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Perceptions of Newly Licensed Registered Nurses about Homecare as a Practice Area

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Walden University
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Abstract

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Tamara M. Kelley Frazier

MSN, University of Phoenix, 2012

BSN, Bowie State University, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Nursing Leadership

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Abstract

The demand for competent nurses working in a home care setting continues to grow because of decreased length of stay in hospitals and population needs for chronic care management when homebound. Nursing educational programs introduce students to community health and home care nursing, which could influence a student nurse's choice of home health care as an initial practice setting. This qualitative study examined the perceptions of newly licensed registered nurses (NLRNs) about home care as an initial practice area. Ten NLRNs not working in home health care areas responded to 16 open-ended interview questions that were based on the career awareness model constructs of institutional influences, career awareness itself, self-assessment, and decision-making skills, and factors influencing the actual decision. Narrative analysis of the transcripts was conducted. Responses to self-assessment questions revealed that NLRNs' valued interdisciplinary collaboration and having confidence in performing the basic skills of a nurse. Institutional influences were family and friends, financial support from a hospital, encouragement from faculty, and exposure to different practice settings. NLRNs cited fear of being on one's own, lacking skills to treat homebound patients, having a different career path, and lack of available positions as factors in not choosing home health care as an initial practice area. The results of this study have the potential for positive social change. The health outcomes of homebound patients could be improved if the need for collaboration between educational institutions and home care agencies are emphasized in order to enhance home health care skill development and to encourage NLRNs to choose home health care as an initial practice setting.

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Dedication

I dedicate this dissertation to my loving husband, Larry Frazier Jr, our five children, and three grandchildren. Larry encouraged me to push through and complete this journey in my life. He always knew I wanted to pursue my doctoral degree, and Larry made sure there was nothing to discourage or prevent me from completing this awesome task. I pray that the completion of this dissertation serves as an example to our children and our grandchildren that you can accomplish whatever you set your mind to complete, and that with God all things are possible.

I would also like to dedicate this dissertation to my parents, Cheryl Johnson and the late Louis R. Phelps Jr. I chose not to participate in my master's degree ceremony because I did not want to overshadow our oldest child's high school graduation. My mother says not this time. This time you will walk across that stage and we are going to celebrate! My father passed away a year after I started my PhD journey. I know he is watching over me, and proud of what I have accomplished. I just want to take this time to say I love you and appreciate you both.

Furthermore, I dedicate this dissertation to my sisters Tamika, Teri, Christal, and Dawn. No matter how much I wanted to travel and see the world with them, I had to choose my coursework over the fun times. I had to make sure that when they called me Dr. Tami that it was legit, and not just a nickname. Each of them understood how important this journey was to me, and never pressured me to change my mind and forget my priorities.

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I would like to thank the newly licensed registered nurses that participated in the interview to help me complete my study. Your participation not only helped me better understand how career choices are determined, but your words of encouragement towards my completion of this study made a lasting impact.

I would also like to acknowledgment the strong support system of my work colleagues and peers. Understanding when I needed time off for residency, or just blocks of time to focus on my writing. Thank you.

I would like to thank Jasmine, Larry III, Jarell, Sydney, Jayden, Pastor Anita and Bishop Larry Frazier Sr., and my Word of Faith Church family for showing interest in my journey, praying for my success, and supporting me every step of the way.

Last, but not least, I thank God for keeping me as I persevered through this program when I thought it would never end, or that I would never complete this dissertation. Ecclesiastes 7:8 sums this journey up the best, “the end of a matter is better than its beginning, and patience is better than pride.”

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Chapter 1: Introduction to the Study

Introduction

Home health care is an industry that continues to grow because of decreased length of stay in hospitals, technological advances (such as telemonitoring and virtual doctor appointments), and the increased aging population in need of chronic care management (LaSala, 2000; Maurits, de Veer, van der Hoek, & Francke, 2015). More registered nurses (RNs) are needed to work in home health care to provide adequate care for people who experience difficulty leaving their home and patients who are completely homebound (Lindley, Mixer, & Cozad, 2016). The demand for more home health nurses was expected to increase between 2014 and 2024 by at least 16% in the United States alone (Weaver et al., 2018).

Colleges with a basic nursing program for bachelor-prepared nurses provide course work, along with clinical opportunities, to the student nurse in preparation for the ever-changing healthcare system (Conger, Baldwin, & Abegglen, 1999). The educational preparation of the student nurse includes an introduction to community health nursing, which provides some exposure to home care nursing. This exposure could influence a student nurse's career choice and increase the number of nurses entering the home care setting (Wise, Charner, & Randour, M. L. (1976).

This study focused on exploring the perceptions of a newly licensed nurses (NLRN) about home care as an initial practice area. The findings from this study could help home care administrators understand why a NLRN may or may not consider working in the home health care setting as an initial practice area. The findings could

contribute to positive social change by identifying strategies that could increase the number of nurses interested in working in the home health care sector and, subsequently, improve health outcomes in home care patients.

In this research study, I used qualitative methodology to describe the perceptions of NLRNs who completed a Bachelor of Science nursing (BSN) program and how the components of career awareness (institutional influencers, the concept of career awareness, the skills of self-assessment and decision making, and making the actual decision) influenced their decisions about an initial practice area. After exposure to different patient populations during the practicum component of the basic educational program, the student nurses begin to consider an initial practice area. Price, McGillis, Angus, and Peter (2013) found that the student's perceptions and expectations of team dynamics is considered prior to making a career choice. Recruitment efforts should emphasize teamwork and collaboration with educational institutions and organizations as an avenue to improve the recruitment process of NLRNs.

The results of this study could support the professional practice of nursing in multiple ways. The BSN program introduces the student nurse to community health nursing and to teamwork in nursing practice and partnerships with interdisciplinary team members, which, in turn, increased institutional influencers, introduced the student nurse to career opportunities in home health nursing, and enhanced the development of the necessary home health nurse skill set to assist with the career decision making process. This enhanced interprofessional collaboration amongst health professionals is important to the systemic development of home health care and the changing healthcare needs of

the home care population (Price et al., 2013). Also, during the practicum period in the community health nursing class, the student nurse began to build critical thinking skills and discovered other options for direct patient care outside of the hospital or office practice settings.

In this dissertation, I explore the perceptions of NLRN about home care as an initial practice area. In this chapter, I describe the background of the problem, the purpose of the study, the research question, and the nature of the study. I define what a community health nurse and a home health nurse are and explain the difference between the two roles. I also cover the assumptions, scope and delimitations, limitations, and significance of this proposed study.

Background

Home care as an area for nursing practice is becoming more popular, and nursing opportunities are expected to grow as the need for patient services in the home increases (Shur Coyle, 2011). Changes to Medicare and Medicaid reimbursements provide an opportunity for home care to be incorporated more fully into the U.S. health care system by being included in the U.S. Department of Health and Human Services (HHS) quality goals, as demonstrated by the value-based purchasing program (Landers et al., 2016). Because reimbursement is now based on the patient's preference, experience, and satisfaction (key measures of performance), home care providers must heed patients' preference for having care performed in the home instead of being admitted to an inpatient facility (Landers et al., 2016). HHS set two important quality goals to reduce expenses and increase reimbursement for home health care agencies include:

> Goal 1: "30% of traditional fee-for-service Medicare payments must be tied to quality and value through alternative payment models such as bundle payments of Accountable Care Organizations by the end of 2016 and up to 50% by the end of 2018." (Landers et al., 2016, p. 263)
>
> Goal 2: "To tie 85% of all traditional payments to quality or value by 2016 and 90% by 2018 through programs such as Hospital Value-Based Purchasing Program and Hospital Readmission Reduction." (Landers et al., 2016, p. 263)

The Centers for Medicare and Medicaid (CMS) have been aggressive with the shift from *volume*-based Medicare payments to *value*-based Medicare payments for service (2018). With the positive strides made in achieving these goals, recent legislation has expanded the quality and value programs to include post-acute care services, such as home health value-based purchasing (Landers et al., 2016). Home health care offers a less expensive approach to caring and managing patient care (Landers et al., 2016). With this type of payment system CMS incentivizes home health care agencies to provide optimal, high-quality, patient-focused care (Healthcare First, 2017).

The home care nurse is a licensed nurse who comes into the home to provide skilled health care, such as performing assessments, checking vital signs, performing wound care, providing intravenous therapy, administering injections, providing medication or disease process education and management, all based upon doctors' orders in collaboration with interdisciplinary team members (CMS, 2018). The home care nurse who provides case management is an RN and must pass the National Council Licensure Examination (NCLEX-RN) exam for licensure (Maryland Board of Nursing, 2018).

Although it is suggested that a home care nurse have some sort of advanced training in emergency procedures and lifesaving skills, it is not necessary to have worked in an acute care setting to be effective in a home health care setting (Meadows, 2009; Foley, 2013). A NLRN with a BSN is prepared to think critically and practice independently; therefore, with a well-developed nurse residency, or transition-to-practice program, the NLRN could work successfully in-home care (Foley, 2013).

There is a gap in the literature regarding NLRNs entering home care as a practice area within the first 12 months of becoming a nurse. In this study, I address this gap in knowledge by analyzing the narratives of NLRNs about why home care was not chosen as an initial practice area. This study was needed to better understand the decision-making process NLRNs use when making an initial career choice and to learn why NLRNs did not select home care as an initial practice area.

Problem Statement

Limited research is available on the topic of home care as an initial practice area for NLRNs. The Affordable Care Act has made it possible for about 8 million aging Americans to become eligible for health insurance benefits, increasing the need for chronic care management in the home care setting (Snavely, 2016). The population of U.S. citizens over age 65 is "projected to be 83.7 million by 2050, double its estimated population of 43.1 million in 2012," and the current workforce population, ages 16-64, will steadily be on a decline (Snavely, 2016, p. 99). The 2015 National Nursing Workforce Study, conducted by the National Council of State Boards of Nursing, reported that the average age of a nurse working in the United States is 50, which means

there could be mass exodus to retirement in the next 15 years. Tourangeau et al. (2014) found that the number of nurses working in the home care industry substantially decreased between 1999 and 2005 and has yet to recover. The Bureau of Labor Statistics predicted that the largest growth in employment would be in the nursing sector between 2010 and 2022, partly due to replacement needs related to turnover and the increased aging population (England, 2015; Snavely, 2016). Landers et al. (2016) noted that during a study conducted by AARP (Keenan, 2010), Americans over age 45 preferred to receive care in the home rather than a facility. But delivering safe, quality, and effective home health services is limited by the lack of NLRNs interested in home care as a practice area. The traditional hiring method for home health care agencies has routinely been the recruitment of experienced RNs, regardless of degree preparation (Meadows, 2009; Shur Coyle, 2011). This leaves out the NLRN who has been recently exposed to home care and is actively considering career opportunities post-graduation and using the concept of career awareness to make that decision. Exploring the perceptions of NLRNs through the concept of career awareness about home care as an initial practice area will help identify areas of opportunity for recruitment and retention, and possibly decrease the nursing shortage in the home care industry.

Purpose of the Study

The purpose of this study was to explore the perceptions of NLRNs about home care as an initial practice area; there is a shortage of nurses in this field and there is a need to explore why NLRNs do not choose home health care when making an initial career choice. Exploring career awareness factors of institutional influencers (such as

family, school, media outlets, and community groups), self-assessment skills, and decision-making could help recruiters at home care agencies learn about important factors that could improve NLRN recruitment strategies.

Research Question

What are the perceptions of NLRNs about home care as an initial practice area?

