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Improving Nurse Retention: Experiences of 1st-Year Nurses With a Residency Program

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Abstract

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Dissertation Submitted in Partial Fulfillment

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Abstract

Nurse residency programs have been identified as a strategy for supporting new nurses as they transition to clinical and professional practice but the impact has not been adequately explored. Exploring the transition experiences of new nurses in residency programs supports healthcare administrators' understanding, and may provide enhancements. Guided by Bridges's transition theory, this research gave nurses who had recently graduated from a residency program, the opportunity to express their unique transition experience. Using snowball sampling and semi structured telephone interviews, participants responded to the guiding question of how new nurses describe their transition experiences in a nurse residency program. Interviews were transcribed and the themes of valuable program, feeling overwhelmed, and desire to serve and grow were identified. The theme of valuable program was supported by participant's expressions that the residency program built confidence and competence. Feeling overwhelmed theme was impacted by changed expectations and long working hours. A desire to serve and grow was voiced as a need to contribute to patient's wellbeing and career growth opportunities. The findings from this study inform healthcare leaders on ways to improve nurse residency programs, which in turn could increase retention among new nurses.

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Dedication

I dedicate this dissertation in loving memory to my dearest parents, Stephen and Dorothy Akwarandu, who gave me life and instilled in me the values of hard work and discipline. I also dedicate this work in loving memory to my dearest sister, Stella Akwarandu Alphonsus. I will never forget your love and care for me.

Acknowledgments

I give thanks to God almighty for giving me the grace, strength, and resilience in writing this dissertation. Without God, I wouldn't be where I am today.

I also give special thanks to my chair, Professor Robin Carlson. Throughout these past 3 years, you have been there for me, guiding me through the rough waters of this dissertation process. I cannot thank you enough for your support and guidance. Your constructive feedback steered me in the right direction to where I am today. Thank you so much! Special thanks also to my second member, Dr. Chris Miller, for your guidance, particularly your insights into how to rework my prospectus. Thank you so much. I am indebted to both of you for seeing me through this process. To my program director, university reviewer, and academic advisors at Walden University, I cannot thank you enough for all the assistance and support you have provided me throughout my academic career. Thank you!

I give thanks to my loving wife, Dr. Adanze Duru, for her support, encouragement, and understanding throughout these years. There were many times when I felt like dropping out of the program, but your insistence, support, and encouragement kept me going. Thank you so much. To our newborn son, Nathaniel Kamsiyo Akwarandu, your birth at this time is a blessing to our family, and it is my prayer that this work inspires you to do even greater things in life. To my older brothers and sister, Francis Ikechukwu Akwarandu, Augustine Chizoba Akwarandu, and Mary Ogechi Akwarandu, I thank you all for all your support and understanding as I worked through this dissertation. To my sisters, Nkeiru Akwarandu and Ngozi Akwarandu, I thank you

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Chapter 1: Introduction to the Study

Nurse residency programs have been identified as a strategy for supporting new nurses as they transition to clinical and professional practice. Nurse residency programs are detailed orientation curricula created for new nurses who have completed a prelicensure program and are transitioning as new nurses into clinical or professional practice (Asber, 2019). A successful transition experience in a nurse residency program ensures that the new nurse is engaged, satisfied, and competent in performing the duties of a nurse. This can potentially improve retention among new nurses. Conversely, an unsuccessful transition experience in a nurse residency program could lead to nurse burnout, stress, and a feeling of incompetence (Lourenção, 2018). This could ultimately lead to low retention among nurses.

Research on the effectiveness of nurse residency programs has found mixed results. According to Camp and Chappy (2017), retention rates increased amongst new graduates participating in a nurse residency program from 73% pre-residency program to 92.9% in a 12-month nurse residency program. However, Ackerson and Stiles (2017) noted that nurse retention was not sustained after the 12-month residency program. Retention steadily declined after the 1st year; at 24 months, 19.6% of new graduates had left the nursing practice; at 36 months, 28.6% had left; at 48 months, 34.2% had left; and at 60 months, 39.8% had left (Camp & Chappy, 2017).

With projections of over 700,000 nurses set to retire within the next 5 to 7 years, the retention of new nurses has become a focus of concern among healthcare organizations (Ulep, 2018). According to Ulep (2018), as many as 30% of new nurses

leave the nursing workforce within the first 2 years. Combined with job growth of 19%, the shortage of new nurses will create the need for 1.05 million new nurses by 2022 (Chant & Westendorf, 2019). The impact of such a high turnover among new nurses has implications for patient quality, and it places significant financial burdens on healthcare organizations.

Patient care quality is the level of perfection of care that is being observed based on established standards to adjust to patient desires (Nasirin & Asrina, 2020). In a study conducted by Cho et al. (2020), poorer nurse staffing due to the nurse shortage was associated with an increase in nurse-reported missed care, and increased missed care was associated with nurse-reported quality of nursing care, adverse events, mortality, and poor patient satisfaction. Furthermore, the limited nursing workforce in hospitals has also been associated with poor management of chronically ill patients whose conditions continue to rapidly advance as a result of poor care (Yahya-Muabbar & Alsharqi, 2020). Improving the nursing workforce can ultimately improve the quality of care that patients receive.

The impact of turnover among new nurses has also placed financial burdens on healthcare organizations. According to Vortman et al. (2019), the cost of training a newly licensed registered nurse is over $50,000, and this reality makes retention a priority for healthcare organizations. To manage the cost associated with nursing turnover, the American Association of Colleges of Nursing (AACN) emphasized the importance for nurse leaders to prioritize nurse retention as a strategic plan.

In this chapter, I provide background on the issues associated with a nurse residency program and new nurse retention challenges and address the gaps in the literature. Additionally, I provide the study's problem statement. Furthermore, the central research question and sub questions, including a theoretical foundation guiding the study, are provided. The nature of the study, including definitions of key concepts, is explained. The delimitations, limitations, and scope of the study will also be reviewed in this chapter. Finally, I discuss the significance of the study to the body of knowledge on nurse residency programs and their implications for social change.

Background of the Study

The earliest nurse residency programs were started in the early 2000s, led by the AACN and the University Health System Consortium (UHC) in the intensive care unit (ICU) setting (Barnett et al., 2014). This model of the residency program was intended to last at least 1 year and to offer monthly sessions with expert mentors. Nurse residency programs were meant to also be affiliated with one or more institutes of nursing (Barnett et al., 2014). In the UHC model, for example, the nurse residents are hired as employees of the health care organization and must commit to the full-time, 1-year compensated program (Camp & Chappy, 2017).

The need for an effective nurse residency program to better prepare new nurses to transition to professional nurses and improve retention has been documented (Trepanier et al., 2019). Yet there remain mixed findings on the effectiveness of nurse residency programs that will improve retention among new nurses past the 1st year (Wolford et al, 2019). While some studies have found that nurse residency programs are effective in

transitioning new nurses to professional practice and, by extension, improving retention (Camp & Chappy, 2017; Pillai et al., 2018), other studies note that retention was not sustained (Ackerson & Stiles, 2017; Wolford et al., 2020). This study is needed to shed more light on the transition experience of new nurses in a nurse residency program so that healthcare leaders can be informed of ways to improve nurse residency programs and by extension, retain new nurses.

Problem Statement

Healthcare organizations continue to face increasing challenges in managing significant nurse shortages (Hopson et al., 2018). The retention of nurses in their 1st year in the workforce has been particularly challenging, with as many as 30% of nurses leaving their jobs in their 1st year (Ulep, 2018). Nurses leaving their roles, especially in the 1st year of nursing practice, present a significant impact on the quality of care, which is costly for healthcare organizations. New healthcare complexities such as the recent novel coronavirus pandemic further highlight the role of nurses as frontline workers in the healthcare industry.

Nurse residency programs were created as a strategy to better prepare and transition new nurses from academia to professional practice. However, there is debate on the effectiveness of nurse residency programs to sustain nurse retention beyond the 1st year. Brook et al. (2018) examined characteristics of successful interventions to increase retention efforts. Intervention programs such as residency programs recorded a 24% increase in the retention of nurses. Ackerson and Stiles (2018), however, noted that retention was not sustained at Year 2. Furthermore, Wolford et al. (2020) noted that nurse

residency programs had a minimal impact on 2-year retention. Additional research conducted by Vortman et al. (2019) in a Level 2 trauma unit in Colorado had a 75% turnover rate in a cohort of four newly hired perioperative nurses. The nurses stated that the orientation program left them unprepared.

The phenomenon of the transition experience of new nurses in a nurse residency program should be illuminated to contribute new understanding and direction to the transition experience of a new nurse in a 12-month nurse residency program. Having this new understanding can be useful in informing leaders of ways to improve residency programs that will, in turn, lead to improved new nurse retention.

Purpose of the Study

The purpose of this basic qualitative study is to explore the transition experiences of new nurses in a nurse residency program. The transition experience of each nurse is unique to that individual nurse. Through this research, I aimed to give voice to each nurse to express their unique transition experience in a nurse residency program. This new understanding or meaning can be useful in informing healthcare leaders of ways of improving residency programs and, by extension, lead to improved retention among new nurses.

Research Questions

To guide this research, there was a central research question: How can new nurses describe their transition experiences in a nurse residency program?

Theoretical Foundation

The major theoretical framework for this study was the transition theory developed by William Bridges (2004). Bridges's transition framework is built on a distinction between change and transition (Bridges, 2004). Change is a situation in which one finds oneself, whereas transition is the psychological processing that occurs as a result of that change. Furthermore, transition is the mental process that people go through as they internalize and accept or reject the details of the new conditions that the change brings about (Bridges & Bridges, 2016). Bridges's transition theory identifies three main phases of transition that an individual goes through as change occurs: the ending phase, the neutral phase, and the beginning phase.

The ending phase describes the letting-go process, or how individuals relinquish old ways of approaching situations as well as old identities that inform those ways of being in the world. Once people become ready to let go of old patterns, they enter the neutral zone. In this phase, they are not yet comfortable with the new way of doing things and find themselves suspended in an in-between place. The neutral zone, therefore, often feels confusing to those experiencing it. The final phase of one's transition through a change is new beginnings. People experiencing this phase develop a new identity and begin to incorporate their behavior into this new identity. They develop a new way of seeing the world. They are no longer held back by the feelings of uncertainty and confusion that so often prevent the change process from occurring (Shy & Mills, 2010).

How new nurses identify and acknowledge what is involved in an ending, whether positive or negative—and grieving for what is lost, or being excited for what is

coming—is crucial for working through those feelings and arriving in a position to accept

the change (Bridges 2004). The neutral zone for new nurses is when questions such as

"What's next?'' or "What should I do now?" arise. It is a place where psychological

realignment and patterning take place, and therefore, while it is unsettling, it is also the

place where a lot of creativity can occur (Shy & Mills, 2010). The neutral zone phase

could be a critical time in the life of a new nurse as they are challenged to either embrace

the uncertainties and challenging realities of being a nurse or retreat from those

challenges. In the final phase called "new beginnings," new nurses experience and

develop a new identity and discover a new sense of purpose that makes the change begin

to work (Bridges & Bridges, 2016).

An understanding of Bridges's transition theory relates to the transition

experiences of new nurses in a nurse residency program in the sense that it provides a

lens through which to explore the psychological processing and adjustment that new

nurses experience as they carry out their day-to-day activities within a nurse residency

program. The central question—How can new nurses describe their transition

experiences in a nurse residency program?—anchored Bridges's transition theory to the

study approach.

Nature of the Study

The research study used a basic qualitative approach to examine the lived

transition experiences of new nurses in a 12-month nurse residency program. According

to Merriam and Tisdell (2016), in applied fields of study such as education,

administration, and healthcare, the most common type of qualitative study is a basic

interpretive study. A qualitative study in this sense is based on the belief that all knowledge is constructed by individuals as they make meaning of an experience. While some of the other qualitative research approaches, such as case study, narrative study, ethnographic study, and grounded theory, might have been reasonably appropriate for this study, a basic qualitative study was more appropriate and applicable for this study because it allowed the nurses to share their unique transition experience of a residency program. A basic qualitative design enables individuals to construct their experiences as they experience events. My role as the researcher in this basic qualitative study was to understand and interpret what meaning an experience had for the selected participants. For this study, my role as the researcher was to understand what meaning new nurses gave to their transition experiences in a nurse residency program. I considered those who had knowledge and experience with a nurse residency program through the use of snowball sampling (Terrell, 2016).

The study incorporated semi structured in-depth interviews with six new nurses who were currently in their residency program or had recently graduated. Due to the novel coronavirus pandemic and the guidance from the Centers for Disease Control and Prevention (CDC), the selected candidates for interviews were interviewed via phone call. Individuals who did not have experience participating in a nurse residency program were not interviewed, as this might have affected their ability to provide information-rich cases for in-depth study from which one could learn about issues of central importance to the purpose of the research (Patton, 2015).

Definitions

Through this study, I explored the experiences of new nurses participating in a 12-month residency program using purposive sampling. To better assist the reader in understanding the terms used in this study, I have identified certain key terms. The key terms used consistently throughout this study are as follows:

Nurse residency program: A detailed 12-month orientation curriculum created for nurses who have completed a prelicensure program and are transitioning as new nurses into clinical or professional practice (Asber, 2019).

Transition experience: This refers to the passage from one state to another, and it is a psychological process triggered by a change (Wildermuth et al., 2019).

New nurse: A 1st-year licensed registered nurse who is currently participating in a nurse residency program or has recently completed their residency in the last 6 months (Piccinini et al., 2018).

Assumptions

The following assumptions impacted this study. First, it was assumed that participants selected for the study would be truthful in their unique experiential accounts of the nurse residency program. This assumption was critical for the study because there is no way to know in a qualitative study if participants will be honest. The second assumption was that the interview and questions would be suitable to yield relevant information. Third, it was an assumption that new nurses are eager to start practicing as professional nurses and that they are aware of their unique transition experience.

According to Bridges and Bridges (2016), getting people through the transition is essential if the change is going to work as planned.

Scope and Delimitations

The scope of the study focused specifically on gathering information on the transition experiences of new nurses participating in a 12-month nurse residency program. The research used a basic qualitative study to gain the views of new nurses about their transition experiences in a nurse residency program. A basic qualitative approach aligned with a constructivist paradigm, with which I sought to explore the meaning that new nurses gave to their transition experiences in a nurse residency program. This study focused specifically on transition experiences in a nurse residency program because there are mixed findings on the effectiveness of residency programs in retaining new nurses in professional practice, particularly beyond their 1st year as licensed nurses.

To gain the perspectives of those who had transition experience in a nurse residency program, only nurses who were at least 6 months into the nurse residency experience and 6 months post nurse residency experience were considered for this study. Any person without this specific knowledge was selected. This allowed for a thick and rich description of the results (Terrell, 2016). Providing a thick description of the participants and setting under study also supported the applicability of the study to another context (Terrell, 2016).

Limitations

There was a limitation in the sample characteristics that were used in the study. Only new nurses participating in a 12-month residency program or who recently concluded their residency within 6 months were selected. Anyone without this experience was excluded from the participant selection. As occurs commonly in qualitative studies, this limited the generalizability of the study. Another limitation of the study was the fact that in qualitative studies, the researcher is actively involved in the data collection process. According to Rudestam and Newton (2015), the qualitative researcher participates and collaborates with the research participants so that he or she can better understand the phenomena in their naturally occurring context with all their inherent complexities. This closeness between the researcher and the research participants can create the conditions for bias and by extension limit the transferability and dependability of the study findings. Because I as the researcher did not have any prior relationship with the participants or partner organization, issues of bias were limited.

Significance of the Study

Retaining new nurses in professional practice continues to be a serious challenge for most hospitals, requiring continuous research on strategies to improve nurse retention. Nurse residency programs are a part of ongoing strategies to better prepare new nurses for professional practice. However, very little is known about the transition experience of new nurses in a nurse residency program.

