the course itself or any of the clinical experiences. All of them I found helpful, some more than others. I thought it was a great class and something that is going to stick with me for the rest of my nursing career. There are plenty of stories that I can share with the rest of those students. And when I run into them, a couple of them from time to time, we talk about the stuff that we’ve seen since we’ve been in nursing. And it just reminds

me of how we initiated that kind of talk in that class. And so, I think that was teaching us how to share our experiences. And, I think that is important.

I remember the course. We had a lot of time to debrief about our clinical experiences because with a smaller course, everyone was at a different site for clinical usually for the week. And then when we'd meet for class, everyone would talk about their experiences. And being a preceptor type of clinical setting or that you're out in the community, I think that really added a lot to the class, that we were able to dedicate time in the lecture portion/the theory portion to the clinical. And I think that really helped, just being exposed to everyone else's experiences and being able to kind of reorganize your thoughts about your own experience was another thing that was good. I looked forward to those.

One participant commented that the participant had observed that students that were allowed to ask questions and had experienced large amounts of exposure to clinical situations at this Midwestern college demonstrated confidence when the new graduates transitioning into practice at her facility.

I feel like the college did very well at offering a large amount of clinical in asking questions the electives at the end of the fourth year and the summer practicums. All that clinical experience helped *so much* once you graduate and get into the real world. I'm actually a nurse preceptor at my job. So I take students on. I see how much more confident this college's students are. They have a lot more experience under their belts and I think it's just because the college takes the time to really let them *see* things. I mean when you don't get that much clinical, sometimes students have come to me and they've never put in a catheter and when you graduate, how are you supposed to feel confident in something you've never even seen as a student? I guess when someone's there to walk you through it. I know you have orientation with your job but you feel like maybe you can ask more questions as a student when you're there in that clinical time. And especially when you get an elective that sparks your interest and you get to spend that much more time in the area. You are able to build your skills and your confidence levels.

Figure 9 provides a visual representation of course components that were included in the emergency clinical elective course. Participants noted that personal exposure to many clinical experiences while being preceptored by an emergency nurse assisted the student to become prepared for transition into practice. Weekly debriefing sessions where students were free to share their experiences with their peers were noted

as an equally effective way for the student to process and gain clinical prioritization skills by understanding the clinical decisions of their peers. Participants observed that experienced nurses in their professional role calmly prioritized in crisis settings. The graduate participants stated that the graduate used this approach later in their own practice when prioritizing in critical situations. In the opinion of the graduate nurse participants, clinical debriefing sessions and a high amount of clinical experiences built into the course structure assisted the graduate nurse to transition into practice. Participants voiced that the resulting outcome for the participants was a sense of preparedness. The participants had experienced using a calm approach in solving nursing dilemmas and the resulting high level of confidence gave the graduate the ability to transition into the increased responsibilities of a professional nurse.

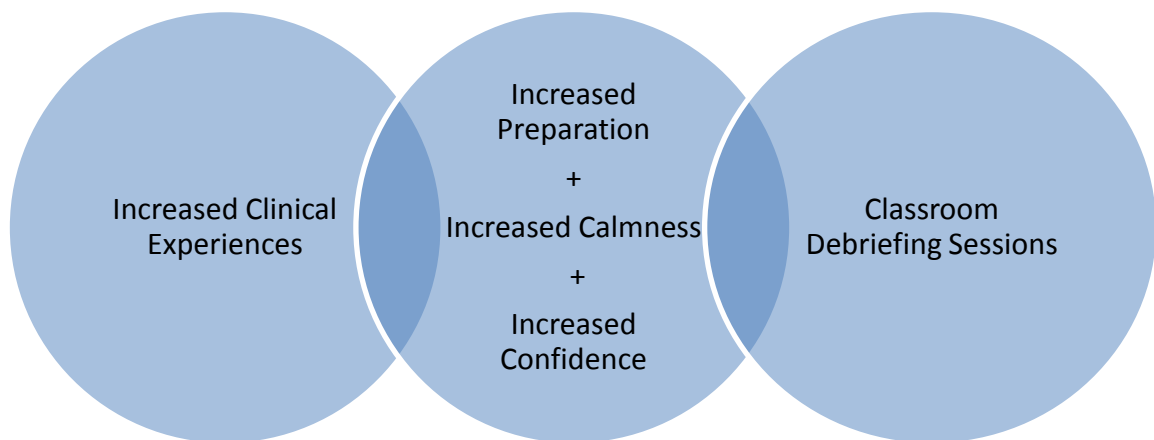


Figure 9. Slone Confidence Model Regarding Curricula Components affect on professional nursing role transition

In summary, participants stated that the most important part of being in the actual clinical emergency setting was the repetition that occurred. Students increased their exposure to and practiced patient/family education, worked within the health team and consistently connected with nurse mentors in one nursing area, in addition to being available to practice and acquire nursing skills. Graduates also noted that repetition could be obtained by discussing and debriefing in the classroom setting to learn how other students had prioritized and cared for their clients during their clinical experiences. The graduates stated that classroom discussions and interactions with their peers helped the students to understand and learn by knowing how other students prioritized in different patient scenarios. Repetition was the key to exposing the real world of nursing to the student ...not by observing nursing, not by reading about nursing but by actually doing nursing.

Results Summary

The 11 participants that were involved in this qualitative study mentioned the importance of establishing confidence in their undergraduate student role as confidence was a prerequisite to their ability to smoothly transition into their post-graduate professional nursing role. Confidence was noted in seven out of 14 interview questions even though the participant was not directly asked about this specific attribute in any of the interview questions. Prioritizing skills or triaging clients was mentioned as the most important theoretical aspect of the emergency elective course. Graduates found triage concepts useful in their transition into the nursing practice role regardless of the area where they later became employed. Interacting with nursing role models helped the student to understand how they may structure and apply communication skills and use team work in their personal nursing role following graduation. In addition to the variety

and abundance of nursing skill practice opportunities provided at clinical sites during the course, the participants unanimously stated that it was important to have choice and options to select courses of interest in their undergraduate education. Students stated that the ability to personally explore areas of nursing interest motivated them to be involved, challenged them in meaningful ways and made them responsible for their own learning.

CHAPTER V: DISCUSSION AND SUMMARY

This chapter will discuss the purpose of this study, research design, interpretation of results and correlation to the literature and theoretical context, as well as implications for education and future research.

Study Purpose and Research Design

A phenomenological qualitative study was conducted to explore the perceptions and lived experiences of 11 graduate nurses who had previously enrolled in an elective undergraduate emergency nursing course at a small college in the Midwestern United States. Protection of subjects was accomplished when the study was reviewed by the College of Saint Mary Institutional Review Board. Participants in the sample were identified by the use of the undergraduate college alumni list. Each participant signed an adult participation consent form and each participant was given Rights of Research participant's information prior to the start of each interview. Interviews were conducted using open-ended questions guided by an interview protocol developed by the researcher.

The research sought to understand the graduate nurse's experiences as the graduate transitioned into the professional nursing role. The research questions for this research study were: Can professional role acquisition be perceived as being taught or encouraged prior to graduation by the use of increased clinical practice in a focused area? And does undergraduate nursing experience in clinical elective courses facilitate preparation for role transition in newly registered nurses? Researcher bias was minimized by bracketing and completing a matrix prior to the study being conducted. Transcription was completed by a third party and each transcript was typed verbatim and a copy of the transcript was sent to each participant to check the information for

accuracy. Confidentiality was maintained and to protect the identity of participants, each participant was then assigned an anonymous file number. Data were analyzed by the use of Nvivo9 computer software that assisted in identifying significant statements and themes. All data will be secured for seven years in the researcher's locked personal file cabinet.

Research Questions and Interpretation

This section discusses the interpretation of each question.

Research Question #1: Why did you choose to enroll in the emergency nursing elective course?

Reasons provided by the participants were that students desired a nursing course that challenged the student by offering a variety of clients that were interesting in an exciting, high intensity, action-filled environment that may actually assist the undergraduate nursing student gain new knowledge helpful in passing the NCLEX nursing board exam. Students were taking the course because until this point in the curriculum the students were only allowed to participate in the care of emergency clients on two shifts in a previous course. The study participants were attempting to rule in or rule out this nursing specialty as one that may be a good fit for their interests and possibly a choice of employment in the future.

Research Question #2: What was the one positive aspect you remember regarding the emergency nursing course?

Positive aspects of the emergency clinical elective course noted by the participants were that participants wanted to care for clients that were diverse in nature as in all ages, all cultures and all disease processes. The participants were inspired by the

nurses and staff that the students were able to network with and make connections with during clinical assignments. Students appreciated having many opportunities to increase their skill competence/proficiency and the repetitive practice gave the student a way to rehearse their professional skills and the participant felt more prepared and confident to graduate at the end of the semester. Three participants mentioned that having a facilitated classroom discussion every week where all student experiences could be shared and discussed made the students feel as though the students had increased their exposure to additional clinical experiences by understanding what other situations students had experienced.