Conceptual Framework

Career awareness is a conceptual framework that is used to describe the process of choosing, or the reasons why someone chooses, a certain career path (Wise, Charner, & Randour, 1976). Wise, Charner, and Randour (1976) developed a four-part framework on career awareness in career decision-making: institutional influencers, the concept of career awareness, the skills of self-assessment and decision making, and making the actual decision. Each part of the framework has its own aspects of knowledge, values, and preferences. Although making career decisions can be a lifelong process, understanding one's world and determining what is personally important helps the NLRN in choosing a career (Singh & Sharma, 2017). Career awareness was used to help frame the research question, interview guide, and data analysis.

Nature of Study

For this study, I used a qualitative, exploratory, descriptive approach to identify themes associated with NLRNs' perceptions of home care as an initial practice area. I identified themes associated with the reason why a NLRN did not consider home care as a practice area within the first 12 months of passing the NCLEX-RN. Analysis of the data from this study was aimed at identifying themes related to the NLRNs' perception of

home health as an initial practice setting and I identified factors that influenced the decision about an initial practice setting within the first 12 months of receiving a nursing license. The findings from this study could help recruiters at home care agencies learn about important factors that could improve NLRN recruitment strategies. Additionally, the findings from this study could help recruiters at home care agencies learn about important factors that could improve NLRN recruitment strategies.

Definitions

Community health nurse: A nurse who practices in locations such as vaccination clinics, low income communities with limited access to health care, community schools, neighborhood libraries, and faith-based facilities to promote disease prevention, and assist in the maintenance of the overall health and well-being of the community (Babenko-Mould, Ferguson, & Atthill, 2016).

Home health nurse: A licensed nurse that comes into your home to provide skilled health care (CMS, 2018).

Newly licensed registered nurses: For this study is a registered nurse that has passed the NCLEX-RN and has worked as a registered nurse for 12 months or less.

Preceptorship: The time spent between a student nurse and a more experienced nurse applying theoretical knowledge into clinical practice (Ward & McComb, 2018).

Nurse residency program: A standardized, formal, and comprehensive approach to introducing a NLRN or experienced nurse new profession or new role (June, 2017).

Assumptions

McEwen and Wills (2014) describe assumptions as beliefs that are taken as true in order to accept a theory. There should be adequate empirical evidence to support the assumption, personal beliefs, or values (McEwen & Wills, 2014). The first assumption of this research study was that NLRNs even considered home care as a practice area. The second assumption was that the registered nurse is required to work in the field of nursing for at least 2 years before working in a specialty area of practice (Chaya, Reilly, Davin, Moriarty, Nero-Reid, & Rosenfeld, 2008; Meadows, 2009; Shur Coyle, 2011; Patterson, Hart, Bishop, & Purdy, 2013). The third assumption was that the NLRN answered the survey questions truthfully and shared why home care was not considered as an initial practice area. The fourth assumption was that the NLRN's choice of practice area was based upon self-reflection, knowledge of the practice area, and institutional influences all at once. These assumptions were all necessary because each accounted for behaviors and other processes the NLRN may have encountered when going through the decision-making process.

Scope and Delimitations

The purpose of this study was to explore the perceptions of NLRNs about home care as an initial practice area. The qualitative analysis sought to identify themes derived from interviews based on the concept of career awareness and the decision-making process. I interviewed only NLRNs who had entered the nursing workforce in the previous 12 months. The information collected from this population helped explain why home care was not chosen as an initial practice area.

This study was subject to a set of delimitations. (a) The interview questions were focused on career awareness, the NLRN's perception of home care, and the factors associated with career awareness and decision making. I also delimited the amount of time the study participant has been working as a NLRN by only interviewing those NLRNs who have only worked 12 months or less as a RN. (b) I did not interview associate degree prepared registered nurses since they are not exposed to community health nursing course work.

Limitations

This study had three limitations. associated with this study included getting an adequate number NLRN to complete the interviews and achieve data saturation from one hospital setting to participate in the study. I was required to seek study participants from multiple sites or find other ways of locating and contacting NLRN that did not currently work in home health care.

Another limitation of the study was only interviewing NLRNs who had completed a BSN program. The America Nurses Association Home Health Nursing: Scope of Practice (2008) distinguishes that BSN prepared nurses are better equipped and prepared to work in home health care, then an ADN prepared nurse (Foley, 2013). There are still associate degree programs available and the NLRN with an associate degree may attempt to participate in this study leaving no way to determine the degree conferred without providing proof of diploma. I had to trust that the BSN nurse was identified through the screening process that took place prior to the interview.

A third limitation was locating a NLRN that is BSN prepared and has no previous home care experience working as a certified nursing assistant or a licensed practical nurse (LPN). With the push to have BSN prepared RN's versus LPN or ASN prepared RN's the availability of RN to BSN programs, and LPN nurses transitioning to the RN role could increase the likelihood of NLRN that may have previous work experience in the home care setting. This previous exposure in the home care setting may have influenced the desire to work in home care as a NLRN as defined by this study. All of these limitations are issues that may decrease the generalizability of the study (Grove, Burns, & Gray, 2013).

Significance

This research study sought to describe the perceptions of NLRNs about home care as an initial practice area. Price et al. (2013) found that the students' perceptions and expectations of support and collaboration played a role prior to making a career choice. Currently some recruitment efforts emphasize teamwork and collaboration with educational institutions and inpatient organizations such as hospitals and other skilled nurse facilities. This teamwork and collaboration helps to improve the recruitment process of NLRNs. This study explored how those type of institutional influencers affects the decision-making process.

The results of this study may provide insight on the decision-making process for the NLRN when choosing an initial practice area when establishing a nursing career. By exploring the perceptions of NLRNs through the concept of career awareness I was able to share how institutional influences, personal skills assessment, and previous awareness

of nursing careers influenced the actual making of the decision. The results of this study could contribute to positive social change by identifying strategies that could increase the number of nurses interested in working in the home health care sector and, subsequently, improving the health outcomes of home care patients.

Summary

Home health care has increasingly become the option for acute or chronic health care maintenance needs by physicians. Home health care is the third most served practice area in nursing. Meeting the needs of the population needing home health services requires an increasing number of nurses. The interview questions in this study will explore the perceptions of NLRNs about home care as an initial practice area. The resulting themes could help recruiters at home care agencies learn about important factors that could improve NLRN recruitment strategies.

In Chapter 2, the literature review will be presented and will cover the following topics: search strategy, conceptual framework, career awareness and its attributes, how career awareness plays a role in the transition-to-practice , and what attracts NLRNs to home health care.

Chapter 2: Literature Review

Introduction

With the current nursing curriculum in Maryland, the student nurse completing a BSN program is prepared to work in a variety of settings, which includes exposure to home health nursing through the community health nurse course. The type of exposure to nursing roles during the education process could have an impact on the nurses choice of initial practice area (Wise, Charner, & Randour, 1976; Aggar, Bloomfield, Thomas, & Gordon, 2017). Clinical rotations in the hospital or outpatient clinic setting may impact the student's decision on where to work after graduation. This thought was explored through the concept of career awareness and decision making. The purpose of this study was to explore the perceptions of NLRNs about home care as an initial practice area and was investigated through individual interviews with NLRNs who did *not* choose home care as an initial practice area.

The literature review discusses the following topics: (a) research strategies used to explore similar other studies, (b) parameters used when researching previous studies, (c) the concept of career awareness and the process of decision making, (d) each aspect of the career awareness concept and how this concept influenced the NLRNs' decisions on a practice area, and (e) summaries of information on the nursing shortage, the need for more nurses in home health care, and how recruiting efforts for NLRNs need to change in order to decrease the nursing shortage in the home health care industry.

Literature Search Strategy

For my literature search strategy, CINAHL and Medline yielded 63 articles for review; CINAHL Plus yielded two articles for review, and EBSCO Discovery Service accounted for four articles. The parameters were set to English language and articles had to have been published between 2013 and 2018. The following keywords were used: *career awareness, career planning and development, new graduate nurse,* and *home care*.

Conceptual Framework

Career Awareness

Career awareness means gathering information to increase one's awareness in the career decision making processes (Zopiatis, Theocharous, & Constanti, 2016). The more confident the NLRN is in the career decision making process, the greater the commitment to the decision and any future plans. Values, such as culture, work, and life values play a role in career awareness; they are the key components of a person's beliefs and actions (Webb, 2017). Values important to the NLRN align with career choice and satisfaction and can be linked to occupational outcomes. Career awareness is also influenced by the NLRN's knowledge about the career, values, preferences, and self-confidence (Wise, Charner, & Randour, 1976). Career awareness is made up of four major parts: institutional influencers, the concept of career awareness, the skills of self-assessment and decision making, and making the actual decision. Figure 1 is a visual description of career awareness framework and its contributing attributes.

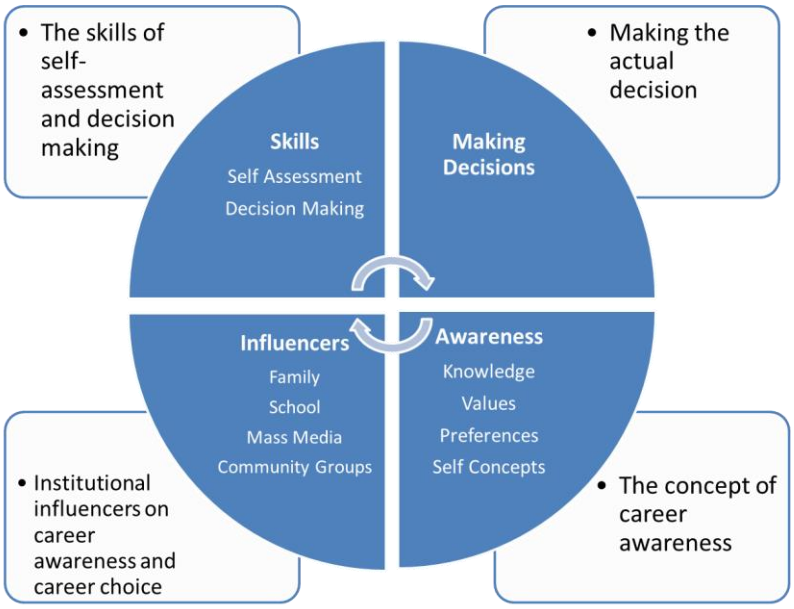

Figure 1. Career awareness framework.

Institutional Influencers

Social context plays a role in the career decision making process. Social context is described as family, peers, and the workforce, making this a sensible thought process. Singh and Sharma's (2017) study detailed that not only does parents, family, or relatives have a strong influence on career decision making, but so does the admired professional and career advisor. However, friends and social network sites did not have as strong an influence on the decision.

Institutional influencers can serve two purposes, to instruct or socialize. Wise, Charner, and Randour interpreted Spady's (1973) work related to schooling to characterize the instructional function two ways: intentional and unintentional. No matter the intention of the influence the outcome remains the same, an increased level of

knowledge and competence (Wise, Charner, & Randour, 1976). The socialization aspect of an institutional influencer affects the development of the attitudes, beliefs, expectations, and values that the NLRN would need to be successful.