An understanding of the transition experiences of new nurses in a residency program may be a critical shield from burnout, stress, and a feeling of incompetence,

which may lead to nurse turnover (Lourenção, 2018). This study focused on the nurse's transition experience in a nurse residency program and if that experience reshaped or restructured the nurse's retention intent. The uniquely expressed voices of individual nurses allow for a deeper and richer understanding of the nurse transition experience in a nurse residency program.

This is particularly significant because of the novel coronavirus pandemic, which has negatively impacted hospitals. This research study supports positive social change as it may provide greater insight into the transition experience of new nurses participating in a nurse residency program. The information gathered from this study can support healthcare leaders and policymakers to enhance residency programs to improve retention among new nurses.

Summary and Transition

Nurses play a significant role in the quality of care that patients receive, and they also play an important role in reducing the cost of care for healthcare organizations. Despite their role in patient quality management and cost reduction, healthcare organizations continue to face significant issues in retaining new nurses. According to Ulep (2018), as many as 30% of new nurses leave their jobs in their 1st year. Residency programs have been examined in the literature. While some scholars have noted that residency programs effectively prepare new nurses for a transition to professional practice and, by extension, improve retention, other studies have noted no significant improvements in new nurse retention. There is a paucity of information regarding the transition experiences of new nurses in a nurse residency program. Additionally, the

novel coronavirus presents new realities for the new nurse transition experience in a

residency program that require further exploration. Through this study, I aimed to explore

the transition experiences of new nurses in a residency program to give healthcare leaders

a new understanding and direction to a 12-month nurse residency program. Having this

new understanding can be useful in improving new nurse retention.

In this study, I used a basic qualitative approach to explore the transition

experiences of new nurses in a nurse residency program. An understanding of the

experiences of new nurses can help to better inform ways of improving the retention of

new nurses. Data were collected through semi structured and open-ended interview

questions of six to 12 new nurses or until saturation was reached. According to Seidman

(2019), the purpose of interviewing is to understand the lived experience of other people

and the associated meaning that they make of those experiences. Due to the current

coronavirus pandemic, appropriate social distance guidelines following CDC regulations

were implemented to ensure the safety of all selected participants. Consequently,

interviews were conducted remotely via phone call.

In Chapter 1, I provided an overview of the problem of a lack of sufficient

information regarding the transition experiences of new nurses participating in a

residency program. With the presence of a public health crisis such as the novel

coronavirus, this problem becomes more heightened and therefore requires more

exploration. The research question, assumptions, scope, and delimitations, as well as the

limitations and significance of the study, were introduced to construct an understanding

of the intended outcomes of this research study. This laid the foundation for the various

topics that will be covered in chapter 2. In chapter 2, I will present the theoretical

framework derived from Bridges's (2004) transition theory and a review of what is

known about nursing transition and retention in the literature.

Chapter 2: Literature Review

The retention of new nurses has remained a significant challenge for hospitals and healthcare organizations, with as many as 30% of new nurses leaving their roles as nurses in their 1st year (Ulep, 2018). Nurses are a critical component of the healthcare workforce, and they contribute to the overall quality of care and the satisfaction of patients. Furthermore, when hospitals fail to retain nurses, there are significant financial burdens on the organization. To address the challenge of nurse retention, nurse residency programs were developed, and over the past decade, nurse residency programs have gained an increasing presence in the nursing field as popular transition programs to help retain new nurses (Hansen, 2013).

The problem is that while some studies have shown that residency programs can better prepare and enhance the transition experience of new nurses and improve nurse retention (Pelletier et al., 2019; Pillai et al., 2018; Camp & Chappy, 2017), other studies have shown limited value in residency programs to improve nurse retention, particularly after the 1st year (Vortman et al., 2019; Ackerson & Stiles, 2018). There is still a lot of information that is unknown about the transition experiences of nurses. Furthermore, the stress of working long hours and the risk associated with catering to the intensive care needs of Covid-19 patients have further decreased the rate of nurse retention (Thobaity & Alshammari, 2020).

The purpose of this basic qualitative study is to explore the transition experiences of new nurses in a 12-month nurse residency program. The transition experience of each nurse is unique to that individual nurse. Through this study, I aim to give voice to each

nurse participating in the study to express their unique transition experience in a nurse residency program. Having this new understanding can be useful in informing healthcare leaders of ways to improve residency programs and, in turn, improve the retention of new nurses.

Bridges's (2004) transition theory provided the theoretical framework that I used to understand the transition experience of new nurses in a nurse residency program. Qualitative research was used to give voice to the participants selected for the study so that each nurse could share their own unique transition experience. The literature review addressed two major areas: nurse retention and nurse transition. Because the transition experience of new nurses in a nurse residency program was the area of concern in this study, literature that addressed nurse residency programs was important to find themes that could help facilitate an understanding of the transition experience of new nurses. Consequently, studies related to three major concepts were investigated to produce a description of what is known about the phenomena, what is controversial, and what is unknown. These three concepts were education and training, preceptor support, and resiliency building.

Literature Search Strategy

An overview of the articles revealed a gap in the literature on the transition experiences of new nurses in residency programs. The databases searched included CINAHL Plus, MEDLINE, PubMed, Education Resources Information Center (ERIC), Education Source, Healthsource: Nursing/Academic Edition, and the Cochrane Library. The search terms that I used included *nurse retention*, *nurse transition experiences*, *new*,

residency programs, *nurse shortage*, *nurse turnover*, *qualitative methodology*, *nurse*

education, *nurse training*, and *nurse transition*. With the advent of the Covid-19

pandemic and the role of nurses as frontline workers, I expanded the search to include

other databases such as Google Scholar and Science Direct and broadened the keywords

to include terms such as *nurse transition and Covid-19*, *nurse turnover during*

pandemics, and *nurse transition experience in pandemics.*

Theoretical Foundation

The theoretical foundation for this research study was Bridges's (1991) transition

theory. Bridges's transition theory is built on a distinction between change and transition

(Bridges, 2004). Bridges (2004) noted that change is situational (e.g., a move to a new

city or a shift to a new job), whereas transition is psychological and reflects an inner

reordering that each person has to go through so that they can find meaning in the

change. Similarly, in describing Bridges's transition framework, Leybourne (2016) noted

that change is "situational" (i.e., with change, something happens or an action is taken),

whereas a transition is psychological (i.e., it involves the personalized and internalized

adjustment of emotions and actions). Transition is a process that is internal to the

individual, is slow and progressive, and is directly related to what the individual is

experiencing (Leybourne, 2016). Transition at the individual level is, however,

significantly associated with organizational issues, requiring that the complexity of the

interactions and linkages be explored (Leybourne, 2016). It is also apparent that

transitions can be an opportunity for either psychological growth or psychological

deterioration; consequently, the outcome of a transition may have both positive and negative implications for the same person (Leybourne, 2016).

Bridges's transition theory, as represented in Figure 1, establishes a three-stage model for the transitions that people experience. These three stages include the ending phase, the neutral zone, and the new beginning.

Figure 1

Bridges's Transition Model
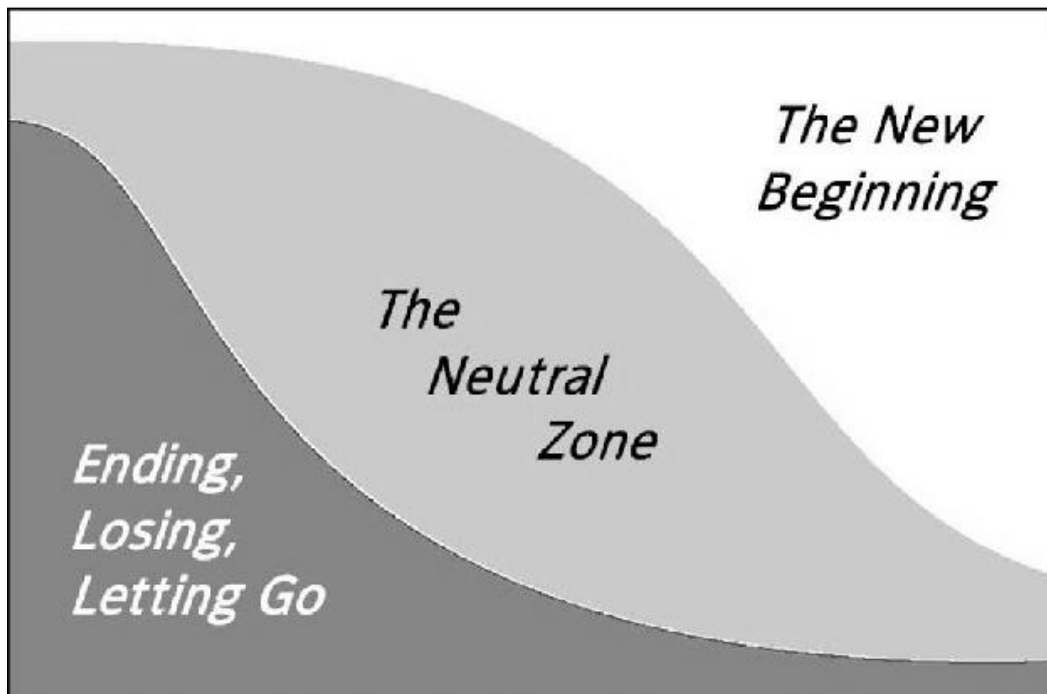
Phase 1: The Ending

While change starts with a new beginning, transitions begin with an ending (Hart, 2003). The ending stage reflects a period of letting go, and it is closely connected to a sense of loss and resistance to change. The transition of new nurses from academia to professional practice could be in the form of a loss of control or feelings of being

unprepared for the challenges ahead. Anger, sadness, anxiety, depression, and confusion could show themselves as new nurses deal on a personal level with the end of understood routines and ways of completing given tasks and activities (Bridges, 2004). Furthermore, the transition process of new nurses could also lead to a reduction in comfort levels based on the removal of familiar and tacitly or experientially acquired patterns and actions (Leybourne, 2016). Furthermore, new nurses may exhibit new ways of managing this phase by trying to bargain with their supervisors or colleagues as a coping mechanism.

Phase 2: The Neutral Zone

The neutral zone phase represents a period of confusion and anxiety for the new nurses as they transition through a period of in-between loss and something new. Bridges and Bridges (2016) noted that the neutral zone phase is a psychologically difficult time when the old way of doing things is gone but the new way is not quite understood. This is arguably where the transition takes place because it falls between what was and what will be (Leybourne, 2016). Additionally, because of the amount of change that can take place in the neutral zone phase, it is a place of both risk and opportunity (Leybourne, 2016). If new nurses fail to recognize and work through this phase, they risk being taken unaware of the change they are facing and may miss opportunities to maximize the positive aspects of the change. Although this phase is challenging, Bridges and Bridges noted that the neutral zone is the individual's and organization's best chance to be creative and to develop into what they need to become to be successful.

Phase 3: New Beginnings

Once new nurses successfully go through the first two phases of transition, they can engage in the third phase. The new beginning phase is one of breaking up old habits, patterns, and routines and embracing new ones (Poronsky, 2013). During this phase, new nurses are more willing to try new ideas and are open to exploring new ways of working through any loss, confusion, or challenging situation.

It is important to note that although these three phases are closely connected in the transition experience, they are not sharply delineated. For instance, Hart (2003) noted that not everyone will be ready to move on quickly to Phase 3. Those new nurses who are more involved in the change process are usually more ready to move forward. However, those who are slower to embrace the change may find it challenging to take the psychological journey through the change process. Well-managed transitions allow new nurses to establish new roles with an understanding and appreciation of their purpose, the part they play, and how to contribute and participate most effectively as professional nurses (Bridges & Bridges, 2016).

Bridges's transition theory and its different variations are not new to healthcare literature. Bridges's transition theory was developed as a framework for counselors, nurses, social workers, and psychologists to aid adults in coping with life's changes (Poronsky, 2013). Some other transition theories include Benner's (1984) novice-to-expert transition theory, Meleis's (2007) transition theory, and Schlossberg's (1981) transition theory. Benner's novice-to-expert transition model has been used in several studies to show the skill acquisition that nurses gain as they achieve mastery and

competence in the field (Gobet & Chassy, 2008). Meleis defined transition as the passage or movement from one state, condition, or place to another (Davies, 2005). Meleis's transition theory of nursing transitions proposes that assisting people in managing life transitions is a key function of nursing (Davies, 2005). In this respect, Meleis understood transition as a function of the nurse. Schlossberg's transition theory was used to describe the experience of registered nurses as they transitioned to becoming family nurse practitioners (Poronsky, 2013).

Bridges's (2004) transition theory was selected because it addressed the psychological transition that is necessary for any meaningful change process to take effect. The rationale for the theory choice was that none of the other transition theories illuminate the mental process of transitioning through change that each nurse who is going through a change process in a nurse residency program encounters.

Bridges's framework is largely considered outside the traditional frameworks used in transition literature compared to Benner's and Meleis's transition theories (Leybourne, 2016). Although it has been recognized for many years as helping employees cope with change, it is arguably underutilized in assisting employees through the behavioral, and particularly the emotional, journey as new nurses in a nurse residency program. Bridges's transition framework is useful in critically appraising the benefits, or otherwise, of what an organization offers to assist employees in coping with change and managers in addressing the coping element of change management (Leybourne, 2016).

Bridges's theory related to the present study because it elaborates on a key concept of transition that was at the core of this study. The ultimate goal for the new

nurse is to transition to clinical or professional practice. However, for this end goal to be achieved, the new nurse must successfully go through a positive psychological transition phase, which a nurse residency program is created to achieve (Trepanier et al., 2019). According to Asber (2019), nurse residency programs are detailed orientation curricula created for individuals who have completed a prelicensure program and are transitioning into professional practice as newly licensed nurses.

How a new nurse transitions through a nurse residency program is dependent on their mental processing of the three phases (ending phase, neutral zone, and new beginning phase) in Bridges's transition theory. An assumption appropriate to the application of Bridges's transition theory is that new nurses are eager to start practice as professional nurses; consequently, they go through the motions in a nurse residency program and are not addressing their unique transition phases. Another assumption applicable to Bridges's theory is that training in nurse residency programs is not fully aligned to match the expectations of the job to the expectations of new nurses. Getting people through the transition is essential if the change is going to work as planned (Bridges & Bridges, 2016).

Residency programs are geared towards helping new nurses transition better from student to professional practice. Trepanier et al. (2020), however, noted that not all residency programs are created equally and not all of them are grounded by evidence. Based on Bridges's transition theory, if new nurses are not properly transitioning through the three phases (ending phase, neutral zone, and new beginning phase) in a well-structured nurse residency program, the change to professional practice may not work as

planned. A better understanding of the transition experiences of new nurses in a nurse residency program is critical to helping new nurses transition better to professional practice and may be useful in helping healthcare leaders to improve retention rates among new nurses.

Literature Review

The demand for nurses and the high level of information that patients have concerning their care come at a time when a nursing shortage is becoming evident. Research, however, points to the growing challenge that the healthcare industry is facing with high turnover of nurses in the workforce. By the year 2025, the nursing shortage is predicted to reach 500,000 nurses as demand continues to exceed the weakening supply because of nurse retirement and turnover (Kiel, 2020). Of particular importance is the turnover of new nurses. Ulep (2018) noted that as many as 30% of nurses left their jobs in their 1st year.

To mitigate the turnover challenges amongst new nurses, nurse residency programs were developed as an intervention strategy (Pillai et al., 2018). While there is evidence that suggests that a nurse residency program can improve new nurses' transition experience and, by extension, improve turnover rates (Ackerson & Stiles, 2018), other studies have indicated no significant improvement, particularly after a nurse residency program (Vortman et al., 2019; Wolford et al., 2020). Through this research study, I aimed to give voice to each nurse to express their unique transition experience in nurse residency programs. This new understanding or meaning can be useful in informing

healthcare leaders of ways of improving residency programs and, by extension, lead to improved retention among new nurses.