Research Question #3: What was the one negative aspect you remember regarding the emergency nursing course?

Participants' concerns included the disappointment that one participant experienced when the individual realized that his expectation of becoming an expert in emergency nursing following completion of the compacted 10- week semester was not possible. The participant stated that this goal was a personal expectation that may have been unrealistic within the time frame of 10 weeks. The individual noted that the goal was not a course goal but one that the individual assumed would occur when the individual decided to enroll in the emergency clinical elective course.

One participant voiced concern regarding the assignment of multiple preceptors. The individual stated that it was difficult to establish rapport and trust when the preceptor assignment was inconsistent. The individual did experience a welcoming and supportive mentorship with each new preceptor assignment however.

Three participants stated that obtaining the course grade by completing five research papers did not contribute to their role transition and the participants would have liked to have had objective written tests to assess their knowledge levels during the course.

Research Question #4: On a scale of 1-10, with 10 being high, how would you rate the experience of the entire emergency nursing course?

Participants ranked the course in the range of 7.0 to 10.0 with an average score of 9.09. Participants expressed that the course benefits outweighed the course disadvantages and offered suggestions for course changes that the participants felt would further assist the graduate nurse in professional nursing role transition.

Research Question #5: Who helped you the most from this course to transition into practice?

Eight participants mentioned that observing a nurse in any setting was helpful because this is the role that the individual would be assuming in their career following graduation. By state board regulation, nurses with two years of experience and the minimum educational preparation of a baccalaureate degree are required to be assigned as a preceptor and 80% of the clinical time scheduled in the course must be in the presence of a nurse. Students are not aware of this requirement but participants did value the time spent with nurses the most. Participants observed preceptors demonstrated a pattern of caring with clients and in general, preceptors were welcoming to students. Participants noted that the networking and connections with the ED staff was a benefit to their learning. Role modeling behavior was witnessed and then the student would attempt to

emulate the pattern of caring behaviors as well as the welcoming team spirit that nurses demonstrated to the students.

The nursing course professor was mentioned as a role model who demonstrated a calm presence around clients and students found a calm attitude useful in their own later practice. Two participants stated that weekly debriefing and the sharing of clinical experiences was helpful in expanding their knowledge of other emergencies that fellow students experienced while on their preceptored ED assignments.

Research Question #6: What activities in this course helped you the most to transition into practice?

Six participants mentioned that the emergency elective course assisted them the most in understanding the overall picture of the emergency team and how the hierarchy of the healthcare system worked together like “well-oiled cogs in a machine.”

Participants had a heightened awareness of how the team functioned and graduates could use this information to see how they would fit into the scheme of the care system.

Participants valued the ability to participate in experiences first-hand rather than observe. Clients presented in diverse ways making frequent nursing assessments necessary. Working with the preceptor, the graduates recalled comparing and contrasting their prioritizations with the experienced nurses evaluation of the client. The undergraduate student prioritized treatment options repeatedly and gained valuable experience. The graduates felt that as student nurses, when comparing their conclusions with the preceptor’s expert evaluation of the client over time, their assessments were comparable to the assessment and decisions of the ED nurses. The graduates felt that this competency in nursing skills and in nursing assessment allowed them the freedom as a

graduate to focus on the bigger issues of nursing role transition following graduation. Following the emergency nursing elective course, learning basic nursing skills was not a priority for these graduates and their focus could turn to the complex issues of interacting and functioning as a full team member. Being able to assist others to complete basic nursing technical skills made the new graduate known and respected by other team members. The graduates stated that being able to assist nurses on their unit made the graduate feel confident and able to freely interact with their peers.

All 11 participants stated that their role transition into nursing was smoother because the graduates were made very aware of nursing role expectations in the emergency elective course. The graduates were confident, technically savvy, and approached the new role as if they expected to succeed.

Research Question #7: Was there a patient or family situation that affected your ability positively or negatively to transition into practice? If so, how?

The participants' responses to Question #7 were that observing the family interactions (many intense crisis situations that the student had not previously been exposed to in other nursing courses) and the role that excellent communication skills played in the successful resolution of the situation only confirmed for the participants that nursing was their career of choice. Not only did the participants understand the healthcare system on a new personal level after taking the emergency nursing elective course but the graduates stated that they now better understood the healthcare system through the eyes of the client. Three participants reflected that observing effective communication to families and loved ones had a large impact on their future role as a nurse. Until experiencing the resolution of these crisis situations, the undergraduate

students stated that the participants were unaware that it was the nurse's role to communicate serious information and facts to clients and their families. In the participants previous experience, all serious client information was relayed by a physician. In the emergency setting, participants realized for the first time that the nurse also relayed important and often serious information to clients in collaboration with a physician or in the absence of a physician who had been consulted with but due to time constraints, was unavailable.

Research Question #8: In this course, you had the opportunity to follow several health professionals, which interdisciplinary team member had the greatest impact on your transition into practice?

Eight out of 11 participants stated that nursing was the most important discipline that impacted their personal interpretation of the role of a nurse. Other disciplines that participants noted were; physicians and how physicians chose to prioritize, urgent care team members, and 911 call center staff. These four disciplines had the greatest impact on the formation of their own nursing role following enrollment in the emergency elective course.

While observing the nurse's response to various emergency situations, the participants were able to see how nurses worked within the team to provide the best possible care for clients. The recurrent theme of understanding and being aware of the importance of the healthcare team was mentioned. Participants again noted the importance of being able to function as an effective team member within the emergency team. Having experience as a student member of the emergency team was a key element

in the formation of their own nursing identity and thus, the smooth transition into the nursing role.

Research Question #9: What theory content did you find useful for transition into practice?

Nine participants stated that triage and the prioritization of client situations were the most important information that the participants received during the emergency clinical elective course. The participants used the information following graduation and the content applied to all nursing specialty areas. Participants safely organized and cared effectively for clients that participants were responsible to care for in their area. The mock disaster demonstration, correct identification of forensic evidence, signs and symptoms of physical abuse, assessment of shock status, and a panel discussion led by recent graduates that are now emergency nurses were each mentioned as important useful topics that assisted participants with transition into practice. Weekly class debriefing sessions with other emergency nursing elective students were again noted to be an effective learning tool for the graduates. Graduates learned from each other and the participants emphasized that the extensive amount of personal and shared experiences led to an increased level of personal self-confidence. Participants felt that a high level of self-confidence was a major factor in their successful nursing role transition following graduation.

Research Question #10: In your current practice, is there anything from the course that made you be a better practitioner of nursing? If so, please briefly explain.

Four recurrent themes were stated in response to Question #10. The first theme noted was that participants were able to practice and repeat their nursing skills extensively during the emergency nursing elective course.

The second theme was that the participants perceived themselves as a competent and confident novice graduate because of the repetitive practice. Participants noted confidence assisted them in approaching their new nursing role in a positive frame of mind.

Thirdly, confidence helped the participant to view themselves as having the ability to be an effective team member in a healthcare system that the participants were now aware of and understood. According to the responses to this question, a team member in any discipline can only be effective in their role if the provider is aware of the rest of the available resources of the team.

And fourth, client education was observed to be a very important part of the nursing role. This was noted to be an evident fact of nursing after the participants observed and participated in many educational moments during their clinical experiences in the emergency nursing elective. These themes do not appear in any particular order and one theme does not outweigh any other theme.

Research Question #11: What is the most positive aspect of having taken an elective course?

The sample used in this study was limited to participants who chose the emergency nursing elective course. Eight other nursing elective courses were offered at the Midwestern college where this study was conducted.

Participants unanimously favored having the ability to choose a particular nursing area upon which to focus during their senior undergraduate year. Graduates stated that one of the most important advantage of personally selecting a course of study was the participant was motivated to succeed or excel in an area that personally interested the participant. The participants were committed to learn about a new area of interest in nursing that the participant may not otherwise have experienced. The participants expressed that gaining additional knowledge and experience in one particular area of nursing would be important to a potential employer on a resume. The participant noted that focusing on one nursing area gave the participant added knowledge, a sense of increased confidence and the participant was able to take ownership of their learning. Participants noted that choosing an elective worked well for students that had selected a particular area of nursing that the participant would like to later pursue in their career path.

In the opinion of one participant, elective nursing courses would not work well for a nursing student that had not found a specific personal interest in nursing and wanted to explore all areas of nursing prior to graduation. The disadvantage of taking an elective course is that the student had focused on one area of nursing and by do so, the participant had illuminated experiences in other potential interesting nursing areas by selecting a focused course. The student would not have experience in all specialty areas.

Research Question #12: Is there anything that you gained personally from this course that assisted your transition into practice?

Five participants responded that increasing their level of self-confidence was the greatest benefit of taking the emergency elective course. The participants had also

personally gained increased communication skills, a heightened awareness of the emergency healthcare system through exposure to the emergency environment and had received extensive amounts of client experiences through clinical assignments.