Self-Assessment and Making the Actual Decision

There are several career decision making styles described from multiple sources (Gati, Landman, Davidovitch, Asulin-Peretz, & Gadassi, 2010; Harren, 1979; Jepsen & Dilley, 1974). Some of the styles include rational, intuitive, and dependent. The rational and intuitive styles of decision-making means to consider internal information before making the decision, this includes "logical analysis or an internal hunch" (Xu, p. 124, 2020). Dependent decision making is described by Xu (2020) as a style that is inherent on "external information (e.g., parents' or experts' input)" to make an informed career decision (p. 124). The NLRN will perform a self-assessment to determine if the career choice meets a level of knowledge, skill, and ability using one of the career decision making styles. When making the decision the NLRN may ask specific questions such as those mentioned by Wise, Charner, and Randour (1976):

1. What do I want to achieve? This helps to clarify goals.
2. What information do I need and how can I get more information? An example of information gathering.
3. What social and economic changes may occur in the future? The NLRN is anticipating the future.
4. What have I done that relates to my options? Here the NLRN is interpreting experience.

5. What are my chances of success with the opportunity?

Each question listed addresses components associated with career awareness conceptual framework. The data gathering process includes the NLRN conducting a self-assessment of knowledge, skill, and ability to work in home care, along with short term and long-term goal planning. At the same time institutional influences are also playing a role in the decision-making process. The NLRN may need to decide if moving out of the area is necessary, or if working close to home is the priority. Having a certain level of confidence with the education program properly preparing the NLRN with being successful in the role chosen also influences the level of success with working in home care. BSN prepared nurses are the ideal candidate for home care because of the exposure provided during the education process (Barry, 1997). Exploring the perceptions of the NLRN, through the concept of career awareness, about home as a practice area will help identify areas of opportunity for recruitment and retention and possibly make an impact in the nursing shortage felt in the home care industry.

Literature Review

Career Awareness and Transition to Practice

Career awareness and transition-to-practice can be inspired by several things like institutional influencers, self-knowledge, and personal experience. With the increased use of home health care in the U.S. exposure to this health care sector is increasing. The Bureau of Labor Statistics prediction of increased labor growth in nursing through 2022 (England, 2015; Snavely, 2016), along with the increased desire to receive safe, quality care in the home (Landers 2016) means an increase in the employment of home health

care nurses and a decrease in the number of nurses entering into the hospitals (Hartung, 2005). Not only can exposure to this type of nursing sway a NLRN decision to work in home care, but the orientation process must be robust and skill development opportunities must be present.

Traditionally, the hiring method for most home health agencies was the recruitment of experienced RN's, with at least 1 year of hospital or acute care experience (Meadows, 2009; Shur Coyle, 2011). Transition-to-practice for experienced RNs in the home health care setting can have its difficult and rewarding moments with role autonomy, developing relationships with co-workers and patients, and job flexibility (Hartung, 2005). With all the literature available on nurses transitioning into a new practice setting, there is limited information available on the decision-making process of the NLRN choosing home care as a practice area. What the literature does reflect is that there are similar stressors for the experienced RN as well as the NLRN. Working "autonomously, role orientation and self-efficacy" are all factors that are experienced regardless of level of experience, institutional influencers, and personal knowledge and ability (Hartung, p. 373, 2005).

A nurse that has never worked in the home care setting examines the ability meet the patient's needs all while seeking job satisfaction. Bandura's (1997) theory of self-efficacy says that it is the RN's beliefs and feelings about the ability to provide quality and safe patient care that will activate the knowledge and ability of the nurse into a capable action. Simply put, for the NLRN with a strong sense of self-efficacy that believes in the personal ability to succeed in the home care practice setting, the

commitment to the transition-to-practice could be less daunting. With a strong, supportive, and welcoming environment of a transition-to-practice program, as found in other acute care settings, relationships develop and there is an increase in job satisfaction and retention (Shur Coyle, 2011).

Use of Transition-to-Practice Programs

Transition-to-practice programs began as nurse residency programs in the early 70's at hospitals across the United States and are still used today for acute care setting training (Aggar, Bloomfield, Thomas, & Gordon, 2017; Mahler, 2017; Ulrich, Krozek, Early, Ashlock, Africa, & Carman, 2010). Transition-to-practice nursing programs were established to offer a structured orientation process to support the needs of a nurse entering into practice and differ from transition to specialty practice programs (Morphet, Kent, Plummer, & Considine, 2016). The difference between the two preparatory practice programs is that a regular transition-to-practice program prepares the NLRN for practice and a transition to specialty practice program is tailored to a specific specialty such as home care or working in an emergency department (Morphet, Kent, Plummer, & Considine, 2016). The length of time spent in either type of program would be agency based and could last as little as six months and up to one year. Morphet et al. (2016) discussed that completing a transition-to-practice program prior to starting in any specialty area of practice to develop in the nursing role would be beneficial; and that this program period should last a minimum of 12 months. In primary care nursing a transition-to-practice program is also used as a tool to orient and train a NLRN to the area of practice (Aggar et al., 2017). It is with the transition-to-practice program that the

NLRN can anticipate developing in the nursing role, commit to a practice area, and impact workforce retention rates (Aggar et al., 2017).

Transition-to-Practice in Home Health Care

There is a plenty of literature concentrated on the NLRN transitioning to practice, going from novice to expert, transitioning into the acute care workplaces such as hospitals, and transitioning from acute care to hospice nursing (Ellis & Chater, 2012). There is also literature on themes addressing why home care agencies require previous acute care nursing experience before working in home care, importance of completing necessary prerequisites prior to working in home care, and why nurses are attracted to working in home care as a NLRN (Meadows, 2009). However, there is a lack of literature on the perceptions of NLRN about home care as a practice area within the first 12 months of practice as described through the concept of career awareness.

Previous Work Experience

Former qualitative studies have conducted interviews with RNs that have had previous work experience as a nurse prior to entering home health care. Home care agencies vary on previous work experience requirements, 2 years of work experience is usually preferred home health care (Hilgebdorf, 1996). Having previous work experience in a medical setting helps develop an RN's critical thinking skills to a point that pedagogical solutions are used to assist, teach, or care for a patient in the home (Karlsson, Ekman, & Fagerberg, 2009). Knowing how to handle administrative tasks related to insurance, and assessment or clinical tasks associated with blood test results and examinations add another level of previous experience is preferred to help ease anxiety

levels of patients and care givers in the home health setting (Karlsson, Ekman, & Fagerberg, 2009). Home health RNs reported that by not having colleagues available in the next room to discuss ideas with they become the ”lonely fixer” and must use critical thinking skills to know how to meet almost every need of the patient (Karlsson, Ekman, & Fagerberg, 2009).

Developing nursing knowledge to meet the demands of varying healthcare is a must. With medical and technological advances in health care a transition-to-practice program focused on nursing generalist type care in a patient’s home would benefit even a seasoned RN working in home health care for the first time (Karlsson, Ekman, & Fagerberg, 2009). Some nurses are left with feelings of self-doubt when placed in a situation they are unfamiliar or have no experience with handling (Patterson, Hart, Bishop, & Purdy, 2013). A sense of self-confidence of the RN’s own critical thinking and clinical skills is necessary to be successful in home health care and can be assessed during the skills self-assessment process of the career awareness model

Why Attract NLRNs to Home Health Care

Home health care agencies have a history of hiring RNs that have at least up to two years of acute care experience (Chaya, Reilly, Davin, Moriarty, Nero-Reid, & Rosenfeld, 2008; Meadows, 2009; Shur Coyle, 2011; Patterson, Hart, Bishop, & Purdy, 2013). Little is still known about the NLRN choosing home health care as a practice area, however, with the health care system transitioning more into the community, and the continued nursing shortage, home health care agencies need to reconsider recruitment efforts to include NLRNs. Attracting NLRNs to home health care would show interest in

the expertise, drive, and passion the NLRN has when entering an initial practice area. Creating a work environment that is appealing to NLRN that includes competitive pay, an appealing benefits package, safe work culture, and advancement opportunities would demonstrate the willingness to invest in the future of home care nursing (Jones, 2018).

Summary

The purpose of this study was to describe the perceptions of the NLRN about home care as a practice area, identify themes to develop and strengthen recruitment strategies for home care agencies while considering the impact career awareness has on the decision of a practice area. Reviewing previous studies based on the experience of NLRNs there was a gap in the literature on the perceptions of the NLRN about home care as an initial practice area. This study provided narrative responses on how the conceptual framework of career awareness played a role in the decision-making process of an initial practice area for the NLRN.

Chapter 3 provides a description of the research design, rationale, and defined the concept of career awareness. The role of the researcher is explained, and any biases will be revealed and explained how each were managed. In the methodology section the participant selection process is outlined, screening questions for inclusion in the study and the interview questions are shared. The anticipated recruitment process, data collection process, and data analysis procedures is also reviewed. Lastly, the process taken to address any ethical considerations, or issues with trustworthiness, will be shared.

Chapter 3: Research Method

Introduction

The purpose of this study was to explore the perceptions of NLRN about home care as an initial practice area. This chapter describes the study's research design and rationale, the role of the researcher, the methodological approach, instrumentation, recruitment and data collection strategies. Trustworthiness and ethical procedures are also reviewed.

Research Design and Rationale

The research question for this study was: What are the perceptions of NLRNs about home care as an initial practice area? There were a limited number of articles on home health care as an initial practice area, and even fewer articles that *promoted* home health care as an initial practice area. This study used a narrative inquiry approach to investigate why NLRNs selected other practice areas to begin a nursing career. I conducted one-on-one interviews with 10 NLRN. Given the purpose of the study, this purposive participant pool provided adequate responses and coverage of the research question (Patton, 2015). Interviews were audio-taped and transcribed. I then conducted a narrative analysis to identify codes, categories, and themes about the decision-making process used by NLRNs to determine their initial practice area. Through their stories, I was able to explore how the "historical and social context in which they lived" influenced the decision-making process (Grove, Burns, & Gray, p. 282, 2013). The resulting themes fell into the four major parts of the career awareness conceptual framework: institutional influencers, career awareness, self-assessment, and making the decision.

Role of the Researcher

As the researcher, I was responsible recruiting the study participants, developing the questionnaire, interviewing the participants, and analyzing the transcripts. As a nursing director for a home care agency, and a BSN-prepared RN, I have a personal perception of home care as an initial practice area. I attempted to limit my biases by being aware of them and engaged in bracketing when the interview questions were asked. Bracketing, which was derived from Edmund Husserl's philosophical phenomenology (1970), is when the researcher chooses to defer personal knowledge and experience to capture a participant's viewpoint (Sorsa, Kiikkala, & Åstedt-Kurki, 2015). At interview completion, the participant's information was transcribed verbatim; no additional information was added (Sorsa, Kiikkala, & Åstedt-Kurki, 2015).

When recruiting participants, I did not interview any NLRNs currently working in my current home care agency to avoid the influence of any power relationship that could have biased my findings. Nor did I request any employee within my current home care agency to share or post a copy of my study invitation to avoid using any influence of power with that relationship to increase the likelihood of an increase of study participants. I did, however, share my study invitation with two members of the nursing professional development council. I also posted the study invitation on my personal Instagram, Facebook, and LinkedIn social media sites to advertise that I was conducting an academic research study.

Methodology

Participant and Recruitment Selection

For this qualitative exploratory, descriptive study, I identified at least 10 NLRN using purposive and snowball sampling strategies. The inclusion criteria were that: (a) the nurse completed a BSN program within the past 12 months, (b) be actively working as a RN in any health care sector other than home care, and (c) currently work in the District of Columbia, Maryland, or Virginia (DC metropolitan area).

