

2020

## Associate Degree Nursing Graduates' Experiences of the Transition From Student to Nurse

Katherine Margaret Slusser  
*Walden University*

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# Walden University

College of Health Sciences

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Katherine Slusser

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Walden University  
2020

Abstract

Associate Degree Nursing Graduates' Experiences of the Transition From Student to

Nurse

by

Katherine Slusser

MSN, Capella University, 2016

BSN, Sonoma State University, 2006

ADN, Santa Rosa Junior College, 2004

BA, Sonoma State University, 1997

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Walden University

July 2020

## Abstract

Attrition among newly graduated nurses remains a top concern among nursing leaders in the United States. Many published studies about new graduate nurses focus on bachelors-prepared nurses or on mixed populations of nurses that include both associate and baccalaureate degree graduates. No published studies were located that focused specifically on the Associate Degree Nursing (ADN) graduate. The purpose of this qualitative, interpretive phenomenological study was to understand the experiences of transition after graduation and into professional nursing of newly employed nurses who graduated from an ADN program. The theoretical basis for this study was Meleis's transition theory. The research question focused on the lived experiences of transition after graduation with an ADN into the workplace. An interpretive, phenomenological qualitative methodology with individual interviews was used. Data analysis was done using a modified approach of the van Kaam method. The results showed that new graduate ADN nurses generally did not feel supported during their transition time after graduation and into their first few years of employment. Three themes emerged: (a) thrown off a cliff, (b) small fish in a big pond, and (c) needing a life jacket. Recommendations are to provide new graduate residency programs to all new-hire RNs with one-to-one dedicated preceptors, provide more feedback on job performance, and continue efforts to reduce lateral violence and bullying. Positive social change can occur when new nurses are more supported throughout their transition period and stay in their jobs longer because these changes can decrease overall health care costs and improve patient outcomes.

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## Chapter 1: Introduction to the Study

### **Introduction**

Early career attrition in the nursing field remains one of the top concerns in United States health care (Blegen, Spector, Lynn, Barnsteiner, & Ulrich, 2017). Attrition takes a toll on the finances of hospitals that employ these graduated nurses (Yarbrough, Martin, Alfred, & McNeill, 2017). Early career attrition also impacts the quality of patient care; one study showed that insufficient nurse staffing increased the mortality risk for patients by 6% in units that were understaffed as compared with fully staffed units (Needleman et al., 2011). More broadly, research has shown that a greater number of professional nurses at the bedside is associated with better outcomes for patients (Needleman et al., 2011).

The transition period right after graduation and into the first 2 years of employment is crucial for a new graduate nurse (Hofler & Thomas, 2016) and may impact attrition in the early years of a nursing career. Recognizing that early career nursing attrition is a major problem, nursing leaders have put substantial effort into identifying the causes. My review of the published literature reveals that the focus of researchers studying this phenomenon has been to try and understand the experiences of mixed populations of Associate Degree Nursing (ADN) and Bachelor of Science in Nursing (BSN) nurses, or just BSN nurses. Washington (2012) found, for instance, that one cause for ineffective transition and early career attrition included performance anxiety. Hofler and Thomas (2016) stated that other challenges during the new graduates' transition period are higher acuity patients and limited or no access to mentors. In

addition, fatigue, burnout, and role ambiguity have also been identified as factors impacting attrition (Tunc & Kutanis, 2009). Generation gaps and bullying in the nursing workforce can also contribute to a challenging transition period (Hofler & Thomas, 2016). The American Association of Colleges of Nursing (2019) noted that insufficient staffing directly impacts job satisfaction and is one factor as to why nurses leave the profession.

Hofler and Thomas (2016) found that some of the solutions to providing a smoother transition period for new graduate nurses included implementing nurse mentoring programs, supporting academic progression, and involving new RNs in decision-making processes. One remedy has been for health care organizations to begin new graduate training programs and nurse residency programs (NRPs). Many United States hospitals and health care systems are trying to promote safer practice by using an NRP for newly hired nurses (Tyndall, Firmhaber, & Scott, 2018).

However, recently published research on the factors for ineffective transition and early career nursing attrition only includes BSN or a mix of ADN and BSN participants. I did not find any published research specifically on ADN graduates and their transitions and experiences after graduation. In California, most of the new graduate prelicensure nurses are prepared with an ADN and are enrolled in BSN programs when they enter the workforce (Spetz, Chu, Jura, & Miller, 2017), which can result in stressors not experienced by newly graduated nurses with a BSN. Therefore, it is important to focus on this population of new ADN nurses to gain a better understanding of their experiences after graduation.

The purpose of this qualitative study was to provide critical insight into the unique experiences of ADN graduates as they enter and acclimate to the nursing workforce in the Western United States. Positive social change may result from application of the study findings by education and leadership professionals in health care who can impact the factors leading to nursing attrition. Understanding the unique experiences of new ADN graduates may improve transition to practice and promote retention in nursing, leading to positive social change through a stronger nursing workforce. Walden University's definition of positive social change is "a deliberate process of creating and applying ideas, strategies, and actions to promote the worth, dignity, and development of individuals, communities, organizations, institutions, cultures, and societies" (Walden University, 2020, para. 1). This study has the potential to foster positive social change by not only impacting the new ADN graduate but also the community, healthcare settings, the nursing profession, and healthcare overall, in the United States and in other countries.

This chapter begins with the background for this study, which includes a summary of the existing literature gap, as well as the problem statement, purpose statement, and primary research question. I will also provide an overview of the theoretical framework and nature of the study; define key terms; and discuss the assumption, scope and delimitations, and limitations of the study. Chapter 1 will conclude with a discussion of the significance of the study and a transition to Chapter 2.

## **Background**

For a new graduate nurse, the transition time between graduation and into the first 2 years of employment is crucial to career success (Hofler & Thomas, 2016) as it may impact attrition in the early years of a nursing career. Studies show that new graduate nurses are unprepared for many common stressful situations in their first nursing job such as role adjustment, inadequate staffing, dangerous nurse–patient ratios, overtime, and unsupportive work milieus (Boamah, & Laschinger, 2016). In addition, in one study, many new graduate nurses reported that they have a lack of understanding about how to connect clinical knowledge learned in school to actual nursing care, which results in a lack of professional confidence (Ortiz, 2016). Pasila, Elo, and Kääriäinen (2017) reported that newly graduated nurses are sometimes criticized inappropriately and shown disrespect by their peers because they are novice workers, and these experiences may result in them leaving the job.

NRPs have become more common as many hospitals and health systems try to foster safe and competent practice among newly hired nurses (Tyndall et al., 2018). However, new graduate nurses in the United States are still finding the transition from student to professional working nurse stressful and intimidating, despite the health care industry's attempt to address this problem (Edwards, Hawker, Carrier, & Rees, 2015). When new graduate nurses have negative experiences within their first 60 to 90 days in their new role, they often leave their positions within the first year of employment (Clipper & Cherry, 2015). This combination of challenges may lead to an ineffective



transition to practice and, ultimately, too much attrition in the early years of employment (Clipper & Cherry, 2015).

In this study, I addressed the gap in knowledge of the experiences of new graduate ADN nurses specifically; previous researchers have studied the experiences of only ADN and BSN nurses, or just BSN nurses. The findings from this study may provide critical insight for those in health care who are responsible for facilitating the transition of new graduate ADN nurses between graduation and employment. With a better understanding of the transition experiences and early employment experiences of new graduate ADN population, nursing leaders may be able to modify their approach to smooth the transition experience and promote retention in nursing, which could then lead to positive social change through a stronger nursing workforce.

### **Problem Statement**

In the nursing field in the United States, one major reported concern is attrition of newly licensed RNs. The authors of one study found that 35% of newly licensed RNs had changed jobs within 1.5 to 2.5 years after graduation (Blegen et al., 2017). At one large hospital in the Southwestern United States, RN attrition was almost at 30% within the first year, and an additional 45% occurred within the first 3 years (Yarbrough et al., 2017). A comprehensive literature review by Eckerson (2018) indicated that 35–60% of nurses leave their first place of employment within one year. The high rate of attrition has economic implications for United States health care facilities. The financial impact of nursing turnover ranges from \$44,380 to \$63,400 per nurse, which translates to \$4.21 to \$6.02 million loss per year for hospitals (Yarbrough et al., 2017).

The authors of many published studies regarding early RN attrition have focused on mixed populations of new graduates including ADN- and BSN-prepared nurses. For example, Weathers and Raleigh (2013) looked at the 1-year retention rates of ADN graduates, BSN graduates, and second-degree BSN graduates in a major health system in the Eastern United States. The researchers found that the ADN program graduates had the highest 1-year retention rate and the BSN graduates the lowest, and the second-degree BSN graduates had retention ratings in the middle (Weathers & Raleigh, 2013). There are also many published studies on how NRPs are impacting early attrition. For example, in a literature review of newly hired BSN graduates in NRPs in the United States, Eckerson (2018) found that the use of NRPs showed increased satisfaction and retention of new nurse graduates over a 1-year period. In their study of midcareer and early-career RNs' intention to stay and attrition, Yarbrough et al. (2017) found higher retention among both populations when job satisfaction and career development were present.

In California, the majority of initial prelicensure nursing education is completed through an ADN program (Spetz et al., 2017). In reviewing the literature, I found no published studies that focused specifically on the ADN graduate and the factors that may be involved in early career attrition among this population. In addition, no published studies were located that focused only on California. Blash and Spetz (2018) reported that in 2008, 88% of new nursing graduates were working in hospitals in California, but that number had fallen to only 61% of graduates in 2017. In addition, the percentage of new graduate nurses working in nursing in California decreased from a high of 92% in 2007 to a low of 80% in 2017 (Blash & Spetz, 2018). In conducting this study, which had as its

specific focus ADN graduates in California, I attempted to fill the current gap in the evidence.

The ADN graduate population is unique compared to the BSN graduate or the second-degree BSN graduate. ADN graduates typically start working sooner than the BSN graduate because the ADN program is usually only 2 years, as opposed to 4 years for the BSN or longer for the second BSN. Additionally, ADN graduates are often enrolled in postlicensure BSN programs while beginning their first nursing position, which may affect their ability to acclimate as a new nurse. ADN-prepared nurses thus represent a unique subset of the nursing population who should be studied to gain an understanding of the factors underpinning early attrition in ADN graduates. The specific problem that I addressed in this study was the role that the transition time between graduation and employment plays in early career attrition in new graduate nurses from ADN programs.

### **Purpose of the Study**

The purpose of this qualitative, interpretive phenomenological study was to understand the experiences of transition after graduation and into professional nursing in newly employed nurses who graduated from an ADN program. Phenomenology asks what the meaning, structure, and essence is of a person's or group of people's lived experience of a phenomenon (Guetterman, 2015). An increased understanding of newly graduated ADN nurses' experiences is necessary to identify what factors affect early career attrition in this population. Use of a qualitative approach allowed for open-ended questions and answers regarding the participants' experiences after graduation and into

employment. As I explain in Chapter 3, use of a quantitative approach would not have allowed for this type of understanding. To address the identified gap, I conducted individual interviews with ADN graduates who had finished their program within the past 3 years. The participants' answers were qualitatively coded to produce an understandable account of their experiences.

### **Research Question**

The research question for the study was, what are the experiences of transition after graduation and into professional nursing among graduates from an ADN program?

### **Theoretical Framework**

The theoretical basis for this study was Meleis's (2010) transition theory. The time between graduation and into employment for a nurse usually involves a major transition in which the new graduate leaves behind the security of being a student who works under supervision to begin in an independent, professional role that requires making independent judgments, decisions, and actions as a new practitioner (Walton, Lindsay, Hales, & Rook, 2018). Kumaran and Carney (2014) characterized this transition as a disconnection from previous social connections and supports, an absence of familiar reference points (objects or persons), the appearance of new needs, the inability to meet old needs in accustomed ways, and an incongruence between former sets of expectations and those that prevail in the new situation.

Transition theory includes six components: (a) types, (b) patterns, (c) properties, (d) transition conditions, (e) patterns of response, and (f) nursing therapeutics (Meleis, 2010). The theory explains that individuals generally experience specific types of

transitions that in turn create specific patterns (Meleis, 2010). These patterns may take place simultaneously, sequentially, in isolation, or in multiples, or may be related or unrelated (Meleis, 2010). The theory generally concerns individuals acknowledging the need for a change and then going through a series of steps, all of which are relational to each other and include the six components (Meleis, 2010).