Participants also perceived that their skills in educating clients had increased throughout the course.

Research Question #13: What do you wish you had had in this course to assist you in transition?

One participant requested no changes to the emergency elective course. All other participants wanted to include as many additional clinical experiences as possible and in addition, as many pertinent ED related theory topics as possible to future courses.

Participants suggested to retain all current experiences and content and add as much as possible into the 10-week time frame. Research of individual case studies and more information regarding necessary ED continuing education requirements (when employed) were suggested as important topics to consider when adding content to the course.

A participant stated that allowing even more personalization of the course would add more student ownership in learning. The suggestion would involve allowing the students to select approved experiences within the course. The ability to self-select experiences would allow the students to tailor the course to their individual interests to an even higher degree.

One participant did express interest in changing the clinical experience to a faculty-led clinical experience rather than the current preceptored experience. The participant did not elaborate on the reasoning associated with this suggestion. One

participant stated that in a perfect emergency course that predicting low volume days would be ideal so that all assigned clinical time would be utilized.

Research Question #14: Are there other comments that you would like to add that the interview did not cover?

In summary, the participants stated the high amount of actual clinical experience embellished by the weekly class debriefing/shared clinical reasoning sessions resulted in a sense of preparedness to calmly and confidently respond to nursing situations as the participants began a career in nursing. All study participants revealed that these aspects of the elective emergency course assisted their ability to successfully transition into nursing.

Correlation of Results to Theoretical Framework and the Literature

The six landmark studies incorporated in the conceptual framework used for this qualitative study relate to several specific findings in the research results. Participants identified that when the emergency elective course began, the students recognized that the lack of experience in a new area of nursing made the student a novice but as the participant made new connections to ED staff and established rapport and trust with the preceptor, the student developed expertise through the scheduled clinical experiences that had afforded the student nurse with many opportunities to increase their personal abilities and knowledge base. Benner's work in 1984 predicted the change the participants described and remembered experiencing as the student moved from novice emergency student toward expert emergency student.

Participants described many clinical instances that as a student, the student had chances to "think through" or observe others on the team "think through" particular

clinical situations. Lave and Wenger stated in 1991 that “situated cognition, or the chance to think in particular clinical situations” was the heart of any practice discipline (p.56).

Erant’s work in 1994 recommended that nurse educators focus on students acquiring a strong knowledge base (theory) and that the student must be able to experience application of that knowledge (practice). Participants described beginning to think like a nurse and finding satisfaction and confidence in themselves when the student was an actual participant on the emergency team and not merely an observer of bedside emergency nursing.

Chan (2005) stated that a professional will seek to find an optimal understanding or grasp of situations so that the professional can continue to improve in their discernment and assessment skills. Participants stated that during clinical experiences, the participant desired to be included and respected as a valuable team member. The participant wanted to understand the emergency treatment decisions so the participant could later use the learning in their own future practice. Participants began to experience a sense of competence as their idea of appropriate nursing solutions correlated with those of the expert preceptor nurses.

The AONE (2005) described the practice-education gap. In order to diminish the gap, undergraduate student nurses needed to rehearse and practice their profession. Study results revealed that participants perceived that actual clinical experiences were the strength of the emergency nursing elective course and participants suggested adding as many experiences in the future as possible within the 10-week time frame of the emergency nursing elective course. Participants also stated that their experience when

transitioning into their nursing role was satisfactory and that the participant perceived that they were prepared to practice. In the participants' descriptions, benefits derived from the emergency nursing elective course reduced the practice-education gap between undergraduate nursing education and actual nursing practice. Participants described lived experiences that indicated that participants transitioned successfully into the role of a nurse.

Benner et al. (2010) recommended that nurse educators provide three apprenticeships: acquiring knowledge, skilled know-how/clinical reasoning and ethics. The participants perceived that the theory portion was adequate and provided new information specific to emergency nursing. Clinical experiences provided a large amount of nursing skills practice and the ability to be involved in critical thinking and reasoning as clients were triaged and treated in the emergency setting. Participants were exposed to multiple ethical dilemmas during trauma and cardiac resuscitation events. The participants described multiple examples of all three apprenticeships in their interview question responses. The conceptual framework of this study provided structure and support for the learning opportunities that the participants experienced in the emergency nursing elective course.

Dobbs (1988) was one of the first to be interested in studying preceptored nursing experiences. Dobbs was similar to this Midwestern qualitative study in that Dobbs also studied students in the last required nursing course prior to graduation. Students were given the opportunity to observe and Dobbs noted that changes occurred in the student's self-image and role expectations but "the actual role had to be practiced, not just observed" (Dobbs, p. 170). Graduates in this Midwestern college were also involved in

preceptored experiences and the responses received from 2007-2010 graduates indicated were congruent with the finding that being very involved in actual nursing practice was an advantage. Preceptored clinical experiences supported Dobb's research and the changes in student self-image and role expectations assisted with role transition into nursing.

Further qualitative work by Godinez et al. (1999) attempted to define what initial transition steps occur as the new graduate becomes a staff nurse. These authors identified several teaching/learning strategies that could assist in facilitating role transition. The Godinez et al. study shed light upon the human factor in role transition. Although certain educational elements of a transition plan may be identified, educational programs must be cost effective and finite in depth and breadth. It emphasized the need for the extensive, interactive practice of nursing in order for professional role transition to occur. Most educational programs may not be able to incorporate enough time and practice to solidify role transition within a standard undergraduate nursing curriculum. The emergency nursing elective course had a finite course length of 10 weeks with a finite minimum of 135 clinical hours at a variety of emergency sites. The course was offered each fall and spring semester during the academic year. One faculty member taught the course and the course enrollment was limited to 10 students. It was unclear if these course enrollment numbers represented a cost effective faculty/student ratio but the graduate responses did indicate that within this time frame, the student gained valuable skill practice and opportunities to critically think in emergency situations. The student gained a sense of competence and increased confidence that the student stated assisted the graduate to later assume the nursing role.

Amos (2001) also conducted an exploratory role transition study and one of the main study conclusions was that graduates stated that structured support is one of the key components in role transition. Gaining experience in the clinical areas was “viewed as the most important factor for learning.” The qualitative study conducted at this Midwestern college was also designed to explore how supportive preceptored nursing experiences in the emergency setting would assist the graduate as the graduate transitioned into actual nursing practice. The graduate responses in this qualitative study support Amos’ research. Graduates appreciated the support and encouragement the preceptors gave the undergraduate students while the student was at the clinical site. Graduates found the urban emergency setting experience to be the most beneficial learning aspect of the course.

Delaney’s (2003) study recommended that educators should increase student client assignments from two to three clients to four to six clients to better align with real world nursing. These graduates also felt educationally unprepared to deal with the death and dying clients. The entire orientation experience was guided negatively or positively by the preceptor’s support or lack of support. Graduates felt that the most important change needed to help graduates transition was collaboration between the hospital service and educators. This study supported incorporating all forms of reality into experiences provided to students and graduates.

Cantrell and Browne (2005) reported qualitative findings collected from focus group interviews with six graduate nurses who participated in a summer nurse extern program prior to completing their undergraduate education. Themes emerged from the analysis of data that being part of the real environment and gaining awareness were

important pieces of information that the participant was able to use in role transition following graduation. Graduates perceived that student externs were able to gain a more thorough realistic view of nursing responsibilities by participating in this program. The new graduates stated that the experience was a sharp contrast to being in the student role and that their experience helped them view the inherent responsibilities of a nurse. This study introduced a way to obtain a more realistic view of transition.

Data obtained in this qualitative study are supportive of the findings by Delaney (2003) and Cantrell and Browne (2005). The graduates revealed that following the assigned preceptor revealed the actual case load and work assignment an emergency nurse would carry in an urban emergency department. This setting was an experience in the real world of emergency nursing. Several participants in the study mentioned the experience of being involved with resuscitation efforts for the first time and observing the impact of the communication between the family and the nurse. The participants were not previously aware of the level of involvement that nurses had in imparting important, often devastating news, to the client or their family. These experiences were eye-opening and this first exposure made a lasting impression on the graduate who retold the stories years later in the interview conducted for this qualitative study.

Newhouse et al. (2007) were one of the first researchers to be interested in studying how an internship program may affect new graduate retention and reduce turnover. "New nurse graduates experience a stressful role transition into healthcare organizations, with 30% leaving their first job within one year and 57% leaving by two years of employment" (p. 50). The impact of nurses leaving the profession was also explored by Young et al. (2008). The study findings are important because "failure to

minimize role discrepancy in newly graduated nurses may result in job dissatisfaction, low morale, and high turnover rates” (p. 109) which is an increased cost to hospitals and ultimately to healthcare and society.