Merriam and Tisdell (2016) noted that a basic qualitative study is based on the belief that all knowledge is constructed by an individual or individuals as they engage in and make meaning of an experience or phenomenon. A basic qualitative inquiry into the transition experiences of new nurses in a nurse residency program is of paramount importance to gain further insight and expand upon the current understanding and direction of a 12-month nurse residency program. This knowledge can be useful in improving retention and turnover rates amongst new nurses.

Studies on the transition experience of new nurses have shown an increased awareness, at least amongst academics, of the need to equip nurses with the requisite skills for coping with change, stress management, engagement, and resiliency building. Achieving these goals consequently yields dividends for changing organizations positively (Leybourne, 2017). Stress has long been identified as a concern among new nurses as they transition to practice (Lin et al, 2019). A common finding from a synthesis of literature concerning the effectiveness and best practices for nurse residency programs is that new nurses reach a crisis point with heightened stress levels between 5 and 7 months of job experience, and during this time, there is a decreased level of engagement (Wolford et al., 2019).

Engagement is a recent concept among researchers in the nursing literature. It refers to the positive use of the workplace to increase the performance, health, and well-being of professionals, which may improve their intentions of staying on the job

(Lourenção, 2018). Determining levels of engagement by asking questions about new nurses' energy, resilience, and willingness to persevere when presented with challenging scenarios could be useful in understanding the levels of motivation and professional fulfillment of nurses in a continuous training process (Wolford et al., 2019). Additionally, no other studies were found that focused on engagement levels over time in a nurse residency program (Wolford et al., 2019).

Resilience also affects the new nurses' transition experience. It is a protective resource that enables nurses to be involved in and surrounded by stressful situations while maintaining a personal sense of balance and self-control (Plowe, 2020). Resiliency is the ability to command both psychomotor skills and cognitive-behavioral skills (Concilio et al, 2019). Psychomotor skill refers to the ability to perform tasks and communicate correctly and on time and cognitive-behavioral skills refer to the cognitive re-framing, mindfulness, compassion, and emotional intelligence needed to perform successfully while stressed. When new nurse is resilient, they can adapt to adversity and prevent the stressful condition, which is typical in the nursing profession.

In recent times, the resilience of nurses has been tested with the novel coronavirus pandemic. Nurses constitute the majority of healthcare providers and they have a critical function in healthcare systems; their roles in treating patients with COVID-19 involve triaging patients and detecting suspected cases with infections; providing essential treatment in an emergency and dealing with suspected patients with precautions; helping in decontamination and coordination with other healthcare providers; supplying holistic

nursing practices in managing multiple infections simultaneously; and managing the emotional traumas of family members of patients (Thobaity & Alshammari, 2020).

However, as Plowe (2020), notes, there are no best-practice standards or clear guidelines to support clinical educators in facilitating resiliency-building skills. This ultimately, contributes to inconsistencies in the way resiliency is being understood (Plowe, 2020).

At the individual level, Wildermuth et al (2020) explored the transition experiences of nurses as students and new graduates in a college setting. Their research presented the perspective of student nurses to the transition literature; however, the limitations of the study may be due to implicit bias because the researcher served as faculty for the participants during their clinical immersion experience. This could lead the participants to perceive the researcher as a power authority and could ultimately have impacted the generalizability of the findings. According to Merino et al, (2018), biased evidence available to decision-makers may lead to suboptimal decisions that negatively impact the study results.

Phillip et al (2017) used a four-stage multi-method study focused on newly qualified nurses' transition to practice. They used surveys as a data collection tool for their mixed-method study. The strength of their study rested in its unique approach. Their research approach involved participant nurses from two health services who completed a short survey questionnaire every four weeks for 12 months. However, the frequency, duration, and the requirement to complete multiple questionnaires may have contributed

to participant fatigue and disengagement thereby influencing overall responses (Lourenção, 2018).

To obtain data for their research study, Pillai et al, (2018) included data on 241 participants selected from a single nurse residency program. The 241 participants were divided into 20 cohorts. Each cohort consisted of graduate nurses in a residency program. These graduates were predominantly female (88%) and Caucasian (74.3%). Although the study had a large sample size, most of the participants selected were female and Caucasian. They were also selected from one nurse residency program. This ultimately could affect the generalizability of the findings.

Domino et al., (2020) conducted a study using an innovative mixed-method approach. The researchers explored how dedicated education units affected the transition to practice of new graduate nurses. The study was able to show the positive impact collaborative clinical teaching models like the Dedicated Education Units (DEU) can have on preparing new graduate nurses for practice. However, the study had its limitation because it was conducted at the only site that implemented DEUs at a major medical center. Besides, retrospective self-reports are vulnerable to bias and lack of specific recall. Picinini et al, (2018) conducted a literature review of 10 articles with a focus on the effects of preceptor training on nurse graduates' outcomes. Their study involved an evidence analysis of data from several sources; however, the overall quality of evidence for their review was limited by the individual study designs of each of the articles reviewed.

Nurse Turnover as an Issue in the Healthcare Industry

Nurse turnover in the healthcare industry can be defined as the attitudinal, decisional, and behavioral processes proceeding with voluntary resignation from a job. New nurse turnover and job abandonment are major sources of cyclical, sustained nurse shortages. The literature points to the increase in the turnover rates of new nurses occurring earlier than in previous generations, with as many as 30% in the 1st year and 57% in the 2nd year (Ulep, 2018; Bong, 2019).

The turnover of new nurses places significant financial burdens on hospitals, and the estimated cost of recruiting, training, and onboarding new nurses is between $60,000 and $96,000 in salary, benefits, and orientation support (Friday et al., 2015). Additionally, Camp and Chappy (2017), note that the costs associated with each nurse turnover range from $10,098 to $88,000, and the cost of hiring a new graduate nurse is approximately $41,624 based on a four-month orientation. If hiring a new nurse cost more than $40,000 and the cost of replacing a nurse can be up to $88,000, this can translate to a potential financial loss of over $120,000 for one new graduate nurse who completes orientation and leaves the nursing profession.

The turnover of new nurses also has a significant impact on patient care quality. Registered nurses account for a significant proportion of the health workforce and the loss of nurses has implications for efficiency which significantly impacts the quality of patient care, (Khan et al., 2018). There is a connection between nurse shortage and several quality indicators such as patient readmissions, mortality, safety, and length of stay (American Association of Colleges of Nursing, AACN, 2017). According to Saleh et

al., (2020), readmissions are caused by potential gaps in care or by a premature discharge from the hospital. Patient mortality is connected with the occurrence of death following gaps in care. For every 10% increase in the amount of care left undone, there was a 16% increase in the chance of a patient dying after a common surgical procedure, (Flavia, 2017). Promoting a proper nurse-to-patient ratio is critical to the mental, emotional, and overall health of both the nurse and patient, (Peate, 2020).

Nursing shortages are expected to reach critical levels and it is estimated that as many as 700,000 nurses are expected to retire between 2025 and 2027 (Ulep, 2018). By 2025, the nursing shortage is predicted to reach 500 000 nurses as the demand continues to exceed the weakening supply owing to retirement and turnover (Kiel, 2020). Demand for nurses is already outpacing the market; consequently, the need to build a clinical workforce to ensure the achievement of quality and financial outcomes is a priority, (Institute of Medicine, 2010). In response to the need for retention among new nurses, transition programs have been implemented nationwide on a facility-by-facility basis. However, transition program support is hindered by a limited understanding of the new nurses' development trajectory (Piccinini et al. 2018).

Causes of Nurse Turnover

There are several causes of high turnover among new nurses. In exploring the causes of increased turnover rates among new nurses, Labrague et al. (2020) highlighted poor management and a toxic work environment as the leading causes of turnover among new nurses. Poor management and a toxic leadership style predicted job satisfaction, absenteeism, psychological distress, and intention to leave the profession (Labrague et al.

2020). Poor management affects new nurses' motivation and vigor thereby decreasing work engagement (Wolford et al. 2019). And toxic work environment is a negative workspace and it occurs when nurse leaders and health workers engage in behaviors that are systematic and destructive, causing direct or indirect harm to others and the organization (Labrague et al., 2020).

Although their study focused on critical care and specialist nurses Khan et al. (2018) identified similar factors including quality of work environment, the nature of working relationships, and stressful work experiences as leading causes of nurse turnover. Regan et al. (2017) conducted a descriptive qualitative study in a Canadian healthcare setting using inductive content analysis of focus group and interview data from 42 new graduate nurses and 28 nurse leaders. In the study, issues such as incivility and bullying among nurse colleagues as well as a lack of perceived support among leaders played a part in the new nurse's intent to leave the practice.

In another study done among Iranian nursing students, Farahani et al. (2017) noted that the discrepancy between expectations and experiences of new nurses was the most important reason for dropping out. Furthermore, Farahani et al. (2017) identified improper supervision and being work abused in clinical training as important factors affecting retention. These conditions ultimately resulted in negative implications for nurse retention with up to 30% of new nurses leaving their jobs within their 1st year and up to 57% of new nurses leaving at year two (Ackerson & Stiles, 2018; Ulep, 2018). Vortman et al. (2019) came to a similar conclusion and they noted that because

millennials have personal goals and expectations that are quite different from that of previous generations this may be responsible for high turnover rates among new nurses.

Wolford et al. (2019) noted that a decreased engagement level was also a possible cause of nurse turnover. A synthesis of the literature related to effectiveness and best practices for nurse residency programs was that new nurses reached a crisis point with stress between five and seven months of job experience (Wolford et al., 2019). No other studies were found that focused on engagement level over time of participation in a nurse residency program.

Clinical education and competency is a general term used to define expectations concerning the clinical skills, critical thinking, problem-solving, understanding, and implementation of the performance expectations in the psychomotor, affective, and cognitive domains (Hunt, 2020). Some healthcare companies may have their nurses complete an assessment and use that information as a guide to individualize the nurse residency orientation. According to Hunt, (2020), as the new nurse progresses through the orientation, they will be observed performing various tasks and will be deemed competent or not. If not, they are given further instruction and practice and observed again. The expectation is that nurses will achieve the competencies by the end of the orientation period.

The challenge, however, is that there is a perceived complaint among new nurses regarding their preparation and the various clinical skills they have to master (Hunt, 2020). New nurses must master many skills in a relatively short time and many of the skills are taught and practiced during nursing school. The combination of trying to learn

several skills within a short time hinders the new graduate nurses' performance and socialization into the profession, negatively affecting retention rates while also increasing attrition and healthcare costs, (Domino, 2020).

Transition and Its Implications

A poor transition experience of new nurses in a nurse residency program has been identified as a cause of high turnover because transition experience goes a long way in determining the outcome of the new nurse's professional practice. If the transition experience is positive and successful, it leads to a desirable outcome that leaves the new nurse highly engaged, empowered, and committed to the organization (Wildermuth et al, 2020). However, if the transition experience is negative and unsuccessful, it could result in outcomes that leave the new nurse dissatisfied and frustrated with the job (Wildermuth et al., 2020). A new nurse's transition from academia to professional practice is a time of high stress where the nurse leaves the familiar grounds of college for the unknown of professional practice. The addition of other challenging public health realities such as the novel coronavirus pandemic could increase the stress level.

Studies, have investigated issues regarding transition leading to the development of transition programs such as residency programs and they found that many new nurses struggle with the transition from novice to competent nurses, and an estimated 35% to 60% of nurses leave their first place of employment within one year of hire, (Bong, 2019; Camp, 2017). Transitioning to the role of a clinical practicing nurse can cause stress and many new nurses have difficulty adjusting to the sudden reality of caring for multiple patients with highly complex cases.

Three themes emerge from the literature regarding the transition experience of new nurses in a nurse residency program and the possible long-term implications for nurse retention. These include Education and training, preceptor support, and resiliency building.

Education and Training

The education and training of new nurses aid in building competencies in confidence, clinical reasoning, decision making, problem-solving, and working collaboratively. According to Domino et al, (2020), these fundamental skills are lacking in many nurse graduates. Camp and Chappy (2017) for instance, note that a reason for this issue may be attributed to the lack of consistency in program design, curriculum, and program length across several nurse residency programs. Similarly, Trepanier et al, (2020) noted that the transition experience of new nurses could be gravely impacted largely because not all residency programs follow an evidence-based curriculum. Unfortunately, not all residency programs are created equally and often the traditional onboarding process may be called a residency; or an organizationally designed residency program based on the experience of others may be available, and not necessarily grounded by evidence (Trepanier et al., 2019).

The shortage experienced in the nursing field has also increased accelerated nursing degree programs which allow for individuals to complete a nursing degree in two years or less (Read & Laschinger, 2017). There were a few differences in the degree of support needed between nursing students who attended a traditional four-year nursing program and those who attended an accelerated program. Nurses who attended an

accelerated nursing program reported needing more support than those who attended a traditional nursing program. Just over 30% of nurses in both programs had already left their nursing positions within the first three years of practice to pursue different career opportunities (Read & Laschinger, 2017).

Preceptor Support

Preceptors play an important role in the transition experience of the new nurse in a nurse residency program. Preceptors provide fundamental support for the graduate registered nurse, and they act as both teachers and role models to transition the graduate to becoming an independent practitioner, (Wardrop et al., 2018). The preceptor works with the new graduate nurse by reviewing role expectations, providing opportunities for observation of client care, providing support and feedback, and providing debriefing in challenging patient care situations (Larsen et al, 2018). This critical support aids the new nurse in building greater independence and confidence in their skills to perform their roles competently. When the new nurse is well matched to a trained preceptor, it yields meaningful outcomes for the transition experience of the new nurse and moves the nurse from an advanced beginner to a skilled and competent nurse (Blegen et al., 2015).

There is evidence that suggests, however, that most residency programs do not provide preceptors with formal training or provide very basic training for the preceptor (Piccinini et al, 2018). In studies that evaluated the impact of preceptor training on key components of the new nurse transition experience, improved retention was a frequent outcome reported, however, two studies showed no significant difference and one study reported ambiguous findings (Piccinini et al, 2018). One study found a divergence of

expectations between the new nurse and the preceptor during the transition phase. The study noted that there was a lack of agreement on what is expected of the new nurse (Wardrop et al, 2018).

Preceptors play an important role in orienting the new nurse to the organizational culture of a hospital. Workplace culture is equally important to the new nurse's job satisfaction and retention (Daws et al, 2019). Organizational commitment is a learning and adjustment process that enables the new nurse to assume a role that fits both organizational and individual needs (Ohr et al, 2020). How the new nurse is matched with a preceptor and the criteria for assigning such relationships between the new nurse and the preceptor remains unknown in the literature.

Resiliency Building

In the nursing profession, stress is a well-recognized phenomenon that affects the transition process of the new nurse into professional practice. When not well managed, it could lead to nurse turnover (Chesak et al, 2019). Concilio et al, (2019) noted that resiliency has been identified as a key factor in managing the stress of nursing work–life. Resiliency buffers burnout, and positively influences the new nurse's intentions to stay in their current jobs. Although resiliency training was attributed to helping the new nurse improve their ability to manage stressful and emotionally tasking situations in a residency program, participants noted that it was difficult for them to practice the skills on how to manage the stress they were experiencing (Chesak et al, 2019). Research to identify the ideal timing of program delivery and the best ways to integrate resiliency training within a nurse residency program remains unknown.

Nurse residency programs are transition tools to support the recruitment and retention of new nurses as they transition to clinical and professional practice for over 40 years (Pillai et al., 2018). For this study, it is pertinent to shed more light on the history, formation, rationale, and types of nurse residency programs in the United States.