It is a generally accepted expectation in the health care community that the role transition period culminates in a successful transition from student into employed RN. However, transition for the graduated student who is moving into professional practice is often a very stressful time and can present some unique challenges (Clipper & Cherry, 2015). The transition process for the new graduate nurse requires several types of change; thus, transition theory was the most appropriate theory to use in this inquiry.

### **Nature of the Study**

I used an interpretive, phenomenological qualitative methodology with individual interviews. The goal of the study was to explore the lived experiences of ADN graduates who are, or were, transitioning from student to professional nurse. Phenomenology aligns with the problem of early career attrition among ADN graduates because it can be used to understand what the graduates' experiences are after graduation and how those experiences may be linked to early career attrition. Kumaran and Carney (2014) reported that the influences on the role during the transition period from student to staff nurse are currently unclear and need to be explored to define how early career attrition may be impacted by this transition time.

Phenomenology is a method of inquiry that nursing researchers use to explore and understand people's everyday experiences (Matua & Van, 2015). In qualitative research, phenomenology is used to find things in common within a lived experience among a specific group, with a goal of arriving at a description of the nature of the phenomenon being studied (Creswell, 2018). Use of this methodological approach allowed for a deep understanding of the transition from ADN graduate to RN in that I was able to interview participants individually and explore their unique lived experiences. I will explain Meleis's transition theory in more detail in Chapter 2.

### **Definitions**

Key terms used frequently throughout the study are *attrition*, *new graduate*, *transition*, and *transition shock*. These key terms are defined to provide clarity and understanding. The definitions are as follows:

*Attrition*: Exits from the workforce, which can be due to emigration, voluntary exits (e.g. to other sectors of employment), illness, death, or retirement (Lopes, 2017).

*New graduate*: For the purposes of this study, a new graduate is someone who has completed a 2-year, prelicensure, ADN program within the past 3 years.

*Transition*: A passage from one life phase, condition, or status to another (Meleis, 2010). Periods in between fairly stable states and processes that occur over time, which can be divided into stages and phases (Meleis, 2010).

*Transition shock*: An acute and dramatic change in the process of professional role adaptation by the new graduate nurse and is the experience of moving from the

familiar role of nursing student to the unfamiliar role of an independently practicing professional nurse (Clipper & Cherry, 2015).

### **Assumptions**

The main assumption made in this study is that there was an array of participants available and willing to participate in this study. It is also assumed that the participants would be able to readily recall their transition experiences well enough to provide detailed answers which would translate into rich data. A secondary assumption is that the answers regarding the lived experiences of the participants would all be similar in nature to each other.

These assumptions were necessary as they served as the basis to conduct the study. Having enough participants in the study allowed the study to continue, so I assumed there would be enough volunteers. In addition, assuming that the participants would be able to recall their transitions from nursing school into professional employment also allowed the study to continue. Those descriptions of their subjective lived experiences formed the basis for the phenomenological approach that this study took, and thus was necessary to assume.

### **Scope and Delimitations**

The scope of this study, and the inclusion criteria, included nurses who have graduated from an ADN program in California within the past 3 years. Participants were recruited through hospital-based educators, Associate Degree in Nursing alumni listservs, and postlicensure BSN program educators. Exclusion criteria included participants who do not have an ADN, nurses who have graduated more than 3 years ago from their ADN

program, participants who do not have a current nursing license, and if the participant has a current or prior professional relationship with the researcher.

One noted boundary from this study was the theoretical framework that was chosen. Meleis's transition theory was chosen because it aligns with the steps of transition that a new graduate nurse typically experiences. Another theory, the Novice to Expert theory by Patricia Benner, was not chosen because it does not specifically outline the detailed process that one goes through during a transition phase. The Novice to Expert theory describes the steps specific to acquiring skills as a working nurse, not the steps involved in a more general transition period.

The transferability of this study may only be to areas of the country where the majority of nursing graduates are from ADN programs. The published literature on this phenomenon only represents BSN and a mix of ADN and BSN participants, and not ADN only. Thus, the transferability of this study is limited to populations of the nursing workforce that are exclusively hiring ADN graduates, the scope of which remains to be seen.

### **Limitations**

One potential limitation of this study is transferability. This study was conducted in California with new graduate nurses from an ADN program, who are within their first 3 years of professional nursing employment. Most new nursing graduates in California come from an ADN program (Spetz et al., 2017). Workforce projections indicate that California is heading for a substantial shortage of 44,500 nurses by 2030 (U.S. Department of Health and Human Services, 2017). Each state has an independent Nurse



Practice Act with variations in nursing program curricula, health care regulations and standards of practice that can differ from other areas. Thus, because this study was focused on graduates from one specific state, the results may not be transferrable to other nurses in other areas.

A second potential limitation of this study was that bias from personal experience could influence the findings of this inquiry. The goal in presenting a research study is to make sure that validity has been established throughout the study. Creswell (2018) stated that researchers should disclose and describe their own known biases at the beginning of the study. Then before the study moves along, the researcher should suspend those biases. This process of recognizing bias in a qualitative study is part of the larger effort to exercise researcher reflexivity, which thus establishes increased validity (Creswell, 2018).

In order to address the limitation of reduced transferability, I expanded the span of years of the participants first nursing employment from 1 year to 3 years. In addition, I initially was only going to include participants from Northern California, but increased this to include all of California, and potentially also the entire Western region of the United States as well, instead of just California. In order to reduce the limitation of potential bias, I made a conscious effort to recognize and suspend any and all biases during this study.

### **Significance**

This research study addressed the gap that exists in understanding the experiences of transition after graduation and into early employment among new graduate ADN

nurses that may impact attrition. This is an original contribution to the field because there are studies that have examined the combined experiences of ADN, BSN and second BSN nurse graduates, but no published studies were identified that specifically evaluated the experiences of new ADN graduates. The research will impact nursing practice by providing insight into the experiences of new ADN graduates, which may provide information that can be used to improve the transition experience and reduce attrition.

This study can foster positive social change by providing evidence that will lead to improved understanding of ADN graduates' experiences after graduation during their transition to the nursing workforce. The transition experience from graduate to working professional nurse is a critical time for new ADN graduates. Ineffective transition to practice is concerning because of the impact on patient safety and quality care, as well as attrition (Clipper & Cherry, 2015). It is widely reported that during the transition process, many new nurses experience overwhelming feelings of anxiety and incompetence (Clipper & Cherry, 2015). Tyndall et al. (2018) found that out of 5,000 newly graduated nurses, only 23% of those were able to perform entry level competencies and practice readiness. By attempting to understand the experiences of ADN graduates during their transition to practice, professionals in the nursing field will be better informed as to new graduate ADN transition needs. This in turn will hopefully smooth the transition and promote retention in nursing, leading to positive social change through a stronger nursing workforce.

### **Summary**

In this chapter, I provided introductory information on the lived experiences of new ADN graduate nurses. I provided the background for the study, and detailed the existing literature gap, then I described the problem statement, purpose statement, and primary research question. I also explained the theoretical framework and nature of the study; delineated key terms; and provided a discussion about the assumption, scope and delimitations, and limitations of the study. I concluded by presenting the significance of the study. In Chapter 2, I will present literature review strategies that I used in describing the chosen theoretical framework and literature review.

## Chapter 2: Literature Review

### **Introduction**

The specific problem I addressed in my research was early career attrition of ADN graduates; my particular focus was on the transition time between graduation and the first 3 years of employment of ADN graduates. My purpose in this qualitative study was to build on knowledge previously gained from past phenomenological studies regarding the lived experiences of nurses who have transitioned from a student ADN to a working professional nurse. I have not found any published literature that specifically focuses on the lived experiences of nurses who graduated from an ADN program, which represents a gap in the literature. I conducted this qualitative phenomenological study using semistructured interviews to address this gap in the current evidence on ADN graduate nurses' experiences.

When newly licensed nurses first enter the workforce, they are at risk of attrition. One study showed that the 1-year retention rate of newly licensed RNs was 83% (Blegen et al., 2017). One reason for early nursing career attrition is feelings of burnout (Boamah & Laschinger, 2016). Additionally, transition shock due to a difficult transition from student to a professional practicing nurse is another factor identified as a reason for attrition (Clipper & Cherry, 2015). However, educational background may also be a factor. The authors of one study found that among newly graduated ADN, traditional BSN, and second-degree BSN nurses, the ADN program graduates had the highest 1-year retention rate (Weathers & Raleigh, 2013). With this study, I aimed to understand the reasons for the heightened attrition of ADN nurses.

In this chapter, I describe the literature search strategies that I used to provide evidence of the need for this study. I also discuss the theoretical framework I used to ground my research. I then provide an exhaustive review of the literature, including (a) an overview of previous research on the lived experience of new nurses; (b) data on the retention, attrition, and turnover of new nurses; (c) research on the transition from student to practice; and (d) research on the effects of nurse residencies and preceptorship programs.

### **Literature Search Strategy**

The purpose of performing this study was to gain a comprehensive view of the phenomenon of the lived experiences of new graduate nurses transitioning into professional practice. I conducted a comprehensive review of the literature on the lived experiences of new graduate nurses in various employment settings and with various levels of education preparation. I identified literature on this phenomenon using the following databases: CINAHL, MEDLINE, Nursing and Allied Health Database, PubMed, Ovid, Cochrane Database of Systematic Reviews, and Sage Journals. While searching these databases, I used a combination of terms to identify relevant literature on the lived experiences of new graduate nurses. The terms included *prelicensure nurse*, *attrition*, *new graduate*, *associate degree nursing*, *experiences*, *transition*, and *qualitative*.

To ensure that the literature was relevant to the chosen phenomenon, I performed my initial searches with a publication date of 2014 or newer and included all levels of nursing education and transition experiences to the workforce. I performed my literature

review between April of 2019 and November of 2019. I found studies on BSN prelicensure preparation and the transition experiences of MSN nurses transitioning from the bedside to leadership positions. Because I found nothing on only ADN nurses, I expanded the date range to 2009 to 2019. In both searches, I found many studies on the effect of mentorship or preceptorship programs for new nurses on attrition rates, but none that focused specifically on the lived experiences of new graduate ADN nurses. I also found no additional literature that solely focused on the lived experiences of new graduate ADN nurses transitioning to the workforce.

### **Theoretical Foundation**

The theoretical basis for this study was Meleis's (2010) transition theory. According to the theory, individuals generally experience specific types of transitions that in turn create specific patterns (Meleis, 2010). These patterns may take place simultaneously, sequentially, in isolation, or in multiples, and may be related or unrelated (Meleis, 2010). The theory posits that individuals acknowledge the need for a change and then go through steps to enact change; the steps are relational to one another and include six constructs: (a) types, (b) patterns, (c) properties, (d) transition conditions, (e) patterns of response, and (f) nursing therapeutics (Meleis, 2010).

Transition theory's major assumptions are that (a) transitions involve a process of movement and changes in fundamental life patterns which are manifested in all individuals; (b) transitions cause changes in identities, roles, relationships, abilities, and patterns of behavior; and (c) the daily lives of clients, environments, and interactions are shaped by the nature, conditions, meanings, and processes of their transition experiences

(Meleis, 2010). The main proposition of the theory is that the nature or type of the transition can facilitate or hinder the persons pattern of response (Meleis, 2010). Further propositions are that (a) patterns of transition include variables such as whether the experience is single or multiple transitions, whether it involves sequential or simultaneous transitions, how much overlap among transitions occurs, and how events triggering transitions are related; (b) properties of transitions experiences are interrelated and part of a complex process; (c) healthy transitions are characterized by patterns of response which include both process and outcome indicators; (d) the earlier the preventative role supplementation is offered, the lower the probability of role insufficiency; and (e) the later the therapeutic role supplementation is provided the higher the probability that role insufficiency will be manifested (Meleis, 2010).

Meleis began exploring the concept of transitions in the 1960s when there was an increase in the number of support groups that aimed to help people with developmental and health problems (Meleis, 2010). Within these groups, Meleis started looking at common and uncommon themes, experiences, and strategies used by the participants in their quest for change. The process of decision-making emerged as a theme and thus led Meleis to investigate how transitions, both healthy and unhealthy, happen in individuals and groups. Meleis then applied the theory to studying how nurses assist with the transitions that patients go through in both wellness and disease.

The time between graduation and into employment for a nurse usually involves a major transition. This transition includes leaving behind the security of being a student who works under supervision to now beginning in an independent, professional role that

requires making independent judgments, decisions, and actions as a new practitioner (Walton et al., 2018). Kumaran and Carney (2014) used transition theory to discuss a disconnection from previous social connections and supports, absence of familiar reference points (objects or persons), the appearance of new needs, the inability to meet old needs in accustomed ways, and the incongruence between former sets of expectations and those that prevail in the new situation. In order to have a smoother transition, new nursing graduates must learn to disconnect from their well-known support systems and adapt to the new realities of their professional role. This major transition point represents the beginning of practicing autonomously for the new nurse.