The Midwestern qualitative study was conducted to explore the perceptions of the graduate who has enrolled in an emergency clinical elective course during their senior undergraduate year. It is beyond the scope of the findings and results of this study to imply, make recommendations or speculate regarding the ability of the new nurse to remain consistently employed but it was an inadvertent finding revealed in the demographic data collection that all 11 graduates remained employed in nursing following graduation. In this study, 100% of the participants retained their first job for one year and 100% of the participants continue to be employed as a nurse for two years following graduation from this Midwestern college. Participants stated that their nursing role transitions were uneventful in their personal opinion.

Glasgow et al. (2010) also conducted a study that concerned finding solutions to educate nurses so that role transition would occur effectively. The need for interdisciplinary healthcare curricula was suggested as a necessary component of preparing nurse to practice in January 2010. Participants were asked to describe which discipline in the health care team had the greatest impact on their role transition into nursing. Participants stated that the nurse had the greatest impact because the participant was attempting to observe the professional role that the student would soon be assuming but the participants did appreciate and better understand the healthcare emergency system by interacting and observing all the members of the healthcare team. Other disciplines

mentioned as having a positive impact on the participant's transition into practice were physicians, urgent care staff, and 911 call center staff.

When new graduates enter the work force, it is believed that they have been informed in their undergraduate education and are also well aware of the professional role that they will assume. Evans (2001) gathered qualitative data from nine new nursing graduates regarding their expectations for role acquisition as the graduates entered the work force in London, England. The Evans study inferred that the nursing profession is not always clear or unanimous in their recommendations regarding the performance expectations of new graduates. The themes identified by Evans suggested that both undergraduates and graduates need actual nursing experiences with ongoing supervision with clear understandable guidance and academic development throughout the transition period.

Rungapadiachy et al. (2006) conducted a grounded theory phenomenological study to explore what undergraduate students perceive as the role of a MHN. In fact, many of the supervisory and management roles were not witnessed until the graduate was orientated to the MHN position by their employer. This was the first indication to the graduate that the role was multifaceted. Graduates did not find a place to utilize the skills they had developed as an undergraduate and the higher level skills had not been presented or practiced. As the Rungapadiachy et al study indicates, new graduates entering into employment or continuing on to obtain an advanced degree do not always know the role expectations of a nurse. Participants in this current qualitative study did express that the emergency nursing elective course gave the participants a clear understanding of what was expected in the role of an emergency nurse in an urban setting as well as an

understanding of the role of many other healthcare providers. The participants stated in response to several questions that having an awareness of the entire healthcare system and the interrelationship of the many job roles and responsibilities was very beneficial to them later in their nursing career regardless of where the participant chose to become employed. Participants agreed, in general, that the Evans (2001) and Rungapadiachy et al. studies were correct in stating that clear role expectations need to be communicated to the undergraduate nurse before role transition takes place. Perceptions noted in the results obtained in this qualitative study coincided with the findings of the Evans and Rungapadiachy et al. studies. The participants felt that the clinical opportunities during the emergency nursing elective course were a valuable component in the course and the assigned experiences should be retained in future courses. In agreement with the Rungapadiachy et al study findings, the participants felt that the experiences provided in the emergency clinical elective course were as close to actual practice as possible and this perspective assisted the participants to transition easily into a familiar role.

Data revealed in a study by Johnstone and Kanitsaki (2008) were that the graduates integrated the knowledge given to them during orientation and retained and implemented the information within the first three months of employment. This study gave us important information about the process of transition since it is not reported in the literature that graduates must be told and not assumed to have the information needed to practice and transition effectively. The authors were clear that the transition process involves three successive components: the giving of clear information and expectations, the use of the information in their professional experience and the support of others on the team collectively adding input and reinforcement. Data from this qualitative study

support the data provided by Johnstone and Kanitsaki. Participants stated that graduates had received clear information and role expectations from assigned, supportive preceptors and observed how the information was to be used in their profession. Participants believed that their transition into the nursing role had been successful due in part to being mentored and supported by successful emergency department nurses during the emergency elective clinical course.

Gould et al. (2006) conducted a qualitative, exploratory study concerning new graduates who had previously been employed as healthcare assistants. They conducted the study to understand if those individuals would undergo role transition more effectively. Recommendations for future studies on how to prepare students with healthcare background could differ from the findings regarding undergraduate students without previous experience. In the Gould et al. study, previous work experience did not ease transition into practice problems because graduates were assumed to not need preceptor support.

Role transition may be illusive for new graduates as well as experienced nurses and role transition could be a re-occurring phenomenon throughout a professional career. Even with education and experience, nurses must re-transition when transferring to a new area of practice. Begley (2007) found that as nurses move to other specialty areas within the profession that their previous experience is not recognized by other nurses. In the Begley study, registered nurses were not offered formal preceptor support when the nurse chose to move to another specialty.

The findings of the Gould et al. (2006) study and the Begley (2007) study support the findings of the qualitative study by Slone (2012), participants at the Midwestern

college experienced having a supportive preceptor and this course aspect assisted the undergraduate student in understanding the nursing role expectations. In addition, the preceptor was an encouraging individual that found available nursing skill opportunities and encouraged the student to practice the skills during their shift. The participants felt skill practice was another key experience component of the emergency clinical elective course. Nursing skill rehearsal as well as being in the environment encouraged and supported by a preceptor were mentioned by graduates as the most effective educational component of the emergency elective nursing course. This educational component was missing in the Begley study and was not utilized to assist the nursing assistants to prepare for their future nursing practice.

In another study by Heslop et al. (2001), undergraduates felt unprepared and apprehensive due to what the students identified as a low amount of undergraduate clinical placements and lack of opportunity to practice and gain confidence in basic nursing skills. The implications for nursing education was that future research should be designed to reveal the amount and type of clinical experience that would provide nursing skill acquisition within a supportive environment. These implications for nursing is consistent with other studies (Etheridge, 2007; Evans, 2001) where graduates voice concerns regarding peer support and guidance as well as sufficient amount of time in actual practice settings.

Observation of actual nursing practice was also the purpose of an extern program developed in Arizona. "Participation helped them recognize the RN role and identify the skills needed to succeed in that role" (Starr & Conley, 2006, p. 91). Students were

assigned preceptors which increased their confidence of becoming a member of the healthcare team.

In research completed by Howkins and Ewens (1999), graduates identified that they were more self-aware of their own role and personal accountability in becoming a professional when the study participants were involved in preceptored experiences. The data also revealed that graduates had a broader perspective and a more confident attitude. The graduates needed to be proactive, lifelong learners motivated to change and grow outside the confines of a planned academic program. Professional role demonstration was the responsibility of the graduate and this responsibility would continue throughout the nurse's career.

Study participants in this qualitative study perceived that confidence was directly related to the high amount of clinical experiences focused in one nursing specialty area. Confidence was the most frequently mentioned personal gain that study participants revealed during the study. Confidence was mentioned in seven out of 14 interview question results. Having a broader perspective and understanding was also mentioned by the participants of this qualitative study as another component in their successful role transition. Benner et al. (2010) also noted that one necessary component of successful role transition was becoming a lifelong learner as Howkins and Ewens (1999) found. Participants in this qualitative study wanted to take ownership of their learning early in their nursing career, and the students strongly advocated for elective enrollment choices for future undergraduate students enrolling in nursing courses at this Midwestern college. Three of 11 study participants are currently pursuing advanced degrees in nursing and continue to show the qualities of a lifelong learner. Becoming a lifelong learner in

nursing was one of three pillar component advocated for successful role transition by the Benner et al. study.

Dearnley (2006) conducted a study to understand the process of personal and professional transition that occurred within a two-year program study of enrolled nurses (also known as ADN) in the United Kingdom. Dearnley found that practitioners of nursing evolve through three stages of confidence: hesitant practitioner who is passive and dependent, liberated practitioner who has been subjective in their thinking and has procedural knowing, and the dynamic practitioner who has progressed past the first stages and can integrate the whole picture of knowing. Dearnley stated that “each individual, however, negotiated their own way through these stages and did so in their own time supported in their own unique ways” (p. 3). These findings also have meaning for higher educational programs and care delivery systems. Transition is a continual and ongoing process. It is noted that support and self-reflection are again mentioned as key factors in successful transition. Participants in the emergency clinical elective nursing course self-reflected during the emergency nursing elective course and continue to personally use this technique. The participants perceived that the participants may have progressed from hesitant to liberated practitioner during the emergency clinical elective course and the participants are in the process of achieving dynamic practitioner status as the graduates continue to transition and grow into their nursing role.