I created an online recruitment post targeting NLRN in the DC metropolitan area interested in participating in an academic study. The post provided instructions for all interested NLRN to reply through direct message for more details. Social media platforms used included Linked In, Instagram, and Facebook. I selected study participants from each social media platform until my sample size of 10 NLRN was met. I also used snowball sampling to increase the possibility of identifying additional study participants. Snowball sampling is when a study participant is asked to provide additional contacts who can provide a personal perspective based on a like or similar experience (Patton, 2015). When an interested study participant sent a direct message to my inbox, I requested a phone number to call and ask screening questions to ensure they met the inclusion criteria or the study (Appendix A). After conducting 10 interviews I was able to demonstrate a thoroughness that did not reveal any new or forthcoming information (Rubin & Rubin, 2012).

Data Collection Procedures

If, after screening, a potential study participant met the eligibility criteria, I scheduled an in-person, or video conference, at a date and time that was convenient for the NLRN. If a video conference was the preferred interview format for the NLRN then I scheduled the interview date and time, as well as conducted the interview session, using the free video conference website www.zoom.com.

Prior to beginning the one-on-one interview informed consent to participate in the study was obtained from the study participant. After consent was received, I began the audio recording process of the interview via a recording device, or through the online video conferencing application zoom to record audio only. The interview followed the questionnaire developed based on the four components associated with career awareness and the decision-making process (see Appendix B). For the interview I used a recording device, pencil, and paper for field notes to document body language or other nonverbal cues.

Data collection for this study occurred through individual one-on-one interviews. Individual interviews promoted full disclosure, privacy, and participant comfort. As the researcher I provided a location that was private and convenient for the interview to occur. If participants were not able to interview in person, then an option to complete a video conference was offered. Each interview lasted no longer 30 minutes.

The interview questions reflected concepts of the career awareness framework and sought to allow the NLRN to describe the factors that influenced their decision on an initial practice area such as what kind of career goals were considered. Another question

connecting the importance of career awareness and decision making is what kind of information was collected prior to making the decision of a practice area. A question asking about the influence family, education, or previous personal experience had on the decision when choosing the practice area linked the importance of institutional influencers to career awareness and decision making. I concluded with questions related to home care as a practice area.

As the researcher I prompted the study participant to provide greater details to increase clarity and understanding of the perception of home care as an initial practice area for NLRN and the role the concept of career awareness played in that decision. I recorded each interview that was later analyzed after the records were transcribed. All recorded interviews were destroyed once complete analysis took place, and all transcription documents were electronically saved on a password protected file on my personal laptop and a back-up file on a thumb drive.

Instrumentation

Each set of interview questions were grouped together in a fashion that represented each construct of the concept of career awareness. Questions one through three focused on the component of career awareness and sought to allow the NLRN to describe the factors that influenced their decision on a practice area such as why nursing as a career choice, what each NLRN is looking to achieve in the current practice setting, and what previous experience each had prior to working the current practice setting. The next four questions of the interview questionnaire explored the self-awareness aspect of career awareness. The questions asked questions such as explaining what the NLRN

needed to know prior to working in the current practice area, describing success in this setting, identifying if each NLRN would describe themselves as successful, and what does each NLRN value most about their nursing career. Connecting the importance of career awareness and decision making is what kind of information was collected prior to making the decision of a practice area. The next five questions linked the importance of institutional influencers such as community, social media, family or friends, educational program, and economic factors to career awareness and decision making. Questions 13 through 15 delves into the decision-making process and asked about the NLRN perception of home care as a practice area, discusses why the NLRN did not consider home care as an initial practice area and why did, or did not, consider home care as an initial practice area. The last question of the interview examines what the final determinant, event, or phenomena that caused the NLRN to choose the initial practice setting (see Appendix B).

Ethical Considerations

Prior to starting my study, I obtained consent from Walden University's institutional review board (IRB Approval Number 12-31-19-0578499). This consent represented that respect for the study participants will be maintained, it offered full disclosure of the study to allow the interested participants the opportunity to decide on whether to participate in the study. I anticipated locating NLRN interested in participating in my study through select social media outlets.

All written communications collected, created, generated, or transcribed between myself and the NLRN that have volunteered to screen and participate in my study will be

stored in a locked file cabinet in my personal office for five years and then destroyed as recommended by Walden University's IRB. All electronic communication such as audio recordings will be saved on a password protected file on the hard drive of my personal computer, with a back-up stored on a password protected thumb drive that will only be used for this study for five years and then destroyed as recommended by Walden University's IRB.

To protect the study participant's identity pseudonyms such as NLRN 1, NLRN 2, and so on was assigned to each participant. To track which participant gave which answer I labeled my field notes with the pseudonym as well so that accuracy of analysis and confirmability could be completed. To protect the identity of recordings I only had the audio recordings transcribed by a third-party entity. None of the video conference screens were recorded, stored or shared.

Data Analysis Plan

First, I screened interested study participants to ensure each person met the inclusion criteria to participate in the study. I also collected basic participant data such as how long the NLRN had been practicing as a RN, what type of nursing facility practiced in over the past year, the age and sex of NLRN. Audio recorded interviews were transcribed by a third-party company, and the transcript was reviewed multiple times for accuracy and validity. Manual coding was initially completed using field notes. Then the transcripts were entered into the NVivo data analysis software for further assistance with coding and identifying similar words and phrases to describe and develop categories and themes.

This qualitative, exploratory study used a narrative analysis approach of data collection from participant interviews to address the research question: What are the perceptions of the NLRN about home care as an initial practice area? Through the description of lived experiences, I was able to present my findings and develop themes (Grove, Burns, & Gray, 2013). Although the constructs of career awareness overlap each other, interview questions were designed to distinguish between the individual constructs of career awareness.

Czarniawska (2014) simply described narrative analysis as the understanding of an event or action as spoken or written text (Creswell & Poth, 2014). Using the responses given during this interview I was able to analyze what was thematically inferred, identify turning points related to the decision making process, and relate any similarities or differences amongst the study participants career awareness and career decision making process (Creswell & Poth, 2014). This approach was also chosen because of the ability to have the researcher's experience or preconception into the research to identify any nuances not previously considered. The structured interview questions prevented the researcher from leading or directing the interview.

Issues of Trustworthiness

Credibility

The credibility of this qualitative study was enforced through a combination of techniques such as interviewing and observation as employed through triangulation (Patton, 2015). The triangulation method is the use of multiple data collection tools and using each to develop an ample comprehension of the phenomena and has been used to

test the validity of the merging of different sources of information (Carter et al., 2014). Triangulation occurred using field notes, audio recorded interview sessions, and my notes regarding my interpretation of participants' body language and/or change in tone. As the researcher I also conveyed and connected each theme identified to the concept of career awareness avoiding personal bias based on my experience as a home care nurse.

Transferability

Transferability indicates the extent that the findings a study can be transferred to another setting or group (Polit & Hungler, 1999). Since the participants who live or work in the DC metropolitan area were purposely selected, and possibly had different career paths, the transferability of this study could be limited within other regions or metropolitan areas. However, this study should be applicable to any NLRN career awareness and decision-making process because the generalizability of this qualitative study can be applied to larger populations (Patton, 2015).

Dependability and Confirmability

To ensure the dependability of this qualitative study I requested that a researcher with expertise in qualitative research methods examine my data collection and data analysis process along with my study findings to validate my research and its methods. This researcher has experience using a grounded theory approach in qualitative research, is a case management consultant, expert in nursing case management. The dependability of this qualitative study is based on the ability to repeat the interview process, selecting the same cohort of study participants, and using the same type of coding method (Forero et al., 2018).

Creating a detailed audit trail through triangulation also contributes to the validity and confirmability of this qualitative study (Ellis, 2019). I incorporated reflexivity to prevent undermining of the study by upholding the interests of the study participants and increase the awareness in which my values, biases, and status could influence the research process (Case, 2017). I also used direct quotes to provide reader with the study participant's direct point of view. Lastly, I employed member checking, also known as informant feedback, by having NLRN 1, NLRN 5, and NLRN 10 review the transcript to confirm the words match their intended meaning and any inaudible sections were clarified (Varpio et al., 2017). A secondary member check occurred by having some study participants review the initial data analysis to validate that the data was interpreted as shared during the interview (Varpio et al., 2017).

Summary

The purpose of this study was to describe the perceptions of the NLRN about home care as a practice area while considering the impact career awareness has on the decision of an initial practice area. Through random sampling of study participants who respond to my social media requests for study participants I was able to interview nurses from multiple sites, and not be limited to my local service area. The responses were transcribed by a transcription service and made available for review for accuracy to the appropriate study participant. Based on the techniques I employed as the researcher there was no issues of trustworthiness, and this study will be able to be duplicated with the expectation of the same or similar results.

Chapter 4 will describe in detail the process of the study, the setting, the demographics, data collection and analysis methods used, identify any issues of trustworthiness and how they were managed, and the results of the study as described using direct statements from the NLRN.

Chapter 4: Results

Introduction

The purpose of this study was to explore the perceptions of NLRNs about home care as an initial practice area. Because there is a shortage of nurses in this field, there is a need to explore why NLRNs do not choose home health care when deciding on an initial career. Exploring the three career awareness factors of (a) institutional influencers (such as family, school, media outlets, and community groups), (b) self-assessment skills, and (c) decision-making helped to answer the research question: What are the perceptions of NLRN about home care as an initial practice area?

In this chapter, I describe the setting and any personal or organizational conditions that influenced participants or their experience at time of study, and how that may have influenced interpretation of the study results. Secondly, I present the demographics and other characteristics of the participants that were relevant to the study. Next, I review the data collection process and include the number of study participants, the location, frequency, and duration of data collection, how the data were recorded, and any variations or unusual circumstances encountered during the data collection process. The data analysis section reveals the process used to move from specific codes to categories and themes, while noting any discrepancies and how they were factored into the analysis of the results. The evidence of trustworthiness section reveals the implementation of, and adjustments made to, strategies related to credibility, transferability, dependability, and confirmability. Lastly, I describe the results of the study, addressing the research question and providing data to support the results.

Setting

Eight interviews were completed using the application, Zoom. Two were completed in person. In preparation for the face-to-face interview I made two copies of the informed consent, one signed copy to be stored by the researcher and one copy for the study participant to keep. I also made multiple color copies of the study invitation so the study participant could take a few to share with other interested NLRNs. A copy of the screening questions and a copy of the interview questions were made and kept in a secured pocket folder. I confirmed that the digital recorder was fully charged, that there was paper and pencil available to record field notes, and that there was an envelope in which to store the signed consent form. NLRN 1 suggested meeting at a local restaurant during the late morning so that the interview would be held in a public setting. The restaurant was busy with other patrons, so a test recording was conducted to ensure the quality and integrity of the recording amidst the crowd. Once it was determined that the recording was unaffected by the surrounding conversations, I was able to review the informed consent with the participant and then began the interview. At the conclusion of the interview, I played back portions of the interview to check the quality of sound and clarity of the recording. The participant noted that she had some peers who might be interested in participating and requested an invitation; I gave her with three.

The second interview was held in-person interview at the local library in the café area. The library had just opened for the day and there were only two other people in the café. With this interview the electronic recorder alerted at least two times that it was not picking up the sound from our interview. This required the interview questions to be

repeated so that the complete answer could be recorded. Since the quality of the recording was anticipated to be poor, I informed NLRN 2 that the transcribed version of the interview will be sent for review and to confirm what was said is what was transcribed. This allowed NLRN 2 to edit the transcription if necessary. At the conclusion of the interview a printed invitation was offered, but NLRN 2 declined, and instead agreed to tell a friend or two, who, if interested, could contact me.

All other interviews were conducted using the www.zoom.com website. Seven of the study participants agreed to participate in the video portion of the zoom conference, one study participant requested to only participate via audio capture. Two of the eight participants asked if they could move around during the interview, or if they had to sit still. As the researcher, I agreed to allow the participants to move around if the sound quality was unaffected. All interview recordings were submitted for transcribing to www.rev.com.