Nurse Residency Program as a Transition Tool

The Institute of Medicine recommends that institutions establish transition-to-practice programs and evaluate their effectiveness in improving the retention of nurses, expanding competencies, and improving patient outcomes, (Pillai et al., 2018). The Institute of Medicine also noted that the importance of adequately preparing the workforce to make a smooth transition into a thoroughly revamped health care system cannot be underestimated, (Pillai et al., 2018). This call-to-action was also echoed by the National Council of State Boards of Nursing (NCSBN) as an important strategy to transition new graduate nurses into today's practice settings where patients are increasingly sicker and stress levels and risk for unsafe practice are higher (NCSBN, 2017). Nurse residency programs are typically 12-month programs for newly licensed registered nurses. Nurse residency programs are aimed at providing new nurses with a structured first work experience, support through mentoring relationships, clinical educational experiences, and individualized professional growth and commitment (Fowler et al., 2018).

Transitioning to a practicing nursing role can leave graduate nurses feeling stressed, and many have difficulty adjusting to the reality of caring for multiple patients with highly complex cases (Camp & Chappy, 2017). A structured first work experience

within a nurse residency program offers the new nurse the context to develop their skills so that they can be better prepared for clinical practice (Pelletier et al, 2018). Furthermore, new nurses benefit through support and mentoring relationships in a nurse residency program. In this context, the main role of mentors is to guide, validate, and supervise the care that the new nurses will provide (Piccinini et al, 2018). New nurse retention and critical thinking skills both can be positively affected by training preceptors in their role as nurse educators. Turnover is costly, especially in specialty settings. Nurse residency programs are used to retain new graduates and assist with their transition to nursing practice

Nurse residency programs were created as strategies to better help new nurses make the transition from student to clinical or professional practice. The literature points to the benefits of residency programs to better transition new nurses to clinical practice and improve retention rates (Painter et al., 2020; Brook et al., 2018, Pelletier et al., 2019). Before the creation of residency programs, in the 1960s and early 1970s, new graduate nurses' experiences were quite shocking and traumatic (Bong, 2020). New graduate nurses were immersed in a firmly entrenched, distinctively symbolic, and hierarchical culture that exposed them to dominant normative behaviors that have been described as prescriptive, intellectually oppressive, and cognitively restrictive; often leading to career dissatisfaction (Bong, 2020).

The formation and structure of a nurse residency program (NRP) varies from one program to another. The program length of NRPs is most commonly described as 12 months, although the American Nurses Credentialing Center (ANCC) and Practice

Transition Accreditation Program (PTAP) describe 6 months as a minimum standard (Pillai et al., 2018). Some nurse residency programs require the candidate to be prepared at the baccalaureate level, while others allow a mix of preparation at the diploma, associate degree, or baccalaureate levels, (Camp et al., 2017) Camp et al. (2017) also identified two main types of nurse residency programs: the University Health System Consortium/AACN Nurse Residency Program and the Versant Nurse Residency Program. Pillai et al (2018) identified five types of nurse residency programs: Commission for Collegiate Nursing Education, American Nurses Credentialing Center Practice Transition Accreditation Program, National Council of State Boards of Nursing's Transition-to-Practice Model, Versant New Graduate Nurse Residency, and Vizient/American Association of Colleges of Nursing (AACN) Nurse Residency Program.

The University HealthSystem Consortium (UHC)/AACN NRP, is one of the most popular evidence-based residency programs. The UHC/AACN NRP pilot began in 2002, and the program grew quickly. By 2007, the program included 34 participating sites in 24 states (Camp et al., 2017). This type of nurse residency program provides organizations with an evidence-based curriculum that follows the AACN Essentials of Baccalaureate Education for Professional Nursing Practice (Camp et al. 2017). The University HealthSystem Consortium incorporates the Benner novice-to-expert framework and requires health care organizations to partner with a nursing education program associated with the American Association of Colleges of Nursing (AACN) to facilitate the curriculum (Camp et al. 2017). This type of residency program typically has a one-year

duration and involves monthly classroom educational sessions, simulation sessions,

clinical guidance from a baccalaureate-prepared nurse preceptor, and mentorship with a

resident facilitator who assists with the professional role (Camp et al. 2017). To be

eligible for this type of residency program, nurse candidates are required to pass the

licensure examination. Subsequently, the nurse resident is hired as an employee of the

healthcare organization and must commit to the full-time, one-year compensated program

(Camp et al. 2017).

The other type of nurse residency program as identified by Camp et al., (2017) is

the Versant nurse residency program. The Versant nurse residency program is also a

widely used evidence-based residency program. The Versant residency program started

in 1999 as a research study designed to determine if a formalized nurse residency

program could increase nurse competency, confidence, satisfaction, and retention at the

Children's Hospital in Los Angeles. Similar to the UHC/AACN model, the Versant

residency program also follows Benner's novice-to-expert framework and includes a

curriculum with educational sessions, in-depth clinical experiences with a trained

preceptor, structured mentoring time, and debriefing and self-care sessions (Camp et al.,

2017, Pillai et al., 2018). Unlike the UHC/AACN model, the Versant model has the nurse

resident follow one preceptor. The Versant model uses a team approach where the nurse

residents are paired with newer nurses who are closer to their level of experience. Camp

et al., (2017) noted that the progress of the resident nurse in clinical experience and

knowledge, occasions a more seasoned expert nurse to take over as preceptor. The

Versant nurse residency program does not affiliate with a nursing education program and

includes graduate nurses from diploma, associate degree, baccalaureate, and entry-level master's degree levels. The focus of this type of residency program is on confidence and competence and it includes clinical immersion experiences, organizational commitment, and structured mentoring (Pillai et al., 2018).

The American Nurses Credentialing Center and the Practice Transition Accreditation Program use six core criteria domains: program leadership, organizational enculturation, development and design, practice-based learning, nursing professional development, and quality outcomes (Pillai et al., 2018). This model is also based on Benner's novice-to-expert framework just as the other two models previously discussed.

The National Council of State Boards of Nursing's Transition-to-Practice Model uses five fee-based self-learning modules. These include Communication and Teamwork, Patient and Family-Centered Care, Evidence-Based Practice, Quality Improvement, and Informatics (Pillai et al., 2018). The Vizient/American Association of Colleges of Nursing Nurse Residency Program, on the other hand, is a vendor-based program that focuses on evidence-based practice, decision-making skills, leadership, and strengthening commitment to nursing (Pillai et al., 2018). This model engages nurses through monthly seminars and the completion of an evidence-based practice project.

Nurse Residency Programs: Effective or Not?

Previous research on nurse transition has described the nurse's transition experience as both challenging and difficult (Dwyer & Revell, 2016). Nurses go through a real shock as the values taught at the college level conflict with real-world experience (Ankers et al, 2017). This sense of shock is attributed to the fast-paced environment

represented in most hospital settings which are quite different from the structured settings within the world of academia. According to Ankers et al, (2017), this ultimately leaves the nurse feeling isolated, confused, and exhausted. The question then is: do nurse residency programs achieve the purpose for which they are designed?

Nurse residency programs are a strategy to better transition new nurses from academia to clinical and professional practice. A successful transition experience in the nurse residency program has positive and long-term implications for nurse retention (Wildermuth et al, 2020). Several studies point to the benefits of residency programs in helping to transition the new nurse and ultimately improve retention (Pillai et al, 2018; Brook et al, 2018 Ackerson & Stiles, 2018). To understand the role of nurse residency programs in improving transition experiences, Pillai et al (2018) conducted a study involving 241 nurses hired into a residency program. Amongst the participants of the study, 229 nurses out of the 241 participants finished their first 14 weeks of employment and were assigned to hospital units. 212 nurses were retained during the 1st year of hire (88%). Out of the 29 nurses who left before the end of the 1st year post-hire, 13 were involuntarily terminated and 16 left voluntarily. For the voluntarily terminated nurses, their reasons included feeling unhappy with the unit or shift; feeling overwhelmed; new position; and factors such as commuting difficulties, relocation, or health issues. The turnover rate of new nurses at one-year post-hire was 12% compared to the 88% recorded during the residency period, (Pillai et al., 2018).

The retention of new nurses beyond the 1st year was also examined in year two, the total new nurse turnover rate was 31%, and the rate from the end of the 1st year to the

end of the 2nd year was 21.3% overall. This shows that the loss of graduate nurses during

the 2nd year was much higher than the 1st year (12%) and reflects a wide range in the

loss rate from Year One to Year Two (Pillai et al., 2018). Similarly, Wolford et al. (2019)

conducted a research study using 232 participants. The results of this study indicated that

the NRP had a positive impact on reducing turnover, as has been demonstrated by other

studies. The support received by the new nurses during the residency program may have

contributed to making the nurses have a greater sense of being valued in the organization.

In turn, this may have improved retention in the 1st year (Wolford et al., 2019).

　　While research points to the value of nurse residency programs in reducing

turnover in the 1st year of employment, nurse residency program do not lead to improved

two-year turnover, (Wolford et al., 2019). Research shows that millennial nurses tend to

leave jobs sooner than previous generations, with as many as 30% in the 1st year and as

many as 57% in the second year (Ulep, 2018). There is, therefore, a question as to the

effectiveness of nurse residency programs on retention in the 1st year and particularly

after the 1st year (Wolford et al., 2019; Camp & Chappy, 2017). This necessitates a

closer look at the transition experiences of new nurses in a nurse residency program, to

gain a better understanding of the experience of new nurses in a nurse residency program.

Summary and Conclusions

　　In this chapter, a basic qualitative study was presented as the research approach

and this study used William Bridges' transition theory as a theoretical foundation.

Furthermore, an overview of the problems associated with nurse retention and nurse

turnover was presented. In the review of the literature, it was discovered that newly

licensed nurse turnover and job abandonment are major sources of cyclical and sustained nurse shortages. The literature pointed to the increase in the turnover rates of new nurses occurring earlier than in previous generations. In the chapter, I also elaborated on the causes of high turnover among nurses. Some of the causes discussed included issues concerning the toxic work environment, incivility, poor management, lack of proper supervision, and stress associated with workloads, particularly during a pandemic.

I reviewed the literature on transition programs (Nurse Residency Programs) as a tool for improving retention. A nurse residency program is a prelicensure program that lasts 6-12 months in length and is geared towards helping newly licensed nurses better transition from academia to clinical practice. Furthermore, the history, rationale, types, and forms of nurse residency programs were discussed in detail.

From the literature, we know that nurse residency programs can improve retention in the 1st year, however; it is also known that retention may not be sustained at year two. What remains unknown is whether nurse residency programs enhance the transition experience of new nurses and improve long-term retention. The phenomenon of the transition experience of new nurses in a nurse residency program should be highlighted to contribute new understanding and direction to the transition experience of a new nurse in a 12- month nurse residency program. Having this new understanding can be useful in informing leaders of ways to improve the retention of new nurses. Chapter 3 discusses the research method and design. This study uses a basic qualitative approach with a Snow ball sampling method to explore the transition experiences of new nurses in a residency program that influences retention.

Chapter 3: Research Method

This study focused on exploring the transition experiences of new nurses in nurse residency programs. I inquired about the meaning given to a social problem; consequently, a basic qualitative approach was used. In this chapter, I describe the research tradition and how it guided the development of the research study questions. In explaining the role of the researcher, I identify potential conflicts of interest and biases such as personal or professional relationships with participants. Also identified are power dynamics and explanations of how these relationships were managed. I present information on participant selection, instrumentation, recruitment, participation, data collection procedures, and the data analysis plan. Furthermore, I discuss issues of trustworthiness, under which sub-issues such as credibility, transferability, dependability, and confirmability fall. Finally, I review how ethical protections were ensured.

Research Design and Rationale

The central research question of this study was the following: How can new nurses describe their lived experiences in a nurse residency program? In this study, the transition experiences of new nurses in nurse residency programs were explored. Using the basic qualitative approach as explained by Merriam and Tisdell (2016), I explored the shared experiences of the selected participants to understand the explanation of their transition experiences. Furthermore, themes relevant to the research question that influenced their transition experiences were identified. The previous two chapters presented mixed findings regarding the value of nurse residency programs in preparing nurses for the transition to clinical practice. If nurses do not go through a successful

transition experience, it could result in poor retention outcomes. Consequently, in this study, I aimed to give voice to each nurse to express their unique transition experience in the context of a nurse residency program. The information gathered from this study may be useful for healthcare administrators in improving residency programs and increasing retention among new nurses.

From the six types of qualitative research described by Merriam and Tisdell (2016)—basic qualitative study, narrative analysis, ethnography, grounded theory, phenomenology, and critical qualitative research—the basic qualitative study was ideal for this study. According to Merriam and Tisdell (2016), a common type of qualitative research in the fields of health, social work, counseling, and business is basic qualitative study. This basic qualitative study focused on exploring how the selected participants made meaning out of their experiences. The aim was to expand knowledge about nurse residency programs. Ultimately, information gathered from this study could be useful in improving retention among new nurses.

A narrative study, for instance, is a study that deals with biographical experience as told by a person who is living through or who has lived that experience (Rudestam & Newton, 2015). While this kind of study provides an in-depth account of a person's experience, it was quite narrow for the scope of this research study, as it only considers the perspective of the narrator. An ethnographic study aims to capture and understand aspects of a specific group of people in their natural setting (Rudestam & Newton, 2015). This approach was not effective for this study because the residency program is a transitional phase in the life of the nurse and does not capture the natural setting of new

nurses. Grounded theory research is useful in developing theory and relies on a set of procedures for developing that theory. The purpose of this study was not to develop a theory because Bridges's transition theory and other existing theories adequately describe the transition experiences of new nurses.

Merriam and Tisdell (2016) distinguished between phenomenology as an approach to qualitative studies and its more general characterization as a philosophy that motivates the qualitative research design. They described the main undertaking in a phenomenological study as discovering the essence or basic meaning of an intensely human experience. To explore the intricate dimensions of the lived experience, Merriam and Tisdell (2016) discussed the ability of the researcher to bracket any biases or assumptions. In doing so, the researcher explores their own experience with the phenomenon through a process called *epoche*, which requires that the researcher suspend all judgment (Merriam & Tisdell, 2016).

Merriam and Tisdell (2016) further described two strategies unique to phenomenology: phenomenological reduction (the process of repeatedly revisiting the essence of the experience to find deeper meaning) and phenomenological horizontalization (the process of treating all data as having equal weight during the initial analysis stage). As the researcher, I aimed to avoid reducing individual experiences in favor of identifying a shared experience or phenomenon; however, it was possible that the research study results would yield some common experiences among participants.

Finally, a case study refers to a deeper description and analysis of a bounded system (Merriam & Tisdell, 2016). While case studies share the same characteristics as

other qualitative studies—the quest for meaning, the role of the researcher as the main instrument for data gathering, and the final product being a rich and descriptive process—the major difference is that case study research delimits the object of the case (Merriam & Tisdell, 2016). Additionally, Rudestam and Newton (2015) supported this definition when they noted that case studies focus on a single individual, organization, or program. The case study approach would have been a better approach when compared to the other approaches, however; this study did not focus on a singular case, organization, or residency program. This research study was designed to explore the meaning of the transition experience for new nurses as they transition through nurse residency programs and to expand knowledge by improving retention rates for new nurses. The basic qualitative approach was the most fitting for this purpose.

Role of the Researcher

The reasoning behind this study came from a personal desire to shed more light on the training and education of nurses as a vehicle to better prepare new nurses for the transition to practice. Growing up in Nigeria and losing loved ones due to poor healthcare delivery, I became interested in the kind of preparation that nurses receive as they transition to practice. Additionally, having worked in the health sector with a vulnerable population for over 15 years in the United States, I have observed the challenges nurses face in managing multiple and complex cases. These experiences made me consider it necessary to explore nurse experiences with residency programs.