Participants in the current study perceived the difference between supportive and non-supportive preceptorship and reflected that having positive support motivated the graduate to mimic the preceptor’s behavior. When the undergraduate student had been encouraged by the preceptor, the new graduate recalled stepping into new emergency

situations more frequently than when the preceptor was not encouraging and supportive. Lack of preceptor support held the undergraduate student back, and one undergraduate student stated that the undergraduate student did not fully use and maximize the clinical time assigned in the emergency nursing clinical elective course. The participants perceived that their abilities to utilize and understand the interconnections between team members and the frequency of the practice of nursing skills were decreased when assigned to a non-supportive preceptor. Each study participant had a different perception and assessment of the support provided by their preceptors, but the participants stated that an encouraging and supportive preceptor made the undergraduate student want to step out of their comfort zone to seek out and perform as many skills and to witness as many interactions with other nurses as possible during their assigned clinical time. Discussion points from a qualitative study by Newton and McKenna (2007) were in agreement with the findings in this qualitative study. It was noted in the Newton and McKenna study that nursing educators should consider less frequent rotations through clinical areas to promote a sense of team building, to notice staff behaviors of horizontal violence or bullying that are not conducive to learning and to provide the students with an environment that promotes autonomy rather than dependence. These three factors correlate exactly to the responses provided by the participants in this qualitative study.

Participants valued the weekly classroom discussions during the emergency elective nursing course and reflected that the interaction and discussion with their classmates caused the participant to self-reflect about the clinical activities from the previous clinical week. The discussion assisted the participants to link together and process learning that occurred during their clinical assignment. Participants stated that

this technique continues to be useful to the new graduate as the graduate evolves and grows in their professional nursing role. The participants stated that learning to use this self-reflection technique while enrolled in the clinical emergency nursing elective course has assisted the participants to successfully self-reflect and reassess their nursing role as the participant acquires additional nursing experiences.

A study by Etheridge (2007) also supports and is in agreement with the findings of this qualitative study. Etheridge examined role transition from the standpoint of asking the new graduates “when they began thinking like a nurse” as a key turning-point in role transition for nurses. Etheridge described this process of learning to think like a nurse as being characterized by “the emergence of confidence, the acceptance of responsibility, the changing relationships with others, and the ability to think critically within and about one’s work” (p. 25). The responses indicated that it takes months to develop confidence and it occurs only in the context of discussion with “others.”

Participants in this qualitative study noted and were concerned that there could have been missed learning opportunities and lack of sufficient quality experiences on assigned shifts that resulted in low client censuses. Participants related that this unpredictability may have affected the participant’s ability to transition into their clinical nursing role. Kapborg and Fischbein (1998) conducted a qualitative study in which eight students kept diaries following graduation for two months. Kapborg and Fischbein noted that since limited time and repeated exposure to varied situations may be impractical in a program of defined length, faculty can use extensive discussion and challenging questions as their most important learning tool. In addition, educators should take note that exposing the student to actual nursing situations that represent reality as closely as

possible, both in experiences and the level of responsibility, is important in preparing the student. The Kapborg and Fischbein study illustrates that appropriate alternative approaches do exist and can be used to augment lack of clinical experiences.

British researcher Whitehead (2001) interviewed six staff nurses regarding the transition that the nurses experienced within the first year of their employment as a staff nurse. The Whitehead study recommended that employers provide a structured preceptorship for newly hired graduates since “the research demonstrated that there is a need for support during transition” (p. 330).

In summary, as the studies conducted by Whitehead (2001), Etheridge (2007), and Slone (2012) suggest, structured preceptorships following graduation provide support and reduce anxiety. Longer clinical placement prior to graduation was recommended to increase confidence and reduce anxiety in role transition.

A study conducted by Clare and Van Loon (2003) also reported that graduates found the “best” aspects of their transition were working with experienced, confident, and competent nursing role models that welcomed them into the team. Graduates valued the opportunity to demonstrate competence, gradually increasing their workload and responsibility. “Worst” aspects of transition were the overwhelming feeling of not having sufficient knowledge and the reality of feeling consistently tired from working full-time shift work. “Transition was intellectually, emotionally, and physically exhausting. When the graduate received negative feedback or bullying, the balance tipped and graduates thought of leaving nursing” (Clare & Van Loon, p. 27). The best aspects of transition in the Clare and Van Loon study were receiving support, being welcomed and accepted into the nursing team, and having individual contributions

valued. Clare and Van Loon also supported the findings of this qualitative study in that preceptors should be positive and encouraging role models in order for the graduate to successfully transition into the role of a nurse.

Delaney (2003) conducted a phenomenological study that consisted of a sample of 10 female graduate nurses who had completed a 12-week hospital orientation program. Preceptors were noted to play an important role in significantly influencing their career views either negatively or positively. Time management and caseload were the most commonly mentioned differences between the real world and their educational preparation. Graduates were overwhelmed when given new unfamiliar tasks in addition to their increased responsibility.

Participants in this qualitative study perceived that the course prepared the participant for real world nursing and during the course, the participant by their own judgment had progressed to a competent skill level. The participants experienced confidence in their abilities and had progressed to the liberated stage of competency mentioned by Dearnley (2006). This change in the participant's self-image allowed the new graduate to focus on other aspects of role transition more successfully.

Heslop et al. (2001) developed a four-part descriptive survey/questionnaire to study undergraduate nursing students' perceptions regarding role transition. The sample of 105 Australian third-year BSN students were asked to self-report how prepared they felt to assume their new professional role in the first year following graduation. Students favored being employed in larger public hospitals and associations due to the higher probability that peer guidance and support would occur. Students wanted to achieve a good relationship with their new associates and team members. The Slone (2012) study

also found that students perceived that peer support was an important factor in successful role transition.

Findings of this qualitative study revealed similar results to those findings proposed by Heslop et al. in 2001. Study participants perceived that as undergraduate students, the participants were given multiple assignments in large urban emergency departments during the emergency clinical elective course and these assignments gave the graduate many opportunities to experience team work relationships, the effect of both positive and negative peer support. In addition, the emergency nursing elective clinical course provided increased opportunities to practice nursing skills. These components were suggested in the Heslop et al. study as necessary experience components to assist professional nurses to successfully achieve nursing role transition.

In a study by Thomka (2001), study findings gave insight regarding the importance of providing welcoming and positive preceptor experiences. Participants in the Thomka study revealed that experiences with a negative and unsupportive preceptor resulted in graduates reporting their experience as being stressful and overwhelming. Their reflections revealed that the orientation opportunities were inconsistent and the experienced staff members were not always supportive and openly talked about the graduate nurse in their proximity. Overall, the expectations of an effective orientation were not met by the participants in the Thomka study.

The participants in the Thomka (2001) study described what would have been an “ideal” transition experience and what experiences were missing in their opinions. The participants suggested an orientation program that provides experience with “long term mentoring over a year with an experienced RN and on-going case studies and

involvement in committees.” The participants described their preceptors as needing to have “nurturing” and “supportive” qualities (p. 19).

Additional discussion points were offered in a study conducted by Newton and McKenna (2007). Newton and McKenna suggested nursing educators should consider less frequent rotations through clinical areas to promote a sense of team building, to notice staff behaviors of horizontal violence or bullying that are not conducive to learning and to provide the students with an environment that promotes autonomy rather than dependence.

Studies results by both Thomka (2001) and Newton and McKenna (2007) paralleled findings in this qualitative study. Participants in the study by Slone (2012) supported their study conclusions in that nursing students in the study perceived that preceptors must be positive to provide the necessary role model link to ease the student into the new graduate role. By the preceptor providing opportunities to observe and participate in actual nursing experiences prior to graduation, the preceptored experience provided the new graduate with insight into their chosen career. The graduate observed the necessary steps in other nurses’ successful role transitions and understand how to pattern their personal responses in a real-world nursing setting prior to providing actual nursing care themselves.

Another qualitative study was conducted by Coudret et al. (1994) to examine graduating student nurses’ role conceptions that may occur or change during a clinical preceptorship over a four-week nursing practicum. Among the results, Role Discrepancy Scores revealed that the students had more congruence between the ideal and actual practice after the practicum. “Staff nurses influence the role orientation of neophyte

nurses and provide effective work-centered models” (p. 343). These results suggested that faculty and preceptors/staff have a joint role in influencing the student’s identity as a nursing professional; however, “faculty may tend to be more idealistic than their staff nurse colleagues” (p. 347). During the Slone (2012) study, one study participant responded that having faculty lead clinical experiences would have been helpful to their nursing transition. The Coudret et al. research findings suggested that faculty-led clinical would perpetuate the ideal nursing setting rather than providing a real-world look at actual nursing practice. Faculty-led clinical may restrict the undergraduate nurses’ learning and provide misconceptions about realistic work environments. This study supported the continuation of structuring the emergency nursing elective course with clinical experiences led by supportive preceptors.

Participants in this qualitative study noted that not having a consistent preceptor may have not provided the maximum time and opportunity for the participants to network and form bonds with their assigned preceptor. Because a bond was never established between an emergency elective nursing student and the assigned preceptor, a study participant perceived that the graduate may have impacted the student’s ability to not transition as effectively into the role post-graduation.