Nursing leaders in academia and those that hire new graduates expect that the transition period from student to practitioner culminates in a successful transition from student into employed RN. However, the transition for the graduated student who is moving into professional practice is often a very stressful time and can present some unique challenges (Clipper & Cherry, 2015). Transition theory was a fitting theoretical framework for this study because the transition process for the newly graduated nurse requires several layers of change including the individual acknowledging the need for a change and then going through the steps. Components of the steps include the types of transitions, the transition patterns, the transition properties, the transition conditions, the patterns of response, and the nursing therapeutics (Meleis, 2010).

Transition theory specifically fit my study because the new graduate nurse is moving through the major change of transitioning from a student to a working nurse. Although the transition process does require change, the tenets of transition theory



specifically address that the process is more centered around a transition, rather than a “change”. The first step is that the new graduate nurse is identifying the need for the transition, in that he/she is recognizing they are no longer a student and must now transition into the role of a professional nurse. The second step is that the graduate is applying the patterns of the transition, in that they are no longer attending school, but must now begin to form new patterns like studying for the board exams, applying for jobs, and networking. The third step is that the graduate is recognizing the conditions of the transition, in that they are assessing whether or not their new potential work environment has a new nurse mentorship program; or what shift they are going to start working. The last step is for the new nurse to determine individual patterns of responses to the transition they are going through and whether their new reality is working well for them.

The research question for the study was, what are the experiences of transition after graduation and into professional nursing among graduates from an ADN program? Meleis’s transition theory related to this research question in that the thrust of the research question has to do with focusing on the process of a transition. A new graduate nurse goes through a major transition in which the recent graduate leaves behind the feeling of security of being a supervised student, to now beginning in an independent, professional role that requires the new RN to start making their own judgments, decisions, and actions as a new practitioner (Walton et al., 2018). The lived experiences of these new graduate nurses can be understood by applying Meleis’s transition theory because it focuses on the process of transition.

Another theory I could have potentially used is Lewin's theory of transitional change. Lewin's theory describes the process that happens when there is a need for change, in which there are three important steps: unfreezing, moving, and refreezing. When the individual realizes the need for a change, that is when unfreezing occurs. Then, transitioning into the new change involves adopting new behaviors, thinking in different ways, and ultimately, not doing what had been done previously. When a new equilibrium is reached is when the change has been integrated into the system and is known as refreezing (Christensen & Christensen, 2007).

### **Literature Review Related to Key Concepts**

This literature review will first focus on the concept of the lived experiences of new graduates as they transition from nursing school into professional employment. Second, this literature review will reveal studies that have been found on nursing retention/attrition/turnover. Third, this literature review will document studies that have been done on how nurses transition to practice after graduation. Fourth, this literature review outlined studies and findings on nurse residency and preceptorship programs. Finally, this literature review will discuss what remains to be studied.

### **Lived Experiences of New Graduates**

Several studies have described new graduate nurses lived experiences during the transition from nursing school into professional employment. This transition is challenging and stressful, and factors like inadequate job satisfaction and burnout can lead to attrition early in a new nurses' career. For example, Brown, Hochstetler, Rode, Abraham, and Gillum (2018) performed a qualitative study of new graduate nurses in the

United States with one on one interviews and found that their participants described real struggles like lacking necessary professional confidence, and poor experiences like bullying and criticism during their first year that had led to reported burnout and high turnover. Anselmo-Witzel, Orshan, Heitner, and Bachand (2017) performed a qualitative study in the United States with one on one interviews with generation Y new graduate nurses and found that when they have good working relationships with coworkers, patients, families, and management, they have higher job satisfaction, and are less likely to want to leave. Martin and Wilson (2011) performed a qualitative study in the United States with one on one interviews with new graduate nurses and participants recounted feeling like there were unrealistic expectations in the workplace, they felt like they had to learn how to work in a stressful environment, and they were also concerned about their relationships with preceptors and physicians, as well as their high workloads. Ortiz (2016) performed a qualitative study in the United States with one on one interviews and found that many new graduate nurses said that they were confused about how to apply clinical and didactic knowledge learned in nursing school to actual patient care situations, which resulted in a lack of professional confidence. Brown et al. (2018) also found that a lack of confidence was a common theme among the new graduates in their study. One strength of the approach of the above studies is that the choice of the phenomenological method to understand their experiences was appropriate and allowed for deep clarity. One weakness was that many of the studies did not mention the total number of ADN and BSN nurses, which would have been helpful when trying to understand the experiences of a specific population.

Several more researchers have examined the lived experiences of new nurse graduates and how a nurse preceptor and/or a NRP impacted their transition process. The studies overall show that when newly hired nurse graduates are either placed in a NRP, and/or have access to an experienced preceptor, their transition experiences are much more positive and successful (Boamah & Laschinger, 2016; Clipper & Cherry, 2015; Eckerson, 2015; Fink et al., 2008; Rush et al., 2019; Van Kamp & Chappy, 2017; Washington, 2012; Banister, Bowen-Brady & Winfrey, 2014; Moore & Cagel, 2012; Wildermuth, Weltin & Simmons, 2019).

Clark and Springer (2012) performed a qualitative study in the United States with one on one interviews and found that the nurses who had the highest job satisfaction with a commitment to staying in the profession had access to supportive preceptors and nursing staff, felt valued by the health care team, and were perceived as a vital member of the health care organization. Moore and Cagle (2012) performed a qualitative study in the United States with one on one interviews and found that when preceptors engaged in positive behaviors, this led to increased satisfaction in the new nurses and the authors concluded that this study highlights the importance of providing preceptors to new nurses in order to support a new nurses transition to practice. Wildermuth, Weltin and Simmons (2019) performed a qualitative study in the United States with one on one interviews and found that the new nurses felt overwhelmed, but also felt supported and more confident by having a preceptor. The authors commented that having preceptor programs available to new nurses can aid in the new nurses having a more successful transition experience, and possibly improving retention (Wildermuth, Weltin & Simmons, 2019). One strength

of the above studies is that the topics and research questions were well aligned with the current attrition issue in nursing and helped further understanding in the field about why nurses may leave their new careers so early. One weakness of the studies is that there was not very much detailed demographic information included, which may have been accomplished by adding the quantitative piece to the study.

### **Retention, Attrition, and Turnover**

Many published studies have looked at attrition in nursing, and have found that not only is attrition still too high in the early years of a new nurses career, but have also reported the factors related to why new nurses leave the profession in the first few years of employment. Blegen et al. (2017) conducted a multi-state, multi-site, descriptive secondary analysis study and found that the retention rate for nurses in their first year of employment was only 83% at one year and that younger nurses were more likely to stay employed. In addition, the study found that found that 35% of newly licensed RNs had changed jobs within 1.5 to 2.5 years after graduation, and that hospital characteristics had the most influence on retention over personal characteristics (Blegen et al., 2017). Fink et al. (2008) conducted a qualitative secondary analysis and found that some of the new nurses' top stressors during the first year of practice that can potentially impact attrition were preparing and taking the National Council Licensure Examination, adjusting to the new RN role, and entering graduate school. Fink et al. (2008) also found that perceived unsafe staffing ratios was the most commonly named factor for turnover, which was reported in this study as 30% in the first year of practice and 57% in the second year. Boahmah and Laschinger (2012) conducted a secondary analysis and found that the

person-job match in the six areas of work life had a direct negative effect on emotional exhaustion, and cynicism, which then directly affected the nurse's intentions to leave their jobs. One strength of the above studies is that they all included a significant number of studies for their reviews, which contributes to a broad and in-depth examination of factors of attrition. One weakness is that most of the studies did not mention which jobs the nurses obtained after leaving their first nursing employment, which would have been helpful to see if they went into another area of nursing, or into a different field altogether.

Weathers and Raleigh (2013) conducted a retrospective descriptive study on a performance improvement initiative comparing associate degree, traditional baccalaureate, and accelerated 2<sup>nd</sup> degree baccalaureate degree nurses. The highest one-year retention rate was among the ADN nurses, which represented 52% of the study, the lowest retention rates were among the BSN nurses, at 28%, while the accelerated 2<sup>nd</sup> degree BSN nurses had retention ratings in the middle (Weathers & Raleigh, 2013).

Yarbrough et al. (2017) performed a quantitative study and found that there was a strong connection between career development and professional values, and that retention was directly and positively affected by both job satisfaction and career development. In addition, mid-career nurses had higher job satisfaction and intent to stay than early-career nurses (Yarbrough et al., 2017). One strength of the above studies is that there was detailed reporting of ADN and BSN retention which is very helpful when looking at attrition. One weakness was that the latter study only included 67 nurses, and for a quantitative study, having more participants may have been more helpful.

## **Transition to Practice**

A multitude of other approaches to studying new graduate nursing transitions have been done both in the United States and internationally. Most of this published literature on nursing transitions reveals a common theme, which is that most new nurse graduates experience very challenging transitions from the student role to a working, professional nurse. These challenges commonly include feeling underprepared, experiencing incivility, going through transition shock, and feeling burned out (Boamah & Laschinger, 2016; Fink et al., 2008; Hofler & Thomas, 2016; Kumaran & Carney, 2014; Laschinger, 2012; Ortiz, 2016; Washington, 2012; Laschinger & Read, 2016; Gardiner & Sheen, 2016; Brown et al., 2018; Martin & Wilson, 2011; Wildermuth, Weltin & Simmons, 2019).

One quantitative study by Lashinger (2012) conducted in Canada (n=342) found that when new graduate nurses transitioned into their first professional nursing employment, they reported that they were underprepared for many common stressful situations such as less than supportive work environments, inadequate staffing, role adjustment issues, dangerous nurse–patient ratios, and mandatory overtime. In a systematic review of qualitative studies, Pasila et al. (2017) found that newly graduated nurses report that they are sometimes criticized inappropriately and shown disrespect because they are easy targets, and these experiences may result in them leaving the job. The strengths of the above studies are that they highlight and validate what has been found so far regarding the factors leading to early nursing career attrition, and what places of employment can do to address this. One weakness of the studies above is that a quantitative study and a

systematic review cannot dive too deep into understanding the participants lived experiences. In the case of attrition, these lived experiences are necessary to really understand the reasons nurses are leaving the profession.

A quantitative study with 34 new graduate nurses in the United States revealed that the nurses in this study who were in a 6-month nurse residency program showed a significant decrease in performance anxiety at the end of the 6-month residency program, as compared to the beginning of the program (Washington, 2012). A large integrative review conducted by Rush, Janke, Duchscher, Phillips and Kaur (2019) revealed that the new nurses experience transition shock, and found that unexpected challenges like patients with serious and complex conditions, limited or no access to mentors, generation gaps in the nursing workforce, bullying, performance anxiety, stress, fatigue, and increased workloads lead to transition shock in many new graduate nurses. In addition, the study concluded that if new graduate nurses have negative experiences within the few months in their new role, this often leads to attrition within the first year of employment (Rush, et al., 2019). One strength of the above studies is that they both had very detailed short-term information about the new graduates. One weakness is that there was no information about the two-year mark, or three-year mark for these new graduates, which may be helpful in understanding attrition.

A qualitative hermeneutic study with 10 newly graduated nurses in Dublin was performed and the new nurses reported feeling overwhelmed with the responsibility and accountability required in a new professional working nurse role, as well as not feeling supported during their transition (Kumaran & Carney, 2014). Edwards et al. (2015)



conducted a systematic review of Australian new graduate nurses and found that whenever any intervention or strategy was used to try and support the new nurses, that it facilitated more successful outcomes during their transition time. The authors of the review posited that it may not necessarily be the intervention itself that made the difference, but rather it was the message that the new graduate nurses received from the organizations that made them feel important, and like efforts were being made to help them transition into their new roles as smoothly as possible (Edwards, 2015). One strength regarding the above studies is that they all included detailed information about how the new graduates were feeling, which helps provide a deep understanding of the factors leading to attrition. One weakness in the last study is that the authors suggested that the intervention itself may not have been what soothed the new graduates, but the feeling of being supported. It would be prudent for the authors to give the intervention itself a higher standing in the role of helping the new graduates through their transition.