Qualitative research is inherently biased because qualitative researchers purposefully seek out participants who can significantly enrich the understanding of the

phenomenon of interest (Rudestam & Newton, 2015). To address issues of bias, I had no

affiliation with the research participants in this study. Furthermore, because a researcher

carries the responsibility of convincing the audience that findings are based on critical

thinking and inquiry (Rudestam et al., 2015), I will attest that I had no personal

relationships or power dynamics with any of the research participants and that there was

no conflict of interest. To further limit any instance of bias and to suspend judgment,

reflexivity was used to record all emergent ideas. This prevented me from echoing any

feelings or words that might influence the participant during the interview.

Methodology

This study used a qualitative research method to explore the topic of the transition

experience of new nurses in a residency program. Due to the coronavirus pandemic and

following guidelines of the CDC regarding social distancing and mask-wearing, a

modified version of Seidman's (2019) three-phase interview series (i.e., focused life

history, details of the experience, and reflection on the meaning) was used. The

interviews were conducted over the phone. All selected participants were also notified via

email, and consent forms were sent out.

In this research study, I used snowball sampling as a means to select participants.

According to Terrell (2016), in snowball sampling, the researcher identifies participants

or contacts within their network and asks those contacts or participants to recruit other

potential participants for the study.

Participant Selection Logic

The population for the research study included newly licensed nurses who were currently enrolled in a 12-month nurse residency program or who had recently graduated from a residency program within the last 6 months. Six participants were selected for the study, which was open to both male and female participants. The sample size for qualitative research is much smaller than for quantitative research because it is aimed at gathering meaning rather than forming a generalized hypothesis (Patton, 2015). Patton (2015) stressed that samples should be large enough to ensure a diversity of perspectives but not so large as to result in data redundancy.

In this study, snowball sampling was used. In snowball sampling, the researcher identifies participants or contacts within their network and asks those contacts or participants to recruit other potential participants for the study (Charles & Kirchherr, 2018). Because the central issue of interest in this study was the transition experience of new nurses participating in or having recently graduated from a nurse residency program, the participants selected for this study were nurses. This was because they had a personal experience transitioning through a nurse residency program. As a qualitative researcher, I used snowball sampling to increase the scope of the data gathered and to expose a variety of perspectives from the sample of participants (Rudestam & Newton, 2015). Newly licensed nurses who were currently participating in or who had graduated from a nurse residency program were selected to participate in the study. Furthermore, due to the limited resources of this study to hire an interpreter, only participants fluent in the

English language were included. Individuals who did not meet this criterion were not selected.

Participants were identified, contacted, and recruited from my contacts, following approval from the appropriate review board of Walden University. According to Patton (2015), a sample size of10 participants is encouraged; however; Patton also noted that a reduction of the sample should be considered if saturation is reached before assessing 10 participants. For this basic qualitative study, saturation was reached at six participants.

Instrumentation

The use of a semi structured interview protocol (see Appendix B) involving preformed open-ended questions established the areas to be explored and allowed participants the choice to take any direction they wanted (Seidman, 2019). The study adopted Seidman's (2019) three-stage interview series. In the first stage, focused life history, I prompted the participants to share their life experiences in light of the research topic. In the second stage of the interview, known as details of lived experience, participants were asked to go in depth and concentrate on the concrete aspects of their present transition experience in a nurse residency program. In the final stage of the interview, participants were asked to share their reflections on the meaning of the experience that was explored in the second stage of the interview.

This study collapsed the three interview stages into one interview due to constraints in resources, but it still allowed participants adequate time to share and reflect on their unique experiences. It was important to preserve the three stages of Seidman's (2019) interviewing technique, as this enabled me to determine the context and range of

responses and allowed the participants to develop the details of their experiences and reflect on those experiences. Due to the current novel coronavirus pandemic, these interviews were conducted over the phone.

To establish the sufficiency of data collection instruments to answer the research questions, I constructed questions that incorporated all three stages of Seidman's (2019) interview guide and within those stages infused questions that incorporated Bridges's (1991) three phases of transition (i.e., ending phase, neutral zone, and new beginning phase).

Stage 1: Focused Life History

During this stage in the interview series, questions were generated to reconstruct the participants' early experiences as students in school or their communities. In this stage of the interview process, I sought to explore how early experiences might have shaped participants' intent to become nurses. Furthermore, I avoided direct questions such as "Why did you become a nurse?" Instead, I asked how participants came to choose the nursing profession. This allowed the participants to explore a greater range of life events in their past that might have shaped their decision-making process and impacted their transition experience (Seidman, 2019).

Stage 2: Details of Lived Experience

At this stage of the interview questions, the participants were invited to share the details of their lived experiences in a nurse residency program. The participants were invited to go in depth and share concretely what they did on the job. Participants were asked to reconstruct their thoughts, feelings, actions, and perceptions as they went about

their jobs. This second stage in the interview process is aimed at drawing out any feelings, perceptions, or actions closely tied to Bridges's (1991) neutral zone phase. This phase may represent a psychologically difficult time for the new nurses when the old way of doing things is gone but the new way is not quite understood. This stage of the interview process also involved exploring questions about the participants' associations and relationships with other nurse residents, preceptors or mentors, and patients. Additionally, it explored questions around external environmental factors such as the impact of the novel coronavirus pandemic on their residency experience. During this stage, the main questions and sub questions were aimed to draw out participant responses so that I could listen for any feelings, perceptions, and actions connected with the neutral zone phase.

Stage 3: Reflection on the Meaning

In this stage of the interview, I invited participants to reflect on the meaning of their experiences, keeping in mind the details of the first two interview responses. The importance of meaning during this stage required the participants to consider how the factors in their lives had interacted to bring them to their present situation (Seidman, 2019). The participants were asked to share what the nurse residency program meant to them in the context of where they had been and their intent to continue in the nursing profession. The questions during this stage attended to a reflection on whether the details of the participants' experiences had led to the successful embrace of new ideas and openness to exploring new ways of working through any loss, confusion, or challenging situation.

Procedures for Recruitment, Participation, and Data Collection

Upon Institutional Review Board (IRB) approval, snowball sampling was used to enlist the help of some of my contacts who volunteered to share my study invitation with individuals they believed would be interested in the study. The invitation was shared within the personal networks of my contacts, and there was no reward for recruiting potential subjects (Appendix A). When the potential participants sent me a formal email indicating their interest in participating in the study, the consent form was sent to them individually. When consent was received via email or text message, I set up an interview date and time with the participant. To provide flexibility and options to the participants, due to the Covid-19 pandemic, all interviews were conducted over a phone call. Audio recordings were collected and transcribed using Otter software technology.

To protect the identity of each participant during the recruitment and interview scheduling, I communicated with each participant individually and did not send any group email messages or conduct conference calls with participants. As part of the full disclosure of the nature of the research, before the interview, the informed consent process (including the study's purpose, implications, and expectations) was reviewed with each participant. An explanation of research confidentiality, including the use of pseudonyms, was provided in detail.

The interview, incorporating Seidman's three stages, was scheduled for 60–90 minutes in duration, including the initial Stage 1 reflective questions. All interviews were conducted and completed within 4 weeks of the initial contact. The transcription of interviews was completed using qualitative software NVivo and was completed

simultaneously with the interviews. To reconcile any discrepancies in the interview, participants were asked to review the interview transcript and provide feedback within 2 weeks of receiving the transcript. All applicable data, including informed consent forms, audio recordings, transcripts, participant feedback, and field notes were saved to a password-protected folder located on the computer's hard drive, which itself was password protected and stored in my home office locked cabinet. There were no withdrawals during the recruitment process. Only one interview session was conducted for each participant of the study.

Data Analysis Plan

For this research study, two codes were used to transcribe the interview recording. The two codes were In Vivo coding and Pattern coding. According to Saldaña (2019), In Vivo coding refers to words or short phrases emerging directly from the participants and they are important and essence-capturing qualities of the text-based data collected from the interviews. Pattern coding on the other hand is the repeated occurrences of actions and data that helps to establish habits important to the participant's life (Saldaña 2016). For the data analysis plan, audio-to-text software (Otter) was used to convert the audio recording to text and I edited each transcribed data manually by listening to the audio recordings over again. This enabled me to correct any errors found in the transcription text. The transcripts were then formatted into two types, speaker 1 (researcher) and speaker 2 (participant). As the researcher, care was taken to keep the participant's slang, repeated thoughts, or phrases in their original form in other to remain true to the thinking of each participant.

All In-Vivo codes were placed in quotation marks. In-Vivo codes were pulled from the participants, and interviews extract. A second circle pattern coding was done to further refine and identify any emergent themes. These themes were based on my reflections and perceptions of the participant's perspectives. Based on Bridges transition theory and existing knowledge from the literature, I came to the data with some preconceived themes that I expected to find. This kind of thematic analysis is consistent with a deductive approach whereby the researcher comes to the text with preconceived themes expected to be reflected, based on theory or existing knowledge, (Caulfield, 2019).

Issues of Trustworthiness

Qualitative research by nature is inherently biased because it involves the researcher as a data collection tool to deliberately seek out participants who are knowledgeable about the phenomenon of interest (Rudestam & Newton, 2015). What this means is that it is the responsibility of the researcher to ensure that issues of credibility, transferability, dependability, and confirmability of the research are guaranteed.

Credibility

Credibility refers to the internal validity of the study (Terrell, 2016). In this study, the strategy to ensure credibility was through prolonged engagement with participants, Triangulation, and member checking. I spent approximately one hour with each participant selected for the study engaging them and developing rapport with the participant. According to Terrell (2016), this is useful to gain the participant's trust and understanding. Triangulation was achieved through a rigorous cross-checking of

information between participants to ensure that the results are similar. Finally, the Credibility of the study was achieved through member checking. The researcher will show a summary of the final study document to each participant who participated completely throughout the interview process.

Transferability

Transferability refers to the applicability of the study findings across other contexts (Terrell, 2016). To ensure the transferability of the study, a thick description of the results of my interviews with the selected participants was provided. A thick description was achieved through the use of detailed field notes and participant direct quotes. This provided the setting under study and ensured transferability. As Rudestam and Newton (2015) note, to ensure the transferability of the study, the descriptions of the participants and setting under study need to be sufficiently detailed.

Dependability

Dependability, consistency, and replicability in this research study were supported by ensuring an accurate audit trail. According to Rudestam and Newton (2015), an audit trail includes the raw data and evidence of how the raw data (field notes, interview notes, biases, and reactions of the researcher) was analyzed and synthesized. Consequently, a journal record of my thoughts and reactions, biases, and personal observations of how the data affected me was kept. This process was useful in helping me as the researcher reflect on how my biases and assumptions affected the study.

Confirmability

Confirmability refers to how the researcher ensured neutrality in the study without any external influence affecting the views and perspectives of the participants of the study (Terrell, 2016). Reflexivity was used as a strategy to ensure confirmability. Reflexivity means that I was constantly aware of my role as the one conducting the study and at the same time collecting the data. Consequently, there was the need to be mindful that any action taken on my part might positively or negatively affect the study. In this study, participants were asked to review the transcripts of their interview responses to ensure that they properly represented the interview and for accuracy.

Ethical Procedures

Before the recruitment of participants for this study, I completed and submitted the Standard Application for Research Ethics Review by Walden University IRB and received approval before beginning the recruitment process. The information in the application for the study included; recruitment of participants, description of participants, description of the treatment of participants including obtaining consent to participate, stakeholders, potential risk and benefits, data integrity and confidentiality, conflict of interest, and data collection tools.

Snowball sampling was used to enlist the help of some of my contacts who volunteered to share my study invitation with individuals they believed would be interested in the study. The invitation was shared within the personal networks of my contacts and there was no reward for recruiting potential subjects. (Appendix B). When the potential participants sent me a formal email indicating their interest in participating

in the study, the consent form was sent to them individually. When consent was received via email or text message, the researcher set up the interview date and time with the participant. Due to the Covid 19 pandemic, all interviews were conducted over a phone call. This approach allowed greater flexibility in the participant's schedules. Audio recordings were collected and transcribed using software technology. If participants had further questions about the research process, participants could call or email me about their questions.

The interview, incorporating Seidman's three stages, was no more than 60–90 minutes in duration, including the initial stage-one reflective questions. The interview was conducted and completed within four weeks of the initial contact. The transcription of interviews was completed manually by editing for errors and completed simultaneously with the interviews. To reconcile any discrepancies in the interview, participants were asked to review the interview transcript and provide feedback within two weeks of receiving the transcript. If no feedback was received, consistent with the consent form requirement, no action was required on the part of the participant and the transcript was accepted as accurate. In this case, no feedback was received; consequently, the transcripts were accepted as accurate.

In this study, ethical concerns were addressed by notifying all participants about the potential for certain aspects of the interview process to be traumatic. An acknowledgment of this offered any participant the opportunity to be prepared emotionally and mentally before the start of the interview. There were no concerns established during the study. If the participant revealed any sensitive personal

information, that information was only added with the permission of the participant and if it was relevant to the transition experience of the participant. If any participant had a mental or emotional differing ability as long as the differing ability did not make them ineligible to participate in a nurse residency program at the time of the interview, they were allowed to participate. If any participant was pregnant at the time of the interview, accommodations were provided. However, there was no disclosure of pregnancy from any participant. Participants could request a break at any time during the interview process. If a participant was not able to understand my questions, the questions were asked again to ensure that all participants understood my questions. Due to the limited resources of this study in hiring an interpreter, the interview was conducted in the English language and all participants were fluent in the English language. This study was not concerned with the age of the new nurse or the participant's socio-economic status.

Confidentiality was maintained and this researcher did not pressure participants to continue in the study before consenting or thereafter for their safety. If a participant declined to participate, I kept their name and contact information including an email or phone number, to ensure that they were not invited again to the study. Additionally, if a participant, at any time during the study, did not wish to continue with the interview or withdrew early, the data would remain confidential and stored in a separate folder. For participants who exited early, they received the thank you email for their participation and would still be able to contact me with questions and concerns. If withdrawals occurred, the recruitment of additional participants would continue until the minimum

sample size or data saturation was reached. In this study, none of the above scenarios occurred.

To ensure the protection of data confidentiality, this researcher, was the only one with access to the participant's data. All data, including informed consent forms, audio recordings, transcripts, participant feedback, and field notes were saved to a password-protected folder located on a hard drive, which itself was password-protected and stored in the researcher's home office locked cabinet. I communicated with each participant individually and did not send any group email messages or conduct conference calls with participants. As part of the full disclosure of the nature of the research, before the interview, this researcher reviewed the informed consent process (including the study's purpose, implications, and expectations) with each participant. An explanation of research confidentiality, including the use of pseudonyms, was provided in detail. Participants were able to contact me directly by email or telephone to ask questions, provide their consent, and set up interview sessions.

Summary

In exploring the transition experience of new nurses in a nurse residency program, a basic qualitative design was used for this study. I addressed research questions following Seidman's (2016) three-series interview strategy. The first question centered on the focused life and education of new nurses. During this stage in the interview series, questions were generated to reconstruct the participant's early experiences as students in school or their communities that they might have had before joining a nurse residency program. This stage of the interview process sought to explore how early experiences

may have shaped their intent in becoming nurses. The second stage goes more in-depth into the detailed lived experiences of new nurses. This second stage in the interview process is aimed at drawing out any feelings, perceptions, or actions closely tied to Bridges's (1991) neutral zone phase and represented a mentally challenging time for the new nurses when the old ways of doing things were gone however the new way was not quite understood. The final stage invited participants to reflect on their transition experience in a nurse residency program. The participants were asked to share what the nurse residency program meant to them in the context of where they had been and their intent to continue in the nursing profession. I determined that Seidman's (2016) three interview series was the best to address these questions because of its close alignment with the study's theoretical foundation and emphasis on the mental process of the new nurses.