The research of Smith and Chalker (2005) was interested in the effect of continuity in preceptorship and found these results, “No differences were found in perception of clinical performance, role transition, satisfaction, and retention in nursing between nurse interns who had an assigned preceptor (n = 35) and the nurse interns that did not have assigned preceptors (n = 53)” (p. 50). Forty-eight percent of the new graduates reported that having neither single nor multiple preceptors influenced their

decision to stay in nursing. Eighty-four percent of the graduates believed having the same preceptor helped the graduate build trust, consistence and confidence. Sixteen percent reported that having the same preceptor was detrimental. Multiple preceptors in the new graduates' opinions provided a variety of approaches to leadership and skill styles and the intern could incorporate multiple styles into their own personal style. It would appear from the study by Smith and Chalker, that consistent preceptor assignments do not have a detrimental effect on retention of graduates but may have some effect on role transition effectiveness as some participants in the Slone (2012) qualitative study postulated. The impact of not developing trust and confidence in the person who facilitates your clinical exposure does negatively impact your transition effectively into nursing.

Etheridge (2007) also supported the use of other nursing mentors that were mentioned as helpful in reducing the loss of bonds created by not assigning preceptors consistently. Other nursing mentors may be faculty, peers or managers who are trusted colleagues. Graduates identified that the learning-practice gap was reduced when faculty questioned them or held discussions to challenge their thinking and this process was a helpful substitution for any networking that did not occur at clinical sites. Networking opportunities can be varied and will continue to illustrate for the student necessary skills to understand how the student will network in their professional role.

Delaney (2003) revealed that undergraduate nursing curricula did not provide exposure to death and dying. Graduate nurses in a study by Delaney felt they were not ready to cope with death and dying at an acceptable level following graduation. An incidental finding of the current qualitative study was that the students in the emergency

clinical elective course did have frequent exposure to crisis intervention and end-of-life care in a concentrated frame of time during the course. These experiences were mentioned in the interview responses as helpful in the student's ability to confidently face these situations and be able to communicate with families. The participants in this qualitative study stated that in their new nursing role, the graduate was able to approach and not hesitate to intervene when a client was in a very vulnerable state.

Implications/Recommendations for Education

The body of evidence-based knowledge for nursing educators regarding current information about effective program planning for role transition into nursing in an ever-changing world continues to be critically important. Further research studies are recommended in this area.

As results in this qualitative study indicate several aspects of role transition are dependent on perceptions rather than solid facts and knowledge. The new graduate must perceive that he/she is respected, supported and in an environment that is supportive and welcoming. The new graduate needs to have a feeling of self-confidence and the sense that they are functioning in a knowledgeable, safe way that is respected by their peers. Their co-workers and team members must trust and respect them to encourage the growth needed as a new graduate becomes part of the healthcare team. If changes in technology and increasing expectations are required of the nurse, then further qualitative research should be completed to identify what parallel changes should be made in undergraduate nursing programs to facilitate effective role transition. Clare and Van Loon (2003) conducted 21 focus groups in all states and territories of Australia in 2001. The best aspects of transition in the Clare and Van Loon study were receiving support, being

welcomed and accepted into the nursing team, and having individual contributions valued. More of this type of research should be completed so that perceptions of newly registered nurses are further explored since perceptions have an impact on successful nursing role transition.

Grossman and Valiga (2009) stated that perceptions of our life, work and personal situations will greatly affect the outcome. For graduates to perceive that their undergraduate education is insufficient and the design of their educational program does not allow them to accomplish transition into practice should be enough for nursing educators to take immediate notice and make needed changes in undergraduate curricular design. “New graduate nurses now account for more than 10% of hospital staff nurses, and that percentage is expected to grow as patient populations increase and baby boomer nurses begin to retire” (Nursing Executive Center, 2008). As the nursing work force changes over to a new generation of nurses, nursing education needs to begin to make significant and effective changes to nursing curriculum.

Nursing graduates face new and unpredictable challenges each day. Senior nursing students need to be aware that leadership has five attainable qualities. Leaders must be visionary, able to communicate, being an effective change agent, stewardship, and be able to cultivate new followers. “It (leadership) can be learned. It is deliberative. It is not necessarily tied to a position of authority” (Grossman & Valiga, 2009).

Grossman and Valiga stated that leaders have been known to:

. . . “rock the boat,” challenge new ways of doing things, constantly ask “Why not?” questions, and are comfortable with—and indeed, thrive on—turmoil, one can see that it sometimes is easier to be a leader if one is not in a hierarchical position of authority. (p. 7)

The above statement truly characterizes and encompasses the nature of nursing today. Nursing graduates are in position to apply the elements of leadership mentioned by Grossman and Valiga (2009). These qualities are important qualities to emphasize in a senior baccalaureate nursing transition course in order to better prepare the student to apply other necessary transition components. Providing students the opportunity to observe other professional nurses in varied and unpredictable clinical situations would be a necessary experience to include as senior students prepare to graduate and transition into practice as a leader. A nursing leader must have vision and leadership that will assist the graduate to become comfortable with turmoil on any given day as the graduate steps forward into their professional role.

Leaders need to communicate well, and opportunities to communicate professionally would be a necessary course component in any senior nursing course. Every opportunity to practice communication, written or oral, is important in the formation of a nursing leader. Course activities that would be encouraged and recommended would vary from attending legislative activities to meeting current representatives, writing professional journal articles for student organizations, holding an office in student organizations, networking or speaking at student state or national organizations, or observing professional nurses during committee meetings. The ideas are endless and only limited by the student's and faculty's imaginations. The students should be encouraged to get involved, take risks, and look for opportunities in order to "grow" their ability to communicate well.

According to Grossman and Valiga (2009), another component of leadership is stewardship. A transition course designed to facilitate transition, leadership, and change

would also provide opportunity for practice and mentorship in balancing change that serves the interests of all. Community experiences could be arranged with nonprofit agencies so that the student would be able to volunteer and observe their practice community from another angle. As a community volunteer, the student can observe how the service appears to the consumer. Working within teams other than those professional practice teams that they have been exposed to within the medical community would help the student develop their stewardship abilities. The student nurse would be able to see the “larger picture” and their own self-interest would need to take a back seat (Grossman & Valiga, 2009). Participants in this qualitative study stated in several responses that knowing the overall hierarchy of emergency care providers heightened their awareness and assisted them in their new job because graduates knew what elements of the system could be useful resources for the client and for the staff that had not worked with these resources before.

The last component of leadership that Grossman and Valiga (2009) state is integral to becoming a leader is developing and renewing followers. Senior nursing students should begin investing in the next generation of leaders by creating other student leaders prior to graduation. “Building toward a vision requires collaboration between leaders and followers, as well as a cadre of effective followers who provide leadership” (p. 12). Built into the transition course should be the ability to mentor, role model, and give personal attention to other students who are in freshman, sophomore, and junior college nursing courses. It is never too soon to introduce the concept of leadership and team membership throughout the curriculum. Transition coursework should encourage and facilitate practice for students so that graduates can create this network of aware

followers. Observing hospital staff who are excited to be involved in promoting vision through active committee work and team building should be observations that are scheduled into each course.

To combine the recommendations of Benner et al. (2010) and Grossman and Valiga (2009) gives nursing educators an idea of what experiences to include in an effective nursing transition course. Certain curricula techniques will enhance transition into practice for the new nursing graduate of 2010. The successful student nurse has intentionally been exposed to leadership throughout the curriculum so that as the student enters the actual transition course in the senior year, the student can take full advantage of the opportunities/experiences planned for this course.

Questioning and engaging students in class are ways to introduce clinical reasoning into the theory portion of the nursing class. Posing questions that draw upon what the student has already learned helps the student reflect and then rehearse for actual practice (Benner et al., 2010). If the dialogue is active, the professor may uncover student assumptions and the dialogue among other colleagues assists the student in self-understanding.

Senior nursing students must be self-motivated and must seek out learning experiences that are clinically based. “When nurses described how they learned to become a nurse or ‘think like a nurse,’ students invariably pointed to clinical situations” (Benner et al., 2010, p. 12). “Nursing students need opportunities to safely practice reading situations, imaginatively see possibilities, and draw on knowledge in particular situations” (p. 36). Benner et al. clearly explain that:

Having a sense of salience—being able to recognize what is more or less important in a clinical situation—is the beginning point for clinical reasoning

within a situation. Novice first-year students learn to prioritize actions, reflect on what they have learned from their experience, and improve the care they give on their next care assignment. Eventually this process of experiential learning over time creates a sense of salience about familiar clinical situations, and the student no longer has to deliberate on all priorities; some are just obvious on the basis of similarities of their prior experience. This kind of repeated clinical experience is required in order to develop a growing differentiated sense of priorities in nursing practice, what we call a sense of salience. (p. 94)

Developing a strong sense of salience would allow the new graduate to rely on their past experience and function with a stronger sense of competence among their colleagues.