Laschinger and Read (2016) conducted a quantitative study and found that incivility among coworkers led to higher levels of emotional exhaustion which contributed to job burnout. When coworkers were civil to the new graduate nurses, this decreased early career burnout (Laschinger & Read, 2016). Gardiner and Sheen (2016) performed a literature review from published studies originating in Australia, the United Kingdom and Canada and found three main themes that tended to dominate what the new nurses were reporting were the most significant influences on their transition. The themes were the importance of feedback on their job performance, feeling very overwhelmed by the actual nursing responsibilities, and the amount of support they perceived from senior

nurses (Gardiner & Sheen, 2016). Banister, Bowen-Brady and Winfrey (2014) conducted a quantitative study in the United States that explored the concept of using career nurse mentors to support minority nursing students and facilitate their transition to practice. The nursing students were paired with an experienced, minority clinical nurse who then helped the student navigate through their last 2 years of nursing school and into the first year of employment. The authors reported that there were sixty-four minority students in the study, and to date had a zero rate of attrition and very low job turnover among graduates (Banister, Bowen-Brady & Winfrey, 2014). One strength of the above studies is that the authors approach was to figure out just how much of a role supporting the new graduates played in their intent to stay. One weakness was that in the minority study, these results could be skewed because of the factor of race.

### **Nurse Residency/Preceptorship Programs**

Several published studies have indicated that new nurses reported having positive outcomes from residency programs. Van Camp and Chappy (2017) conducted a systematic review of 22 studies and found that new nurses felt they benefited from the guidance and support that a residency program offers. In contrast, Tyndall, Firnhaber, and Scott (2018) conducted an integrative review exploring the relationship between new graduate nurse transition programs and patient safety and found little evidence linking transition programs to patient safety. Therefore, the evidence is conflicted on the value of nurse transition programs. Clipper and Cherry (2015) conducted a performance improvement project and found that nurses who worked with trained preceptors had more positive perceptions of their ability to provide safe care. Eckerson (2018) conducted a

literature review in the United States and found that the use of residency programs showed increased satisfaction and retention of new nurse graduates over a 1-year period. Pfaff, Baxter, Ploeg and Jack (2014) performed a mixed methods study in Canada and reported that when new graduate nurses are involved in collaborative practice, their transition experience is more supported. Evidence indicates that transition programs improve new graduate perceptions and improve first year retention rates but may not impact the overall safety of care provided. One strength of the above studies is that the overall research is taking a turn towards patient safety in relation to new graduate nurses, and how mentorship programs may impact patient safety. One weakness of these studies is that they provided few details about the day-to-day logistics of the NRPs, which can be helpful to future researchers to see which residency/preceptorship programs may need to be studied more.

### **Chosen Methodology**

With my study, I wanted to fill in the current gap in the literature that exists which are studies specifically focused on the lived experiences of nurses who graduated from an ADN program. As documented above, there are many published studies related to mixed populations of ADN and BSN graduates, and BSN only graduates, but none have been identified that focus exclusively on the ADN graduate. To address this gap in the current literature focused on ADN only graduates lived experiences, I performed a qualitative phenomenological study using semistructured interviews.

Matua and Van (2015) wrote that ‘phenomenology’ is a method of inquiry that aims to explore and understand people’s everyday experiences. Phenomenology also

strives to uncover what is hidden within people by exploring and describing what is in peoples' minds in relation to their lived experiences (Matua & Van, 2015). When phenomenology is used in qualitative research, it focuses on discovering things in common within a lived experience among a specific group, and with a goal of arriving at a description of the nature of the phenomenon being studied (Creswell, 2018). This methodological approach of using phenomenology has been employed in nursing research when examining new graduates' experiences of transition into professional nursing.

### **What Remains to Be Studied**

What remains to be studied about attrition in nursing is to specifically focus on the new ADN graduate population and their experiences after graduation. The studies referenced above are not focused only on ADN graduates, they are a combination of varying levels of nursing education preparation. In California, the ADN program is the most common type of initial prelicensure nursing education (Spetz et al., 2017). No published studies were identified that specifically examined the ADN graduate in California, and the factors that may be attributed to early career attrition among this population.

### **Summary and Conclusions**

My literature review provided insight into the published studies that have examined nursing retention/attrition/turnover, the lived experiences of transition among new graduate nurses, and the use of nurse residency/preceptorship programs. There are many studies that have been done on attrition and transition experiences in nursing, but

none were identified that only focused specifically on the ADN graduate in California. Attrition in nursing remains a concern in health care and studying the ADN population and their experiences after graduation and into employment is needed because this group has been overlooked in the current literature. This study filled in the gap related to research specifically only involving ADN graduates in California. It also extended our understanding of the transition process of new graduates, specifically ADN graduates, although some of the findings are also relevant to all new nursing graduates.

Chapter 3 will employ a qualitative, phenomenological approach in order to understand the lived experiences of ADN graduates in California. It will include a discussion of the chosen research design, my role as the researcher, qualitative methodology and the issues of transferability and bias.

## Chapter 3: Research Method

### **Introduction**

My purpose in this qualitative study was to expand on the existing literature of phenomenological studies regarding the lived experiences of new graduate nurses who have gone through a transition period from student to nurse as a graduate of an ADN program. In this chapter, I will discuss the research design and rationale; my role as the researcher; the instrumentation; the procedures for recruitment, participation, and data collection and analysis; and issues of trustworthiness and ethical procedures.

### **Research Design and Rationale**

The following research question was central to the study: What are the experiences of transition after graduation and into professional nursing among graduates from an ADN program? The research design I chose for this study was a phenomenological, interpretative design. According to Creswell (2018), researchers using this design seek to find things in common within the lived experience of group members; the broader goal is to arrive at a description of the nature of the phenomenon being studied. My focus in this study was on understanding the lived experiences of transition of recent ADN graduates. To further explore this phenomenon, I chose a qualitative phenomenological interpretive design using semistructured interviews. Semistructured interviews were described by Ravitch and Carl (2016) as a way for the researcher to use an instrument that frames the interview but allows specific follow up questions to be asked about certain situations that apply to the participant and topic.

Phenomenology asks what the meaning, structure, and essence is of the lived experience of a phenomenon for a person or group of people (Guetterman, 2015). The rationale behind why a qualitative, phenomenological approach was chosen in this study was that the intent was to capture the true essence of the lived experiences of transition among ADN graduates. An increased understanding of newly graduated ADN nurses' experiences was necessary to identify what factors are affecting early career attrition in this population.

### **Role of the Researcher**

I was the primary researcher and data collector in this study. Because the data collection process involved direct contact with participants and deep involvement in their experiences, ethical dilemmas were a concern that I deliberated during this process. To minimize harm from ethical dilemmas, the researcher must readily identify potential personal biases, values, experiences, and other factors that may directly affect the analysis and results of the study. I am a graduate of an ADN program who transitioned smoothly from student to professional nurse. However, many of my colleagues did not have such a smooth transition, which provided the impetus for me to conduct this study. I recognize this as a potential bias. I am personally close to this phenomenon, so I actively took on the role of researcher and sought to set aside my perceptions of my colleagues' experiences.

I addressed ethical issues such as confidentiality by providing oral and written assurances to all participants that any identifying factors including their name and school of nursing would not be mentioned in the data analysis. Rather, I used a number as a

unique identifier for each participant. All information that could potentially lead to identification of the participants was kept separate from the actual data collected.

As a graduate of an ADN program, and as a current health science faculty member in a college that has an ADN program in which I teach occasionally, I have a close personal and professional relationship with this topic. To avoid any ethical issues that might occur from my close personal relationship to the study, I had no work-related, personal, or managerial relationships with the participants. I did not include research participants who are colleagues, for instance. In addition, I did not share any personal information regarding my own experiences as an ADN graduate or any experiences of my colleagues at the time of their transitions. I let study participants know that this research was being conducted by an RN who was in a doctoral dissertation process. My rationale not to share my own personal experiences, and those of my colleagues at the time, was to make sure that my research participants did not feel obligated to share or withhold more information based on the commonality of being a fellow ADN graduate nurse. Furthermore, I withheld my own experiences to prevent those stories from becoming central to the interview or having any influence in their answers.

Another ethical issue that needed to be considered was the emotional reactions that potentially could have arisen within participants when they were recalling their student-to-nurse transition periods, which may have been stressful, challenging, emotional and difficult. Prior to conducting the interviews, I sought approval from the Walden University Institutional Review Board (IRB) to ensure ethical treatment of all



participants. I told the participants that they were free to end the interview at any time, without worrying about any negative effects on the study.

### **Methodology**

I decided to use a qualitative, phenomenological approach to obtain the essence of the lived experiences of nurses who have recently graduated from an ADN program and transitioned into employed, professional nurses. One research method that I considered but did not choose is social constructivism. According to Creswell (2018), social constructivism is a framework that explains how people attempt to understand their world and draw their own particular meanings that are based on their individual experiences. The meanings that are formulated are not innate within each person but are formed through interactions with others within a society (Creswell, 2018). Although this approach may be suitable in other forms of qualitative research regarding societies, it did not fit my study in that I was seeking to understand individuals' experiences during their student to nurse transitions individually, and not in a social or society setting.

### **Participant Selection Process**

The inclusion criteria for this study included nurses who had graduated from an ADN program in California within the past 3 years. To recruit participants, I posted a study flyer on Facebook, as well as had my chair e-mail it to her ADN alumni listservs and postlicensure BSN program educators in Northern California, with whom she already had their e-mail addresses available from being a member of the listservs. Exclusion criteria included participants who did not have an ADN, nurses who had graduated more than 3 years ago from their ADN program, participants who did not have a current

nursing license, and participants who had a current or prior professional relationship with me. I did not limit participants based on age.

I used a purposive sampling strategy for the study. Researchers use purposive sampling to elicit information-rich participants to inform research (Creswell, 2018). Purposive sampling allowed me to sample a small group of nurses to interview who had recently graduated from their ADN program. This method enabled me to interview participants who were representative of my population of interest and had rich background information. I obtained demographic information about study participants to have a basic understanding of their characteristics. I then conducted semistructured interviews with participants until thematic saturation was achieved.

### **Instrumentation**

The instrumentation for the study included a semistructured interview in which questions were asked to answer the following research question: What are the lived experiences of transition after graduation and into professional nursing among graduates from an ADN program? In order to document the participants' experiences during their transition time, it was necessary for me to talk with people who have had actual experiences with my phenomenon of interest. The process of conducting a one-on-one interview was an attempt to understand two broad concepts: participants' experiences in terms of the phenomenon and the contexts or situations that have influenced their experiences of the phenomenon (see Creswell, 2018). I conducted my interviews over the telephone with the study participants. The interviews were recorded on my cell phone

through an application called NoNotes. This application not only recorded the call, but also provided a verbatim written transcript.

I used semistructured interviews so that I had a basic framework of questions to guide the interview, but I also had the flexibility to ask follow-up questions and try to gain a deeper understanding during the interview. My questions were open ended in order to allow the participant to answer in their most authentic way. There have been some qualitative studies published that have asked a similar research question to mine, so my interview questions were modeled after those that are standard in the industry.

I approached my research with an effort to ensure the highest content validity possible. The credibility of a study is based on how closely the researcher maintains the standards of rigor during the data gathering and analysis phase of the study (Rubin & Rubin, 2012). Thus, I incorporated all aspects of trustworthiness in my research, which consisted of credibility, transferability, confirmability, and dependability.

### **Procedures for Recruitment, Participation, and Data Collection**

In order to recruit research participants, I created a flyer that outlined my study and contained a link to the online SurveyMonkey survey which included an invitation letter, consent, and demographics survey, along with my contact information. This flyer was posted on Facebook, and e-mailed to ADN alumni list serves and postlicensure BSN program educators in Northern California. When interested participants completed the online survey and consent, and if they met the inclusion criteria, I contacted each participant and arranged an interview date and time.

In my recruitment materials, I stated that the interviews would last roughly an hour, and I did inform study participants that this time frame may vary slightly, based on the extent of the answers and follow up questions. The semistructured interviews ended up lasting roughly 10 minutes to 40 minutes. The interviews included the list of predetermined interview questions, with room for follow up questions. All of the participants were informed that the interviews were going to be audio recorded, and that the participants were free to stop the interview at any time, for any reason.

For the closing and debriefing portion of the interview, I made sure that I sincerely thanked the participants for their time and reminded them that they are positively contributing to this research. I then let them know that I would be sending them a transcribed copy of the interview and invited them to make any corrections to what they said versus what was transcribed. I then reiterated that their identity would not be revealed in the final published study, and that their answers would be kept confidential by pooling their responses. I also told them that I would let them know when and how to get a final copy of the published study. I then asked them if there is anything else they wanted to say or add.