In Chapter 4, the study findings were presented. This included data collected from the participant recruitment, selection, and demographics of participants. To support the theoretical framework of the study, I included the participants' quotes that were representative of each theme developed in the transcript analysis. Quotes were selected that reflected a verbatim description to best show the participants' experiences.

Chapter 4: Results

The purpose of this basic qualitative study was to explore the transition experiences of new nurses in a nurse residency program. The research question was the following: How can new nurses describe their transition experiences in a nurse residency program? Nurse residency programs were created as a strategy to better prepare and transition new nurses from academia to professional practice. However, there is debate on the benefits of nurse residency programs to better transition nurses to clinical practice and, by extension, sustain retention beyond the 1st year (Ackerson & Stiles, 2018; Wolford et al., 2020). Six nurses were interviewed for this study. The nurses were either in a residency program or had recently completed their residency programs. These findings contribute new understanding and direction concerning the transition experience of new nurses in a 12-month nurse residency program.

Research Setting

The coronavirus pandemic influenced the structure and normal format of the residency programs. For some participants, the residency program moved from an in-person environment to an online format, while for others, the residency program was blended into a combination of both in-person and online formats. Participation in curriculum training was done via Zoom conferences. For some participants, the transition from in-person to online learning was abrupt due to the nature of the virus and in compliance with local, state, and federal regulations at the time. There was the need for some participants to quickly learn to adjust to the new format and acquaint themselves quickly with new software. Some participants described this sudden shift as

overwhelming and confusing. There was also some degree of fear and anxiety regarding the coronavirus amongst the participants because of the novelty of the virus and its fatal impact, particularly on patients and healthcare workers in the hospital setting.

In response to these conditions, I communicated and conducted all the interviews via phone calls, text messages, or emails. Whenever a potential participant sent me a formal email, text message, or phone call indicating their interest in participating in the study, the consent form was sent to them individually. I sent the consent form to each potential participant to review, and once I received confirmation of their acceptance to participate in the study, the date and time were agreed upon for the interview to commence. To further protect the identities of the participants during the recruitment and interview phases, I communicated with each participant individually, ensuring that no other participant was included or copied on any one email or text message thread. All interviews were conducted via phone call and to ensure high fidelity and structure (Rudestam & Newton, 2015); I used an audio recording device to record each phone call conversation separately. I also used a transcript review process to ensure the accuracy and trustworthiness of the data collected. A copy of the transcribed interview was emailed to each participant individually so that they could review it for accuracy. Participants had up to 2 weeks to respond to me with any corrections. No participant responded with corrections to the transcribed interview.

Demographics

Six participants consented to participate in the study. Out of the six participants, there were three male nurses and three female nurses. Four participants were born in

Nigeria, one was from Ghana, and one was from the United States. All six participants

had recently completed their residency programs at four different residencies in the

United States. All six participants were working in the field at the time of the study. Four

out of the six participants were registered nurses, one had a certification as a licensed

practical nurse, and one was a certified registered nurse anesthetist (CRNA). The length

of the residency program was 1 year for five of the participants and 2 years for one of the

participants. The participants attended residency programs in Texas; Maryland;

Washington, DC; and New York (see Table 1).

Table 1

Participants' Residency Programs by State

Number of participants	Texas	Maryland	Washington, DC	New York
6	1	3	1	1

All the participants in the study had college degrees in nursing ranging from an

associate's college degree to a bachelor's degree, and one participant had a master's

degree. Four out of the six participants studied internationally before getting a nursing

degree in the United States. The other two received their degrees locally in the United

States. All six participants were coded using the colors red, blue, green, brown, orange,

and yellow.

Participant Profiles

Participant Red

Participant Red had always wanted to go into healthcare, particularly after the loss of his father and his lack of knowledge at the time to effectively take care of him. He studied biology in a college in Europe before immigrating to the United States. He initially started to study pharmacy; however, while he was completing his prerequisites, he noticed that the pharmacy program was going to cost him a lot of money. His wife, whom he met while taking his prerequisites for pharmacy, convinced him to consider switching career paths from pharmacy to nursing. After completing a 2-year community college degree, he later finished his bachelor's degree in nursing. He is a CRNA.

Participant Blue

Participant Blue relocated to the United States from Africa, where she originally earned a degree in administration. She was always interested in nursing but never got to become a nurse in her home country. Therefore, when she immigrated to the United States, she started working in a nursing home, and from there, she enrolled in a clinical nurse leadership program. Upon completion, she graduated with a nursing degree as a registered nurse.

Participant Green

Nursing for Participant Green was a second career. He was originally in the military. He initially was interested in another career path; however, he realized that the pay and job opportunities for that path were not lucrative. His wife was a nurse, and she encouraged him to pursue nursing as a career path. Upon completion of a 2-year

community college degree, he went on to complete a 4-year bachelor's program in nursing at a college in the northeastern United States.

Participant Brown

Participant Brown grew up in a clinical environment. Her father was a medical doctor; however, her first career choice was to be a flight attendant. Her main reason for not choosing nursing back in her home country in Africa was the negative perception of nurses and nursing. When she immigrated to the United States, she initially wanted to be a teacher, but she quickly realized that she did not have a passion for teaching, so after her husband and her aunt introduced her to nursing, she chose to become a nurse. She also mentioned that it was an area where she felt she had the most opportunity. She mentioned that her past negative perceptions of nursing flowed from her experience of nursing back in her home country, and upon further research; she realized that she could do much more than being a bedside nurse. She initially studied internationally and received a degree in English before transitioning to nursing; she completed a Bachelor of Science degree in nursing.

Participant Orange

Participant Orange completed his initial studies in a seminary and worked as a chaplain in the hospital as a part of the seminary training. It was there that he first encountered the hospital system. Participant Orange mentioned that his seminary training equipped him with the tools to know how to be giving of himself to others. When he left the seminary, it was a natural progression for him to go back to nursing school to get a degree in nursing. His supervisor in the chaplaincy program was also very inspirational

and influential in his decision to choose the nursing profession. He went to a community college to get enough credit hours to be able to gain admission into a nursing program, after which he graduated with a bachelor's degree in nursing.

Participant Yellow

Participant Yellow was inspired to become a nurse because of her mother. She mentioned that her mother started as a certified nursing assistant (CNA) and had graduated with her doctorate as a nurse practitioner (DNP). This inspired her to pursue nursing as a career path. She went to a nursing college in the northeastern region and finished her program in the year 2020. She mentioned that she intended to continue her studies to become a medical doctor in the future.

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Data Collection

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In this basic qualitative study, I used a modified version of Seidman's (2019) three-stage interview guide, which focused on life history, details of the experience, and reflection on the meaning. The interviews were conducted over the phone using a nonrandom snowball sampling method to recruit participants for the study. I enlisted the help of some of my contacts who volunteered to share my study invitation with individuals they believed would be interested in the study. In total, six participants who consented via email and or text message were interviewed. Snowball sampling was used to recruit participants rather than purposive sampling. There was no financial reward for recruiting potential participants offered. Furthermore, I did not have any personal or professional relationship with the participants selected for the study.

The modified use of Seidman's (2019) interview technique allowed me to conduct only one interview for each participant, and the data collection instrument was a semi structured interview protocol (see Appendix B). The interview protocol involved the use of preformed questions that probed participants for responses that were geared towards gleaning information regarding their transition experiences in a nurse residency program. Each interview lasted no more than 60 minutes in duration and was recorded. Both audio recordings and the interview transcripts were securely stored in a password-protected folder located on an external hard drive, which itself is password-protected and stored in my home office in a locked cabinet.

Because all the interviews were conducted via phone call, I was unable to capture the participants' gestures, body language, and visual reactions; however, to ensure clarity of writing and interpretation of data collected, participants were asked if they understood the question, and I proceeded to repeat the question or rephrase it for better understanding when there was a need. The only unusual occasion was when a participant (Brown) took a 2-minute break to attend to a family member and later returned to continue the interview to the end. At least one participant (Green) was only available during his work break for interviews. The experience was positive after completing the interviews. Although I was unable to capture the participants' gestures and body language, I was still able to find themes and connected with each participant.

Data Analysis

I used transcription software (Otter) to convert the audio recording to text and edited all transcribed data manually by listening to the audio recordings over again. This

enabled me to correct any errors found in the transcription text. The transcripts were then formatted into two types, Speaker 1 (researcher) and Speaker 2 (participant). Care was taken to keep the participants' slang, repeated thoughts, or phrases in their original form so that I could remain true to the thinking of each participant.

This plan included familiarizing myself with the interview transcripts by reading them several times. I then placed all the edited and transcribed participant interviews into Nvivo software. A coding table was prepared based on my first impressions from the transcripts. The table was divided into three sub headings: In vivo codes derived from the interview extract, patterns, and finally themes.

In Vivo, codes were placed in quotation marks. These codes were pulled from the participants, and interviews extract. Pattern coding was done to further refine and identify any emergent themes. These themes were based on my reflection and perceptions of the participants' perspectives. Based on Bridges's transition theory and existing knowledge from the literature, I came to the data with some preconceived themes that I expected to find. This kind of thematic analysis is consistent with a deductive approach whereby the researcher comes to the text with preconceived themes expected to be reflected, based on theory or existing knowledge (Caulfield, 2019).

Evidence of Trustworthiness

In this basic qualitative study, a combination of in-depth interviewing techniques and the participant's life history was used to explore the transition experiences of six licensed nurses. All data collected were consistent with the description of credibility, transferability, dependability, and confirmability established in chapter 3.

Credibility

Credibility was established through transcript review and allowing the participants to provide feedback on their individualized interview transcripts. According to Terrell (2016), this is useful to gain the participant's trust and understanding. I also used triangulation to establish credibility. Triangulation is a way of soliciting data from multiple sources as a means of cross-checking and evidence and illuminating a theme (Rudestam & Newton, 2015). Triangulation was achieved through rigorous cross-checking of information between participants to ensure that the results were similar. Six participants were interviewed, which helped in corroborating and supporting the emerging themes. Six participants were enough to achieve saturation as the same themes emerged from the data across all six participants. Furthermore, the number of participants in a qualitative study is typically smaller, with a greater focus on what meaning people attribute to their experiences (Merriam & Tisdell, 2016).

Transferability

Transferability refers to the applicability of the study findings across other contexts (Terrell, 2016). To ensure the transferability of the study, I provided a thick description of the results of my interviews with the selected participants. A thick description was achieved through the use of detailed field notes and participant direct quotes. This method also facilitated triangulation and, as such, improved the overall trustworthiness of the findings.

Dependability

I supported dependability in this research study by ensuring an accurate audit trail. According to Rudestam and Newton (2015), an audit trail includes the raw data and evidence of how the raw data (field notes, interview notes, biases, and reactions of the researcher) were analyzed and synthesized. Furthermore, I addressed the research design and implementation, how data were gathered, and the efficacy of these processes. I recorded my thoughts and reactions, biases, and personal observations of how the data affected me. This process was useful and helped me as the researcher to reflect on how my biases and assumptions might have affected the study.

Confirmability

Confirmability refers to how I as the researcher ensured neutrality. Neutrality was ensured in the study through reflexivity. Reflexivity was used as a strategy to ensure confirmability. Reflexivity means that I was aware of my role as the one conducting the study and at the same time collecting the data. In this study, I asked the participants to review the transcripts of their interview responses to ensure that they were accurate. I also audio-recorded each interview to ensure that the findings were derived from the perspectives of each participant.

Study Results

In this basic qualitative study, I explored one central research question: How can new nurses describe their experiences in a nurse residency program? The study involved one interview for all participants that combined all three stages of a modified version of

Seidman's (2019) interview guide; focused on life history, details of experience, and reflection on the meaning.

Throughout the interview process, follow-up probing questions were asked that helped extract responses from the participants that were connected to the research question and sub-questions. After this iterative process, 20 In Vivo codes derived from the interview extract were selected. From these In Vivo codes, 13 pattern codes were further extracted as useable. From these Pattern codes, three main themes emerged. (See Table 2 below for details).

Table 2

Summary of Codes and Themes

In vivo codes	Pattern codes	Themes
• "The program is very accelerated." • "Residents were made to graduate even though we were not yet fully prepared." • "Without it, I wouldn't be where I am today." • "It was helpful and I kind of learned a lot through the residency program." • "With the shortage of nurses everywhere, they wanted us to speed it up." • "People were leaving because of Covid." • "All of us didn't make it." • "Most hospitals don't like to have residency programs because they feel like it's expensive to run."	1. Built confidence 2. Uncertainty 3. Expensive 4. Learned a lot 5. Varying support levels 6. Tough criticism	1. A valuable program
• "It was very challenging for me." • "It was very intense." • "A lot of us did not know what we were signing up for." • "Program was switched to online." • "By the time you come back, you're exhausted." • "We didn't get the chance to work in the unit, most of the practicum was done through Zoom." • "So much stress." • "I don't think at any point we were prepared to be in the residency program for such pandemic."	7. Rigorous process 8. Long hours 9. Remote-learning 10. Fast-paced 11. Different tasks 12. Stressful environment	2. Feeling overwhelmed
• "I like making a difference." • "If I'm working and it's like more for the money."	13. Future goals	3. A desire to serve and grow

Theme 1: A Valuable Program

All six participants felt that residency programs were an important program to continue. Five out of the six participants, however, felt their experience was positive and highly valuable to their nursing career, while one participant (Brown) felt her experience was not positive. Participants Green, Red, and Orange noted that their initial transition through the residency program helped build their confidence as they prepared to enter into clinical practice. Green lauded that his residency program experience provided more for him than he expected. He stated that " for what they were telling me it was, it was all of that plus more...it's a very patient program that people that are in charge of it know what they're doing." He further said that "I felt comfortable, I felt I wasn't rushed."

Similarly, participant Blue noted that the residency program gave her a lot of experience in the reality of the nursing career. Before joining a cohort of residents, she had worked in the same hospital as a Patient Care Technician and was transitioning as a nurse. She said:

> I knew the environment, you know, getting into the residency program I think it was a way of kind of introducing us to the nursing aspects, the practical nursing aspect. So it was very helpful. I think I kind of learned a lot through the residency program. It exposes you to the reality of the nursing career because you are on the job you know, giving you the experience right there and then, and then two, I mean you have someone there precepting you so it kind of minimizes your nervousness. I think whether I'm confident or not, it all ties to the residency program and helped me build my confidence.

For Orange, his initial expectations coming into the residency program were quickly replaced with the realities of nursing life. This experience left him feeling uncertain and helpless. He stated,

> As a new nurse you come in, you have all this energy even though most of what you know is book knowledge, you come in and you think that you are going to save the whole world. Sometimes you'll be disappointed because you feel like you have very little to offer because the stuff that you are faced with is just beyond you and you cannot deal with it. So like, it's sometimes frustrating to be in a situation where you are forced to need somebody's help, but you don't have more choice.

Despite this uncertainty, Orange noted that his determination to succeed in the residency program paid off as he became more competent in his abilities as a new nurse. He noted that the residency program:

> Helps you to be competent and be able to stand on your feet as a new nurse and face the challenge of professionalism, dealing with patients, dealing with all these sick people, families that are dysfunctional, and all kinds of things while trying to maintain your sanity. So I'll say it's a very good program and I appreciate the fact that I went through one of such programs.

In the same manner, participants Red and Yellow narrated how challenging and uncertain the initial transition through a residency program was when they started. Yellow noted that "a lot of us did not know what we were signing up for." She further noted that

The program is a very accelerated program. So everything that you learn, you can go maybe over six, plus chapters a day, and then go home and have to review those chapters and have assignments to come back in the very next day or two days later and have to take tests on everyone's the chapters, you can have like three tests a day.