Demographics

Each participant for this study met the required inclusion criteria to participate. Each study participant completed a BSN program, has been employed as a NLRN for 12 months or less, never worked in home health care, and was actively working as a NLRN in the DC metropolitan area. In total there were 10 study participants, and all were female. Each participant practiced on a specialty unit. The acute care unit, critical care unit, stroke unit and psychiatric unit each had one NLRN representing that unit respectively. Three NLRN worked on the post-partum and well-baby unit in women's

health services. Three NLRN worked in the emergency department, with one specializing in pediatric emergency services. All study participants worked in a hospital setting.

Table 1

Study Participant Demographics

NLRN	Number of months working as a NLRN	Field of nursing
NLRN 1	1	Critical care
NLRN 2	8	Acute care
NLRN 3	3	Psychiatric clinic
NLRN 4	1	Emergency department
NLRN 5	1	Women's health services
NLRN 6	1	Women's health services
NLRN 7	2	Pediatric emergency
NLRN 8	4	Stroke unit
NLRN 9	6	Women's health services
NLRN 10	4	Emergency department

Data Collection

The recruitment process for this study included posting the study invitation on three social media platforms, Instagram, Facebook, and LinkedIn and snowball method recruiting. After placing the initial message in social media platforms, there were at least three reposts of the invitation from people who saw the invitation advertised. After about two weeks of advertising I received an inquiry, on Instagram, to participate in my study. As the researcher I contacted the first potential study participant over the phone to review what the study purpose and procedures were and asked the screening questions to determine if this person met the inclusion criteria to participate. Once it was determined this NLRN was eligible to participate, I offered an in-person or virtual interview, and this

NLRN chose to meet in person. We worked together to schedule a date, time and location. A snowball sampling approach was initiated once the interview was completed and the NLRN offered to share the study invite with some of her colleagues. A month later a second NLRN emailed me and inquired about participating in the study. I contacted this RN by phone and asked the screening questions, however, this RN did not meet the inclusion criteria. At the end of this conversation, this second person referred me to another NLRN that would meet the inclusion criteria. As the researcher I contacted the potential study participant by phone and the NLRN met the required inclusion criteria. The NLRN asked to meet at a local library to conduct the in-person interview in a quiet, but public location, a date and time was agreed upon by both parties. After the interview was complete the NLRN agreed to share the invitation with other possible participants.

The third interview took place six weeks later after NLRN reached out to me through text message and expressed interest in participating in the study. As the researcher I asked if I could call so that we could discuss the details and complete the screening questionnaire to determine if the inclusion criteria were met. This NLRN met the inclusion criteria so a date and time was set up to conduct the first virtual interview for this study. When the interview was complete, I asked the study participant to share the invitation with any other interested NLRN and thanked the NLRN for participating in this study.

One month later, I decided to repost the flyer on the social media platforms. I also reached out to the three NLRN I had previously interviewed to see if each could share the flyer again, whether in person, email, or on their social media sites. One of the previous

participants sent me the contact information of an interested NLRN. As the researcher I contacted this potential study participant and determined that this NLRN met the inclusion criteria, so we set up a date and time to conduct a virtual interview. When the interview was completed the NLRN gave me the name and contact information of two more possible study participants, and one of those NLRN gave me the name and contact information of four more possible study participants. By the end of that month, I interviewed the number of participants for this study.

As previously described, data collection for this study occurred through two different processes. Two of the interviews were conducted one-on-one, in-person interviews. The other eight interviews were held through the online conference site www.zoom.com because an in-person interview was not possible for these participants. Each interview lasted no longer 30 minutes. Individual interviews promoted full disclosure, privacy, and participant comfort. Each interview was scheduled and held on its on individual day with the exception of three interviews held on the same date within a six hours period.

During all but one of the interviews, I took notes on the participant's body language, expressions, and comments made during the interview using pencil and paper. An electronic recorder was also used to capture the audio file of the interview. The unusual circumstance of this interview included the amount of background noise that was included on the audio recording. To test the integrity of the recorder the NLRN and the researcher did a test recording and play back to ensure the voices were captured clearly. Once confirmed that the voices were clear on the recording the interview was able to

proceed. As the researcher, I did discuss with the NLRN about reviewing the transcript from the audio recording to ensure the information captured was true and correct from the interview.

The second in-person interview was held at a local library per the NLRN choice. As the researcher I took notes on the participant's body language, expressions, and comments made during the interview using pencil and paper. An electronic recorder was also used to capture the audio file of this interview. The library allowed for a quiet area to conduct the interview, but it was not a private area. The NLRN spoke softly at times, which allowed the recorder to not capture everything, so there were at least two times where the question had to be repeated and answered again to ensure the recorder captured the response. As the researcher, I did discuss with the NLRN about reviewing the transcript from the audio recording to ensure the information captured was true and correct from the interview.

An additional eight interviews were conducted using the online video conference application, Zoom, and were all scheduled on dates and times as selected by each NLRN. Conducting an online video conference allowed the researcher and the NLRN to locate a quiet space with no interruption. One NLRN did request to not appear on camera, so I was not able to take notes on the NLRN body language, but I was still able to take notes on the NLRN tone and comments made. Using the online video conference allowed for faster download of audio files. All audio files were uploaded to www.rev.com transcription service immediately following the interviews.

Data Analysis

In this section I will reveal how I moved from specific codes, to categories and themes. I will identify any discrepancies and how they were factored into the analysis of the results. The data analysis of this study began with first uploading the audio file saved on my personal computer to Rev for transcription service. This process was done at the end of each interview, or the end of the day if multiple interviews were done on the same day. Once the transcript was complete and ready for review, I downloaded the transcript as a Microsoft Word document and printed a copy as well.

With the audio playing I compared the transcript to the recording for any irregularity. If the transcript had a section labeled as inaudible, I compared it to my notes and enter a comment on my file of what I recalled being said in the interview. If further clarification was needed, I would forward the transcript, and offered the audio recording if for review if it was necessary, to the NLRN for editing and confirmation. Once the transcript was confirmed for accuracy, I began my first cycle of coding looking for commonly used words or short phrases. After I coded one transcript, I moved to the next NLRN interview transcript for first cycle coding. Once all of the transcripts were reviewed for this initial coding, I went back through each of them for a second cycle of coding. With this second cycle of coding I was able to reconfigure my longer worded codes or phrases into a combined word or short phrase. Once this second round of coding was complete, I began entering the data into NVivo.

NVivo software was used to help organize the interviews and coding to allow the quoted statements to be pasted into the MS Word document. I was also able to create a

word tree noting the most frequently phrases that resembled the coding and category responses. I read and compared each transcript, listened to the recording and reviewed my notes five times each until no new categories or themes emerged. The themes generated were all intertwined with the different aspects of the career awareness and how the NLRN employed the concept of career awareness.

Evidence of Trustworthiness

In this section I will describe adjustments and strategies implemented to maintain credibility, transferability, dependability, and confirmability as evidence of trustworthiness for this research study. The credibility of this research study was imposed through the method of triangulation. As the researcher I was able to interview and observe at the same time, while taking notes regarding the study participant's body language and change in tone, and audio record each session for playback during data analysis. During the interviews I would note simple phrases that I believed were repeated phrases, words, or tones used during each interview. This would assist in the detailing of common overarching themes. The notes were also used to validate what was heard on the audio recording when reviewed during play back of the recording. The field notes collected also allowed for documenting and tracking of the study participant's initial practice area and number of months worked since becoming a NLRN. Using triangulation and member checking I was also able to confirm the study participant's response when the sound quality was poor, internet connection prevented proper recording, or uncaptured speech on transcription. Peer review was completed to increase the credibility of this research. The reviewer was provided a copy of chapter one, the

interview transcripts, a copy of my research design and methodology, my interpretation of findings, and coding notes. The peer reviewer took approximately a week to review the information provided. Once the review was complete a date and time was set to discuss feedback. The peer reviewer supported my coded phrases and categories created. The focus of the feedback was on how to communicate the findings in a thematic format.

Regarding the topic of transferability of this study, I was able to interview NRLN that either lived or worked in the DC metropolitan area and had different career paths. The only difference is there were two NLRN that chose to work in women's health, and three in emergency care. I still believed that this study can be transferred to another setting or group investigating career awareness and the decision-making process.

Results

Career awareness is a conceptual framework that is used to describe the process or reasons why someone chooses a certain career path to follow. This concept is made up of four major parts: institutional influencers, the concept of career awareness, the skills of self-assessment and decision making, and making the actual decision (Wise, Charner, & Randour, 1976). Each part of the framework has its own aspect: knowledge, values, preferences, and self-concepts. Career awareness is also influenced by the NLRNs' established knowledge base of the career choice, the values, preferences, and self-confidence of the individual as well (Wise, Charner, & Randour, 1976). The interview questions were developed to explore NLRN's perceptions of these constructs. Next, I will take each component of the career awareness concept and briefly described why it is important to the concept. Following the description of the component I will provide the

interview question asked and link the categories to the codes that symbolically summarized the data collected.

Career Awareness

Career awareness is an understanding of the various possibilities of employment. The interview began by asking three questions focusing on career awareness. The questions centered around choosing nursing as a career, identifying what the NLRN was looking to achieve in the initial practice setting, and describing any previous experience related to the initial practice setting. The first question was, can you tell me why you chose nursing as a career? The responses to this first question related to the categories of collaboration, professional development and helping others.

In response to the question NLRN 4 stated “the experience that I'll hopefully gain working there and collaborating with other physicians on a routine basis will help my education.” NLRN 1 stated “I can have a job like no matter what” which supports the feeling of job security as reasons for choosing nursing as a career. While a NLRN 2 had “a family history of nursing” and “wanted to continue on and experience them myself.”

Professional development and continued education options for long term career planning was also mentioned by NLRN 1: “There's always continuing education, even within your practice.” NLRN 9 shared “to build on the education I already had, to be able to enter the field as a nurse and then continue my education, and my goals are to be a nurse practitioner,” and NLRN 7 stated “I could become a psychiatric nurse practitioner and do the same, if not more” as a nurse.

The most frequent reason given by five of the ten NLRN was to help others. As evidenced by a statement made from NLRN 9 “nursing was my way of caring, helping, servicing my community.” NLRN 4 said “I just knew that I always wanted to care for other people,” “I just want to be able to help people.” NLRN 6 said “I wanted to do more than just sit behind a desk, doing all the paperwork. I want to be involved with the patients,” “I am passionate about helping others, especially those without money to cover medical expenses” is how NLRN 3 responded.

The second question asked: What are you looking to achieve in your current practice setting? NLRN’s responded by saying some of the similar phrases identified with the first question, thereby falling into the same categories of professional development and helping others. Four of the NLRN responses were related to long term career planning goals such as this statement made by NLRN 1, “ultimately I would like to become a certified registered nurse anesthetist or a nurse practitioner with my focus in palliative care.” NLRN 2 “I wanted to do urgent care nurse practitioner,” and NLRN 4 said “my goals are to be a nurse practitioner,” and “to gain more clinical experience.” “It just wasn't all about the money. It is also a secure spot” was how NLRN 6 equated job security as a nurse.

Three responses focused on helping others: NLRN 1 said “for me feeling like I'm really making a difference and actually helping people who need help.” According to NLRN 2, “I just want to help people,” and NLRN 6 reported that, “My goal is to really, I guess, embed skill and information in individuals so they can take care of themselves even if we aren't there.”