### **Data Analysis Plan**

I chose to do a qualitative, phenomenological study which required an effort to understand the perceptions of the participants' experiences with an end goal of presenting a description of the nature of the phenomenon being studied (Creswell, 2018). The qualitative data that was collected in this study was used to try and understand the lived experiences of recently graduated ADN nurses. After the data was collected, I performed

analysis of the phenomenological data utilizing the approach outlined by Moustakas (1994) which is a modification of the van Kaam method of data analysis.

I applied the modified van Kaam method of analysis by first engaging in horizontalization, in which I made sure that every relevant statement about the experience was included (Moustakas, 1994). Then reduction and elimination were conducted by determining if the quote was important to the participants lived experience of the phenomenon, and if the quote could be reduced to its underlying meaning. If the answer did not fit into those parameters, then I did not use the answer in the final results (Moustakas, 1994). I then took the remaining answers and started grouping them into clusters which then formed the themes that began to convey the real essence of the participants experience (Moustakas, 1994).

The next step in the data analysis process was that I created descriptions by comparing the social and cultural links between the participants answers (Moustakas, 1994). Then this same process was repeated across all the participants answers to determine the most common elements of all the participants experiences as a whole. The final step was that I performed a synthesis of the descriptions by merging them into a final understanding of the lived experience of the participants (Moustakas, 1994).

### **Issues of Trustworthiness**

Trustworthiness has been described by Burkholder, Cox and Crawford (2016) as the amount of confidence that the researcher has in the sources used, and the methods employed during the research process. In a qualitative research inquiry, it is imperative that the researcher go through the process with as much rigor as possible. This is

important so that other members of the discipline can rely on the results of the study and use it to advance positive social change. In qualitative research, there are four factors that must be included so that trustworthiness can be achieved which are dependability, credibility, transferability, and confirmability.

### **Dependability**

In order for qualitative research to be dependable, it means that other scholars in the field must be able to achieve the same, or very similar, results if they were to perform a similar study (Burkholder, Cox & Crawford, 2016). Producing a dependable study would partly mean that the steps of the research process are examined and verified by others in the field, otherwise known as an inquiry audit (Patton, 2015). To establish dependability for my study, I had an inquiry audit performed by my dissertation chair to ensure that the data I collected truly reflected my conclusions. In addition, I also used reflective journaling after each interview in order to achieve triangulation.

### **Credibility**

In order to achieve credibility in a published study, triangulation and member checking should be utilized by the researcher (Patton, 2015). Triangulation of sources is described by Patton (2015) as examining the consistency of different data sources from within the same method. By having enough participants to achieve thematic saturation, I completed triangulation. By merging these multiple data sources, the study was validated because of the multiple perspectives used (Patton, 2015).

Member checking is a way to allow the participants to assess if what they said in the data collection was accurately represented (Patton, 2015). Results of the qualitative

research must be believable or credible from the participants' perspective (Patton, 2015). I utilized member checking to ensure that the participants had a chance to check their statements for accuracy. I sent each participant a transcribed copy of the interview and asked them if the transcribed interview accurately reflected their feelings about their experiences. Eight out of the nine participants responded that their transcripts were accurate, and one participant did not respond.

### **Transferability**

Transferability in qualitative research has been thought of as the extent to which the results of the study can be transferred to, or generalized, to other settings and contexts (Patton, 2015). One strategy that I used to increase transferability was to engage in thick description; which required including the study's location setting, atmosphere, climate, participants present, attitudes of the participants involved, their reactions that may not have been captured on the recordings and my feelings as the researcher (Amankwaa, 2016). Providing this level of detail ensured that most readers are confident in the vision that forms in their mind about the totality of the study, and the background context including the emotions and feelings.

### **Confirmability**

When a qualitative research study is confirmable, it means that the results of the study can be corroborated by others (Patton, 2015). I checked and rechecked the data throughout the study to ensure a thorough audit trail from the beginning to the end to facilitate confirmability. I also took a "devil's advocate" approach by actively searching for and describing elements that contradicted prior results (Patton, 2015). I wanted to

ensure rigor in my results by mitigating any possible bias that may have exist and increase confirmability.

### **Ethical Procedures**

Inherent in any research process is the important consideration of, and adherence to, all ethical requirements. In order to ensure that all ethical processes were followed, I obtained approval for my study from the IRB at Walden University (approval no. 04-02-20-0666723). I also received a certificate number 2358851 for completing a course called “Protecting Human Research Participants” through the National Institutes of Health.

Minimizing harm to the research participant was my primary focus while going through this inquiry. One way participants could have been harmed is by becoming emotional or upset when they recalled the struggles they went through during their transition time. In order to minimize this, I fully disclosed the topic of the research beforehand, and reminded the participants they could stop the interview at any time (Ravitch & Carl, 2016). Another way a participant could have been harmed is if the researcher reacted to an answer from the participant in a way that made the person feel judged, marginalized or otherwise uncomfortable (Ravitch & Carl, 2016). To minimize harm from this issue, I responded as professionally as possible to each answer, and did not convey judgement or surprise. Another potential ethical issue that may have caused harm is the phenomenon known as “time creep”. I made sure that I planned how much time was needed with the participant, and then slightly overestimated in order to not encroach on the participants time (Ravitch & Carl, 2016).



Another consideration that is paramount during the research process is to protect the participants confidentiality and privacy (Ravitch & Carl, 2016). The data that is gathered related to the participants needs to be protected at all stages of the research process. I assured the participants that their answers would remain confidential in the final published study, and that it would be impossible to identify any of the participants in a study because the data is not individually displayed (Ravitch & Carl, 2016). Additional protections included keeping all of the data on password protected files on my laptop and cell phone. The data will be destroyed according to the timeline established by the IRB.

Another important ethical consideration is to fully disclose all of the pertinent information about the study to the participants during recruitment. The recruitment materials contained all of the information about the study, the process, the implications of the research, the option to voluntarily withdraw at any time, and informed consent. It was essential that my research participants be completely comfortable ahead of time with knowing what to expect during the process. I then reassured them that I would be available to answer any questions, at any point, during the inquiry.

Finally, I made sure I did not recruit anyone who I had ever directly supervised, or any current or former students, or any current colleagues. This could have represented a conflict of interest, and could have potentially caused harm, and/or skewed my study. I ensured there was some degree of professional separation between the participants and myself.

### **Summary**

This chapter went into detail about my chosen research methodology, which included the research design and rationale, the role of me as the researcher, the participant selection process, the instrumentation, the researcher developed instruments, the procedures for recruitment, participation and data collection, my data analysis plan, issues of trustworthiness, and ethical procedures. Chapter 4 will provide the details regarding my recruitment, and subsequent data collection process. It will also describe the results of the data analysis and evidence of trustworthiness.

## Chapter 4: Results

### **Introduction**

The purpose of this qualitative, interpretive phenomenological study was to gain an understanding of the experiences of transition after graduation and into professional employment of newly employed nurses who graduated from an ADN program. To identify what factors may be affecting early career attrition in new nurses, it is necessary to understand the experiences of newly graduated ADN nurses. I used a qualitative approach, which involved open-ended questions and answers regarding the participants' experiences after graduation and into employment. In this chapter, I will describe the setting, provide demographic information for the participants, and discuss the data collection and analysis procedures. I will also present evidence of trustworthiness and the results that address the research question. The research question that I sought to answer in the study was, What are the experiences of transition after graduation and into professional nursing among graduates from an ADN program?

### **Setting**

Recruitment for the study took place between April 2 and 20, 2020. I posted the study flyer and link to the SurveyMonkey demographic screening tool on Facebook and my chair sent it out on a publicly available e-mail listserv. My recruitment materials contained a link to SurveyMonkey that interested candidates clicked on to read the study explanation, complete the consent form, and enter demographic information. Participants entered their names and contact information, and I contacted them via e-mail to arrange an interview if they met the inclusion criterion. There were nine nurses who responded to

the survey who did not meet the inclusion criteria; I e-mailed them to let them know that I appreciated their time in filling out the survey but that they did not qualify for the study. Audio recordings were used over the phone during the interviews with an application called NoNotes. The application also provided verbatim written transcripts of the interviews.

### **Demographics**

I interviewed nine participants for this phenomenological study. All nine participants lived in California at the time of the interview and had received their ADN education and license in the state. Participant ages ranged from 20s to 30s with a median age of 30 years old. The inclusion criteria included having obtained an ADN in the past 3 years, and having a current, active RN license. All participants were female. Years of working in a professional capacity as an RN ranged from no experience to 3 years of experience. Table 1 includes demographic information for the participants.

Table 1

*Demographic Information of Participants*

<u>Demographic information</u>	<u>Number of participants (n = 9)</u>
Gender	
Male	0
Female	9
Current age range	
18-25	1
26-35	7
36-45	1
46-55	0
56-65	0
65+	0
Year received ADN	
2017	3
2018	4
2019	2
Time working as an RN	
0-6 months	2
6 months-1 year	0
1-2 years	3
2-3 years	4

## **Data Collection**

### **Participants**

During the recruitment process, there were 47 clicks/views on the SurveyMonkey link. Twenty-one participants ended up completing the SurveyMonkey demographics, consent, and screening form. Of the 21 completed surveys, 12 participants met the inclusion criteria. I contacted all 12 participants for interviews. Nine participants proceeded to complete an interview.

### **Location, Frequency, and Duration of Data Collection**

Prior to recruitment for my study, I received permission from the IRB at Walden University to obtain data from human subjects. Study approval was granted on April 2, 2020, and the approval number was 04-02-20-0666723. I recruited nurses who reside in California by sharing my recruitment flyer on Facebook. The study flyer included a link to my SurveyMonkey form link, which contained the invitation letter, consent, and demographics/screening questions. Appendices A and B contain the invitation letter and screening questions and recruitment flyer respectively.

I interviewed nine nurses who had completed their ADN degree within the past 3 years and who had a current RN license. All nine interviews took place between April 7 and 20, 2020. Interviews ranged in time from 11 minutes to 39 minutes. I used open-ended questions to encourage organic and authentic responses. The interview questions asked were

1. Can you tell me about your experiences right after graduation and before you became employed in your first professional nursing position?

2. Can you tell me about your experiences related to your first year of professional nursing employment?
3. Do you feel your transition time after graduation and before employment had any direct effect on your experiences during your first year of nursing employment?
4. Can you share your experiences of feelings of support, or lack of support, after graduation and into your first year of professional nursing employment?

I also asked follow-up clarifying questions. Occasionally, I asked for more detail on certain points. See Appendix C for the interview questions and script.

All nine interviews took place over the phone, and were all audio recorded, after obtaining written and verbal permission. Recordings were completed through an application on my cell phone called NoNotes Call Recording (see Appendix D). After each interview, the NoNotes application sent me a verbatim written transcript of the call. I went back over each transcript while listening to the call recording to make sure what was captured was correct, and to fill in nursing/health care terminology that the robo-transcriber application did not “know”. I then made field notes about each call and journaled my thoughts and feelings about the responses and the interview. After the transcripts were accurately transcribed, I sent the corrected individual call transcripts to each of the nine participants, asking them if the essence of what they said was captured correctly. I received responses from eight of the nine participants saying that what was written was correct. I did not receive a response from one of the nine participants.

The call recordings and written transcripts were kept secure inside the password protected application NoNotes. The written transcripts were sent to the participants through password protected e-mail. My journal notes were kept in a separate file in my password protected laptop.

### **Variations in Data Collection**

I recruited participants and conducted interviews in April 2020. During this time, there was a worldwide pandemic occurring with the COVID-19 virus. The state of California had strict shelter in place orders and social distancing orders. Given these conditions, my recruitment and data collection were all done remotely. The recruitment was done by sending an invitation flyer through an e-mail list serv, as well as by posting my invitation flyer on Facebook. The interviews and data collection were done over the phone with all nine participants, as face to face interviews were not possible.

There was only one technical difficulty in one of the interviews, in which the cell phone signal was not good, and I was unable to hear the participant a few times. However, it was remedied by the participant moving to another location a few feet away during the call. The questions were then re-asked and answered with full clarity during the same interview recording.

### **Data Analysis**

#### **Coding Process**

After all the interviews were done, I performed analysis of the phenomenological data by using the method recommended by Moustakas (1994) which is a modification of the van Kaam method of data analysis. I did not perform any data analysis until all



interviews were complete. I began the data analysis process by reading and re-reading the interview transcripts and my journal notes. I then created an excel spreadsheet which contained columns for the participant number, their comments, categories, and themes. I did this by identifying important words and phrases that tied back to the research question and then I searched for other words and phrases from the same participant and then with the next participant. This initial step of hand coding parsed out the verbatim words and phrases that succinctly portrayed the experiences of the new graduate nurse participants related to their transition experience and answered the research question. I then analyzed the patterns and connections among the words and phrases, along with my journal notes, that then formed the first categories.