Confidence is built on having many experiences and many episodes of situated cognition in multiple nursing situations. Competence is not tested by administering written tests and mock drills but occurs every day in every nursing work area. Nurses are building on the experiences that are shared with their colleagues and team mates. Further research is needed to assess the amount and type of clinical situations that are appropriate to facilitate role transition in undergraduate nursing students. A recommendation that nursing educators may want to consider is that nursing students who participate in externships have a realistic view of transition and transition more effectively. Curricula design with an extern course added to the curriculum plan may assist graduates' transition effectively by utilizing a stepping-stone to practice. The extern program may benefit both the institutions that provide the programs and the nursing programs with which they are affiliated.

Senior nursing students who wish to transition smoothly into professional nursing practice need to be proactive and engage in any and all nursing experiences and conversations both in class and in clinical. Classroom engagement occurs when the student notes examples given by their professor and takes full advantage of being involved in the discussion. In order to strengthen their own nursing professional ability

as well as develop leadership qualities and ultimately their confidence, students becoming involved with any and every actual nursing experience is essential. Students observe other nurses practicing nursing appropriately or inappropriately. Students will refine what they observe and learn to develop their own style of leadership and practice techniques to use in their new role as professional nurse. It is ultimately the student's personal responsibility to assume control of their learning. As they amass more nursing experiences, their unique role transition occurs naturally. The emergency clinical elective course described in this study did give students the choice to choose a nursing specialty area and take ownership and control of their learning. Nursing educators may want to consider allowing upper class undergraduate students the ability to have some voice in selecting courses in their undergraduate education.

Limitations

This phenomenological qualitative study was conducted at a small Midwestern college of health sciences in the United States. Themes and data analysis results may not be transferable to other colleges of larger size or with substantially different curriculum program designs. When this study is replicated, a larger sample size may be considered to increase the applicability of the study results.

Future Research

Research needs to be continued in the area of nursing role transition to provide a body of knowledge for nursing educators that is evidence-based so that curriculum planning is tailored to the issues that affect current graduates and curriculum structure is used that has shown promise to provide the successful role transition of new graduate nurses. It is the perception and lived experiences of graduates that are currently

transitioning into nursing practice that should be used to design the most beneficial undergraduate nursing curriculum. Themes and trends found in additional qualitative studies will reflect the success of nurses currently in the transition to practice. Additional future research would be useful to strengthen the quality of undergraduate nursing programs and help to assure that nursing graduates continue to smoothly transition into the nursing career. This is a benefit to the colleges who work to prepare nurses properly, to institutions who will hire and retain nurses and to society as a whole who needs a large number of effective nursing care providers. Although new graduates in a study by Young (2006) focused on attaining skill development, the study findings are important because “failure to minimize role discrepancy in newly graduated nurses may result in job dissatisfaction, low morale, and high turnover rates” (p. 109) which is an increased cost to hospitals and ultimately to healthcare and society.

Parker et al. (2003) reported findings not found in other research studies. The results suggested that there are apparent differing needs across nursing employment sectors and one size does not fit all. New graduate support programs and new graduates may have differing needs. This suggests that further research must be done so findings are current and updated frequently to assess current new graduate needs to be done to guide nursing educators and employers to determine exactly what new nurses in transition need.

Figure 19 depicts the components of the role transition success block designed by Slone (2012). Participants perceived that these lived experiences were necessary and useful in nursing role transition. Participants described these components as benefits provided in the emergency clinical elective course and the graduates stated that their

personal transition into nursing went smoothly. Incorporation of these course aspects minimized their personal practice-education gap when the participants became employed as a nurse for the first time. Slone (2012) recommends these components as the necessary “building blocks” in designing effective nursing courses that assist undergraduate nursing students in the preparation for transition into professional practice. Nursing educators can maximize the undergraduate nursing success in role transition by including clinical and classroom experiences that provide these building blocks. Ultimately, nursing educators will impact nursing retention, nursing employee satisfaction, and society by creating evidence-based nursing curriculum designs that produce competent and confident nursing graduates who are employed and are ready to assume their place in the health care system.

Summary

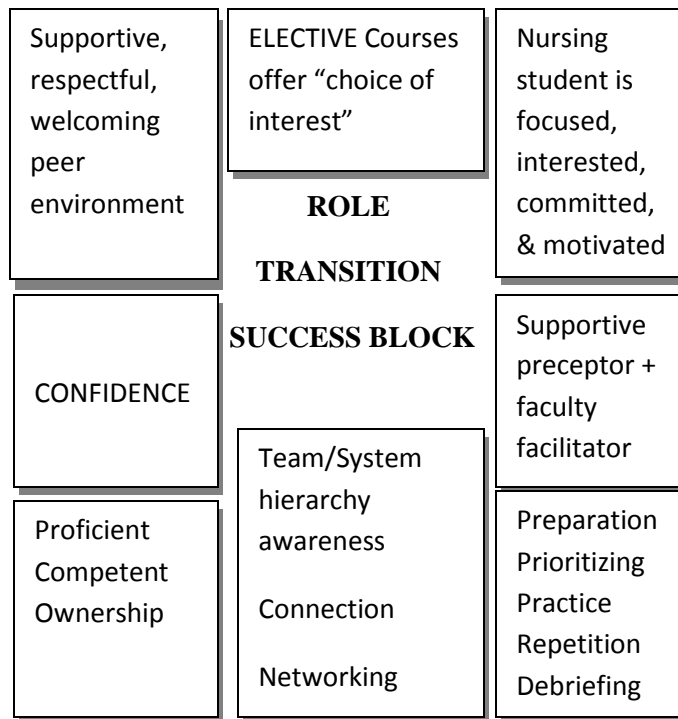


Figure 10. Role Transition Success Block

In this researcher's opinion, based on the evidence gathered from this qualitative study's data, role transition preparation can be planned by nursing educators, and can be encouraged and fostered by designing a curriculum that captures the interest of the student and provides challenging opportunities to complete situated cognition in as many as possible actual nursing situations as Lave and Wenger (1991) previously supported. Students need to be as close to the actual role as possible and not observe the role of a nurse but be an engaged and participatory member of the team as Erant stated as early as 1994. Nurses should "use that knowledge in practice" (Erant, 1994, p. 175). Chan agreed in 2005 that "the professional seeks an optimal grasp of the nature of the situation" (p. 22).

Nursing students that participant in ethical dilemmas with clients and their families, practice prioritizing with limited supervision and complete many repetitions of their nursing skills become confident in their own ability. This confidence is associated with how the graduates perceive themselves and that as nursing graduates they are capable, or not, of assuming more challenging learning situations and becoming more involved as a nurse. Their co-workers begin to seek out the new graduate, treat the graduate with respect, and involve the new graduate in more challenging areas. The new graduates become lifelong learners to be thought of and to think of themselves as competent and confident. Benner et al. (2010) called for radical change in the way nurses are educated so that nurses can compete in today's challenging healthcare arena. What Benner et al. suggested are these same three nursing priorities: to be a lifelong learner, an ethical decision maker, and a graduate who is proficient in nursing skills. Providing

opportunities to practice and engage in actual clinical situations with supportive preceptors as was done in the emergency clinical elective course accomplishes these suggestions. To close the practice-education gap, AONE (2005) advocates that nursing students and graduates alike need to practice and rehearse their profession. This is what the graduates in this study reported to be the most effective technique in their undergraduate education at this Midwestern college. The study by Slone (2012) collected data from participants regarding their transition into nursing practice. Information gleaned from their perceptions will be used to guide course faculty in the design of undergraduate curricula that is evidence-based, supportive of successful role transition and applicable to current nursing practice.

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APPENDIX A

ADULT CONSENT TO PARTICIPATE FORM



ADULT CONSENT FORM

IRB#: CSM 11-26 Approval Date: 12-21-11 Expiration Date: 12-21-12
Title of this Research Study. FOSTERING ROLE TRANSITION: BRIDGING NURSING EDUCATION AND NURSING PRACTICE

Dear BryanLGH College of Health Sciences Graduate,

You are being invited to take part in this research study. The information in this form is meant to help you decide whether or not to take part. If you have any questions, please ask.

Why are you being asked to be in this research?

You are being asked to be in this study because you are a BryanLGH College of Health Science bachelor of science in nursing graduate who previously enrolled in a clinical nursing elective course in emergency nursing and have been employed as a nurse for a minimum of six months following graduation. You have been selected from a pool of graduates that met these criteria.

What is the reason for doing this research study?

This qualitative study is being done to explore the lived experiences and perceptions of baccalaureate nursing graduates regarding a clinical course focused in emergency nursing and how this educational method affected the nursing graduates' transition into professional practice. You are being asked to participate in this study conducted by Cindy Slone, a doctoral student at College of Saint Mary. Upon receipt of your signed consent, you will be contacted by the researcher.

What will be done during this research study?