She however noted that the residency program "definitely gave me confidence. It showed me a lot about myself had to push myself and it just shaped who I guess who I am and who I will forever be." Red said that "as a married man with kids you know, it was nonstop studying. Yeah, I felt like I was back in nursing school and nonstop studying exams, studying EKG strips. It was intense." He, however, mentioned, "I got to learn a lot of like; I was very much prepared before going into the field."

For participant Brown, however, her transition through the residency program was challenging. She stated:

That is one area I tried to forget. It was very challenging for me; extremely challenging. I was, I mean, I was seeing so much for the first time hearing about so much for the first time, but at the same time, my experience was that I wasn't given a chance.

When asked what specific was challenging about the residency program, Brown noted

You know when it comes to other people other than my residency mates, they had a lot of support from, you know, the different unit that they worked in, but unfortunately, I didn't.

Participant Brown mentioned that she did not feel supported and although she did receive support when she asked for it, it would often come with unconstructive criticism. She stated:

> The experience that I had with my program was that even though I didn't have that support if I asked for the support I will have it from certain quarters. Even when you ask for support from certain quarters, it doesn't go down without criticism; yeah not constructive.

Although highly critical of her residency experience, Brown added that

> I would say the residency, from what I could see, it's supposed to, like help you transition, to be a better nurse but it's, it's a good thing to continue if the educators are able to follow up with each nurse to make sure that she's not set out there for the wolves.

The sentiment around improving the levels of support was also shared by participants Orange and Blue. Orange said,

> Okay in the nursing profession, in nursing school there's this saying that nurses eat their young. What basically that means is that a lot of the older nurses are very, very mean to the younger nurses to the new nurses and so I would think that if nurses have more support, like supporting staff that is able to help the nurse and all that, that will help with trying to keep them.

Blue noted that "As a new nurse, the worst aspect is getting a preceptor who is not ready to precept; at the end of the day, it kind of makes you shaky."

Participants Green, Yellow, and Orange shared their experiences of the support they

received. Green said,

> So they are going to set you up with a preceptor nurse that is going to precept you.
> So, originally, the nurse I had to precept me just didn't feel like we kind of fit
> together. Okay, so I asked if I could be switched and they obliged and I eventually
> ended up with someone who gets the right type of personality for me, kind of
> pushed me a little harder and knew a little more, and kind of was more willing to
> kind of show me more stuff. So once I kind of got my feet in, you know I said this
> is my learning style that's who fits me more and it got me on a set schedule with
> that person.

Yellow noted that she was lucky to get a mentor that came from the same country as her

and worked with her. She said "my mentor, she was also from the same country as I was.

So that's another thing that brought us closer." Blue spoke about the support she received;

she stated:

> The best aspect is the fact that you have support. You know as a new nurse you
> are not just thrown, you know, into the nursing unit, but you have somebody that,
> you know, kind of gives you that support throughout the day. I don't think we
> would have had an opportunity if it wasn't for the residency program. They would
> have just thrown you out there; you will have to figure it out.

Theme 2: Feeling Overwhelmed

Five out of the six participants felt that their training and the working

environment of the residency program left them feeling overwhelmed. This feeling was

largely due to the shift from an in-person residency format to a remote-learning format because of the coronavirus pandemic. Only Participant Green felt differently about his training. Green stated, "a lot of nurses talk about their beginning experience as a nurse as so overwhelmed and, you know, kind of just want to quit, and I didn't feel that at all." Participant Yellow noted her experience as chaotic. She said that "with the coronavirus, it couldn't have come at a worse time." She further stated:

> Because of the pandemic, they paused our classes. It happened in such a quick sequence of events. Whereas when we came in one Monday, they said there's this pandemic so they're talking about a Spanish flu or something about a year ago. So we're like, oh, wow, that's crazy. So a pandemic is this, you know the vocabulary in nursing that you learned about you never think you would experience. So when they came in the director was like there's this pandemic, we were telling you that is starting; we don't know how serious it's going to be but we may have to do online classes. And a lot of the people in my class are older. So they're like, we're not good with computers; this is going to make us fail. And they're like, we're just thinking about it. But by the time we went to lunch and we came back. They're like, classes canceled for the rest of the week after the end of the day. You guys go home, we're switching to online. Nobody can come into class.

Participant Orange described his experience as challenging. He noted,

> When the coronavirus hit, we had a lot of nurses that quit, some quit nursing altogether, some left to go and travel because the travel nurses were making more money than the hospital nurses. So that left a big vacuum in the nursing staff in

hospitals, and our hospital was affected by that. So the nursing residents were

made to graduate even though we were not yet fully prepared. So that impacted

the training in the sense that we had to rise to the occasion.

Participant Blue started her residency program during the pandemic. She noted that her

cohort missed the In-person practicum with patients and that took the physical contact

away from her experience. She said :

We didn't get a chance of working on the unit. So most of the practicum or

whatever it is was done through zoom. I think, kind of, it kind of took something

away in terms of having that physical contact with the patient who wasn't there

for almost a year. So, I don't think at any point in time we were prepared for being

in the residency program for such a pandemic. So, as the pandemic happened, you

know, we had to readjust. How we do things.

Participant Red noted that the coronavirus pandemic meant that the training "shifted from

what they want us to learn to what they need us to learn." Concerning the stress the

pandemic caused, he noted that

I had good colleagues but all of us didn't make it two people failed out. And one

of them couldn't handle it because it was too rough seeing what was happening

and the other one just didn't pass.

Having reflected on the working environment within the nurse residency program, four of

the participants noted that the residency work environment was stressful with long hours

on the unit floor. Orange shared his experience of a typical work day.

When we started the program, for example, we were made to work five days a

week. We get to the charge nurse report. The charge nurse will tell us what is

happening on the unit, the kind of patients we have, and the acuity level like some

patients that need special kind of care, and needs, monitoring. And then when she

or he was finished with the report we would break into different groups to get the

individual nursing reports from the nurses that worked during the day. I worked

most of my sheets during the night. And they will give us reports on the patients,

which was a more detailed report on each of the individual patients. And then

when we finish getting the report, we go and sit down and do what we call the

care plan. What we plan to do for the day, medications we are going to be giving,

such that when we get all that ready, then we go look at the medications, we go

say hello to the patients, we write our names on the board and what the goal was

for that particular day, may be. By the time you come back, you're exhausted.

Yellow noted that in her program one resident died as a result of complications due to

stress. She stated," We lost one student because of the stress she was under so much

stress that for whatever reason, it was too much for her." For participant Brown, the stress

was more personal. She reflected on the fact that she struggled with her new nursing

carrier, understanding the diversity and culture within the hospital.

I think I had a lot of things that I was struggling with; I was struggling to

understand my new carrier. And I was struggling to also understand the diversity,

you know, different cultures, both with my patients and with my colleagues, with

my coworkers. So that was a huge one for me. I didn't have a job where I was so

exposed to a lot of people, you know, before now, so it was a whole lot for me. At that time, you know. I would say, initially, I had some cultural shock. You know, so I, I had to also struggle with that, you know, to understand, and to know what is acceptable and what is not acceptable. I also had struggles with time management so with time; I came to have a better understanding and that helped ease off the pressure. I knew when you have the pressure, and then after a while, the pressure would come down, and then it would pick up again.

Participant Red spoke about the toxic work environment and that it got to a point where he simply focused on his job rather than complaining.

I mean, everybody is different. I have a lot of coworkers; who feel like their voices should be heard. I feel the same way but it gets like you're not talking to anybody. So I knew I was like going to work on my job and I don't fuss. I'm sure they know there's a problem. So your yelling and screaming would only make them notice you are there and they will start watching you.

Participants Green and Orange on the other hand noted that they were gradually eased into the program and gradually introduced to patients. In his account, Orange shared his experience working with patients. He noted that it was a gradual process and progress into the hospital setting after three months of working with his preceptor.

So after three months, then they started giving me initially I started getting one patient and when I was competent with taking care of one patient, then they gave me two patients and when I was competent with taking care of two, they gave me three and finally four patients.

Theme 3: A Desire to Serve and Grow

All six participants shared their thoughts on what would keep them in the nursing profession and the underlying theme across responses was a desire to serve and grow in the profession. Yellow stated:

If I'm working to be a nurse, and it's just like more for the money and the money is coming in, but I'm not satisfied every day I'm getting up or feeling overworked and not helping, I'm not seeing a change; I think that would pretty much discourage me.

Blue shared her thoughts on what would keep her in the nursing profession. For Blue a sense of growth and career advancement was important:

I think what will keep me would be growth because you don't want to enter a profession where you will just be stuck in one position all your life. There should be some kind of leadership growth. As you move from a novice, you know, and then you can climb the clinical ladder. Yeah, that's one thing that would make me, you know, kind of succeed in the profession.

Similarly, Red noted that the residency program opened more doors for him consequently he now sees more doors open for him to do more in the healthcare field. He stated:

It opened more doors for me to do more things in healthcare. Because you know the experience or experience as an emergency room nurse I have more room to do things in healthcare. So I'll be able to spread my wings and do other bigger things go as far as a CRNA Certified Registered Nurse Anesthetist.

For participant Brown the theme of service was echoed:

For me, I love what I do. I love caring for people. I love being of service to people which wasn't too far off from what I was doing as a flight attendant. So I can't see myself quitting the nursing profession. Would there be challenges of course you know, somewhere along the line, you have challenges, but, I don't see any other challenge that would be more than what I had as a new nurse.

Summary

In the first theme; *A valuable Program,* the results indicated a general perception from all six participants that residency programs were valuable and should be maintained. Participants noted that they learned a lot going through the residency program and that it helped build their confidence and competence. The results also showed that there were mixed feelings amongst all six participants regarding the level of support they received during their residency experience. Some participants indicated that they had sufficient support while others expressed their frustration at the lack of support received.

In the second theme; *Feeling Overwhelmed,* all six participants reflected on the impact of the coronavirus pandemic and how it affected their residency experiences. Some participants narrated how the sudden shift from in-person to online learning created confusion and left them feeling overwhelmed. Yellow stated: She stated, "I don't think I understood what was going on." Blue spoke of the fact that they missed out on some of the hands-on experience with patients that they would have received if not for the pandemic. She stated, "we didn't get a chance of working on the unit, most of the practicum was done through zoom and I think it kind of took something away in terms of the physical contact with the patient which was not there for almost a year."

All six participants noted that as a result of the pandemic, their learning shifted primarily focused on what the residents needed to know and that the program was expedited so that they could start practicing. In the words of Red, "the training shifted from what they want us to learn to what they need us to learn. And so we had to go ahead on learning nonstop and learning faster than the previous resident programs because they wanted us to go out there and start working because you know, nurses were leaving."

In the third theme; *A desire to serve and grow* Five participants shared their thoughts on what would keep them in the nursing profession and the underlying theme across responses was a desire to serve and grow in the profession. One participant, however, noted that what would keep him in the profession was more support for nurses. Orange desired new nurses to have more support from support staff to senior management. He stated, "So, it is very important and if the nursing profession will survive, hospitals have to learn to support the nurses to be able to do the job they are given to do otherwise then they break down and leave to join other easier professions."

In chapter 5, I discuss the interpretation of the findings in the context of William Bridges' transition framework and in the ways they confirm, disconfirm or extend the knowledge found in the discipline.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this research study was to explore the transition experiences of new nurses in a nurse residency program. In conducting this study, I used a qualitative design because it allowed me as the researcher to better understand the meaning that the participants of the study constructed from their experiences transitioning through a nurse residency program. The retention of new nurses in professional nursing practice continues to be a serious challenge for most hospitals, and nurse residency programs are a part of the ongoing efforts to better prepare new nurses for professional practice. However, there is debate amongst researchers on the value of residency programs to better prepare new nurses for transition to clinical practice. I conducted this study to shed more light on the transition experiences of nurses in a nurse residency program. An understanding of this experience may provide healthcare leaders of residency programs with important insight into ways of improving residency programs and, by extension, increasing retention amongst new nurses.

This study was conducted during the outbreak of the coronavirus pandemic; therefore, for the safety and protection of both participants and researcher and to allow for greater flexibility of the participants' work schedules, all interviews were conducted over the phone. After collection and analysis of the data from the interviews, three main themes emerged. The three main themes were as follows:

1. Participants expressed that nurse residency programs were valuable.

2. Participants expressed feeling overwhelmed.

3. Participants expressed a desire to serve and grow in the nursing profession.

Interpretation of Findings

The findings of this study extend the literature on transition experiences of new nurses in a nurse residency program from a qualitative perspective. After analyzing and examining the findings, I found that all responses from the six participants interviewed for this study supported the previously mentioned themes. Furthermore, a new theme emerged from the study, and future research would benefit from exploring the desire to serve and grow amongst new nurses.

Participants Expressed That Nurse Residency Programs Were Valuable

The findings from this study indicated that nurse residency programs increased preparation among new nurses. It also supported the literature indicating that residency programs are needed to better transition new nurses successfully into clinical practice (Camp & Chappy, 2017; Pelletier et al., 2018; Domino et al., 2020 & Trepanier et al., 2020). The participants noted that the residency experience exposed them to the realities of the nursing profession and made them feel confident and competent in performing their nursing duties.

Although there was a general agreement amongst all six participants concerning the value of residency programs to their clinical practice, all six participants expressed mixed feelings regarding the levels of support received. Participant Brown highlighted a perceived lack of support as her main reason for not having a positive residency experience. Similarly, Blue noted that the worst aspect was getting a preceptor who was not ready to precept. The experience of support was, however, different for Participants Orange, Green, Red, and Yellow. Orange, for instance, noted that he spent 3 months

following his preceptor and learning directly under the preceptor's mentorship. In the

same way, Yellow noted that she gained much knowledge from her preceptor. Green

mentioned that he did not feel as if he was placed in an uncomfortable position.

In the literature, there is evidence that suggests a divergence of expectations

between the new nurse and the preceptor during the transition phase (Wardrop et al.,

2018). This study found that this played a role in the mixed feeling of support levels.

Furthermore, this study found that there were no formal criteria for assigning a new nurse

to a preceptor. In the case of Participant Green, he requested a change in preceptor

because he felt his first preceptor was not a good fit with his style of learning. According

to Green, this change ultimately improved his residency experience.

Participants Expressed Feeling Overwhelmed

This study found that the transition through a residency program amongst all six

participants was stressful and challenging. In the literature, the transition to practice for

new nurses leaves most feeling stressed, and many have difficulty adjusting to the reality

of caring for multiple people with complex needs (Camp & Chappy, 2017). The

participants noted that the coronavirus pandemic compounded this experience for them.

All six participants indicated that because of the coronavirus and the fact that many

nurses were leaving, they were made to graduate from the residency program faster and

attend to multiple patients.

In the literature, resiliency assists a nurse's psyche to cope with the negative

consequences of workplace stress, and the youngest generations of nurses are the most

likely group of nurses to lack the protective factors of resiliency and leave the profession

(Concilio et al., 2019). This study found that there were no formal coping mechanisms to deal with workplace stress and that the participants had to individually discover ways of managing the stress of coping with the normal rigors of the nursing profession, managing the pandemic, and joining the workforce faster than planned. This finding is consistent with the literature that states that there are no best-practice standards or timing to support the clinical facilitation of resiliency-building skills (Plowe, 2020). Brown, for instance, noted that "before, I couldn't just get myself to manage the pressure, maybe because I was such in a hurry to be perfect." Participants Blue, Brown, Green, and Red all noted that the residency did not specifically train them to manage the pandemic but that they had to adapt to the new reality.