I reread the transcripts again to be sure the initial phase of coding did not miss any relevant data. Once I was sure that no important data had been excluded, I grouped the data that was similar among the different categories, which then began to generate smaller categories. The similarities in the data among the categories were noted and subsequent generalizations were made about the new graduates' experiences of transition. These generalizations revealed the real essence of the participants experiences, and the themes of their transition experience were recognized and named.

I also engaged in peer review by sending my written transcripts to my committee chair for an independent review. After she had completed her coding process, I sent her my excel spreadsheet with the finalized codes/themes and comments, and my journal notes. We came to the same consensus about the themes that emerged.

### **Codes, Categories, and Themes**

I achieved data saturation with nine interviews. Three themes emerged from the data. Each participant led me through their experiences during their transition time from a new graduate ADN to a working, professional nurse. The open-ended interview questions allowed each participant to recall their own unique, individual experience about their transition time and recount it to me in a way that was important to them.

Several participants expressed that one of the biggest challenges they had was finding work and knowing what to do after nursing school. Common threads between participants included leaving the supportive environment of having nursing faculty guiding them to being “thrown off a cliff”. For example, one participant stated, “I put out literally it felt like 1,000 applications.” Another participant stated, “Right after I graduated, I don’t feel like I had any support.” Yet another participant stated, “At graduation, we got dumped, I was outraged at being dropped off a cliff.” Another participant stated, “After graduation, we were left free floating, and told good luck, goodbye.” These statements led to the categories “difficulty finding work” and “no support after nursing school” which translated into the overarching theme of being “thrown off a cliff”.

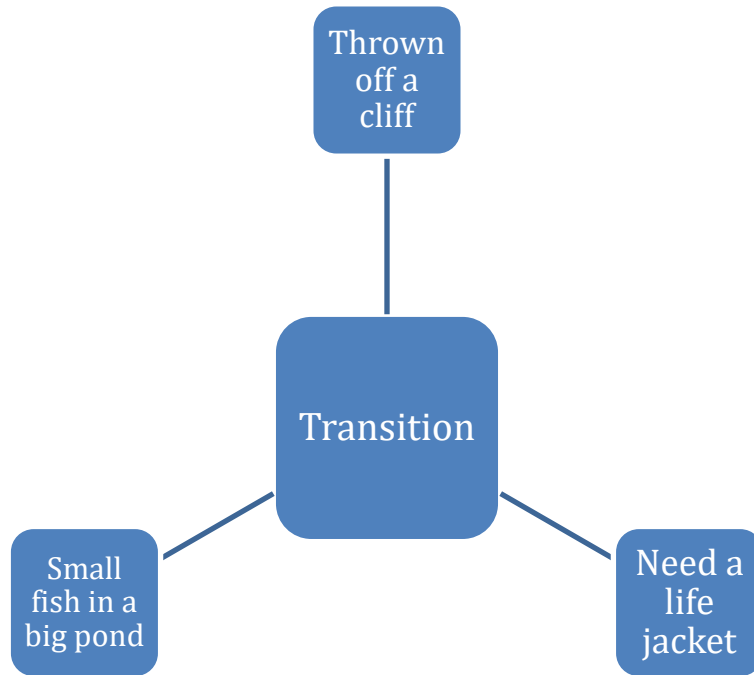
The next most common theme that emerged had to do with moving from a known environment where there was guidance to a new setting with difficult experiences that brought on fear, anxiety, and stress. For example, one participant shared, “I definitely felt like it was a very uncertain time, a lot of anxiety.” Participants conveyed a sense of feeling lost without the support systems they had previously relied upon. These

experiences emerged as the theme of “small fish in a big pond”. Many participants were used to being a big fish in a small pond in their schools of nursing.

The last most common theme that emerged had to do with the impact of having support and mentoring. Some participants expressed feelings of lack of support around mentorship programs and emotional wellness. Others conveyed positive experiences around support and mentorship, and felt they absolutely needed this support to be successful. For example, one participant stated, “I thought the new grad program was extremely supportive.” These sentiments about surviving as a new graduate nurse led to the theme “need a life jacket.” Figure 1 and Table 2 further illustrate the themes.

### **Discrepant Cases**

Some of the participants expressed mixed feelings of both support, and lack of support, in different areas in their lives at the time of their transition. The overwhelming theme, however, that resulted from the data, was that all participants generally felt like they needed more support than they had in the first 3 years following graduation. This was factored into the analysis by providing both confirming and disconfirming statements about support first in the categories, and themes, and then in the results of the study.



*Figure 1.* Three common themes.

Table 2

*Main Themes and Subthemes*

Main themes	Subthemes
<b>Thrown off a cliff</b>	<ul style="list-style-type: none"> <li>• No support after nursing school (resumes, career connections, emotional support and check-ins)</li> <li>• Loss of support systems, including a cohort of students</li> <li>• Difficulty finding work</li> <li>• Minimal guidance on how to navigate the hiring process</li> </ul>
<b>Small fish in a big pond</b>	<ul style="list-style-type: none"> <li>• Feeling afraid and alone</li> <li>• Lack of confidence</li> <li>• Afraid to speak up and be perceived as unqualified or vulnerable</li> <li>• Lateral violence and hazing</li> </ul>
<b>Need a life jacket</b>	<ul style="list-style-type: none"> <li>• Residency support</li> <li>• Preceptors</li> <li>• Mentoring</li> <li>• Emotional support and wellness</li> </ul>

**Evidence of Trustworthiness****Credibility**

Attaining credibility in a research study means that the results of the study are believable (Patton, 2015). To establish credibility in my study, I first utilized triangulation of sources, which involved analyzing the consistency of the nine different participant data sources from within the same interview method. I had a total of nine participants, and I was able to achieve thematic saturation. By merging these multiple

data sources and completing triangulation, the study was validated because of the multiple perspectives used (Patton, 2015).

The second way I tried to establish credibility in my study was to engage in member checking, which gives the study participants a chance to review their statements during the data collection phase, to see if what they said was accurately represented (Patton, 2015). Results of the qualitative research must be believable or credible from the participants' perspective (Patton, 2015). I performed member checking and sent all nine participants a transcribed copy of the interview and asked them if the transcription captured the essence of what they said about their experiences. Of the nine participants, eight responded that they were accurate, and one participant did not respond.

### **Transferability**

When the results of qualitative research can be generalized, or transferred, to other settings and contexts, then the study is considered transferrable (Patton, 2015). One way I tried to create transferability in my study was to engage in thick description, in which I reported the study's location setting, the number of participants and their demographics, the current atmosphere and climate, and my feelings as the researcher. When this level of detail is provided for the reader, it helps them be more confident in the vision their minds create regarding the whole of the study, and the background context including the emotions and feelings (Amankwaa, 2016).

Another way I tried to increase transferability was that I expanded the geographical recruitment area from Northern California only, to include all of California

and also other Western states. The final nine participants in the study received their ADN in California and are living in California and working as RNs.

### **Dependability**

In order to produce dependable results in qualitative research, it means that if other researchers in the same field were to perform a similar study, they would be able to achieve the same, or very similar, results (Burkholder, Cox & Crawford, 2016). An inquiry audit is often done by others in the field to examine and verify the steps of the research process (Patton, 2015). I performed an inquiry audit by having my dissertation chair examine my data collection, data analysis, and results to confirm the accuracy of the findings and to ensure the findings are supported by the data collected. In addition, I also used reflective journaling after each interview in order to achieve triangulation.

### **Confirmability**

When the results of a study can be corroborated by others, that means that a qualitative research study is confirmable (Patton, 2015). In order to increase confirmability, I checked and rechecked the data throughout the study to ensure a thorough examination from the beginning to the end. I also decided to actively search for and describe elements that may have contradicted prior results, which is known as disconfirming evidence (Patton, 2015). My goal was to reduce any possible bias that may have existed, to increase confirmability and ensure rigor.

## **Results**

The research question was, what are the experiences of transition after graduation and into professional nursing among graduates from an ADN program? The themes I

arrived at to answer the research question were concluded from a thorough review and manual coding of the written transcripts. The written transcripts were reviewed for accuracy by each participant, and the transcripts, journal notes, and codes/themes were independently confirmed by my dissertation chair. The themes that existed were: Thrown Off A Cliff; Small Fish in A Big Pond; and Need a Life Jacket.

### **Theme 1: Thrown Off a Cliff**

The participants involved in this study all shared that their transition time after nursing school and into professional employment was very difficult. The theme of being thrown off a cliff was described as having a sudden loss of support after nursing school, loss of support systems including student cohorts, difficulty finding work, and minimal to no guidance on how to navigate the hiring process. For example, participant 3 recalled her transition time right after graduation and said “and then you get kind of just pushed off a cliff, and you’re told to go and figure it out on your own” and “at graduation, we got dumped.” Participant 3 also stated,

“I guess I could have walked onto campus and walked into the office of one of my professors and said hey help me out with this that or the other, but that didn’t really feel super comfortable to me because you know I’m no longer enrolled in their program”.

Participant 1 spoke of her time right after graduation, and said “Right after graduation, I don’t feel like I had any support, other than a few friends.” Participant 4 stated,

“There wasn’t anything specific that was given as a way to kind of support what I’d need as a new nurse to answer questions I had, so it felt a little bit free



floating, as if here's everything we did for you in the program, you know, you have all the skills you need, good luck, goodbye".

Participant 5 spoke of her time during her initial professional nursing employment and said, "from an educational and emotional standpoint I didn't feel that I was supported". Participant 6 also spoke about her first year of employment and stated, "just knowing that I could have help and it didn't happen that's where this not feeling support came from". Participant 7 also shared her feelings about her first year of employment and said, "the little support you can get with subacute care was the most nerve wracking as a new grad". Participant 8 stated, "I can't even tell you how many applications I put out there, well over 100." Participant 3 stated, "I applied to quite a few jobs, and still hadn't heard back."

## **Theme 2: Small Fish in a Big Pond**

The first year of employment for a new nurse comes with a huge set of challenges relating to transition, and many study participants shared how scared, alone and underprepared they felt. They came from a space where they knew what was expected and suddenly had little support or knowledge of next steps after graduation. The theme of small fish in a big pond includes feeling afraid and alone, not having confidence, being afraid to speak up for fear of being seen as unqualified and vulnerable, and experiencing lateral violence and hazing. For example, participant 1 stated, "When I started the job, I didn't feel very confident" and also stated "I felt very unsafe and scared at times". Participant 2 stated, ""Well I was scared, you know, I was a new grad, going into the unknown is scary and then once you're in the work environment, it's also scary".

Participant 5 stated, “I had to learn how to develop confidence and be assertive”, and she also stated, “There were more experienced nurses who say you new graduates have no business being in emergency medicine or in intensive care because you haven't even learned basic bedside manner”. Participant 7 stated, “I didn’t find myself to be confident in many situations”. Participant 8 stated, “I had to get through that tough time of feeling inexperienced”. Participant 9 stated, “being made to feel, for lack of a better term, made to feel stupid or inadequate in ways”.

### **Theme 3: Need a Life Jacket**

Many participants expressed feelings of needing more connections, support, and somewhere to go for help and advice after graduation. Participants described the concept of needing a life jacket as needing structured guidance and support during transitions. Examples of “life jackets” were nurse residency and new grad program support, using preceptors and mentoring, and addressing emotional support and wellness. For example, participant 1 stated, “I didn’t get a lot of support from the hospital.” Participant 3 stated, “There’s no program in place to get us in practice working for that first 6 months to get out those 6-month jitters”.

Participant 4 stated, “as soon as the program ended, there wasn’t a way to sort of practice in a clinical setting specific to what we had been practicing”. Participant 4 also stated, “What I have heard from other students specifically in my program, there is a feeling that there is a need for more support, more resources as a new nurse to get out there to get going and feel confident”. Participant 6 stated, “Certain preceptors will kind of just leave their preceptee by themselves”. Participant 7 stated, “I feel maybe had there

been direction really asking for what's needed in this step and having confidence in that, I may have had a better experience in that 6 months". Participant 8 stated, "The biggest helpful thing for me as a new grad was to be in touch with other new grads". Participant 9 stated,

"I do feel like it should be a conversation that should be held in school, so people know what to expect and being better prepared when we leave. Just them educating you about the fact that the stress doesn't stop here, it keeps kind of going for a little bit."