The study involves a face-to-face interview, to be arranged at your convenience in a quiet location mutually agreed upon by the participant and the researcher. The interview will last approximately 45 to 60 minutes. The interview will be digitally recorded. The study also includes a review of the written transcript of the interview that will be checked for accuracy by you. The total time involved in participation will be approximately one and one-half hours.

What are the possible risks of being in this research study?

There are no known risks to you from being in this research study.

Participant Initials _____

ADULT Consent Form - PAGE TWO

What are the possible benefits to you?

You are not expected to get any direct benefit from being in this research study. However, you may develop greater personal awareness of role transition into professional practice because of your participation in this research.

What are the possible benefits to other people?

Ultimately, information obtained from this study will add to the body of knowledge regarding nursing education and future nursing graduates may benefit from changes in undergraduate nursing curriculum that reflects these research findings.

What are the alternatives to being in this research study?

If you wish to participate in this study and are not able to be interviewed face-to-face in a location agreeable to both the researcher and the participant, the prospective participant may choose to participate in a virtual interview via SKYPE or a phone interview. Instead of being in this research study you can choose not to participate. Participants can choose not to schedule a phone interview when contacted or can end their participation at any time during the interview. At the beginning of the interview and periodically throughout the interview, the participant will be reminded that the participant has the right to end the interview at any time.

What will being in this research study cost you?

There is no cost to you to be in this research study.

Will you be paid for being in this research study?

You will not be paid or compensated for being in this research study.

What should you do if you have a concern during this research study?

Your well-being is the major focus of every member of the research team. If you have a concern as a direct result of being in this study, you should immediately contact one of the people listed at the end of this consent form.

How will information about you be protected?

Reasonable steps will be taken to protect your privacy and the confidentiality of your study data. The information you provide will be kept strictly confidential. The informed consent forms and other identifying information will be kept separate from the data. All materials will be kept in a secure, locked personal file cabinet. The tape recordings will be listened to only by the researcher and a confidential research assistant. Any records that would identify you as a participant in this study, such as informed consent forms, will be destroyed seven years after the study is completed. The only persons who will have access to your research records are the study personnel, the Institutional Review Board (IRB), and any other person or agency required by law. The information from this study may be published in scientific journals or presented at scientific meetings but your identity will be kept strictly confidential.

Participant Initials _____

ADULT Consent Form - PAGE THREE

What are your rights as a research participant?

You have rights as a research participant. These rights have been explained in this consent form and in The Rights of Research Participants that you will be given prior to the interview. If you have any questions concerning your rights, talk to the investigator or call the Institutional Review Board (IRB), telephone (402)-399-2400.

What will happen if you decide not to be in this research study or decide to stop participating once you start?

You can decide not to be in this research study, or you can stop being in this research study (“withdraw”) at any time before, during, or after the research begins. Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the investigator, or with the College of Saint Mary or BryanLGH College of Health Sciences.

You will not lose any benefits to which you are entitled.

If the research team gets any new information during this research study that may affect whether you would want to continue being in the study, you will be informed promptly.

Documentation of informed consent.

You are freely making a decision whether to be in this research study. Signing this form means that (1) you have read and understood this consent form, (2) you have had the consent form explained to you, (3) you have had your questions answered and (4) you have decided to be in the research study.

If you have any questions during the study, you should talk to one of the investigators listed below. You will be given a copy of this consent form to keep. If you are 19 years of age or older and agree with the above, please sign below.

Signature of
Participant: _____ Date: _____ Time: _____

My signature certifies that all the elements of informed consent described on this consent form have been explained fully to the participant. In my judgment, the participant possesses the legal capacity to give informed consent to participate in this research and is voluntarily and knowingly giving informed consent to participate.

Signature of
Investigator _____ Date: _____

Authorized Study Personnel:

Principal Investigator: Cindy Slone Ed.D c, MSN,RN,CEN_ Phone:402-481-8858

Dissertation Chair: ___Patricia Morin PhD, RN___ Phone: _402-438-1696_____

Participant Initials _____

APPENDIX B

PROFESSIONAL ASSISTANCE CONFIDENTIALITY AGREEMENT

PROFESSIONAL ASSISTANCE CONFIDENTIALITY AGREEMENT

As the sole transcriptionist of the interview recordings, I will respect the confidentiality of and the proprietary rights in the information of those who submitted it. I will transcribe the information verbatim without alteration. The information will not be discussed with anyone other than the researcher. I have received a copy of this agreement.

Name/Title: Glenda Hirz, Owner
 Employer: HINZtime Virtual Assistance
 Address: Po Box 84944, Lincoln, NE 68501-4944
 Date: Feb. 17, 2012 Contact Phone: 402-438-2253
 Researcher Signature: Cynthia Slone Date: 2-14-2012

Researcher-

Cynthia S. Slone MSN, RN
 8032 Cooper Avenue
 Lincoln, NE 68506
 402-481-8858

Faculty Contact-

Dr. Patricia Morin
 3009 Sheridan Blvd.
 Lincoln, NE 68502
 402-438-1696

APPENDIX C

DISSERTATION TABLE PERMISSION

Cindy,

Of course you may use the table I developed comparing my steps with Moustakas. I am delighted it is something you found useful. Good luck on completing your dissertation.

Ann

Ann Harms EdD, APRN-CNS
Assistant Professor
Creighton University School of Nursing
Hastings Campus
715 N. St. Joseph
Hastings, NE 68901
402-461-5057
aharms@creighton.edu

From: Cindy Slone [mailto:Cindy.Slone@bryanlgh.org]
Sent: Thursday, February 10, 2011 4:06 PM
To: Harms, Ann M.
Subject: Permission to use Dissertation Table
Ann,

I am a current graduate student at the College of Saint Mary and I received your email address from Arleen Bailey, the department secretary.

I have completed the rough draft of Chapters One and Three of my dissertation. In reviewing other dissertations in the library repository, I came across your work. I am doing a qualitative study that will involve exploring the perceptions of BSN graduates as they transition into practice following graduation.

I am writing to request your permission to use and properly cite the table that you developed regarding the steps you completed in your research process. It is the table that compares your steps and their relationship to Moustakas. It is exactly the same steps that I will apply and your table is the clearest and most easily understood representation that I have found. Please consider my request and email me your thoughts.

Thanks so much and hopefully I will be an Alum along with you next year!!

Warm Regards,
Cindy
[Cindy Slone Ed.D\(c.\),MSN, RN, CEN](mailto:Cindy.Slone@bryanlgh.org)
[Alumnus CCRN](mailto:Cindy.Slone@bryanlgh.org)
[Assistant Nursing Professor](mailto:Cindy.Slone@bryanlgh.org)
[BryanLGH College of Health Sciences](mailto:Cindy.Slone@bryanlgh.org)
[402-481-8858](mailto:Cindy.Slone@bryanlgh.org)

APPENDIX D

RIGHTS OF RESEARCH PARTICIPANTS FORM



RIGHTS OF RESEARCH PARTICIPANTS*
AS A RESEARCH PARTICIPANT AT COLLEGE OF SAINT MARY
YOU HAVE THE RIGHT:

1. TO BE TOLD EVERYTHING YOU NEED TO KNOW ABOUT THE RESEARCH BEFORE YOU ARE ASKED TO DECIDE WHETHER OR NOT TO TAKE PART IN THE RESEARCH STUDY. The research will be explained to you in a way that assures you understand enough to decide whether or not to take part.
2. TO FREELY DECIDE WHETHER OR NOT TO TAKE PART IN THE RESEARCH.
3. TO DECIDE NOT TO BE IN THE RESEARCH, OR TO STOP PARTICIPATING IN THE RESEARCH AT ANY TIME. This will not affect your relationship with the investigator or College of Saint Mary.
4. TO ASK QUESTIONS ABOUT THE RESEARCH AT ANY TIME. The investigator will answer your questions honestly and completely.
5. TO KNOW THAT YOUR SAFETY AND WELFARE WILL ALWAYS COME FIRST. The investigator will display the highest possible degree of skill and care throughout this research. Any risks or discomforts will be minimized as much as possible.
6. TO PRIVACY AND CONFIDENTIALITY. The investigator will treat information about you carefully and will respect your privacy.
7. TO KEEP ALL THE LEGAL RIGHTS THAT YOU HAVE NOW. You are not giving up any of your legal rights by taking part in this research study.
8. TO BE TREATED WITH DIGNITY AND RESPECT AT ALL TIMES.

THE INSTITUTIONAL REVIEW BOARD IS RESPONSIBLE FOR ASSURING THAT YOUR RIGHTS AND WELFARE ARE PROTECTED. IF YOU HAVE ANY QUESTIONS ABOUT YOUR RIGHTS, CONTACT THE INSTITUTIONAL REVIEW BOARD CHAIR AT (402) 399-2400. *ADAPTED FROM THE UNIVERSITY OF NEBRASKA MEDICAL CENTER, IRB WITH PERMISSION.