Furthermore, all six participants also noted that the working environment was toxic. There were subtle feelings of resignation echoed by Red, Blue, Brown, and Yellow. Red noted, "you yelling and screaming would only make them notice you are there and they will start watching you." This finding is consistent with what was found in the literature indicating that a toxic work environment and leadership style predicted psychological distress and intention to leave the profession (Labrague et al., 2020). This study, however, found that where residents' voices were heard and their suggestions implemented, the result was positive intentions to stay in the profession. Orange, for instance, noted,

> when we started the program we were made to work 5 days a week and it was very hectic but eventually we were able to discuss with the hospital and the days were cut down to 3 days a week.

Participants Expressed a Desire to Serve and Grow in the Nursing Profession

All six participants shared that their desire to serve and grow in the nursing profession was the most important reason to stay in the nursing profession. All six participants shared that they would like to continue making a difference in the lives of patients while at the same time gaining more opportunities for growth in the nursing field. This theme of service and growth is in addition to what is established in the literature concerning why nurses leave. The literature indicated that the discrepancy between expectations and experiences of new nurses was the most important reason for dropping out of a residency program and the nursing profession (Farahani, 2017). If new nurses expect to be supported to serve and grow professionally but they experience mixed levels of support and a lack of growth opportunities, then their mental preparedness for practice will be negatively impacted, which, in turn, could lead to high turnover. Yellow noted that if she felt that all she was doing was working to make money and not making a difference, that would make her rethink her decision to remain in the profession. Similarly, participants Green, Red, and Blue all indicated that they felt that growth and more opportunities in the field would keep them engaged in the profession.

Analyzing Findings in Context of Bridges's Transition Theory

The findings of the study support the use of Bridges's transition theory. Three main phases characterize Bridges's transition theory: the ending phase, the neutral zone, and the new beginning phase. The ending phase is characterized as a phase in which the new nurse lets go of the old ways of doing things. In this phase, the new nurse must learn

to deal with the sense of loss. In analyzing the findings, all six participants expressed a sense of loss as they started their residency program. Orange, for instance, stated,

> As a new nurse you come in with all this energy and you think you're going to save the world. It's sometimes frustrating to be in a situation where you are forced to need somebody's help but you don't have a choice.

Similarly, Yellow noted that "I don't think most of us knew what we signed up for." And Participant Red noted that he felt he was back in nursing school, given the material and information he was exposed to. According to Bridges and Bridges (2016), psychological change depends on letting go of the old reality and the old identity that one had before the change took place. Five out of the six participants in the study narrated that they had to learn to let go and adapt to change quickly, particularly with the novel coronavirus pandemic. Participant Brown, however, noted that she struggled because she was "seeing a lot for the first time and hearing about so much for the first time."

The second phase of Bridges's transition theory is the neutral zone phase. In this phase, the participants were not yet comfortable with the new way of doing things and found themselves suspended in an in-between place (Bridges, 2014). The neutral zone phase could be quite confusing, and as Bridges and Bridges (2016) noted,

> if you don't understand or expect to be confused, you're more likely to try to rush through or even bypass the neutral zone. When this does not work, you are more likely to conclude that the frustration and confusion you feel is a sign that something is wrong with you.

Participant Brown noted, "maybe because I was in a hurry to be perfect you know, I was very hard on myself when I felt I didn't meet that goal that I have set for myself." Conversely, the participants who were able to embrace the neutral zone were able to develop into what they needed to become. Participant Red said, "I've always wanted to do residency work in the emergency department, so it was difficult but I loved it."

The third phase is that of new beginnings. This is a time when participants develop a new identity, experience new energy, and discover the new sense of purpose that make the change work (Bridges & Bridges, 2016). All six participants noted that they desired to serve and grow. Perhaps this reason was instrumental in maintaining their intent to stay in the nursing profession regardless of how challenging the transition through these three phases was. Bridges's transition theory was instrumental in situating the mental transition process that the participants went through in their various residency programs and emphasized each phase of the transition process; consequently, it is an important framework that I would use again.

Limitations of the Study

There were some limitations to trustworthiness associated with this research study. The study used qualitative methodology. While qualitative designs generally provide rich meaning regarding the phenomenon of study, their nature is inherently limited to the population sampled (Rudestam & Newton, 2015). This limitation means that the study findings cannot be generalized beyond the participants of the study. In the case of this research study, six participants were selected across four residency programs in the United States. Furthermore, the study participants were all from one race

(Black/African American), which only accounted for a limited perspective of the transition experience of new nurses. For most of the participants selected for this research study, nursing was a second career choice. This may also have had an impact on their shared experiences and intent to stay in the profession.

As the coronavirus pandemic prevented in-person interviews, all interviews were conducted over the phone. While the use of the phone provided flexibility and convenience for the participants of the study, it took away the human encounter and my ability as the researcher to observe the participants' gestures, facial expressions, and attitudinal actions, which might have added to the richness of the data collected.

Recommendations

There are several recommendations based on the results and findings of this study. Further investigation on the theme of service and growth within the context of the residency program and possibly beyond residency should be conducted. In the literature, three themes were provided regarding nurse residencies: education and training, preceptor support, and resiliency training. Although the responses from all six participants supported the literature, the theme of the desire to serve and grow had not been explored by researchers in the literature review. Because this research study was qualitative in design and had a small sample size of six participants, it was difficult to determine if this theme carried greater meaning for the transition experience of new nurses. Further research should be conducted to explore this desire to serve and grow among new nurses and its link to their transition experience and ultimately their retention with a larger pool of participants.

Another recommendation of this study concerns increased support levels across residency programs. All six participants shared that they had mixed feelings regarding the level of support received during their residency program. While some expressed satisfaction with the support they received, others noted that they did not enjoy sufficient levels of support. This study indicated the need for standardized access to support across residency programs. Where possible, a deliberate pairing of both preceptor and new nurse is recommended and should be based on their learning styles and personal characteristics (Innes & Calleja, 2018). A further study would be beneficial in researching the training that preceptors receive and the criteria for selecting a nurse to be a preceptor.

This study was conducted during the peak of the coronavirus pandemic, and all six participants noted that their residency programs shifted from an in-person to an online format. The perspectives and experiences of the participants may have been impacted by the reality of the pandemic. This, in turn, could have played a part in the responses delivered by the participants. A future study conducted without the added pressures from a pandemic could provide a clearer picture of the transition experience of new nurses in a nurse residency program.

Finally, as evidenced in the literature, there was no formal resiliency training offered to participants during their training. Amongst all six participants, there was a recognition that they had to individually develop coping mechanisms to manage the stress and long hours proper to their residency experiences. Future studies should involve research on ways that new nurses can cope with stress and the best time to implement those coping mechanisms.

Implications

It is important to conduct studies on the transition experiences of new nurses in a residency program to ensure that they are prepared for clinical practice. A strategy to accomplish this is to allow for the shared stories of nurses who have successfully transitioned through a nurse residency program and are currently in clinical practice. Listening to the shared experiences, challenges, and struggles of nurses who have transitioned through a nurse residency program can lead to positive social change. At the individual level, all six participants indicated that their perception of support was mixed, with some participants stating that they were happy with the preceptor support they received during their residency and others indicating that they were not satisfied with the preceptor support they received. According to Camp and Chappy (2017), transitioning to the RN role can leave new nurses feeling stressed, and many have difficulty adjusting to the reality shock of caring for multiple patients with highly complex cases. Consequently, having access to adequate support is essential for each new nurse's transition and mental preparedness for professional practice. A successful transition also relies on the preceptor's ability to identify low self-confidence and reality shock, then use encouragement and knowledge-acquisition techniques to build confidence in the new nurse (Innes & Calleja, 2018). Building confidence in the new nurse can have long-term implications for their ability to succeed through the residency program and possibly stay in the nursing profession.

This study highlighted the desire to serve and grow as a theme amongst the participants sampled. An understanding of the desire to serve and grow amongst new

nurses and finding ways to incorporate this within residency programs and thereafter

could impact positive social change on the transition experiences of new nurses by

bridging the gap between their expectations and realities of the nursing profession.

According to Innes and Calleja (2018), only 58.7% of new nurses felt that working with a

preceptor met their expectations but did not specify what these expectations were.

Theoretical Implications

This study confirms the foundations of Bridges transition theory (Bridges, 2004).

As Bridges and Bridges (2016) note, because the transition is a process by which people

unplug from an old world and plug into a new one, there is a need for consistent support

and engagement as new nurses go through the three transitional phases; ending phase,

neutral zone and a new beginning. Support at the ending phase means that the new nurse

need help to deal with their sense of loss. This loss could be in the form of a loss of

control or not knowing what to do in a crisis with a patient. Support at the neutral zone

phase requires patience and understanding at both the individual and organizational levels

because it is a time when confusion can be present. Painful as it may be, the neutral zone

is the individual's and the organization's best chance to be creative, to develop into what

they need to become and it is when the critical psychological realignment takes place

(Bridges & Bridges, 2016). Organizational cultures such as toxic working environments

or an understanding of the expectations of new nurses can begin to be reshaped at this

phase and this could have implications for the new nurse beyond their residency

experiences as the values gained at this stage could become the new normal. This could

in turn serve as an example for future nurses transitioning into clinical practice. Ultimately, this could improve retention amongst new nurses.

Implications for Practice

While conducting this qualitative study, I gained a better understanding of the experiences that shaped a successful transition through a residency program amongst new nurses. Completing a residency program increased retention rates for new graduates participating in residency programs (Camp & Chappy, 2017; Domino et al, 2020; Trepanier et al, 2019 Pillai et al, 2018). This was also evident in this study as all six participants for the study had recently completed their residency programs and were currently working as nurses.

The lack of funding and support might explain why approximately 68% of nurse residency programs are institutionally developed and vary in length, content, and design (Pillai et al, 2018). This was evident in this study and may have also played a part in the mixed feelings regarding the levels of support in residency programs experienced by some of the participants of the study. Participant Orange for instance noted that "most hospitals feel like it's expensive to run because the nurses even though you are working you cannot be considered as a full staff in that sense because you are unable to take care of patients independently, but you are being paid so it costs the hospital a lot of money." However, the long-term benefit of residency programs makes increasing funding for residency programs a worthwhile investment. Increasing funding will ensure a better and more adequate pairing of preceptor to nursing resident ratios, which could lead to a better transition experience and improved retention.

This study found that nurses are more likely to continue working for the hospital if they had a good transition experience. A positive transition experience could save the organization additional costs of hiring and training new nurses. The cost of hiring a new graduate nurse is estimated to be approximately $41,624 based on a four-month orientation. If hiring a new nurse cost more than $40,000 and replacing a nurse can cost up to $88,000, this can translate to a potential financial loss of more than $120,000 for one new graduate nurse who completes orientation and leaves the organization (Camp & Chappy, 2017).

The results of this study further confirm the findings of Concilio et al, 2019) that Resiliency is a key factor in managing the stress of nursing work–life, buffering burnout, and positively influencing the new nurse's intentions to stay in their current jobs. Healthcare leaders of residency programs can use the knowledge gained to develop the protective factors of resiliency (social support and a well-prepared preceptor) to help the new nurse transition successfully through their residency program.

Conclusion

Residency programs provide value to the new nurse and offer beneficial strategies for preparing new nurses as they transition into clinical practice. With proper preceptor training, adequate preceptor support, and an understanding and realignment of the expectations of new nurses, the transition through a residency program for new nurses can be positive. A positive residency experience can lead to improved retention of new nurses.

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Appendix A: Participant Recruitment Advertisement

Seeking volunteers to participate in a research study

about first Year nurse's residency program experience

Principal Investigator: James U. Akwarandu

You are invited to participate in a research study on the transition experiences (how new nurses mentally prepare for professional practice as nurses) of new nurses in a nurse residency program. The purpose of this basic qualitative study is to give voice to the unique experiences of new nurses who are in a nurse residency program or have recently completed (6 months) a residency training program.

Participation in this study requires you to be a newly licensed nurse participating in a nurse residency program or currently completed nurse residency training.

To participate in this study, you will need to provide

1. Consent to participate in the research study was collected via email
2. A time commitment of one interview no more than 90 minutes conducted via audio or phone recording.
3. Participants review the transcribed interview within two weeks of reception.

To find out more about this study please contact: James U Akwarandu (Researcher) at James.akwarandu@waldenu.edu

To find out more about this study please send an email with your email

address and contact phone number to

James U Akwarandu: James.akwarandu@waldenu.edu

Appendix B: Interview Protocol

Research Question: How can new nurses describe their transition experiences in a nurse residency program?

Introduction: Thank you for agreeing to be a participant in my research project. The main research question is: "How can new nurses describe their transition experiences in a nurse residency program? This interview will take no more than 90 minutes and will include 5 main interview questions that will help me learn more about you and several sub-questions which will be categorized into three stages. The first stage will focus on your life history, the second stage on the details of your experiences, and the third and last stage will be for you to reflect on the meaning of your experiences specifically in light of your nursing career.

I would like your permission to tape-record this interview so that I may accurately document your responses. If at any time during the interview you wish to discontinue the use of the tape recorder or the interview itself, please feel free to let me know. Your responses are confidential meaning that they will not be shared with anyone and will strictly be used for this research study. After the interview, I will provide you with a transcript of your interview. This is so that you may review what you shared, and provide me with your feedback so that I can reconcile any discrepancies in the interview.

I would like to remind you of your written consent to participate in this interview. I am the responsible investigator for this research project. We will both sign and date two copies of the written consent certifying that we agree to continue this interview. You will receive one copy, and I will keep the other under lock and key, separate from your documented responses.

Your participation in this interview is completely voluntary. If at any time you need to stop or take a break, please feel free to let me know. You may also withdraw your participation at any time without consequence. Do you have any questions or concerns before we begin? With your permission, we will begin the interview.

General Questions—Learning About the Participant

(Ask participants to introduce themselves)

General Question 1: Background: Tell me about yourself (your education, your job, professional interests)?

Stage 1 Questions: Focused Life History

(The selected participants will be asked to share their life experiences relevant to the nursing profession. The researcher will listen for experiences consistent with the ending phase).

Interview Question 1: How did you come to choose nursing as a career path?

- Probe Question 1a: Did you have any mentors or friends that shaped your decision?

Interview Question 2: Let's discuss your college years.

- Probe Question 2a: Where did you go to college? What degree did you earn?

- Probe Question 2b: How would you describe your experience as a nursing student? What do you miss the most about that experience?

- Probe Question 2c: How would you describe your experience with your professors, colleagues, and mentors in college?

Stage 2 Questions—Details of Experiences

(Offers participants the opportunity to reconstruct experiences in detail culture and work environment. Listen for experiences consistent with the neutral zone.)

Interview Question 3: Let's talk about your residency program experience.

- Probe Question 3a: How can you describe your experience in the residency program?

- Probe Question 3b: In what ways can you describe the strengths and weaknesses of the residency program?

- Probe Question 3c: Describe your experience with your preceptor, your colleagues, patients, and your relationship with them?

- **Interview Question 4**: How would you describe a typical day in the nurse residency program from when you start to when you finish your shift?

- Probe Question 4a: Describe your work environment. What are the best and worst aspects of the residency program?

- Probe Question 4b: Describe some situations that made you feel valued, devalued, or that you have a voice in the residency program?

- Probe Questions 4c: How has the novel coronavirus pandemic impacted your residency experience?

- Probe Questions 4d: Do you feel the residency program has prepared you adequately for public health pandemics such as the coronavirus?

Stage 3 Questions—Reflection on the Meaning

(Guides participants to reflect on the significance of their lived experiences and to consider how such experiences shaped their lives. Listen for transition experience connected with the new beginning phase)

Interview Question 5: Can you share your thoughts on your residency experience? –

- Probe Question 5a: What does this experience mean to you in terms of your experience and future as a nurse?

- Probe Questions 5b: Many new nurses are leaving the nursing profession, what will keep you here?