### **Discrepant Cases**

Some of the participants reported both positive supports, as well as a lack of support in varying environments and relationships in their lives at the time of their transition. For example, Participant 2 stated, "Everyone there was really supportive, whenever I would have new admits, a couple of coworkers would help set up my room, and they would help print out papers for me, and help with the whole process". Participant 3 stated, "My Mom in particular, she really stepped up, and my husband has also stepped up to the plate in a big way, and my friends have been a huge support system". Participant 5 stated, "I feel like during residency I had a reasonable amount of support in terms of physical or helping me, but from an educational and emotional standpoint I didn't feel that I was supported". Participant 6 stated, "The residency program was actually very helpful, but just knowing that I could have help, and it didn't happen, that's where this not feeling support came from". Participant 8 stated, "I felt 99% of my support was my fellow nurses, but the administration did not make me feel

supported.” Participant 9 stated, “I felt like the new grad program was extremely supportive.”

### **Summary**

The research question guiding my study was, what are the experiences of transition after graduation and into professional nursing among graduates from an ADN program? Interviews with nine participants helped to answer this question by sharing their candid experiences, which resulted in three key themes. The transition time for new graduate nurses is very challenging and many of the participants reported feeling a lack of support, difficulty finding work, and minimal guidance on how to navigate the hiring process; this emerged as the theme of being thrown off a cliff. The participants also spoke of their feelings during the transition time as being afraid to speak up, feeling alone, feeling a lack of confidence, and experiencing lateral violence and hazing, which emerged from the data as a theme of feeling like a small fish in a big pond. Participants also reported a need for more residency and new grad support, needing accessible mentors, and needing emotional support and wellness. The theme of needing a life jacket, emerged from these thick descriptions of graduate nurse experiences. Data from participant interviews illustrate that the transition period occurring right after graduation and into the first few years of professional nursing employment is a critical time when nurses need support, mentoring, and guidance.

In this chapter, I detailed the setting of the study, the demographics of the participants, and the data collection and analysis process for my study. I provided evidence of trustworthiness by documenting credibility, transferability, dependability,

and confirmability. I then provided the research question, and the results of the findings with direct quotes from the participants, including discrepant cases. Chapter 5 will present my interpretation of the findings, will detail the limitations of my study, and provide a discussion on the recommendations and implications for future research and nursing practice, and how these findings can facilitate positive social change.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

My purpose in this qualitative study was to expand upon the existing literature of phenomenological studies regarding the lived experiences of transition of ADN graduates into their first 3 years of professional nursing employment. To address the lack of ADN-only studies, I conducted a qualitative, interpretative, phenomenological study using semistructured, individual interviews. Phenomenology aligned well with the problem of early career attrition among ADN graduates because it provided deeper understanding of what the graduates' experiences were after graduation and how those experiences may be linked to early career attrition.

Findings from this study may be used by education professionals in nursing programs and leaders in the employment setting who hire new nurses to gain an understanding about what the transition experience is like for new ADN graduates. This may lead to positive social change by providing insight that nursing educators can use to better prepare graduating students for this transition. It may also give those hiring new nurses an understanding of what may need to be provided during their first nursing employment and how the ADN graduate's needs differ from those graduates with a BSN degree.

I conducted nine semistructured interviews with nurses who had graduated from their ADN program within the past 3 years. At the time of the interviews, all the participants were working as RNs in California. Key findings included three major

themes that described the lived experiences of transition for new graduate nurses: being dropped off a cliff, feeling like a small fish in a big pond, and needing a life jacket.

### **Interpretation of the Findings**

Conducting this phenomenological study, using Meleis's (2010) transition theory as the theoretical framework, allowed me to delve into the lived experiences of nine recently graduated ADN nurses who are now working professionally in the field. The participants were very open and candid when describing their transition time right after their ADN graduation and into their first few years of nursing employment. The major findings of this study aligned with previous research that has been published about new graduates and their transition times from student to nurse. My findings for new graduate ADN nurses confirmed what was previously known for BSN and ADN/BSN nurses, which was that the transition time for any new graduate nurse is incredibly stressful and there is an overwhelming need for more support during this time.

Clipper and Cherry (2015) identified that students going through the transition from student to nurse generally experience transition shock. My study confirmed this finding through the multiple and similar statements made by the participants that included reports of increased stress, lack of confidence, feeling overwhelmed, struggling with time management, and an overall sense of inadequacy. Meleis's (2010) transition theory asserts that the transition process involves disconnecting from previous supports and identifying new needs. The new graduates in my study went through this transition by disconnecting from their previously known student role and academic program support structures, and then faced fear and stress as they identified the needs in their new role.

Their experiences also echoed Brown et al.'s (2018) findings that lacking necessary professional confidence and experiencing bullying and criticism during their first year resulted in burnout and high turnover among new nurses.

In their study of new graduate nurses, Martin and Wilson (2011) also found that new nurses perceived unrealistic expectations in the workplace, felt that they had to adapt quickly to an overwhelmingly stressful environment, and were also concerned about their relationships with preceptors and physicians, as well as being unprepared for high workloads. The participants in my study confirmed these same concerns, recounting that they did not feel prepared for the realities of autonomous nursing, such as treating high-acuity patients, having a higher number of patients, being disrespected by seasoned nurses and physicians, and navigating constant high stress levels. Meleis's (2010) transition theory is pertinent here as well, because the theory posits that during the transition process, there is an incongruence between former sets of expectations and those that prevail in the new situation. The participants in my study had one set of expectations as student nurses. When they took on their new role as autonomous RNs, they were faced with a much broader set of expectations.

One thing that was common among the participants in my study was that they confirmed Ortiz's (2016) finding that new graduate nurses were confused about how to apply clinical and didactic knowledge learned in nursing school to actual patient care situations, which resulted in a lack of professional confidence. Participants in my study stated they generally felt underprepared to synthesize their school knowledge into hands-on care and in-the-moment decision-making. Participants in my study also confirmed



what Clark and Springer (2012) found, which was that nurses who were the happiest in their jobs had regular access to supportive preceptors and nursing staff and felt valued by the health care team. Of the six participants in my study who had preceptors, all specifically stated that having that mentor relationship made all the difference and they did not know if they could continue in the job without their support. This finding confirms what Wildermuth, Weltin and Simmons (2019) found, which was that offering a preceptor program to new graduate nurses can foster a more successful transition experience and possibly improve retention.

Fink et al. (2008) reported that attrition in new graduate nurses was most affected by preparing for and taking the National Council Licensure Examination, adjusting to the new professional RN role, and entering graduate school. Seven participants in my study confirmed the adjustment factor, stating they had a difficult time transitioning from a student to a nurse. They reported being unable to manage their time efficiently, finding it difficult to understand the full scope of the professional RN role, not feeling confident, and feeling like they did not belong. Fink et al. (2008) also reported that the nurses' perception of the unsafe staffing ratios was the most commonly named factor for attrition. These findings underscore that the transition time for new graduate nurses remains challenging.

Several of the participants in this study stated that they felt unsafe most of the time as a new graduate and did not feel prepared to handle the full, autonomous scope of duties for a full patient load. They stated that as students, there was always the staff RN or instructor there to make sure everything got done, tie up loose ends, and perform the

tasks that the student could not perform or that the students did not have the time to perform. As new working nurses, they suddenly had to handle all of these duties themselves, and with high nurse-patient staffing ratios, they felt unsafe. Two of the major assumptions in Meleis's (2010) transition theory are that (a) the earlier the preventative role supplementation is offered, the lower the probability of role insufficiency, and (b) that the later the therapeutic role supplementation is provided the higher the probability that role insufficiency will be manifested. For new graduate nurses across most of the published literature I reviewed, as well as my study, this assumption seems to be true in that those nurses who were offered role supplementation in the form of mentors/new graduate programs early on felt more supported and generally had less role insufficiency.

Pasila et al. (2017) reported that newly graduated nurses often felt like they were criticized inappropriately and shown disrespect because they were easy targets and that these experiences might result in leaving their job. Participants in my study confirmed this finding, by stating that they were looked down upon as inexperienced, and some were even told to handle incredibly complex patient situations on their own, because that is the expectation of becoming a nurse. Washington (2012) reported that new graduate nurses who were enrolled in a 6-month NRP showed an overall decrease in performance anxiety, compared to when they first started the program. Participants in my study confirmed this finding, in that the ones who were involved in a residency/new graduate program did state they felt more supported, confident, and less afraid of performing the job.

Laschinger and Read (2016) conducted a quantitative study and found that incivility among coworkers led to higher levels of emotional exhaustion which contributed to job burnout. Participants in my study confirmed this finding, with several of them reporting they experienced incivility, lateral violence, and had significant emotional reactions to being treated poorly. Gardiner and Sheen (2016) reported that the three main themes that emerged from their new graduate participants were the importance of feedback on their job performance, feeling very overwhelmed by the actual nursing responsibilities, and the amount of support they perceived from senior nurses. Participants in my study confirmed this by stating that they did not really get a lot of feedback, they were shocked at the actual workload of an RN, and that some senior nurses were not supportive.

Based on the overall aggregate data in my study, and then compared to previously published studies, the experience of transition among new graduate ADN and BSN nurses is very similar. Both ADN and BSN graduates have expressed feeling a lack of support during their transition time between graduation and then into the first few years of employment. In addition, both cohorts have reported feeling undervalued and shocked at the reality of the autonomous RN role.

### **Limitations of the Study**

There are a few limitations in my study. One limitation was that the study only included nurses who had graduated from their ADN program within the last 3 years, who work in various settings and have varying levels of experience; so, their experiences may not be entirely representative of the experiences of all new graduate ADN nurses.

Participants in my study were limited to nurses who graduated from an ADN program in California. Results from my study may not be transferrable to graduate nurses in other states.

In addition, bias exists in all research, and in qualitative inquiry, there is a heightened risk of researcher bias. As a nurse who initially graduated from an ADN program, my personal experiences and feelings may have potentially created bias during the data collection and analysis process. To ensure that bias did not influence the study outcomes, an independent inquiry audit was performed by a doctorally prepared nurse scientist.

### **Recommendations**

The reason for this study was to add to the existing literature on the lived experiences transition among new ADN graduate nurses. Most of the previously published literature contained findings on this topic on either mixed participants with ADN and BSN degrees, or just BSN degrees. Most new nursing graduates in California are prepared with an ADN, and this was an underrepresented cohort in the study literature. My study added to this literature by highlighting only ADN nurses in California, and their experiences of transition from student to nurse.

The most common sentiment among participants in my study was the need for more support during the transition time after graduation and into professional employment. Participants in my study reported that they desperately wanted a safety net when they started working and wanted to be considered an equal member of their new health care team. They felt they were “thrown off a cliff” at the end of nursing school and

left to figure things out alone. Clark and Springer (2012) had a similar finding in that nurses who had the highest job satisfaction with a commitment to staying in the profession had access to supportive preceptors and nursing staff, felt valued by the health care team, and were perceived as a vital member of the health care organization. Some participants in my study said that they wanted more regular feedback from their preceptors and their managers, and not only on the things they needed to do differently. They also needed to simply be told they were doing a good job and wanted to feel valued by being encouraged and given praise for the things they were doing right. Feeling less supported was not unique to ADN graduates, it is a theme that is present in both ADN and BSN cohorts.

Many of the participants in my study specifically mentioned that there was no guidance on the complex process of finding a job. Some of the participants in my study mentioned that their school of nursing had one brief lecture on how to build a resume, but nothing else. The feeling that I gleaned from the participants in my study was that they really wanted someone they could connect with just before graduation that acted as a “transition guide”. This could be in the form of a specific person, or a career services department, that could guide new graduates through the transition process with things like resume help, networking assistance, job applications, interviewing skills, and planning for the next degree. ADN schools in California currently do not have a nursing career services program established. Now is a good opportunity for schools of nursing to add RN career services when working with local health care organizations. If graduating nursing students can go to their schools of nursing for specific RN job placement

assistance that is current according to the job openings at the local health care organizations, this can bridge the employment gap and potentially increase student and organization satisfaction. In addition, if more new graduates are supported through this process, there may be less attrition during this time because the new graduates would then not walk away from the profession because they are frustrated with being unable to find a job, and take another job in desperation in another field, just to pay the bills.

Additional support during the transition time for new graduates also needs to be extended to the new nurse who is now employed for the first time, because attrition during this time is still too high. One study found that 35% of newly licensed RNs had changed jobs within 1.5 to 2.5 years after graduation (Blegen et al., 2017). At one large hospital in the Southwestern United States, RN attrition was almost at 30% within the first year, and additional 45% occurred within the first 3 years (Yarbrough et al., 2017).