Two other responses looked at converting the theoretical aspect of nursing into practice: NLRN 10 exclaimed “right now I just am focusing on practicing and safely and competently,” NLRN 8 conveyed “Since I'm new to nursing, I guess just taking what I've learned in school and applying it to real life and just gaining confidence, more knowledge, new skills.”

The third question under the construct of career awareness was: Can you describe any previous experience you have had that relates to your current practice setting? Two responses did not fall into two of the larger categories of professional development and helping others, but it did touch on collaboration. One comment made by NLRN 10 was related to communication similarities inside and outside of the medical field, and how “conflict resolution” is helpful when working with “lower income communities” regardless of demographic. NLRN 9 stated that knowing and “understanding that institution and that unit's policies” is something a NLRN should know because of previous clinical experience of when “we go to many different hospitals, and we're always taught things a certain way.” NLRN 9 also shared “when we start practicing, not everything will be as broad. Things will be more specific. There are more requirements, there are different protocols.” The next section will be centered on the self-assessment aspect of career awareness and the previous knowledge each NLRN may have had that influenced the choice of initial practice setting.

Self-Assessment

Self-assessment questions addressed previous knowledge of the current practice setting, describing what success looks like in the practice setting and equating that

success to the NLRN, and being able to verbalize what each NLRN valued most about having a nursing career. When considering what the NLRN needed to know prior to working in the current practice setting, the responses were under the categories of interdisciplinary collaboration, having the ability to do the job, and performing the basic skills of a nurse. The responses under the category of interdisciplinary collaboration yielded responses such as [parallel structure is needed for the following three or four quotations] having the familiarity of "the environment within the team members," and "how the doctors worked with the nurses," that preceding exposure was important to NLRN 1. Knowing when to identify the need to escalate and "triage with another nurse. That style is kind of what I feel is like that type of collaboration and style of practice in the ER" was familiar and experienced by NLRN 4. Being previously involved in "a lot of the teamwork" activities with previous employers reminded NLRN 8 "a lot of nursing and actually prepared me in terms of time management, how to lean on others for help."

The other predominant category for this question revealed how the ability to do the job the NLRN was hired to perform based on the previous clinical experience or education was important to know prior to starting the position. All three of these responses focused on specific skills sets. For example, one response was "I needed to know how to nurse and do assessments and doing focused assessments is the big thing in the emergency department." One response concentrated on being able to demonstrate proficiency with IV (intravenous) care, "I needed to be fluent or good with IV sticks." Other "basic things, like typical medications that are given, what it looks like if a child is

going through a crisis, being able to distinguish when you need to run versus walk" was important for another NLRN.

Two NLRN shared more broad statements related to what previous experience each had related to the current practice setting. One NLRN responded with the "things that we learned in class, I was able to apply to the practical experience," and the other NLRN stated that having "the basics of nursing" delivered from her education program was the only previous relatable experience.

The next question in the self-assessment section of the interview questionnaire asked the NLRN how they would describe success in their current practice setting. Half of the NLRN responses were related to the category of patient outcomes. One response given by NLRN 4 was "success may be honing in on those critical thinking skills and being able to apply information that you've recently learned and in a safe and effective way." Another NLRN just plainly stated "great patient outcomes" is how they would describe success. NLRN 5 described an example of success in the current practice setting with a breastfeeding mom would be "to build her confidence against something that she wasn't, not familiar with, but that she wasn't comfortable with before. Like breastfeeding techniques." "Being able to send parents' home with necessary skills" to care for a newborn was a statement made by NLRN 6. The last statement made related to patient outcomes and success was the patient "leaving the hospital without any type of infection."

Providing safe, competent, care was the overall category for three of the NLRN interviewed. This was evidenced by statements such as the one by NLRN 10, "practicing

safely and competently to the best of my ability," and "being able to handle whatever's thrown at you in an efficient and timely manner" is how NLRN 7 described success. While NLRN 8 thought that "success is a day where nothing goes wrong." Here I also found that interdisciplinary collaboration was still an important facet to the NLRN, although only NLRN 4 used this category as an example of success by stating "success would probably be determined on teamwork and collaboration."

NLRN 3 response did not fall into any of the identified categories, but this study participant did say, "I think just having emotional awareness as a nurse, and making sure you're empathetic and not just like robotic" is how success would be defined. The follow-up question to how the NLRN would describe success was would you describe yourself as successful in your current practice setting? Nine out of the ten NLRN responded with a resounding yes. The one NLRN that did not feel successful now said "No, not 100% because there's still a lot of room for growth."

The next question asked was: as a newly licensed nurse what do you value most about your career, yielded varied answers. The categories that best defined the coded responses for the dependent decision-making aspect was social interaction and occupational outcomes. For the rational, or intuitive, decision making process the category for this question was associated with professional development. "Just meeting lots of different people" and "patient satisfaction and making sure we can get the help and needed for some patients" is how NLRN 1 and NLRN 2 responded respectively. NLRN 3 and NLRN 4 focused on patient satisfaction when each stated "being able to help someone" and "having an opportunity to make a difference in somebody else's life"

is what each valued most about a nursing career. NLRN 8 valued the autonomy of the role, and NLRN 9 values being able to “build on my experience.”

Closing out this question on value as it relates to a nursing career, two of the NLRN responded with focus on the continued learning process by affirming “that I'll always be learning something new” and “the ability to see that in school what you've learned translates well into practice; and then also with being able to practice it, you become better and better.” NLRN 6 mentioned that job security is what was most valued at this time, “I value the security. I also value that if it's not something I don't like or I'm not comfortable with, I could also move around, if I want to get more exposure.”

Institutional Influencers

Institutional influencers such as the community the NLRN works or lives, social media, family, friends, educational program, and economic factors can play a role in choosing the initial practice setting for a NLRN. The next five questions addressed how each NLRN responded to the different facets of institutional influencers, and the part it may have played in the decision of an initial practice area. One category that continues to evolve in the interview is professional development. A few new categories that appeared was scholarship or tuition assistance, clinical exposure, faculty encouragement, teaching and helping others.

Community

The first question related to institutional influencers asked the NLRN how did the community you lived or worked in influence your choice of practice setting? NLRN 1 responded with a personal experience with home health care: “I was always exposed to

like medical, just anything, like home health care, I experienced that with my great grandmother."

Some study participants responded to the question of how did the community you lived or worked in influence your choice of practice setting by reminiscing on previous clinical experience as well as previous personal experience work experience, and the way it may have shaped the decision. For example, NLRN 7 works in a pediatric emergency setting, and the response received was geared towards maintaining a work atmosphere that involved working with a pediatric population: "I have always liked working with kids, honestly," "so I would say just I've always worked with children in settings, whether it be summer camps or in the psychiatric hospital." NLRN 8 responded similarly, reflecting on the clinical experience of the stroke unit: "I felt like the energy that really would work well for me in terms of colleague and the energy in my unit."

Emphasis on giving "back to my community" was the answer provided by NLRN 2, while NLRN 4 expressed that giving back to the community in a lower socioeconomic status "to some degree I'm really kind of used to maybe that population, and my heart kind of goes out to that population." NLRN 5 drilled down even further by addressing a specific population of patients, such as: "African-American and low income" clients. She stated, "I just enjoyed being around them and just being able to help them, just be able to help my own community, people in my own community."

Personal interest using an additional skill set was important to NLRN 6: "I like the diversity and it's making me put my Spanish skills to work." While NLRN 2 just

responded “no,” to if the community which this participant lived or worked did not influence the decision on initial practice area.

Social Media

The question related to social media asked: Can you describe how social media influenced your choice of practice setting was the next question asked in relation to institutional influences? NLRN 5 shared that social media did not influence the choice of initial practice setting, and that now “I do get a lot of nursing posts on my Instagram feed now, it's so weird.” Reflecting on how social media may have influenced her decision, NLRN 8 “Indeed was one of, I guess, social media sites or websites that helped me choose.” Indeed is a website where companies advertise open job positions and allows the applicant to electronically apply for the position. NLRN 1 said “I already knew pretty young before I got onto social media that I wanted to be a nurse.” There were three NLRN who shared the same viewpoint that social media had no influence over the decision of initial practice area. “I don't think social media influenced it” was NLRN 6’s response, and NLRN 7 reported: “I wouldn't say that social media really influenced my choice at all, actually.” Social media were equated to a television series when NLRN 10 responded with: “I will say that I love the show ER. So, I don't know if that's considered social media, but certainly media that may have played a role in me picking it.” NLRN 4 simply stated: “I’m not a good social media person,” and NLRN 2, 3, and 9 all said, “I'm not on social media.”

Family and Friends

Family and friends are other institutional factors that can influence on the career decision-making process. The influence of family and friends was explored asking each NLRN what role your family or friends played in your career decision-making process? Previous experience with family illness influenced NLRN 1's decision about her practice area: "my exposure to illness in that sense" . . . "just having that encounter with healthcare providers and going to appointments and going to the hospital." Some of the other NLRN shared a mutual response of a friend or family member that worked in the medical field having an influence on the choice of initial practice area. Listening to stories experienced by a parent who worked at an area hospital influenced NLRN 2 choice of practice area: "She [a friend] would come home and tell me stories about babies and making a difference in those baby lives that starts now after birth." According to NLRN 4: "My mom was a nurse and my dad was a podiatrist, and I was heavily influenced, I think, by their career choices." NLRN 5 stated that her mother's foretelling influenced her choice of practice area; she would say: "Oh my kids, are going to have two suites, a doctor over here and another doctor over here." NLRN 5 said "I don't know, I don't want to be a doctor," and chose the path of nursing. NLRN 5 nursing career decision was made solely on whether or not she was accepted into nursing school: "I'm going to apply to one school and if I get in I'm a go, and I got in and that was it. So, I guess it was just meant to be."

Matching success with a sibling was how NLRN 3 was influenced in the choice of practice setting. NLRN 3 revealed that "if I am successful then my sister is successful as

well, in my family we share the achievements." The initial practice setting is where NLRN 3 was successfully working prior to becoming a RN, so continued success was imminent. Words of encouragement and actions of a good support system was how family and friends influenced the other four NLRN. Examples of a good support system for NLRN 6 included "friends, they're there to read papers for me. My family, there to give me that financial support." Collaboration on an initial practice area between NLRN 7 and one of her friends who became a nurse influenced her decision. The different type of options available for NLRN 7 to choose from was explained by the friend: "She [the friend] was the one who kind of went in first and then was telling us about it and telling us to explore different options." NLRN 8 had friends who would jump from practice area to practice area. This was noted when NLRN 8 said: "friends and peers who are also nurses, they seem to get into something and then jump away from it really quickly." Seeing this occur influenced her decision to work on a med-surg unit: "I really wanted to go somewhere where I'd have a med-surg background and really feel concrete and support, and at least got a base knowledge of everything nursing." Being a NLRN can be stressful when you are still learning your role. NLRN 10 reflected about how family and friends check in and ask: "How are you doing, how you are doing mentally. They are "making sure I'm healthy mentally and physically."

Educational Program

Since having a BSN was a part of the inclusion criteria, and the concept of career awareness includes the influence of the educational background, the next questions asked of each NLRN was: How would you describe the role your educational program played

in your career awareness or your choice of practice setting? There were three major themes identified with this question, faculty encouragement and site exposure; and then there were some comments made that did not fit into one category.