Although there are many new graduate residency programs, and preceptorships available for newly hired nurses, what seems to be lacking is care and support of the whole person. For example, many of the participants, in my study, felt unsupported emotionally by the organization they were hired into, and even at times bullied, in their new roles. They also felt like they were not prepared for the realities of the day to day demands of a working RN, like high patient acuity, high patient load, and time management. It was common for participants in my study to report that if they were in a new graduate program or NRP, their preceptor was often busy themselves, and could not take the time to mentor and guide the new RN sufficiently. Lashinger (2012) reported similar findings in that during their transition into their first RN jobs, new graduates

reported that they were underprepared for many common stressful situations such as less than supportive work environments, inadequate staffing, role adjustment issues, dangerous nurse–patient ratios, and mandatory overtime. It is not enough to simply have an NRP exist. If the program cannot provide truly one to one, dedicated preceptors for the new nurses, then it does not make sense to offer the program at all.

In a truly one to one mentor relationship, the seasoned preceptor can guide the new nurse in real time through the challenges that are most often reported, like how to handle multiple, high acuity patients, how to manage time better, how to navigate the culture of the organization, and how to take time for self-care, debriefing and reflection. If new hire RNs were supported in the new graduate programs in this way, they may not experience as much exhaustion and burn out, which may then result in reduced attrition in the first few years of nursing employment.

One recommendation for practice among the nursing profession based on my study results is to continue to shine a light on lateral violence and bullying. Education about reducing bullying at the organizational level should continue to be directed toward nurses who have been in the profession longer. In addition, nurses at the manager and supervisor level should consider regularly asking new graduate nurses for their perceptions about whether they are feeling bullied at their place of employment.

Recommendations for further research include understanding the lived experiences of the seasoned nurses in the preceptorship/residency programs who are working directly with the new graduate nurses. If these nurses could provide information as to how they are conducting their training with the new graduates, then new knowledge

could be generated which could provide a direction in which to tailor future programs. In addition, talking with new graduates and asking what specific feedback is being provided to them during the preceptorship/residency programs would provide valuable information as to what other helpful feedback may be needed to better train and support the new graduate nurse, and ultimately reduce attrition.

### **Implications**

The results from my study are supported by literature that new graduate ADN nurses still face a very difficult, and challenging transition from student to nurse, and require much more support during that time. These new nurses are asking for more help with networking, finding jobs, and being accepted as a professional health care team member. They also want to be guided through situations with patients they have not previously encountered, they need more feedback and emotional support during their first few years as an RN, and they do not want to be bullied. Positive social change can occur at the organizational level if our professionals who work in leadership positions in health care are able to utilize my findings to consider how to better support our new graduate ADN nurses. Now that more is understood about what factors may be causing early career attrition among new graduate nurses, steps can be taken to address the causes and potentially reduce attrition in this population.

At the societal level, positive social change is possible with the results from my study in that we now have new information about the unique experiences of ADN graduates during their transition to practice, which can potentially help to smooth the transition period, increase retention, and ultimately create a stronger nursing workforce.



When nurses stay in their positions longer, they gain more experience, are better able to handle complex situations, and can efficiently train new nurses. Increased retention can have positive effects on the financial aspect of health care and organizations, and can increase the quality of patient care, which in turn can reduce morbidity and mortality.

Meleis's transition theory posits that the later the therapeutic role supplementation is provided the higher the probability that role insufficiency will be manifested (Meleis, 2010). The literature and my study support this assertion in that the nurses who had access to new graduate and residency programs earlier, generally felt more supported and exhibited less role insufficiency. Having more confidence in the day to day role of an RN as a result of the new graduate and residency programs increased satisfaction and retention of the new graduate nurses.

### **Conclusion**

In this study, I examined new ADN graduate nurses and their lived experiences of transition from student to nurse. The results have shown that although there has been much progress in supporting new graduate nurses with residency programs, much more still needs to be done. These nurses are still experiencing incredibly stressful and challenging transitions in which they are not feeling supported by the schools of nursing that they are leaving, or by the very profession they are entering. When nurses feel valued and supported, they stay in the field longer and factors like patient morbidity and mortality are reduced. Lower attrition also leads to a decrease in money that has to be spent by organizations on hiring, training and staffing.

There is an opportunity for health care leaders to bridge this gap between nursing school and the new RNs first employment. More collaboration is needed between schools of nursing and the local health care organizations that are hiring the new graduate nurses. In addition, the facilities that are hiring the new RNs can revise the way residency programs are offered to provide more direct, one to one preceptorships. They can also tailor their feedback to acknowledge the areas in which the new graduate is doing well, not just the areas they need to work on. There should also be more ongoing education in the workplace about lateral violence and bullying, so that every employee is continually reminded that behavior like this cannot happen.

New graduate nurses coming into the field and working for the first time have a unique and fresh perspective to offer their new work milieu and have just been educated on how to be a nurse with the most recent evidence and literature. These nurses need to be valued, cared for and respected as professionals, and treated as such. Health care organizations have a wonderful chance to show their support to these nurses right from the beginning, and to set the tone as to how they should be handled. This in turn may produce happier new nurses, better patient outcomes, less attrition, and lower costs overall.

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## Appendix A: Online SurveyMonkey Survey

## Invitation Letter

Dear Invitee,

My name is Kat Slusser. I am a doctoral student in Windsor, CA in Walden University's Nursing Education program. I am kindly requesting your participation in a doctoral research study that I am conducting titled: Experiences of Transition from Student to Nurse Among Associate Degree Nursing (ADN) Graduates. The intention is to understand the experiences of transition among ADN graduates after graduation and into employment in order to identify resources needed to reduce early career attrition.

You will be asked to log into a SurveyMonkey Survey to read an invitation letter, read and indicate your consent, and take a demographics survey; and then if chosen, participate in an audio recorded interview that will last about an hour. You will also be asked to review the written transcript of the interview for accuracy.

Participation is completely voluntary, and you may withdraw from the study at any time. The study is completely confidential, and the final published study will not contain your name or any other identifying information. If you would like to participate in the study, please check the box below that says, "I understand the above and wish to proceed to the consent form", then click the "Next" button.

If you have any questions, please contact me at (707) 291-1652 or email me at Katherine.Slusser@WaldenU.edu.

Your participation in the research will be of great importance to assist in social change by identifying needed resources to provide a smoother transition for new nurses, and to decrease the attrition rate. This in turn will hopefully increase the quality of patient care and decrease overall health care costs.

Thank you for your consideration.

Sincerely,

Kat Slusser, Doctoral Student, Walden University

I understand the above, and wish to proceed to the consent form

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33%

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67%

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## Demographics Survey/Screening Questions

\*Do you have an Associate Degree in Nursing (ADN)? (If you do not have an ADN, you do not qualify to participate in this study.)

- Yes  
 No  
 Other (please specify)

\*What year did you receive your ADN? (If you received your ADN more than 3 years ago, you do not qualify to participate in this study.)

- 2019  
 2018  
 2017  
 Other (please specify)

\*Do you have a current Registered Nursing (RN) license? (If you do not have a current RN license, you do not qualify to participate in this study.)

- Yes  
 No  
 Other (please specify)

Do you have a current, or prior, professional relationship with the researcher? If so, please explain how you know the researcher in the text box.

- No  
 Yes - I have had a current, or prior, professional relationship with the researcher

\*What year did you receive your RN license? (Interim permit does not count)

- 2019  
 2018  
 2017  
 Other (please specify)

\*Have you ever worked in, or are currently working in, a job where your primary duties are (or were) those of an RN within the last 3 years?

- Yes
- No
- Other (please specify)

\*Thank you for your valuable time.

Based on your answers to this survey, the researcher will contact you within 3 business days to let you know either way if you have been chosen, or not, to participate in the study.

Please enter your contact information below, so that the researcher can contact you.

Your contact information will NOT be a part of the study and will not be shared with anyone.

Your first and last name

Do you prefer phone or email communication?

City and state where you currently live

Your personal email address

Your personal cell or landline phone number

3 / 3

100%

Go back to the previous page Done - Submit My Consent and Answers to the Researcher  
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## Appendix B: Recruitment Flyer

Are you a recently graduated RN from an Associate Degree Nursing (ADN) program in the last 3 years?

Would you like to share your experiences of transition from student nurse to working professional nurse?

If you:

- Are an RN with a current nursing license AND
- Graduated from an ADN program within the last 3 years AND
- Do NOT have a current or prior professional relationship with the researcher,

Then you are invited to participate in an exciting study about the lived experiences of transition from student to nurse among ADN graduates!

I am a student at Walden University, and I am conducting this study as part of my dissertation and would appreciate your participation.

You will be asked to log into a SurveyMonkey Survey to read an invitation letter, read and indicate your consent, and take a demographics survey; and then if chosen, participate in an audio recorded interview that will last about an hour. You will also be asked to review the written transcript of the interview for accuracy.

Interview participants will receive a \$10 Starbucks gift card. Not all survey participants will be invited to the interview.

For instructions on how to participate, click the link below:

<https://www.surveymonkey.com/r/37NPTDW>

If you have any questions, please contact me at [Katherine.Slusser@WaldenU.edu](mailto:Katherine.Slusser@WaldenU.edu)

## Appendix C: Interview Questions and Script

### **Introduction to the Interview Script**

Thank you for taking the time with me today and agreeing to participate in this interview. I realize your time is extremely valuable, and I appreciate your contribution to this research. The purpose of this interview is for me to gather data on the study I am performing in my doctoral program at Walden regarding the lived experiences of transition from student to nurse after completion of an associate degree nursing program.

You have already given me your informed consent, so thank you. Regarding the interview procedure, I am requesting that you permit me to audio record our interview. The purpose of recording and transcribing this interview is so that I can look at the information you have given me to try and analyze your experience, and others, in order to synthesize and present my research findings that will appear in my final study. Is it ok with you that I record our interview? Thank you. A copy of your interview recording is available from me upon request. I will be sending you a written transcription of the interview for you to review for accuracy and completeness.

As a reminder, this interview is voluntary. If you decide to take part now, you can still change your mind later. Also, being in this interview does not pose any risks beyond those of typical daily life. There is no benefit to you for being part of this interview. Regarding privacy, the interview recordings and full transcripts will be securely stored by me in my cell phone and laptop, and the only way to access them is with my password. Transcripts with identifiers redacted will be shared with my university faculty along with

my analysis. After the final study is complete, the interview recordings and transcript will be securely stored, and then destroyed after 5 years.

I will be asking you questions and listening intently to your answers. There will not be a lot of back and forth conversationally from me. However, I may ask you follow up questions to clarify something you said, or to ask you to give more detail. Please speak slowly and clearly and try to minimize background noise.

As a thank you to you for agreeing to be a part of this research, I will give you a \$10 Starbucks gift card at the completion of the interview today and I will ask for your mailing address at the end to send it to you. Do you have any questions of me before we begin? Ok, let me turn on the recording.

### **Interview Questions**

1. Can you tell me about your experiences right after graduation and before you became employed in your first professional nursing position?
2. Can you tell me about your experiences related to your first year of professional nursing employment?
3. Do you feel your transition time after graduation and before employment had any direct effect on your experiences during your first year of nursing employment?
4. Can you share your experiences of feelings of support, or lack of support, after graduation and into your first year of professional nursing employment?

### **Closing Interview Script**

Ok thank you. Before we stop, is there anything else you'd like to say or add that you feel is important to this topic?

Great, thank you. I appreciate your time and your candidness in answering my questions. This is valuable data for our profession. As I said before, your answers will be kept confidential, and will be pooled into larger categories of themes that match what other participants say. As I mentioned, I will be sending you the written transcript of our interview. Please let me know if everything you said was captured correctly. Once the study is final, I will let you know how to obtain a copy. Can I get your mailing address for the gift card? Thank you.

I will also be including the link to my survey in the follow up email I'm going to send you, so please feel free to give it to anyone you think may be interested in participating. Thank you!



#### Appendix D: Privacy Policy for NoNotes Media

NoNotes is a company that provides call recording and audio transcription services and can be found at [www.nonotes.com](http://www.nonotes.com). “All of our transcriptionists have signed confidentiality agreements as part of their employment contracts. We activate a standard Non-Disclosure Agreement (NDA), or we can sign any NDA you wish to put in place. We are also happy to sign any additional legal information you might have. We protect your privacy using 128bit Secure Sockets Layer (SSL) encryption. Our passwords are double-hashed and only internal NoNotes staff have access when transcription permission is granted. All our servers are located in a class-A facility with climate control, retinal scan access and around-the-clock security.”