Faculty encouragement had an influence on NLRN 6's decision of an initial practice area. She was interested in women's health and recalled a faculty member saying, "Do really good at your preceptorship, and you'll be able to get a job there." NLRN then stated, "I just did the best I could at the preceptorship, and boom," she was able to get the job she wanted in women's health. Mixed reviews from faculty made it difficult for NLRN 10 to determine an initial practice area. NLRN 10 recalled "some instructors who say you need to start in med-surg, you need to get the foundations and the basics," and that others would say "if you want to be an emergency or if you want to be in the ICU or the NICU or a more specialized field, you definitely should start there."

Previous site exposure and alignment with the university's values was important to NLRN 1: "I know this hospital, I've had all my clinicals here, and they're basically going to pay me to work here, and my school's values align with the hospital values." The multi-setting exposure within the metropolitan area gave NLRN 5 the ability to explore the many options of nursing, "we were able to go to hospitals all through DC and Virginia, I think that was good. Also, we were able to be able to experience different types of units." NLRN 7 pediatric site exposure really made an impact on the decision-making process, "being able to be in my preceptorship for my senior practicum made me see that is the setting and population I want to work with." NLRN 8 had a similar

response and said “they [the hospital] had a lot of different exposures. You could go to a lot of different options [units], which was pretty cool.”

The responses that did not fall into any of the other categories included the response NLRN 2 provided, “I already had my mind made up what kind of nursing I wanted to be, from day one in the program.” NLRN 2 had a trauma background and this was the field this RN wanted to develop as a career. NLRN 3’s response regarding the influence her educational program had was: “It provided me with a foundation and gave me the education I needed to get started.” For NLRN 4, “having that connection and bringing into the education and working with that hospital” had the greatest influence in selecting an initial practice area. Lastly, NLRN 9 already had an idea of what initial practice setting would be chosen, and the education program or preceptorship had no real influence on that decision: “I just always had an idea of where I wanted to go.”

Economic Factors

What economic factors influenced your choice of practice setting as a newly licensed nurse rounded out the section on institutional influences. The study participants had several different responses to this question, but the most often recorded response was that there were no economic factors involved in the decision-making process. NLRN 1 response was “economic status really did not impact my decision,” and “I feel like you have to make your own perception of what means you want to live in with your finances.” When NLRN 3 was asked the same question, the response was simply “none.” An additional open-ended question related to scholarship and employment was asked to solicit a detailed response and the response was “none of that influenced my decision.”

NLRN 7 said that “most Virginia hospitals pay new grads up in this area roughly the same amount, so it didn't affect my choice at all.” NLRN 9 mimicked the same response as NLRN 3, “no, there are no economic factors influencing my choice.” Whereas NLRN 10 responses mirrored NLRN 7, “I don't think there were any real economic factors aside from the fact I wanted a paycheck and I mean I could have gotten that wherever I started.”

Tuition assistance for NLRN who choose to work for one of the facilities used as a clinical site location played a role in the economic factor for two of the NLRN. The hospital that NLRN 4 chose to start an initial nursing career offered a tuition assistance program. NLRN 4 shared that the “hospital paid for 50% of my tuition if I work for them for three years, and I would not have been able to afford” nursing school. NLRN 5 provided a similar response, “well the hospital that I'll be working at is paying for my tuition, so I have to work for them after.”

The final three responses fell into three different domains. NLRN 2 considered the history of “growing up in a low-income area made me want to do more to reach out” and related to how economic factors of the consumer influenced the decision of an initial practice area. The need to reduce or eliminate debt was the economic factor that influenced NLRN 6 decision. “I just jumped on it, because I was like, I need a job. I got stuff to pay off.” NLRN 8 economic factors included location and pay. The NLRN explained that, “I wanted to work somewhere close enough to home so that factors in transportation costs,” and “I think that they pay a competitive amount for this area, And the shift I signed on for is nights, so differential, which is another benefit.”

Decision-Making

Perception of Home Care as an Initial Practice Area

Three questions asked during the interview that focused on the decision-making process included the research question, what is your perception about home care as an initial practice area for a newly licensed nurse. As the researcher I also wanted to know if the NLRN considered working in home care, and why did the NLRN choose not to work in home care. Asking these series of questions will help connect all the aspects to the concept of career awareness. The responses provided will reflect the feeling of confidence and success while working as a NLRN, address educational programs and institutional influences, and the affect it had on the decision-making process.

The first question under the aspect of the decision-making process asked, what is your perception of home care as a practice area for a newly licensed nurse? Most answers to this question had a discouraging response from the NLRN. A few of those negative responses involved fear of being a NLRN working in home care. NLRN 7 said, "a lot of the time you are on your own, so it's really about practicing kind of independent, which as a new grad I would think is kind of scary." NLRN 8 made a similar response: "you're on your own in a patient's house or home, . . .going into a patient's room is frightening enough. If something goes wrong in a home you can call 911, but this feels a little frightening as a new nurse." Having limited tangible experience was another theme noted in the response to this question. NLRN 1 shared, "I would not suggest it [home care an as initial practice area] because I think that as a new nurse you want to get exposure to a lot. So, I think like working in the hospital is a little bit easier." A similar response

given by NLRN 10 was: “I think you would need some more practice I guess, . . . you really have to know your stuff because there's no one there with you. You are doing it by yourself.”

Three of the responses to this question supported home care as an initial practice area for the NLRN. NLRN 3 revealed, “I love home care and being able to help people feel better and get better at home, and I think a new grad could be successful in home care.” The response received from NLRN 4 explored how a NRLN could thrive in home care, “I think that it could be a really great start for a newly licensed nurse. I think it would give them an opportunity to build on some of those skills that they just learned in nursing school.” Prior preparation before working anywhere was more of the generic, but positive response received by NLRN 6 about home care as an initial practice area, “any place could be good to start in, I think. If you're passionate about it, you are able to work there, because everything is going to come with its struggle.”

The other three NLRN responses did not fall into the previous categories identified regarding home care as an initial practice area for NLRN. NLRN 2 chose to self-describe what home care is, home care is “continuum of care. Making sure that the patient knows how to do a finger stick. Making sure the patient knows how to self-catheterize. Just making sure the patients can take their medications.” NLRN 5 disclosed “I didn't think it was an option or I didn't see a lot of people doing it initially right out of school, . . . they [nurses] always did it after they did intensive care unit for a few years or med surg for three years or they wanted to get out of the hospital.” NLRN 9 shared that having enough skills would be important when choosing home care as an initial practice

area by saying, “I think in the same way it is a very particular setting and you need a lot of skill to do it well. I would not even say a lot of skill, but you need certain specific skills.”

The next question asked each NLRN if home care was considered as an initial practice area. After each NLRN provided a response I asked an additional question seeking to understand why home care was not considered as an initial practice area, or why home care was not chosen as an initial practice area. The results of this question were met with four of the NLRN responding in the affirmative, and six of the NLRN stating that home care was not immediately considered as an initial practice area and had varying reasons why it was not.

For the NLRN that did consider home care as an initial practice area, there were reasons shared why each are not working in home care at this time. Job availability limited NLRN 2 ability to work in home care “looking for more of a PRN because I don't know what home care is, but they only had full time available.” NLRN 3 applied for a position but then this nurse was “encouraged by the recruiter to seek more med-surg experience first.” Although NLRN 4 was interested in working in home care this NLRN chose to delay this career option until later, “I was definitely more interested in it,” “after I had the clinical experience, I definitely could see doing that at some point in my career.” When NLRN 5 was asked the question, the response was “absolutely!”

The following NLRN responded that home care was not considered as an initial practice area, and next are the reasons why. NLRN 1 has a specific career path interest, “where I want to go with my career is Certified Registered Nurse Anesthetist, so you

have to have ICU experience," this nurse is currently working on a critical care/intensive care unit. Sometimes even exposure to home care can increase interest as a career choice as expressed by NLRN 6 response to considering home care as an initial practice area, "no, not really. I was exposed to it, but not really." NLRN 7 and NLRN 9 had the exact same response when asked if they considered home care as an initial practice area, "no, I did not." Fear continued to be the reason why NLRN 8 did not consider home care for an initial practice setting, "going back to just what I said before was I was scared honestly." The final response received to this question came from NLRN 10. NLRN 10 stated "definitely towards the end of those first 12 months, . . . just so I can feel comfortable at being able to give safe care on my own essentially."

Making the Actual Decision

The final question of the interview examined what was the final determinant, event, or phenomena that caused the NLRN to make the actual decision of an initial practice setting. Responses provided were categorized into personal experience, scholarship or tuition assistance, employment, and clinical or preceptorship experience during the BSN program. Clinical rotation or preceptorship had the highest number of responses. This aligns with the concept of career awareness, and how exposure to multiple career options can influence a decision.

NLRN 2 shared a personal experience from childhood and how this experience influenced her decision on an initial practice area. A medical emergency occurred and there was nothing she could do to help, "My neighbor lived next door to me had a heart attack, by the time the EMS and paramedics got there, he had already passed away." It is

important to NLRN 2 to be able to help others during an emergency, “I need to be able to do something. If anything happens like this around me, I need to be able to intervene.” According to NLRN 4, “I would say the scholarship opportunity,” had a major impact on making the decision of an initial practice area. NLRN 3 chose to remain in the facility she was working prior to becoming a RN, “I never left my job, but now I am working as an RN.” When NLRN 6 was asked this question, the response was that she was “focused on women's health, and then this was the first offer that came,” so she accepted the offer. NLRN 8 shared that after submitting multiple applications, she just took the job she was offered, “You are getting a call back after putting in so many applications and knowing I'm going where my choice was, was just like that was it. This is where I want to be, this is where I need to be.”

The majority response to this question for this group of NLRN was focused on clinical rotation or internship experience. NLRN 1 shared that “my internship that I did last summer definitely made me realize cardiac was my weakest subject and I hated it the most.” By “being immersed in it for so long, I got like really good at it and started to enjoy it,” and now she is putting what she learned to work. NLRN 5 recalled her women’s health rotation and said, “I was in my obstetrics clinical and we had to do two shifts of postpartum, one in the NICU and then one in labor and delivery. I just liked the interaction with the patients.” NLRN 5 chose to work in women’s health services, working in the hospital on a post-partum care unit. Another response related to preceptorship was given by NLRN 7, “being in a preceptorship and seeing how they do things in the emergency department, that made me want to apply to the emergency

department jobs for new grads. I would say my clinical rotation because that was the first time I was able to immerse myself in that setting and culture and I really enjoyed it," was how NLRN 9 chose to respond to this question. NLRN 9 chose women's health services as well as an initial practice area. NLRN 10 recalled a specific day she had when she was doing a med-surg clinical rotation, "I went down to the emergency department while I was on a rotation in med-surg because there was a rapid response down there and I was running around with rapid response that day." It was that one experience that influenced NLRN 10 decision, "it looked so exciting and I really feel like there's just something about you saving someone's life and stabilizing them when they first come in."

Summary

The results of this study revealed several themes, some of which were repeated within each part of the career awareness concept. The primary themes repeated most often in this study were professional development, helping others, and previous exposure to the multiple areas of nursing either through clinical experience or previous personal experience. These responses provided by the NLRN answered the research question, what is the NLRN perception about home care as an initial practice area. Based on the relationship between career awareness and professional development, short-term and long-term goals were used to describe why the NLRN interviewed had not selected home care as an initial practice area. The self-assessment section divulged the importance of collaboration, professional development, and patient outcomes were to NLRN. The role institutional influencers played on the decision-making process included words of encouragement from family, friends, and faculty members, professional development,

tuition assistance and job opportunities, but social media had no impact on the final decision of an initial practice area for any of these NLRN. Finally, making the actual decision for not choosing home care as an initial practice was influenced by a lack of confidence felt by the NLRN.

In Chapter 5 I provide details of the themes derived from the responses given by the NLRN. I also review the limitations found while conducting the study, and how I was able to overcome them. Lastly, I discuss recommendations for increasing the number of NLRNs entering home care as an initial practice area.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to explore the perceptions of the NLRN about home care as an initial practice area because there is a shortage of nurses in this field and thus a need to understand why NLRNs do not choose home health care when making an initial career choice. Exploring career awareness factors of (a) institutional influencers (such as family, school, media outlets, and community groups), (b) self-assessment skills and (c) decision-making could help recruiters at home care agencies learn about important factors that could improve NLRN recruitment strategies. This chapter provides an overview and an interpretation of the research findings. Based on the findings, recommendations are made about NLRNs' perception of home care as an initial practice area. These recommendations address the implications about the need for increasing the number of NLRNs working in home care.

Interpretation of the Findings

Career awareness is advanced knowledge or information collected about career options. The NLRNs interviewed in this study explored the concept of career awareness and how career awareness influenced their decision-making process when they considered an initial practice area. The coded phrases identified in the interviews helped create categories. After careful analysis of the categories, I was able to unify themes to expound upon the information. The themes of career choice and job satisfaction aligned with the different parts of Wise, Charner,and Randour's (1976) concept of career awareness. Some NLRNs focused on not causing harm to patients but help improve the

patients' quality of life and thus increasing job satisfaction, as well as professional development.

Each NLRN performed a self-assessment of skills when considering an initial practice area. This self-assessment was done to determine if the NLRN could meet a certain level of knowledge, skill, and ability using one of the career decision making styles: dependent or rational-intuitive decision-making. The self-assessment process also included short-term and long-term goal planning. Themes linked to the responses about self-assessment skills were collaboration, professional development, and positive patient outcomes. The NLRNs spoke of the importance of teamwork when establishing a nursing career in a new practice area. Patient outcomes could be improved through collaboration and teamwork. professional development was also discussed. Some responses indicated a desire to pursue a higher level of education or additional responsibility in highly acute areas of nursing, such as the emergency department or psychiatric wards.

Institutional influencers can serve two purposes: to instruct the NLRN on how to care for and manage patient care or socialize with the patient, family, or other health care providers. Socialization affects the development of the attitudes, beliefs, expectations, and values that the NLRN needs to be successful. As previously stated, parents, family, or relatives have a strong influence on career decision making, but so do the admired professional and career advisor.

The themes to be discussed in this section include how institutional influencers, such as community, social media, family and friends, education and economics, affected the process of choosing an initial practice area. Themes identified as community

influencers were being able to teach others thus enhancing the ability to socialize. Socialization also included professional development, such that NLRN's saw professional development as being successful in the role as a NLRN. Social media had limited influence on the decision-making process, however, the influence family and friends played in the process made a larger impact than social media. The NLRN found that words of encouragement deflected any fears the NLRN had about selecting an initial practice area. Exposure is a crucial theme identified with the education process. With the collaboration of area health care partners and BSN programs the exposure to multiple clinical sites increases knowledge of the field of nursing and all that a nurse can do to grow within the profession. The influence economics had on the decision of an initial practice area were the themes of scholarship and professional development. Most of the NLRNs interviewed participated in a tuition assistance program, where each received a discount on tuition, and in turn the NLRN agreed to work for a specific hospital for specific period of time after completing the BSN program. The NLRN confirmed that the practice area selected was their choice, but this also eliminated the possibility of working in home care as a full-time NLRN. The NLRN shared that the practice area selected was based on job security and to aid in professional development.

Decision making process themes that were brought forward included the of lack confidence in the learning experience to prepare for any setting. Having a limited knowledge of the precepting and orientation process was the shared reason about why home care was not considered as an initial practice area. A consistent exposure to specific hospitals and knowledge of the process of transition-to-practice made a major impression

on the NLRN. Making the actual decision of an initial practice area was focused on the theme of themes of institutional influence of education program, helping others, profession development and, employment opportunities.

Limitations of the Study

Strategies were implemented in the beginning of the study to control or avoid limitations, however, there were some to limitations that were unpredictable at the beginning of the study. One limitation experienced was the identification of eligible study participants. This limitation was overcome by implementing the process of snowball sampling in addition to social media recruiting procedures to locate additional study participants. The response rate of interested NLRN was extremely limited when only advertising on social media outlets, however more willing and eligible participants were identified through snowball sampling

Another limitation to the study was failure to clearly record audio, which was noted in two of the audio recordings. There were times that the audio portion of the interview did not record on Zoom as evidenced by the transcript label of “inaudible speech.” This required the researcher to complete member checking to ensure the accuracy of the recorded interview, and the opportunity to edit the transcript to reflect the interview response intended.

One other limitation associated with the interview process was keeping the participant focused on responses to the interview questions itself. Some participants would begin to share additional information not specifically related to the question asked. As the researcher I would tactfully guide the interview back to the topic of discussion.

There was also some external influence on subject responses (Groves, Burn, Gray). One NLRN had another person interacting with the NLRN during the interview, who was unaware that the NLRN was currently involved in an active interview and took away the attention of the NLRN from the questions being asked. As the researcher I refocused the attention of the NLRN by repeating the question and not moving on in the interview until there was a response.

One final limitation was the unpredictable COVID-19 pandemic. This forced most of the interviews to be conducted virtually using Zoom. This limited the ability to provide a private quiet location for the interview. Most interviews went well and without interruption. However, one interview suffered with lighting issues when conducting an interview through video conference. Another, issue that occurred was that a few of the participants moved around a lot and performed other tasks while conducting the interview.

Recommendations

Education

Based on the findings from this study I would recommend enhancing the collaboration between BSN programs and home care agencies to increase exposure to the field of home care nursing. This recommendation is evidenced by the responses shared by the NLRN that the exposure to the specifically chosen clinical area influenced the decision of an initial practice area. Increased collaboration efforts centered around community health nursing and home health nursing could bring awareness to the nursing shortage in these area, and peak interest in non-hospital type positions that are available

for NLRN as initial practice areas. Another recommendation based on the results of this study is for home care agencies to extend scholarship or tuition reimbursement opportunities to student nurses interested in home care nursing. Currently, area hospitals offer tuition assistance to a student nurse commits if they commit to working with the hospital after graduation for a specified period of time. One additional recommendation would be for home care agencies to offer internship opportunities to student nurses in between semesters. This increased exposure to home care nursing could help develop a level of excitement to the NLRN about home care as an initial practice area

Nursing Practice

Although some NLRN feared entering the selected practice area because of lack of experience, knowledge of the guaranteed orientation process and access to other professional nurses during the workday decreased the anxiety levels once each began working in the new practice area. Ortiz (2016) shared the same thought process that professional confidence was dependent upon the level of previous exposure. Most NLRN interviewed said that the exposure experienced with home care brought about the feeling of not being prepared enough academically to handle working in a patient's home alone. The consensus was that having someone nearby to assist, such as in a hospital setting, increased their professional confidence. The NLRN equated the ability to collaborate with other health care professionals as a possible enhancement to professional development.

It is recommended that home care agencies consider recruitment efforts that target NLRN and include a detailed description of the orientation process for NLRNs. This

process should include, but not be limited to, being assigned a mentor or primary preceptor during the training process, access to tools to enhance training and education of the role of home care nurse, and the length of time a NLRN will have to be considered a competent and safe home care nurse. Again, internship opportunities would benefit the student nurse and offer increased consistent exposure to home care nursing and the interdisciplinary collaboration that takes place in home care.

Research

There were no articles related to the research question and conceptual framework for this study, the perceptions of the NLRN regarding home care as an initial practice area using the concept of career awareness. Most articles related to NLRNs and home care concentrated on if a BSN NLRN was academically prepared enough to be a home care nurse, bridging the gap between educational programs and home care agencies, or career awareness and precepting NLRNs in an inpatient setting.

Future research efforts should consider investigating professional confidence of the NLRN. Another recommendation for future research is to explore the transition-to-practice in home care for the NLRN. Lastly, the perception of the NLRN who chose home care as an initial practice area would be worth exploring further. Care is shifting from hospital to community, and our NLRNs need to be properly prepared upon graduation to enter the field of community health nursing to include home care. Understanding how to adequately prepare the NLRN for that transition is key.

Implications for Positive Social Change

The results of this study have the potential to contribute to positive social change by emphasizing the need for collaboration between educational institutions and home care agencies. Enhancing the development of the necessary home health nurse skills during the education program and encouraging the NLRN to choose home health care as an initial practice setting, could help improve the health outcomes of homebound patients. The need to deliberately expose the NLRN to home care as a possible initial practice, during a time when the nursing shortage in this field is apparent. Care of the patient in the home setting is on the rise, it cuts insurance costs, and limits exposure to other unknown factors that could be a detriment to the patient's health outcome.

The findings from this study suggests that home care agencies should consider alternate recruitment efforts that include recruiting NLRN to home care nursing. Looking at the career awareness aspect of institutional influencers, the educational program, and exposure to clinical setting, increased the awareness of specific nursing opportunities. These opportunities included the clinical rotation during the semester, and for one nurse a summer internship increasing the desire to work in the critical care setting. Another finding from this study demonstrated how interconnected the other parts of the career awareness concept has a direct influence on each aspect, such as self-assessment and previous awareness. This study was able to explore how the NLRN used previous knowledge, preference, values, and self-concepts while also conducting a self-assessment of skills and deciding what initial practice area would be most appropriate. The final decision was also based on the encouragement from family, friends, and faculty as well

as the educational program and how it helped to prepare the NLNR for entrance into the workforce. One final suggestion to increase the number of NLRN in home care is the offering of a tuition assistance or scholarship program. This made a tremendous impact of most of the NLRN final decision when selecting an initial practice area.

Conclusions

The perception of the NLRN regarding home care as an initial practice area varied. Additional research related to the NLRN that has chosen home care as an initial practice area may provide more information on the concept of career awareness and how it impacted making the actual decision. Increased collaboration efforts and tuition assistance options between home care agencies and educational institutions could impress upon the NLRN the benefits of working in home care as a NLRN. Also, exposure to the variety of cases and critical conditions of home care patients could increase career awareness, professional development, and positive patient outcomes. It is imperative that NLRN be prepared to meet the needs of this ever-changing health care system, especially in community health and home care nursing, and this preparation starts with the initial exposure in the educational setting.

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Appendix A: Screening Questions

1. Do you have a BSN?
2. Are you currently working as a RN?
3. How long have you been working as a RN?
4. Are you currently working in home care?
5. Have you ever worked in home care?
6. What type of practice setting are you currently working?

Appendix B: Interview Questions

1. Can you tell me why you chose nursing as a career?
2. What are you looking to achieve in your current practice setting?
3. Can you describe any previous experience you have had that relates to your current practice setting?
4. What information did you need to know prior to working in this practice setting?
5. How would you describe success in your current practice setting?
6. Would you describe yourself as successful in your current practice setting?
7. As a newly licensed nurse what do you value most about your career?
8. How did the community you lived or worked in influence your choice of practice setting?
9. Can you describe how social media influenced your choice of practice setting?
10. Tell me about the role your family or friends played in your career decision-making process?
11. How would you describe the role your educational program played in your career awareness or your choice of practice setting?
12. What economic factors influenced your choice of practice setting as a newly licensed nurse?
13. What is your perception of home care as a practice area for a newly licensed nurse?

14. Did you consider working in home care as a newly licensed nurse?
15. Why did you, or why did you not, consider home care as a practice area after becoming newly licensed?
16. What was the final determinant, event, or phenomena that caused you to make the actual decision of your practice setting?